

Patient's Name: Lauri  
Date of Birth: 6-2-82  
Date: 8-10-03

## **Powered Mobility and Positioning Evaluation Medical Justification for Equipment**

### **Identification of Need:**

Lauri is a 19 year old female with diagnosis of Spina Bifida. In the past, Lauri has used a manual wheelchair for mobility. Consequently, she has had to rely on others for negotiating longer distances and uneven terrain. Lauri is now complaining of shoulder pain and is limited using the manual wheelchair, especially as she gets older and heavier. A power wheelchair is being recommended to expand Lauri's functional capabilities and allow her full independence in regards to mobility.

### **Current Motor Status:**

Lauri is unable to stand, ambulate, and lacks the ability to propel a manual wheelchair to maintain an active lifestyle. She accepts partial weight through her lower extremities for transfers, using her upper extremities for most of the load, but due to shoulder pain, is struggling to maintain this skill. Seat to floor height needs to be low for Lauri's success. Because the manual wheelchair moves as Lauri is trying to transfer, she needs supervision for safety. This hindrance will be eliminated when Lauri receives her power wheelchair. Lauri is able to sit with minimal postural supports, needing a pelvic belt for safety. She is able to dress, feed, self-cath, and groom herself independently, but requires assist for bathing, lacking the setup for her independence.

### **Transportation of Power Wheelchair:**

The school bus will transport the wheelchair to and from school and her worksite. The Easy Rider (local transportation system) will be arranged to transport Lauri to places in the community, including medical visits, grocery shopping, etc.

### **Equipment Trial:**

Lauri tried an Invacare midwheel drive wheelchair with success. She was able to use a joystick effectively when placed appropriately. She was able to negotiate doors, ramps, uneven terrain, and long distances without difficulty. She commented, "this is the longest I've ever gone" and requesting to repeatedly drive through the grass, commented, "I've never been able to do this before". Many day-to-day functional activities are taken for granted. Lauri needs to be able to experience these activities and participate independently. At present, Lauri is unable to perform these tasks without assistance because she lacks the mobility aid to assist her. A power wheelchair will provide her the opportunity to develop these skills and expand her abilities to become more self-sufficient. Her manual wheelchair will continue to be used when her power wheelchair is in need of repair and when access to locations in the community is not possible.

## **Medical Justification for Equipment:**

### **Invacare:**

An Invacare TDX midwheel drive base was specifically chosen for many reasons. This chair will adequately meet her mobility needs in the home, school, and community. Lauri will use the ramp built from the sidewalk to her front door for access inside. Because of the small turning radius, this chair will be able to navigate the tight turns in her home. This frame will also accept the “SuperLow Tilt” Lauri needs to maintain her ability to transfer herself. The seat to floor on most other bases is too high and would result in Lauri not being able to perform transfers independently.

The TDX features of SureStep, Stability Lock, and True Track will translate into a safer and more smooth ride. As Lauri proceeds over unlevel terrain, each wheel remains in contact with the ground, increasing stability. Stability is critical for Lauri’s safety. Lauri has tipped over numerous times in her manual wheelchair when attempting to negotiate unlevel terrain or simple thresholds—consequently, she has injured her legs, not realizing. Due to her lack of sensation, healing time has been significantly lengthened, putting her at risk for infection and further medical complications. Because constant communication occurs between the controller and the motors, the chair will also continue to respond “true” to Lauri’s commands, despite inclined or uneven surfaces. The chair can be programmed to match Lauri’s physical needs using the Easy Remote Programmer.

### **Motion Concepts:**

Lauri needs to have the ability to change her position frequently throughout the day. Power tilt will allow her to tilt back when proceeding over unlevel terrain or while going down a ramp for security. She will be able to tilt to change her visual orientation to view signs above her or speak with an individual standing without straining. Due to her diagnosis, Lauri experiences lower extremity edema. Used in combination with the power elevating legrest, her legs can independently be positioned above her heart for venous return. Frequent postural adjustments can occur for pressure redistribution and comfort as well.

### **Equipment List:**

#### **Invacare**

- Storm TDX5 Base Only with MK5 Electronics
- Foam Filled Inserts
- Quadlink Retractable for MK5
- Easy Remote Programmer
- Wheel Locks
- MK 22NF Batteries

#### **Motion Concepts**

- SuperLow Pivot Tilt
- Center Mount Articulating Foot Platform
- Multifunction Control Box
- Single Post Contour Back 20” BH
- Matrix V Cushion

**Miscellaneous Components**

- Dynaform Chest Support
- Cobra Headrest Flip Down 3 ½ x 6 pad
- Medcover bags for medical supplies
- Pelvic Positioning Strap

\*\*Please note, the above itemized components were each carefully chosen based on Lauri’s medical needs and should not be changed. Lauri is very excited, anticipating the day she will get a power wheelchair. She has contacted me on several occasions wanting to know the status. Lauri needs to have independent mobility in all functional settings in home, school, and community. She needs to actively take part in community ADL’s including shopping for groceries and essentials, arranging her own medical visits, and participating in community functions. With a power wheelchair with power seat functions, Lauri’s ability to have her needs met without outside assistance will improve tremendously. Please consider the medical request and contact me if any questions. Thank you,

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Christina Mayer, PT  
 Physical Therapist  
 Fax #  
 Mobile #

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Physician Signature  
 \*\*no substitutions, no  
 deletions without  
 physician approval

Rehab Supplier of Choice:  
 Lauri has chosen \_\_\_\_\_ to provide the above prescribed equipment.  
 Contact Name:  
 Address:  
 Phone Number: