



BASIC LEVEL

WHEELCHAIR

SERVICE TRAINING PACKAGE

Wheelchair Assessment Form

For assessment of wheelchair users who can sit upright easily. Wheelchair users who cannot sit upright easily may need assessment by a person with 'intermediate' level training. Keep this form in the wheelchair user's file.

Assessor's name:		Date of assessment:	
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1: Interview Assessment

Information about the wheelchair user

Name:		Number:	
Age:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Phone no.:		Address:	
Goals:			

Physical condition

- Cerebral palsy Polio Spinal cord injury Stroke
 Frail Spasms or uncontrolled movements
 Amputation: R above knee R below knee L above knee L below knee
 Bladder problems Bowel problems
 If the wheelchair user has bladder or bowel problems, is this managed? Yes No
 Others: _____

Lifestyle and environment

Describe where the wheelchair user will use their wheelchair:

Distance travelled per day: Up to 1 km 1 – 5 km More than 5 km
 Hours per day using wheelchair? Less than 1 1-3 3-5 5-8 more than 8 hours
 When out of the wheelchair, where does the user sit or lie down and how (posture and the surface)?

Transfer: Independent Assisted Standing Non Standing Lifted Other
 Type of toilet (if transferring to a toilet): Squat Western Adapted
 Does the wheelchair user often use public/private transport? Yes No
 If yes, then what kind: Car Taxi Bus Other _____

Existing wheelchair (if a person already has a wheelchair)

- Does the wheelchair meet the user's needs? Yes No
 Does the wheelchair meet the user's environmental conditions? Yes No
 Does the wheelchair provide proper fit and postural support? Yes No
 Is the wheelchair safe and durable? (Consider whether there is a cushion) Yes No
 Does the cushion provide proper pressure relief (if user has pressure sore risk)? Yes No
 Comments: _____

If yes to all questions, the user may not need a new wheelchair. If no to any of these questions, the user needs a different wheelchair or cushion; or the existing wheelchair or cushion needs repair or modifications.



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2: Physical Assessment

Presence, risk of or history of pressure sores

<p>/// = does not feel O = previous pressure sore ● = existing pressure sore</p> <p>Left Front Back Right</p>	Can feel normally?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Previous pressure sore?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Current pressure sore?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, is it an open sore (stage 1 – 4)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Duration and cause: _____				
Is this person at risk* of a pressure sore? <i>*A person who cannot feel or has 3 or more risk factors is at risk. Risk factors: cannot move, moisture, poor posture, previous / current pressure sore, poor diet, ageing, under or over weight.</i>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Method of pushing

How will the wheelchair user push their wheelchair? Both arms Left arm Right arm

Both legs Left leg Right leg Pushed by a helper

Comment: _____

Measurements

	Body Measurement	Measurement (mm)	Change body measurement to ideal wheelchair size	Wheelchair measurement
A	Hip width	360mm	Hip width = seat width	360mm
B	Seat depth	L	B less 30 – 50 mm = seat depth (if length is different, use shorter one)	370mm
		R		
C	Calf length	L	= top of seat cushion* to footrests height	330mm
		R	= top of seat cushion* to floor for foot propelling	330mm
D	Bottom of rib cage	310mm	= top of seat cushion* to top of backrest	360mm
E	Bottom of shoulder blade	420mm	(measure D or E – depending on the user's need)	470mm

*check the height of the cushion that the wheelchair user will use.