# Wheelchair Adaptations Worksheet

**Recommended Seating Adaptations for** ______________________________ Rm____ Date: ___/___/___

## Wheelchair
- [ ] New
- [ ] Lightweight
- [ ] Tilt in space frame
- [ ] Multi-angle foot plate
- [ ] Repair
- [ ] Heavy duty
- [ ] Frame w/adjustable axel position
- [ ] Foot hangers degrees
- [ ] Modification
- [ ] Hemi height
- [ ] Power w/c
- [ ] Removable arm rest
- [ ] Standard
- [ ] Super hemi height
- [ ] Scooter
- [ ] Frame w/adjustable axel position
- [ ] Adjustable arm rest
- [ ] Other:

Seat width_________ Make_________ Model_________ Serial #____

**Justification for recommended adaptations**
- [ ] Capabilities have changed
- [ ] Lacks strength to propel heavy chair functionally
- [ ] No wheelchair
- [ ] Cannot sustain upright posture due to motor impairment or weakness
- [ ] Chair worn out or broken
- [ ] Would be bed or chair confined without use of wheelchair
- [ ] Cannot ambulate
- [ ] Requires mobility base for seating system

**Justification for powered mobility** □ n/a
- [ ] Lacks strength or endurance for independent mobility in manual chair
- [ ] In trial has demonstrated ability to drive and potential for learning

## Seat Cushion Characteristics
- [ ] Large well space
- [ ] Longer depth
- [ ] Notched for front riggings
- [ ] Pressure distribution
- [ ] Cut for foot propulsion
- [ ] Cut to drop between rails
- [ ] Stable base
- [ ] Trough for hip deformity
- [ ] Improved comfort
- [ ] Other:

**Product:** □ Solid seat  □ Custom model  □ Foam  □ Gel/foam  □ Air

**Options:** □ Seat belt  □ Wedge  □ Pommel  □ Antithrust  □ Saddle  □ Other___________________________

**Justification**
- [ ] Improved pelvic & trunk alignment
- [ ] Reduce pain
- [ ] Reduce sliding/thrusting out of chair
- [ ] Assistance in healing skin ulcer
- [ ] Reduce asymmetry
- [ ] Provide maximum stability for function
- [ ] Accommodate fixed deformities
- [ ] Reduce risk of skin breakdown
- [ ] Other:_________________________________________________________

## Back Support
- [ ] Stable
- [ ] Posterior pelvic support
- [ ] Recline
- [ ] Pressure distributing
- [ ] Curved
- [ ] Lateral trunk support
- [ ] Other:_____________________________________________________

**Justification**
- [ ] Firm support for posterior pelvic control
- [ ] Accommodation for fixed postures
- [ ] Lateral support because of poor postural control and/or scoliosis

**Type**_________________________________________________________

## Head Rest (type)

**Justification** □ Lacks head control and cannot hold head up without support

**Comments:**

Therapist__________________________  Physician__________________________  

---

**Adapted from Individualized wheelchair seating for older adults: a guide for caregivers Rader, Jones, Miller Benedictine Institute for long term care.**