Chedoke Hospital
Hamilton Health Sciences
Specialized Outpatient Rehabilitation Services
Adult Wheelchair & Seating Clinic

WHEELCHAIR & SEATING ASSESSMENT

Assessment Date:

In Attendance:

☐ CTT ☐ Privacy

SOCIAL & ENVIRONMENTAL SITUATION

Dwelling: ☐ House ☐ Apartment ☐ Supportive Housing

Description of Dwelling:

Accessibility: Stairs Interior____________________ Exterior _____________

☐ Ramp ☐ Elevator ☐ Stair glide ☐ Porch Lift

Living situation: Lives ☐ alone ☐ with spouse ☐ other

Productivity: ____

Leisure: ____

Max. Clearances: Width _____________ Height ______________

FUNCTIONAL PERFORMANCE

ADL – Dressing ____

Feeding ____

Toileting ____

Transfers ____

COGNITION

☐ Appears intact

☐ Impaired

☐ Needs further assessment

PERCEPTION

☐ Appears intact

☐ Impaired

☐ Needs further assessment

Therapist Signature:____

Name

HIN

TRANSPORTATION - Consider portability, mode of transit, support personnel, ect:

Current wheelchair and seating

Wheelchair	Seating & Accessories

Concerns with current wheelchair and/or seating

Goals client hopes to achieve with new wheelchair and/or seating

Do you have a community OT? YES ☐ NO ☐

Name: Phone:

NAME OF WHEELCHAIR & SEATING EQUIPMENT VENDOR

FUNDING ☐ ODSP ☐ INSURANCE COVERAGE ☐ OTHER

Therapist Signature:____

Name ____ **HIN**______________________________

SKIN CONDITION & SENSATION

	Open	Healed	At Risk
Greater trochanters			
Coccyx			
Ischial tuberosities			
Spine			
Malleoli			
Site of abdominal tube			
Comments			

Sensation Impaired: Y N If yes, specify location ____

PHYSICAL ASSESSMENT

Static/Dynamic Balance

Ability to weight shift

Voluntary/Involuntary Movement:

Tone Patterns at head and neck

Upper Extremity:

Lower extremity:

PASSIVE RANGE OF MOTION

	Sitting		Supine	
	Right	Left	Right	Left
Hip flexion				
Knee extension with hip at 90°				
Knee flexion				
Ankle dorsi/plantar flexion				
Head & Neck				
Upper extremities				
Leg length discrepancy				

Therapist Signature:____

Name ____________________________________ **HIN**__________________________

		Posture in Chair	Supine on Mat		Sitting on Mat	
			Flexible	Inflexible	Flexible	Inflexible
Posterior pelvic tilt						
Anterior pelvic tilt						
Pelvic obliquity:	down right/left					
Pelvic rotation:	anterior right/left					
Trunk Rotation	Anterior right/left					
Kyphotic posture						
Lordotic						
Scoliotic posture	C curve					
	concave right/left					
	S curve					
	Concave right/left					
Head/Neck	side flexion					
	rotation					
	extension					
Leg:	abduction					
	adduction					
	rotation (ext)					
	rotation (int)					
Windswept:	right/left					
Leg length discrepancy						

BODY MEASUREMENTS

Therapist Signature:____

Name ____HIN________________________________

ASSESSMENT FINDINGS

PROBLEM	GOAL	RECCOMMENDATIONS

ACTION PLAN:

Therapist Signature:____

Name ____ HIN__________________________________

Therapist Name (print)____ Signature:__________________________________