

# Neuromuscular Clinic

At

The University of Utah  
Department of Neurology

## Wheelchair Assessment Check List

### When deciding the type of chair to get?

1. Am I still working or going to school?
2. How much independence do I want, and where? (mobility, repositioning).
3. Am I alone for long time periods during the day?
4. What are my financial resources?
5. Will I transport the power wheelchair in an adapted van with lift and tie-downs?
6. Public transportation? Will the wheelchair be used strictly indoors?

### Points to discuss:

1. Environment wheelchair will be used (terrain). What is the turning radius, seat height, suspension, and uneven terrain and slopes)
2. Weight of chair and weight capacity
3. Tilt, recline, alternate controls (head, switches), Ventilator or biPAP?
4. Seat, back supports, head and trunk support?
5. service department does vendor have? Do they come to home, office? On-call?
6. maintenance required? Repair/replacement costs and coverage?  
(batteries, tires)
7. What is the process and time frame from eval to delivery of w/c?
8. Vendor available to modify as needed?
9. reputable vendor and contracted with my insurance company?

### Wheelchair Measurements:

1. Sitting to crown of head: \_\_\_\_\_
2. Sitting surface to shoulder: \_\_\_\_\_
3. Sitting surface to axilla: \_\_\_\_\_
4. Sitting surface to pelvic crest: \_\_\_\_\_
5. Sitting surface to elbow: \_\_\_\_\_
6. Posterior hip to popliteal fossa (right): \_\_\_\_\_ (left): \_\_\_\_\_
7. Popliteal fossa to heel (right): \_\_\_\_\_ (left): \_\_\_\_\_
8. Shoe type: \_\_\_\_\_
9. Heel to toe: \_\_\_\_\_
10. Width across trunk: \_\_\_\_\_
11. Depth of trunk: \_\_\_\_\_
12. Width across hips: \_\_\_\_\_
13. Width across knees: \_\_\_\_\_
14. Widest width: \_\_\_\_\_ Location: \_\_\_\_\_

15. Thigh/Trunk angle (right): \_\_\_\_\_ (left): \_\_\_\_\_  
 16. Thigh/Calf angle (right): \_\_\_\_\_ (left): \_\_\_\_\_

**Recommendations:**

1. Seat width: \_\_\_\_\_
2. Seat depth: \_\_\_\_\_
3. Seat surface height: \_\_\_\_\_
4. Back height: \_\_\_\_\_
5. Foot rest to seat distance (without cushion): \_\_\_\_\_  
 (with cushion): \_\_\_\_\_
6. Armrest height: \_\_\_\_\_ Arm rest style/shape: \_\_\_\_\_
7. Front/back or armrest trough: \_\_\_\_\_
8. Overall height for table clearance: \_\_\_\_\_
9. Foot plate clearance: \_\_\_\_\_
10. Seat height for transfers: \_\_\_\_\_

**Additional items requested:**

- |                       |    |     |       |
|-----------------------|----|-----|-------|
| Calf pads:            | no | yes | _____ |
| Calf support:         | no | yes | _____ |
| Heel loops:           | no | yes | _____ |
| Removable leg rests:  | no | yes | _____ |
| Removable arm rests:  | no | yes | _____ |
| Removable back:       | no | yes | _____ |
| Elevating leg rests:  | no | yes | _____ |
| Elevating arm rests:  | no | yes | _____ |
| Swing away leg rests: | no | yes | _____ |
| Swing up arm rests:   | no | yes | _____ |
| Swing up foot rests:  | no | yes | _____ |
| Back support:         | no | yes | _____ |
| Neck support:         | no | yes | _____ |
| Ventilator support:   | no | yes | _____ |

**Power considerations:**

Driving mechanism: \_\_\_\_\_

Other: \_\_\_\_\_

**Cushion considerations:**

Style: \_\_\_\_\_

**Home considerations:**

1. Width of door frames:
  - a. Into home (front door, back door): \_\_\_\_\_
  - b. Kitchen: \_\_\_\_\_
  - c. Bathroom: \_\_\_\_\_

- d. Bedroom: \_\_\_\_\_
- e. Other: \_\_\_\_\_
- 2. Turn around room (width of rooms to help with turning radius):
  - a. Garage: \_\_\_\_\_
  - b. Kitchen: \_\_\_\_\_
  - c. Bathroom: \_\_\_\_\_
  - d. Bedroom: \_\_\_\_\_
  - e. Hallway: \_\_\_\_\_
  - f. Other: \_\_\_\_\_
- 3. Outside home considerations:
  - a. Entry into home: \_\_\_\_\_
  - b. Access to garage/car: \_\_\_\_\_
  - c. Access to yard/driveway, sidewalk: \_\_\_\_\_
- 4. Transportation considerations:
  - a. Style of vehicle: \_\_\_\_\_
  - b. Portability of wheelchair: \_\_\_\_\_
  - c. Height of vehicle:
    - i. Seat height for transfers: \_\_\_\_\_
    - ii. Roof height to sit in wheelchair: \_\_\_\_\_
    - iii. Lift or ramp needed: \_\_\_\_\_
  - d. Weight of chair for lifting for storage: \_\_\_\_\_
  - e. Method to transport wheelchair: \_\_\_\_\_
- 5. Other home considerations:
  - a. Transfer considerations for shower, bed, chairs: \_\_\_\_\_
  - b. Table heights for rolling wheelchair up to: \_\_\_\_\_