

SPINAL INJURIES UNIT

Ph: 3176 2215
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**OUTPATIENT
DEPARTMENT**

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Postal and Location

Princess Alexandra Hospital
Ipswich Rd
Woolloongabba QLD 4102
AUSTRALIA

**TRANSITIONAL
REHABILITATION
PROGRAM**

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Location

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AUSTRALIA

**SPINAL OUTREACH
TEAM**

Ph: 3176 9507
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PO Box 6053
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Location

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Mobile Floor Hoist & Sling: Pre-Trial Assessment



Date: _____ Therapist: _____

Client details:

Client: _____

Diagnosis: _____

Client weight: _____ Client height: _____

Current hoist/sling details:

Hoist type/brand: _____

Hoist attachment: Pivot frame / yoke

Sling type/brand/size: _____

Sling attachment details: _____

Funding source: _____

Client Considerations:

- Does the client have a history of skin breakdown? Yes / No
Provide details: _____
- Does the client experience pain or spasm? Yes / No
Provide details: _____
- Who provides care for the client? _____

Current hoist/sling transfer details:

- Does the carer experience any difficulty with applying/removing the sling, or using the hoist to complete the transfer? Yes / No
Provide details: _____
- Did the client experience any skin breakdown with sling used? Yes / No
Provide details: _____
- Does the client have any concern regarding comfort, pain, positioning with the hoist/sling? Yes / No
Provide details: _____
- Is the hoist suitable for the environment in which it was being used? (e.g. floor surface, manoeuvrability) Yes / No
Provide details: _____
- Is the hoist/sling compatible for use with other existing equipment? (e.g. clearance beneath the bed, height clearance for transfer to bed/wheelchair) Yes / No
Provide details: _____
- Is the hoist/sling suitable for all transfers to be completed? (e.g. bed, wheelchair, mobile shower commode, floor, lounge chair) Yes / No
Provide details: _____
- Why does the hoist/sling require replacement?



Provide details: _____

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Recommendations for Trial

Last Reviewed December 2020
Review Due December 2022

