Queensland Health

Assessing for power wheelchairs

Medical Aids Subsidy Scheme

18 June 2026

DELIVERING FOR QUEENSLAND

Queensland Government

Objectives

- Basic versus complex
- Clinical assessment of safety considerations
  - Cognitive screening
  - Visual testing
  - Sensorimotor screen
  - Postural considerations
  - Consideration for managing behaviours of concern
- Compare performance assessments
- Other prescription considerations
- Legislation and safe road use

Basic versus complex

Basic

Meets all of the following:

- Demonstrated ability to develop the skills necessary to effectively control and manoeuvre the requested PWC in all required areas of the home.
- Does not require complex seating, postural supports or features e.g., tilt in space, seat elevate.
- Does not need to negotiate variable surfaces.
- PWC is expected to be primarily used to transit between areas in the home rather than for prolonged sitting.

Complex

Meets all the following:

- Demonstrated ability to develop the skills necessary to effectively control and manoeuvre the requested PWC in all required areas of the home.
- Spends prolonged periods seated in the wheelchair in the home.
- Requires scripted wheelchair set up, features e.g. tilt in space/seat elevate, accessories/modifications, postural supports, and/or complex seating for positioning and/or function.

May be required to: Negotiate variable surfaces.

Extract from MASS Daily Living and Mobility Aids Temporary Guideline

Basic (examples)

Pride iGo CF

Merits Dualer

Complex (examples)

Quickie Q300 MWD

Dietz Sango Advanced

Screening capacity to safely operate a PWC

What risks are we preventing?

Spotlight on research: Powered mobility device (PMD) incidents and injuries in residential aged care[1]

Type of evidence: Retrospective audit
Strength of evidence: emerging
Take home messages:

- Males more likely to have incident
- Collision types
  - 57% collisions
  - 24% falls
  - 7% going missing
  - 6% tipping PMD

Image generated by AI

1. Dickson, N.C., Gohil, A.R., & Unsworth, C.A. (2023). Powered mobility device use in residential aged care: a retrospective audit of incidents and injuies. *BMC, 23*(363), 1-12.

What can we learn about cognition from the driving assessment literature?[1]

- Cognitive assessment (e.g., MoCA) have limited relationship with on-road performance – screening only.
- DriveSafe DriveAware is one of the few predictive off-road tool (>80% predictive accuracy) – no similar tool for PWCs
- The difference between actual and self-perceived ability is more predictive of safety than global cognitive measures.

1. Johnston, B.K., Mackenzie, L., O'Donnell, J.M., & Wesson, J. (2026). Cognitive clinical assessments to predict performance on an on-road assessment: a scoping review. *Disability & Rehabilitation, 48*(2), 250-258. Kandasamy, D, Williamson, K, Carr, D., Abbott, D & Betz, M (2019). The utility of the Montreal Cognitive Assessment in predicting need for fitness to drive evaluations in older adults, Journal of Transport & Health, Volume 13, Pages 19-25, SSN 2214-1405, htt://doi.org/10.1016/j.jth.2019.03.005.

Cognition & PWC use[1]

- MoCA was a good predictor of PWC performance (but only at moderate-severe cognitive impairment)

Table II. Power wheelchair (PWC) use scores depending on severity of cognitive impairment

	PIDA Mean % (SD)	WST-Q-conf Mean % (SD)	LSA Mean (SD)
Moderate cognitive impairment ($n=6$)	77 (14.3)	56 (18.7)	23 (10.4)
Mild cognitive impairment ($n=18$)	93 (6.4)	83 (10.9)	44 (12.9)
No cognitive impairment ($n=6$)	97 (2.2)	85 (7.7)	45 (12.2)
p-value	0.009	<0.001	0.009

SD: standard deviation; WST-Q conf: Wheelchair Skills Test-Questionnaire confidence subscale; PIDA: Power mobility Indoor Driving Assessment; LSA: Life-Space Assessment

- Number of previous accidents higher in with higher cognition (? People with cognitive impairment may be more cautious ?)

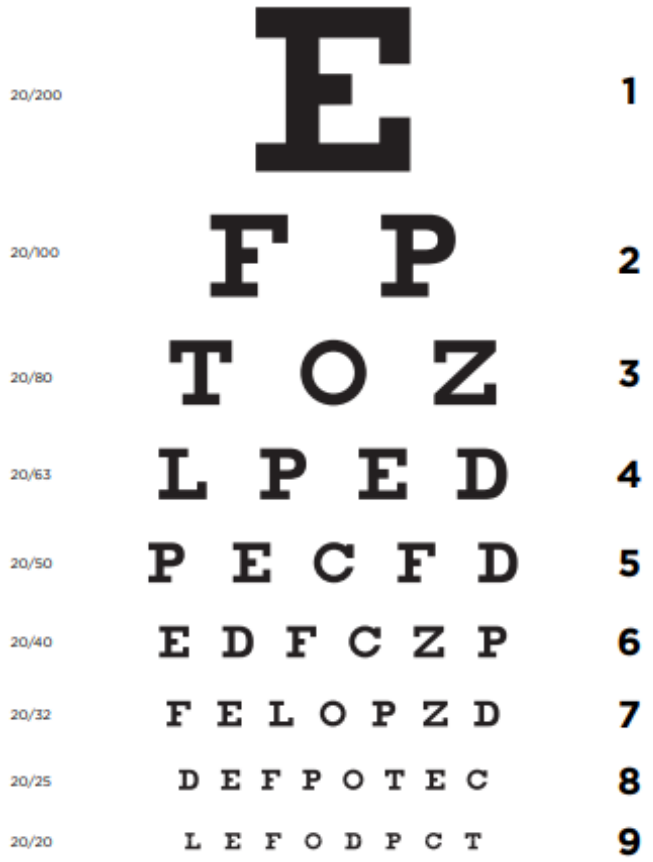
1. Pellichero, A., Best, K., Leblond, J., et al. (2021). Relationships between cognitive functioning and power wheelchair performance, confidence and life-space mobility among experienced power wheelchair users: an exploratory study. *Journal of Rehabilitation Medicine, 53*, jrm00226.

Cognitive summary

- Cognitive assessment is one piece of the puzzle
- MoCA may be a good tool (screen for mod-sev cog imp)
- Mild cognitive impairment may be unlikely to impact PWC use
- Insight into ability may be more important than cognition
- If borderline, prioritise PWC performance assessment

Visual screening

- No set standard but driver's licence visual acuity is 6/12
- Snellen Chart
- Peripheral vision testing



Sensorimotor screening

Strength and endurance	Coordination	Range of motion	Reaction times
Hypertonicity & hyperreflexia	Sitting balance	Sensation	Pain
	Falls risk	Posture	

Example: ruler drop test

Table 4
Analysis of the average height on RDT based on subgroups.

Parameter	Subgroups	Average height on RDT		
		Mean (95% CI)	5th percentile	95th percentile
Age	18–35 years	24.4 cm (23.4–25.3)	10.0 cm	39.1 cm
	36–55 years	25.4 cm (24.4–26.4)	10.3 cm	40.3 cm
	>55 years	27.7 cm (25.6–29.8)	13.2 cm	48.0 cm
Sex	Male	24.0 cm (23.0–24.9)	9.3 cm	40.7 cm
	Female	24.5 cm (23.6–25.3)	7.5 cm	39.7 cm
Education	No schooling	15.5 cm (12.2–18.8)	1.0 cm	28.5 cm
	Primary	21.7 cm (20.2–23.3)	1.0 cm	38.6 cm
	Secondary	25.4 cm (24.6–26.2)	10.0 cm	41.8 cm
	Higher	24.6 cm (23.0–26.2)	9.5 cm	37.9 cm
Occupation	Unskilled	23.8 cm (22.5–25.1)	4.8 cm	42.3 cm
	Skilled	25.0 cm (24.1–26.0)	10.0 cm	40.1 cm
	Professional	23.9 cm (22.4–25.4)	8.7 cm	37.7 cm
	Unoccupied	22.3 cm (20.2–24.4)	1.0 cm	36.3 cm
Presence of any non-communicable disease	Yes	23.0 cm (22.1–24.0)	3.6 cm	39.3 cm
	No	25.3 cm (24.5–26.1)	10.2 cm	40.2 cm
Alcohol consumption	Yes	23.7 cm (22.4–25.0)	9.3 cm	41.7 cm
	No	26.0 cm (25.2–26.8)	10.1 cm	41.3 cm
Smoking	Yes	24.3 cm (22.5–26.1)	9.3 cm	41.8 cm
	No	24.2 cm (23.6–25.0)	8.6 cm	39.7 cm

Rajapaksha, S., Kitulwatte, I., Senarathne, U., et al. (2023). The establishment of a population-specific reference value for the ruler drop test for the clinical assessment of reaction time. *Journal of Forensic & Legal Medicine, 96*, 102525.

Postural assessment

- Mechanical Assessment Test (MAT)
  - Sitting
  - Supine
  - Existing seating system
- 24 hours Posture Management approach including ongoing pressure and skin integrity

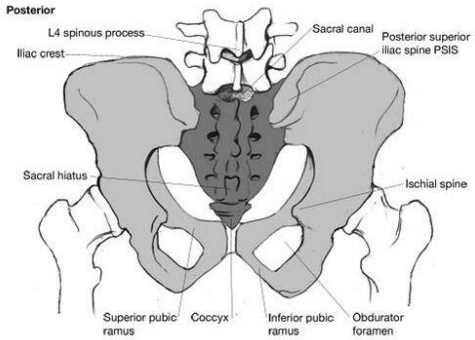


Image from checkshttps://www.physio-pedia.com/Pelvic_Landmarks

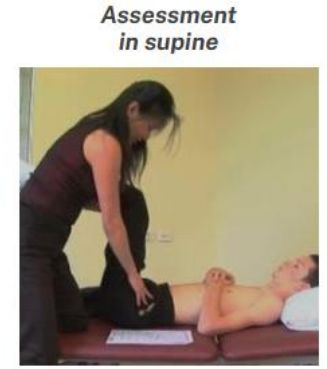
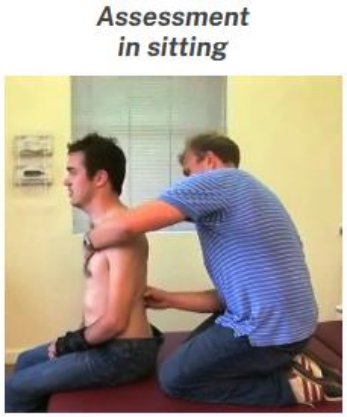


Image from https://aci.health.nsw.gov.au/networks/spinal-cord-injury/spinal-seating/module-3/conducting-the-mat



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https://aci.health.nsw.gov.au/networks/spinal-cord-injury/spinal-seating/module-3

MAT

POSTURE IN CURRENT SEATING SYSTEM

ASSESSMENT FOR: | DATE: | Problems /Comments

Pelvis

Tilt (Side view)

☐ Neutral ☐ Posterior ☐ Anterior

Obliquity (Frontal View)

☐ Neutral ☐ Left Lower ☐ Right Lower

Lowered by:

Rotation (Top view)

☐ Neutral ☐ Left Forward ☐ Right Forward

Trunk

Anterior / posterior

☐ Neutral ☐ Thoracic Kyphosis ☐ Lumbar Lordosis

☐ lumbar C-curve flattening

Scoliosis (Frontal View)

☐ Neutral ☐ Convex Left ☐ Convex Right

Apex at:

Rotation (Top view)

☐ Neutral ☐ L forward ☐ R forward

Hips

Thigh to Trunk angle:

Left : Right:

_____ _____

Degrees Degrees

Position (Frontal View)

☐ Neutral ☐ ABduct° ☐ ADduct°

.... L / R..... .L / R

☐ External rotation : L / R

☐ Internal rotation: L / R

Windswept (Frontal View)

☐ Neutral ☐ Left ☐ Right

Left: Angles

Right:

Knees and Feet

Thigh to lower leg angle :

Left Right

_____ _____

Degrees Degrees

Lower leg to foot angle:

Left Right

_____ _____

Degrees Degrees

☐ Plantar-flex ☐ Plantar-flex.

☐ Dorsi-flex ☐ Dorsi-flex

Foot position:

Left Right

☐ neutral ☐ nertral

☐ Inversion ☐ Inversion

☐ Eversion ☐ Eversion

Head and neck

Cervical curve (side view)

☐ Neutral

☐ flexion ☐ extension

☐ cervical hyperextension (Chin poke)

Neck position (Frontal View)

☐ Midline

☐ Lat flexion: L / R

☐ Rotation: L / R

Control

☐ independent head control / and full ROM

☐ restricted head control

☐ restricted ROM:

☐ absent head control

Upper Limbs

Shoulder positioning

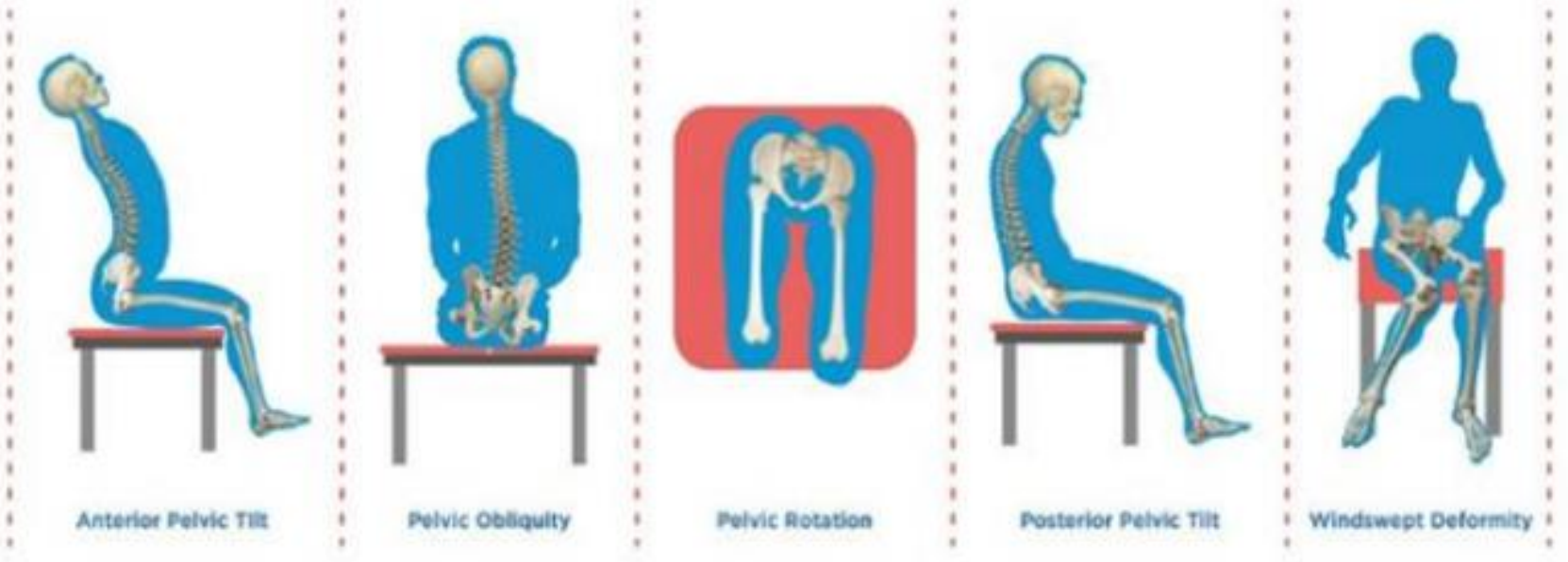
☐ Level ☐ asymmetry

Elbow and forearm position

☐ arm support ☐ no support

Wrist and handgrip

Commonly Occurring Postures



Images from power mobility presentation

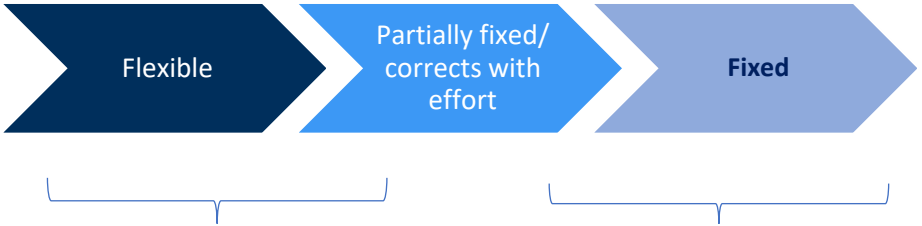
Goal of Postural Supports

Anterior pelvic tilt with lumbar lordosis

Posterior pelvic tilt with thoracic kyphosis

Pelvic obliquity with scoliosis

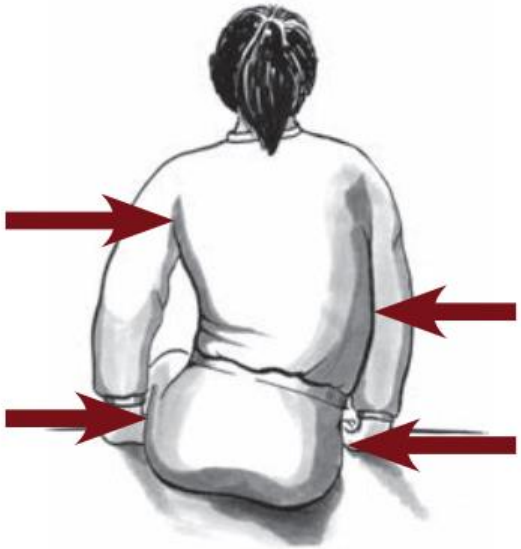
Images from ACIT Health with original image from Zollar adapted from Turnbull 20216

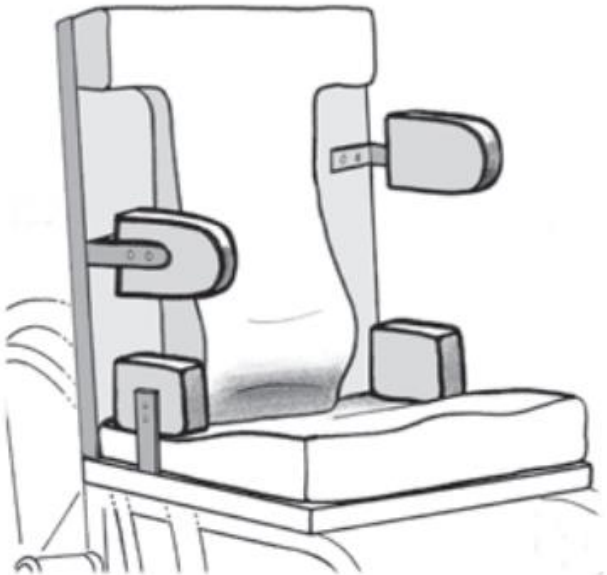


Support and Correct

Accommodate & prevent progression

Supports mimic hand placement during MAT





World Health Organization (2013). Wheelchair Service Training Package Reference Manual for Participant – Intermediate Level. Available from: https://www.who.int/publications/i/item/9789241505765

Postural support examples

Image source: Spex Seating

Controller adjustment

- Controller position +/- attendant control
- Speed – forward, turning, reverse
- Joystick – direction, sensitivity deadband tremor dampening
- Acceleration/ Deceleration rate
- Drive profiles– indoor, outdoor, personalised names
- Torque
- Alternate controls
  - proportional controls:
    e.g.joystick heads, golf ball, T- bar, chin controls, finger controls (3x3 box),touchpad, microjoysticks,
  - Non proportional controls:
    e.g. basic switch/ button system, Head Controls and Sip'n'Puff Controls and Switch/ Button controls, Wafer boards, Scanner Drive controls, are available as well as a large range of alternatives.

Assessing Behaviours of Concern

- Frustration tolerance
- Ability to follow instruction
- Impulsivity control
- Safety awareness
- Insight
- Psychosocial suitability for heavy, fast-moving mobility device
- What are the risk and what controls can be put in place
- Substance use

Conditions commonly associated with changes in behaviours:

- Traumatic brain injury[1]
- Huntington's disease[2]
- Parkinson's disease[3]
- Progressive supranuclear palsy[3]
- Corticobasal syndrome[3]

1. Fazel, S., Philipson, J., Gardiner, L., et al. (2009). Neurological disorders and violence: a systematic review and meta-analysis with a focus on epilepsy and traumatic brain injury. *Journal of Neurology, 256*, 1591-1602.
2. Kalkhoven, C., Sennef, C. Peeters, A., & van den Bos, R. (2014). Risk-taking and pathological gambling behavior in Huntinton's disease. *Frontiers in Behavioral Neuroscience, 8*, 103.
3. Conn, D. (2012). *Psychiatric consequences of brain disease in the elderly: a focus on management*. Springer Science & Business Medica.

C. AGITATION/AGGRESSION (NA)

Does the patient have periods when he/she refuses to cooperate or won't let people help him/her? Is he/she hard to handle?

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient get upset with those trying to care for him/her or resist activities such as bathing or changing clothes?	☐ Yes	☐ No
2. Is the patient stubborn, having to have things his/her way?	☐ Yes	☐ No
3. Is the patient uncooperative, resistive to help from others?	☐ Yes	☐ No
4. Does the patient have any other behaviors that make him/her hard to handle?	☐ Yes	☐ No
5. Does the patient shout or curse angrily?	☐ Yes	☐ No
6. Does the patient slam doors, kick furniture, throw things?	☐ Yes	☐ No
7. Does the patient attempt to hurt or hit others?	☐ Yes	☐ No
8. Does the patient have any other aggressive or agitated behaviors?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the agitation/aggression.

Excerpt from Neuropsychiatric Inventory Questions

Remote stop switch

Scooter stopper (image source)

Permobil Remote Stop System (image source)

Performance assessment

Wheelchair Skills Test (WST-P 4.2)

2	Turns controller on and off

13	Gets through hinged door

28	Ascends low curb (5 cm)

Wheelchair Skills Test (WST) Version 4.2 Form
Powered Wheelchairs Operated by Their Users

Name of wheelchair user: _____

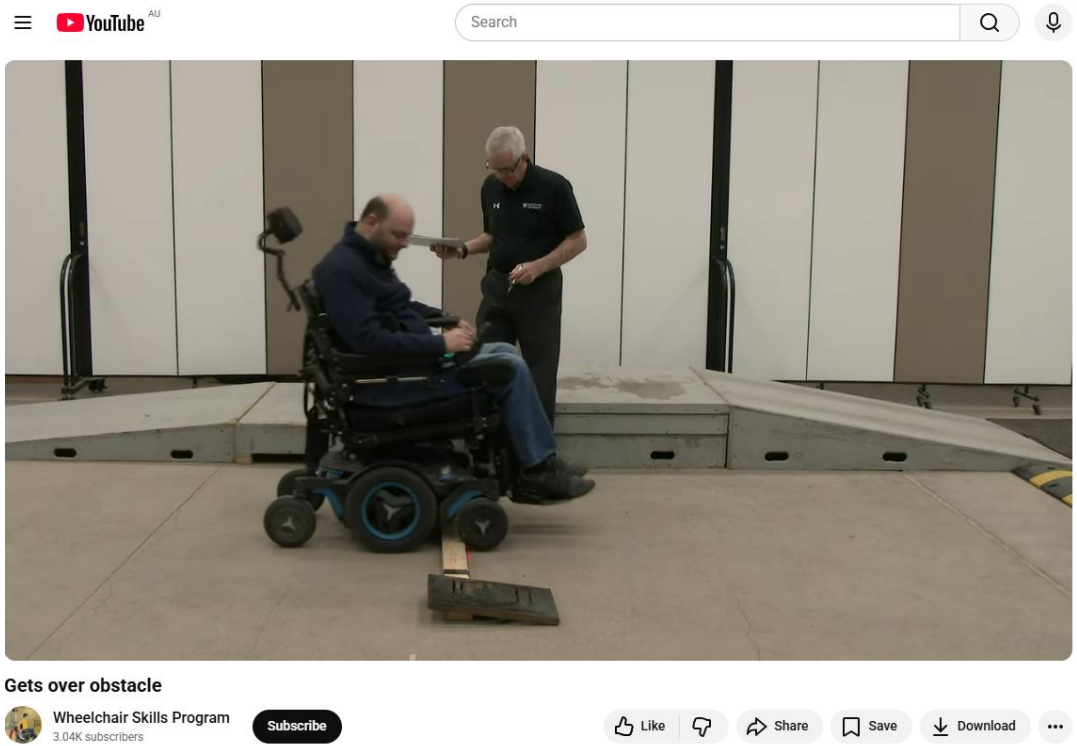
Tester: _____ Date: _____

#	Individual Skill	Capacity Score* (0-2)	Training Goal? (Y/N)	Comments
1	Moves controller/tiller away and back			
2	Turns controller on and off			
3	Selects drive modes and speeds			
4	Operates body positioning options			
5	Disengages and engages motors			
6	Operates battery charger			
7	Rolls forwards (10 m)			
8	Rolls backwards (2 m)			
9	Turns while moving forwards (90°)			
10	Turns while moving backwards (90°)			
11	Turns in place (180°)			
12	Maneuvers sideways (0.5 m)			
13	Gets through hinged door			
14	Reaches high object (1.5 m)			
15	Picks object up from floor			
16	Relieves weight from buttocks (3 sec)			
17	Transfers to and from bench			
18	Rolls 100 m			
19	Avoids moving obstacles			
20	Ascends 5° incline			
21	Descends 5° incline			
22	Ascends 10° incline			
23	Descends 10° incline			
24	Rolls across side-slope (5°)			
25	Rolls on soft surface (2 m)			
26	Gets over gap (15 cm)			
27	Gets over threshold (2 cm)			
28	Ascends low curb (5 cm)			
29	Descends low curb (5 cm)			
30	Gets from ground into wheelchair			
	Total score:*	%		

* See score options and formula for calculating total score on page 2

WST-P form here

Wheelchair Skills Program Youtube Channel



https://www.youtube.com/channel/UCxlnALbMRBCe_JDD548CQ-w

Pomodatt

4	**Independent & Competent** Able to perform task in one attempt smoothly
3	**Developing Competence** a. Hesitancy present when executing task b. Knocks wall or other objects lightly (without causing harm)
2	**Verbal Prompting** Skill or task is executed erratically or impulsively. Several attempts required to achieve skill or task a. Supervision/monitoring required for safe road crossing b. Uses an inappropriate speed for conditions, does not adjust speed as necessary c. Bumps objects in a manner that could cause harm d. Incorrect positioning of device on gutters e. Inconsistent driveway scanning
1	**Physical Hands-On Assistance**
0	**Not scored – Due to safety concerns**
4	**Not scored – Not relevant in the environment**

Pomodatt performance rating scale[1]

Developed in consultation with occupational therapists & physiotherapists (face & content validity)[1]

Part A: Montreal Cognitive Assessment

Part B: Physical / psychosocial skills assessment

Part C: Power mobility device driving assessment

1. Townsend, K., & Unsworth, C.A. (2019). The inter-rater reliability of the Powered Mobility Device Assessment Training Tool. *Australian Occupational Therapy Journal, 66*, 393-400.

PoMoDATT

POWERED MOBILITY DEVICE ASSESSMENT TRAINING TOOL (PoMoDATT)
ADMINISTRATION FORMS

Authors

Kathryn Townsend (B.Occ.Ther; Grad.Cert.HealthSciences)

Carolyn Unsworth (BAppSci (Occ.Ther); PhD)

Client name:	Next of kin:
UR:	Date of birth:

PART A: COGNITIVE SKILLS

MOCA score: _____

Issues arising from MoCA:

- _____
- _____

Issues arising from Problem Solving Scenarios:

- _____
- _____
- _____

PART B: PHYSICAL/PSYCHOSOCIAL SKILLS

Issues identified which may impact on device use:

- _____
- _____
- _____
- _____

PART C: POWERED MOBILITY DEVICE DRIVING ASSESSMENT

Date	1. ___/___/____	2. ___/___/____	3. ___/___/____
Place:	_____ Centre Environment	_____ Home/Centre Environment	_____ Optional Centre/Home
Score:	___ / 104	___ / 104	___ / 104

POWERED MOBILITY DEVICE ASSESSMENT OUTCOME: Please tick

- ☐ Able to use a PMD
- ☐ Supervised PMD use
- ☐ Not appropriate at this time – further training required
- ☐ Not appropriate to use a PMD

PART B POWERED MOBILITY DEVICE USE: PHYSICAL/ PSYCHOSOCIAL SKILLS

Assessment date(s): ___/___/____ ___/___/____ (if occurs over multiple sessions, indicate which areas are assessed in each assessment)	
Medical conditions (chronic, progressive) Height _____ Weight _____ **Medication** (List medication and consider impact on PMD use)	
Upper limb function (strength, ROM, tone, coordination, sensation, pain)	
Left	Right
Lower limb function (strength, ROM, tone, coordination, sensation, pain, balance, falls risk)	
Left	Right
Reaction time (speed of response to call of stop; time/repetitions required)	
Transfers (type, assistance required) **Walking aid** (type)	
Pressure care needs	
Trunk & neck function Pain – is ROM limited? Range of motion –sufficient blind spot checks Compensatory techniques used/required	Comments
Posture/Deformity	
Balance Consider ability to load/unload walking aid on rear of scooter, ability to maintain sitting balance	
Endurance Consider sitting endurance	

PoMoDATT manual here

PoMoDATT form here

Power Mobility Indoor Driving Assessment

POWER-MOBILITY INDOOR DRIVING ASSESSMENT
MOBILITY DEVICE AND DRIVER EXPERIENCE CHECK LIST

Driver Name: _____
Assessment Date: _____
Assessor's Name: _____

TYPE OF MOBILITY DEVICE:

- Trial device: ☐ Client owned: ☐
- Make and model: _____
- Seating system: _____
- Type of controls: _____
- Special adaptations: _____

USE OF DEVICE SAFETY ACCESSORIES:
Please check all accessories that are currently used. Indicate those that are needed with a star.

_____ flag _____ lights _____ anti-tippers
_____ reflectors _____ seat belt _____ horn
_____ rear view mirror _____ other (specify)

Is the driver able to explain or demonstrate how each accessory is used: YES ☐ NO ☐

DRIVING EXPERIENCE:

- Years _____
- Devices used currently/in the past _____
- Environment/facility (briefly describe) _____

CAN THE CLIENT…

• Turn device on/off	YES	NO	N / A
• Utilize braking system	YES	NO	N / A
• Disengage braking system	YES	NO	N / A
• Use speed control switch	YES	NO	N / A
• Use special features of device	YES	NO	N / A
• Request assistance if necessary	YES	NO	N / A
• Independent transfer on/off	YES	NO	N / A

DOORS

9. **Automatic Sliding Doors-mat trigger:**
Instructions: "Please drive through the doorway"

Criteria: Ability to go through the doorway changing speed if necessary.

10. **Automatic Swing Open (towards the person) Doors – "mat trigger"**
Instructions: "Please drive through the doorway"

Criteria: Ability to leave space for door to open and go through the doorway changing speed if necessary

11. **Automatic Doors – button trigger:**
Instructions: "Please push the button and drive through the doorway."

Criteria: Ability to push the button and go through the doorway.

12. **Narrow Regular Doors:** N.B. This item is tested on the narrowest door the client uses.
Does the client normally open this door? _____YES _____NO
Instructions if yes: "Please open the door and drive through."
Instructions if no: "Please drive through this doorway."

Criteria: Ability to go through the doorway, opening the door first if this is routine.

PIDA instruction and form here

Performance assessments

	Wheelchair Skills Test (WST-P 4.2)[3]	PoMoDATT[1]	Power Mobility Indoor Driving Assessment (PIDA)
Inter-rater reliability (ICC)	0.940[3](range 0.862-0.985) 0.889	0.790 (range 0.420-0.987)	0.87
Test-retest reliability (ICC)	0.923-0.985[3]	0.641-0.938	0.67-0.938
Internal consistency	High (0.9)[1]		
Predictive validity	Excellent in WST-P[3] Moderate WST and WST-Q[2]	Limited	
Time to administer	30min	60min	120min
Driving Skills assessment	Assessed single point in time	Allow skills to be developed and trained over time	Assessed single point in time

1. Townsend, K., & Unsworth, C.A. (2019). The inter-rater reliability of the Powered Mobility Device Assessment Training Tool. *Australian Occupational Therapy Journal, 66*, 393-400.
2. Mortenon, W.B., Clarke, L.H., Goldsmith, C.H., et al. (2018). Measurement properties of the Wheelchair Skills Test for scooters among experienced users. *Disability & Rehabilitation: Assistive Technology, 13*(1), 60-65.
3. Smith, E.M., Low, K.L., & Miller, W.C. (2018). Interrater and intrarater reliability of the Wheelchair Skills Test version 4.2 for power wheelchair users. *Disability & Rehabilitation, 40*(6). 678-683.

Other prescription considerations

Power Wheelchairs

- Safe Work Load (SWL) **on all features of the chair*
- Seat width & overall width
- Seat depth
- Footplates
  - Positioning (narrow vs. wide)
  - Swing away vs. platform
- Leg-rests
  - Elevating (manual vs. powered)
  - Calf support size

Image from: Mobility & daily living aids at end-of-life video

Image from: 13Cabs

Power Wheelchairs

- Combined weight of chair and user

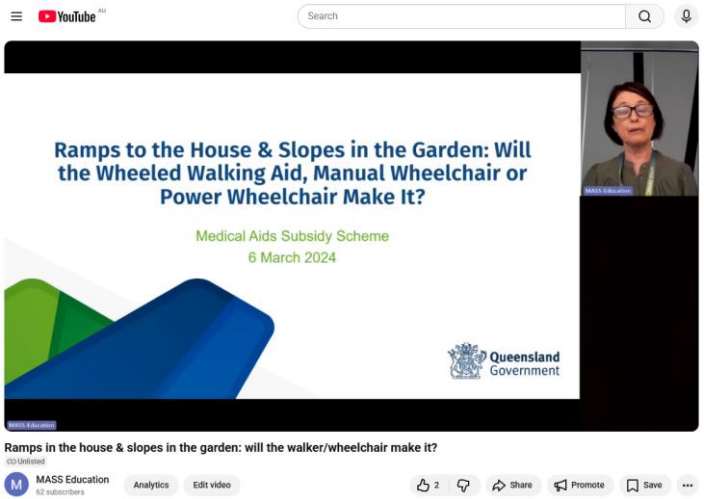
  **determine if the chair weight provided is incl. or excl. of batteries*

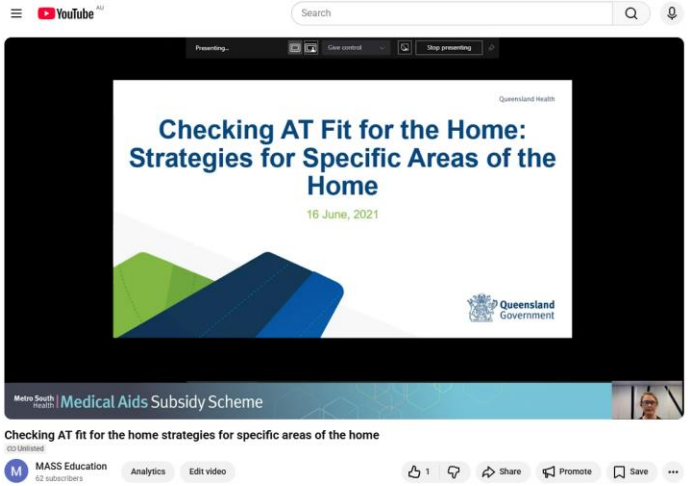
  - Ramp load/platform lift capacity
  - General taxi requirements (QLD Gov)
    - Maximum width of mobility aid: 75cm
    - Maximum height of mobility aid: 130cm
    - Maximum combined weight of mobility aid and operator: 300kg.
  - Fit within personal modified vehicle

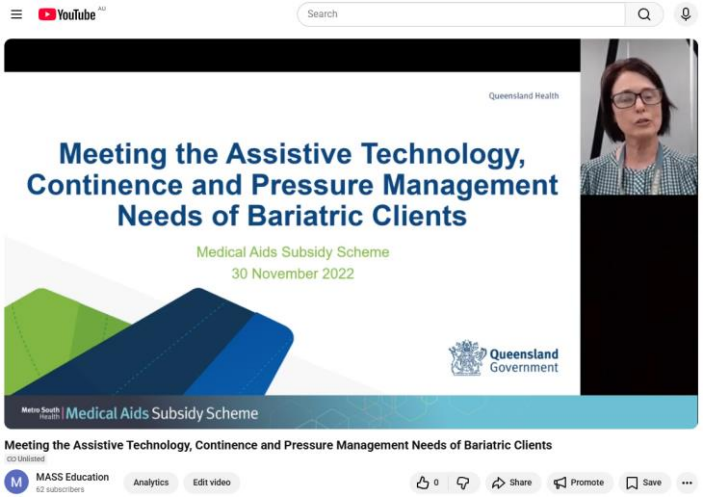
Assessing and Matching Environments and terrain

- Consider environments wheelchair will be used in
  E.g., small houses, slopes, rough terrain
- Transfer ability/aids
- Charging location / housing / storage of wheelchair
- Electrical safety switch
- Back-up mobility aid
- Back-up power

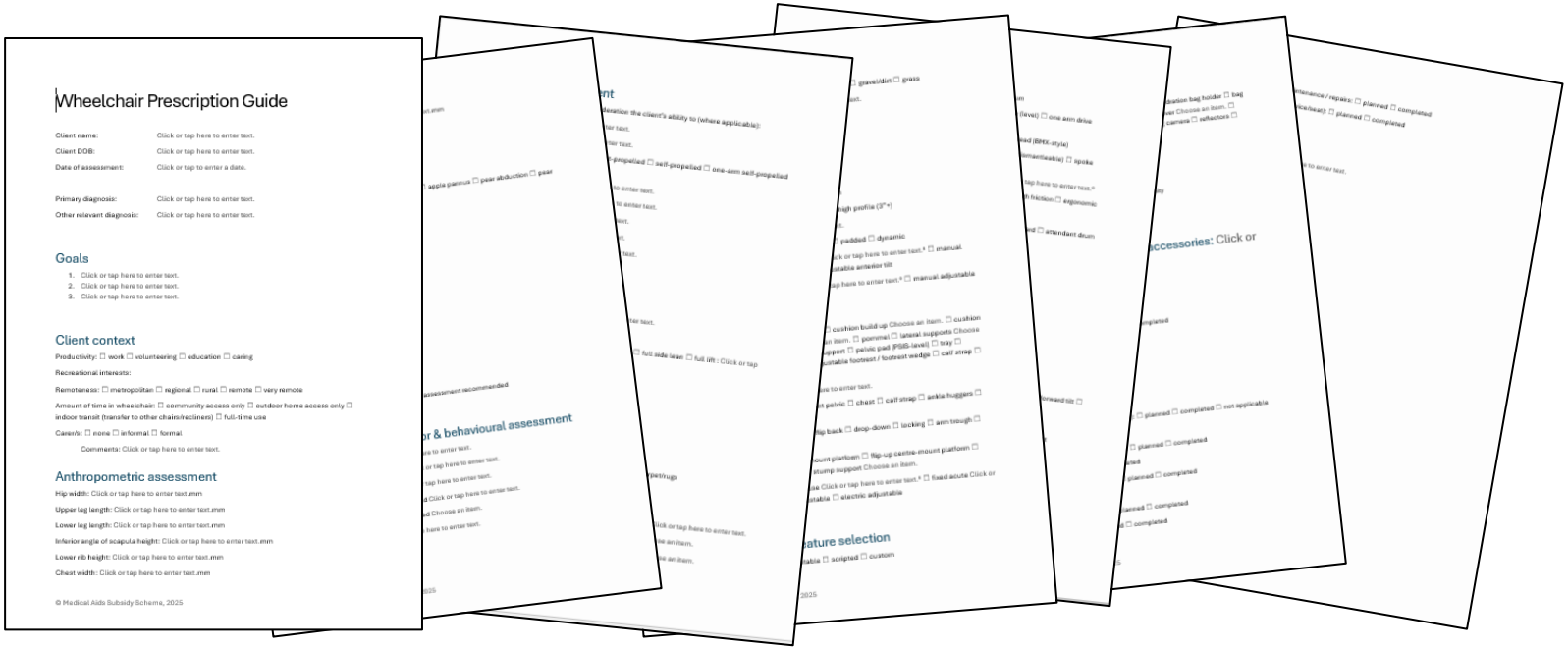
Recorded webinars







Prescription guide



Wheelchair Prescription Guide

Client name: Click or tap here to enter text.
Client DOB: Click or tap here to enter text.
Date of assessment: Click or tap to enter a date.

Primary diagnosis: Click or tap here to enter text.
Other relevant diagnosis: Click or tap here to enter text.

Goals

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

Client context

Productivity: ☐ work ☐ volunteering ☐ education ☐ caring

Recreational interests:

Remoteness: ☐ metropolitan ☐ regional ☐ rural ☐ remote ☐ very remote

Amount of time in wheelchair: ☐ community access only ☐ outdoor home access only ☐ indoor transit (transfer to other chairs/recliners) ☐ full-time use

Carer/s: ☐ none ☐ informal ☐ formal

Comments: Click or tap here to enter text.

Anthropometric assessment

Hip width: Click or tap here to enter text.mm

Upper leg length: Click or tap here to enter text.mm

Lower leg length: Click or tap here to enter text.mm

Inferior angle of scapula height: Click or tap here to enter text.mm

Lower rib height: Click or tap here to enter text.mm

Chest width: Click or tap here to enter text.mm

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Link to [wheelchair prescription guide]

Power wheelchair feature selection

- Drive: Front, Mid or Rear

Rear Wheel (RWD)

Mid Wheel (MWD)

Front Wheel (MWD)

All Terrain

- Wheels: standard or all terrain
- Suspension: standard or high spec (based on environment accessed)
- Features: light weight vs, foldable vs dismantlable vs robust

Images from Magic Mobility, GK, Aidacare, Pride Mobility

Power wheelchair feature selection

- Seat Functions: tilt , recline, elevate, leg elevate, leg extend, stand, tilt, catapult
- Controls: simple or complex (joystick, sip & puff, switch, eye gaze, attendant propel)

Power Recline

Leg Elevate

SOA Power Wheelchairs

JAZZY SELECT ELITE HD

- 204kg SWL
- Max seat width: 510mm

GLIDE CENTRO

- 175kg SWL
- Max seat width: 730mm

Power Wheelchairs (with elevate)

MC-F
- Front wheel drive
- 160kg SWL (140kg elevate)
- Max seat width: 650mm

MC2
- Rear wheel drive
- 160kg SWL (140kg elevate)
- Max seat width: 650mm

Q6 EDGE HD
- Mid wheel drive
- 204kg SWL (181kg elevate)
- Max seat width: 710mm

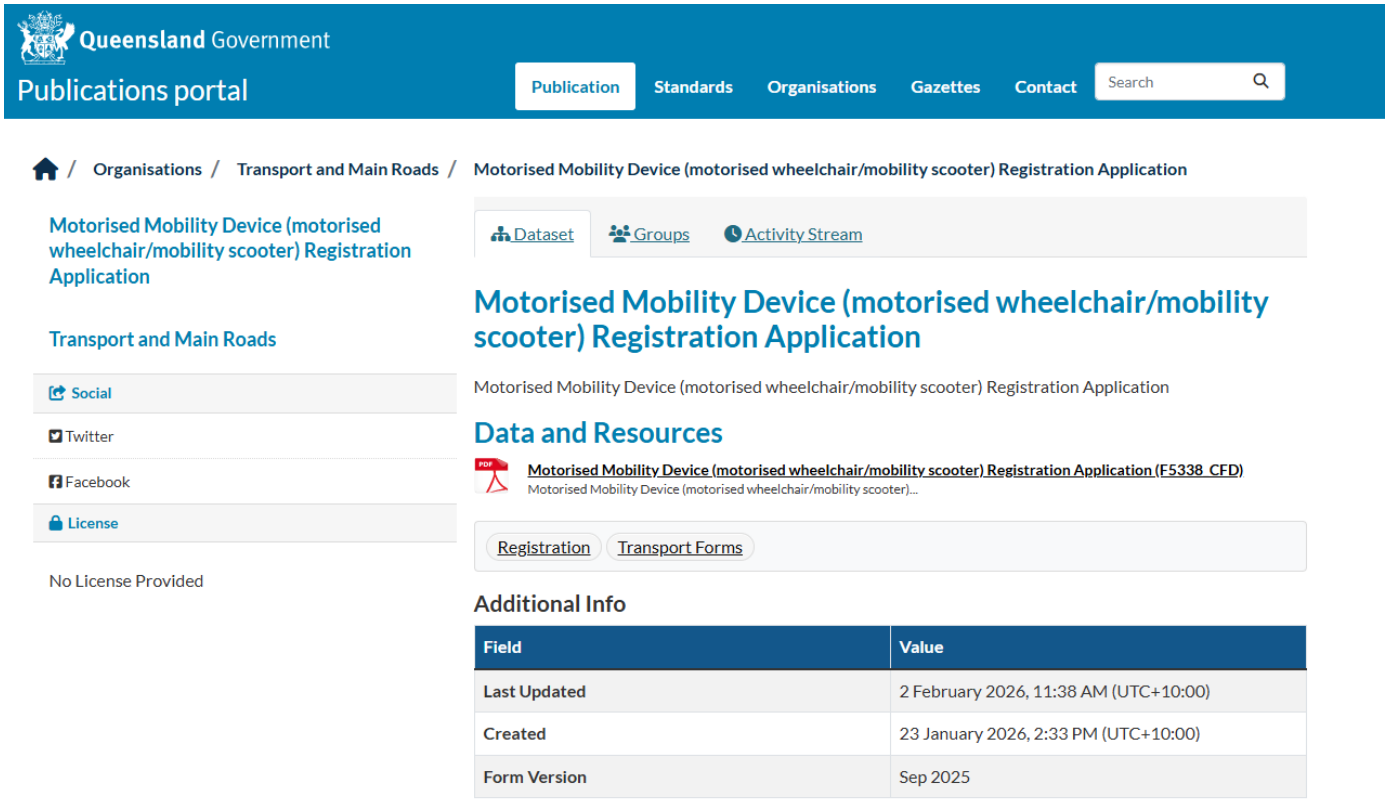
Legislation & safe road use

Motorised Mobility Device

- Role in educating user when selecting device
- Considered pedestrian under QLD road rules
- Max speed 10km/hr
- Need to registering mobility device
- If they intend to take mobility device on public transport e.g. public transport as limits size of mobility device (also lots of planning)
- What to do after an accident

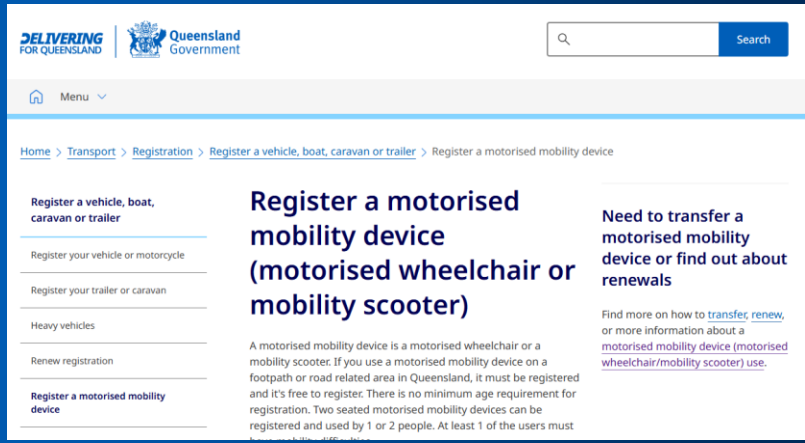
Travelling with a wheelchair or mobility scooter (Department of Transport and Main Roads)

QLD legislation compliance



How to register

- A motorised wheelchair or mobility scooter used by a person with disability on a footpath or to cross roads must be registered.
- A motorised mobility device may be registered to:
  - an individual
  - an organisation (e.g. nursing homes, shopping centres, education institutions and hire companies).
  - Carer if person with mobility not able to operate and fitted with appropriate controller
- Registration is free and registered devices are automatically covered by compulsory third-party insurance at no additional cost.



To register www.qld.gov.au/RegisterMotorisedMobilityDevice

Register Motorised Mobility Device

Select Mobility Device

Complete application form F5338 with ID requirements

Register at no cost*

Number plate and Registration certificate will be provided

Print Form Reset Form

Queensland Government

Motorised Mobility Device (motorised wheelchair/mobility scooter) Registration Application

Transport Operations (Road Use Management) Act 1995

Privacy Statement: The Department of Transport and Main Roads (TMR) is collecting the information on this form for the purposes of maintaining TMR's vehicle registration register, as required under the Transport Operations (Road Use Management) Act. TMR or its agents/contractors may use your information in its communications with you and where relevant, may give some of the information to vehicle insurers, statutory entities, insolvency entities, lawyers, persons involved in vehicle incidents/accidents, vehicle manufacturers, third parties who are involved in or intend to commence legal proceedings, tolling entities, law enforcement agencies and to or through interstate registering authorities. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required to do so by law.

Office use only - Registration number

- A Motorised Mobility Device (MMD) is a motorised wheelchair or mobility scooter. An MMD can be registered if it is a:
  - **Motorised wheelchair** on wheels that:
    - is built to transport a person who is unable to walk or has difficulty in walking
    - is fitted with an electric motor, or an accessory containing an electric motor
    - when propelled only by the motor, cannot reach a speed on level ground of more than 15km/h.
  - **Mobility scooter** on wheels that:
    - is built to transport a person who is unable to walk or has difficulty walking
    - is fitted with an electric motor
    - is steered by handlebars or a steering wheel
    - when propelled only by the motor, cannot reach a speed on level ground of more than 15km/h
    - has an unladen mass of no more than 170kg.
- An MMD can be registered to:
  - an individual with mobility difficulties
  - an organisation (e.g. nursing home or shopping centre)
  - a carer (individual or organisation) - where the person with mobility difficulties can't operate the MMD independently and safely, **and** it is fitted with a controller allowing the carer to operate the device safely.
- You must provide:
  - Individual evidence of identity (EOI) - for example, original or copy of your Queensland (Qld) Driver Licence or pensioner concession card.
  - Organisational EOI - if TMR cannot verify the status of the organisation as 'registered' with ASIC.
  - Evidence of Qld garage address - for example, your Qld driver licence or pensioner concession card.
  - Proof of origin:
    - For a new device: receipt from the place of purchase which clearly states the details of the device
    - For a second-hand device: proof of previous registration on Queensland records. (If you can't provide proof of origin and there is no proof of previous registration, a Statement of Acquisition must be completed).
- You can lodge your completed application with an original or copy of the required documentation at a TMR customer service centre, or by email to MobilityDevices@tmr.qld.gov.au or by mail to Department of Transport and Main Roads, MMD Registration, PO Box 434, ROMA QLD 4455. If lodging your application by post, a copy of your EOI documentation **must only** be sent.
- For more information about registering MMDs, go to qld.gov.au/transport/registration/register/wheelchair

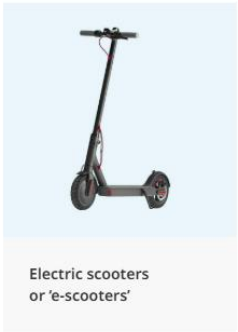
[Motorised Mobility Device (motorised wheelchair/mobility scooter) Registration Application]

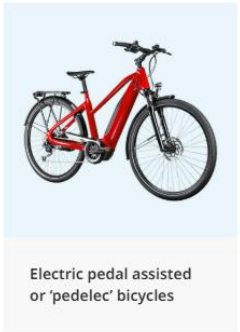
ID Form

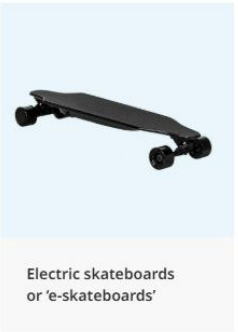
E-Mobility around Brisbane (new rules)

New Laws commencing 1 July 2026 does not apply to motorised wheelchair or motorised scooters (mopeds)

Electric mobility (also called e-mobility, e-wheeling or micro-mobility) refers to the use of lightweight battery-powered devices, including e-bikes and personal mobility devices, such as e-scooters.


Electric scooters or 'e-scooters'


Electric pedal assisted or 'pedelec' bicycles


Electric skateboards or 'e-skateboards'


Segways


Onewheels

From Rules for personal mobility devices - qld.gov.au and E-mobility | Brisbane City Council

Reminder!

Worth revisiting road rules with clients

Pedestrian rules

You must:

- always walk on footpaths or nature strips where possible
- if there is no footpath or nature strip, or it's not practical to use, you may walk on the road facing the oncoming traffic
- if using the road, do not walk alongside more than one other person, unless overtaking
- cross a road at marked crossings like pedestrian crossings, traffic signals or pedestrian refuges where possible. Wait for a safe break in traffic before crossing each section of the road.
- if there is no crossing within 20m of you, cross the road by the shortest and safest route
- at railway crossings, wait for the green pedestrian signal, boom gate to rise and alarm to stop before crossing – a second train may be approaching
- at a tram stop, wait until the tram has stopped at the station before you cross
- follow all traffic instructions from a police officer
- give way to vehicles at roundabouts
- obey a 'no pedestrian' sign.

Rules for pedestrians - qld.gov.au

Resources

This fact sheet will help you determine which mobility devices, such as wheelchairs and mobility scooters, are suitable to take on public transport such as buses, trains, trams, ferries and taxis. It also provides details about registration requirements.

Public transport suitability

To enhance your safety and to be certain that your wheelchair or mobility scooter will be able to be safely carried on accessible public transport services in Queensland, you should be aware of the specifications set out below.

These are the characteristics of a mobility device that all accessible public transport must be designed to carry under the *Disability Standards for Accessible Public Transport 2002* (the Transport Standards).

A transport operator has the right to refuse access if they believe the mobility device doesn't meet the specifications in the Transport Standards.

Dimensions

Size: fits in an allocated space of **1300mm** by **800mm**.

Total width: less than **750mm**.

Total height: less than **1500mm** when you are seated (or less than **1400mm** if the accessible taxi was introduced into service prior to 1 January 2013). This only applies when travelling in an accessible taxi.

Weight

Boarding devices, such as ramps and hoists, can support a total weight of 300 kilograms. This total includes the wheelchair or mobility scooter, its occupant and any carried goods (for example, groceries, oxygen cylinders and so on.). Be mindful that if someone gives assistance with boarding by pushing a manual wheelchair up a boarding ramp, their weight is also included.

Manoeuvrability

- Cross a horizontal gap up to **40mm** wide.
- Mount a vertical rise (bump) up to **12mm** high.
- Cross grating gaps up to **13mm** wide and **150mm** long.
- Climb a 1:14 grade ramp unassisted.
- Climb up to a 1:8 grade ramp unassisted where the ramp is less than **1520mm** long.
- Climb a 1:4 grade ramp with assistance.

Turning

To be certain you can access public transport, you must be able to navigate your wheelchair or mobility scooter through a 180 degree turn within an area of **2070mm** by **1540mm**.

Anchorage points

It is safe for an accessible taxi to carry a wheelchair or mobility scooter only if it has at least four tie down points so it can be securely anchored while the taxi is moving.

Stability

Although three wheeled mobility scooters can be easier to use and offer greater manoeuvrability than four wheeled devices, they can be less stable, particularly on public transport. Three wheeled mobility scooters are permitted on public transport; however for increased safety and stability, four wheeled mobility scooters are recommended.

- Disability Standards for Accessible Public Transport 2002
- Accessibility | Translink

Travelling with a wheelchair or mobility scooter (Department of Transport and Main Roads)
VicRoadsMotorisedMobilityDevicesGuide.pdf

Checks to make before each trip

Batteries	▪ Are the batteries fully charged? ▪ How long can I travel on fully charged batteries?
Tyres	▪ Are the tyres inflated to the correct pressure? Under-inflated tyres may cause stability problems.
Your judgement	▪ Are you fit to drive? ▪ Have you recently been unwell or taken medicines or alcohol that may affect your judgement? ▪ Have the dosages of your medicines been changed recently? ▪ If your health has declined, should you check with your doctor before you go out?
Seat	▪ Is the seat adjusted to the correct height? ▪ Some seats turn sideways to make it easier to get on. If your seat does this, make sure it is facing forwards and locked in position before you move.
Weather	▪ Is it sunny outside? Do you need a hat and sunscreen? Is it wet outside? Do you need a rain coat? ▪ If it's wet make sure that the controls are protected from the weather. ▪ Be very careful that clothes, umbrellas or canopies do not make it hard for you to watch and listen for traffic.
Clothing	▪ Are you dressed appropriately for the weather? ▪ Are you wearing light-coloured clothing so you can be seen more easily?
Mobile phone	▪ Do you have a mobile phone? This makes it is easy to contact someone if you have a problem.
Identification	▪ Do you have a waterproof label on the device with your name and mobile phone number? This enables others to contact you in the event of loss or if your device is obstructing entrances.
Your load	▪ If you are carrying bags, shopping or parcels, be careful about the extra weight and the effect it may have on the balance of your device. ▪ Make sure that any parcels you are carrying do not get in the way of controls. Do not let these items restrict your view or obscure your lights in the front, to the back or to the sides.

User Guide

VicRoadsMotorisedMobilityDevicesGuide.pdf

Certificate of Attendance

Complete the webinar feedback form to receive a certificate of attendance.

Thank you!

MASS-Education@health.qld.gov.au