Fact Sheet



SPINAL INJURIES UNIT

Ph. 3176 2215 Fax: 3176 7462

OUTPATIENT DEPARTMENT

Ph: 3176 2641 Fax: 3176 5644

Postal and Location

Princess Alexandra Hospital Ipswich Rd Woolloongabba QLD 4102 AUSTRALIA

TRANSITIONAL REHABILITATION PROGRAM

Ph: 3176 9508 Fax: 3176 9514

Email

trp@health.qld.gov.au

Postal

PO Box 6053 Buranda, QLD, 4102

Location

3rd Floor, Buranda Village Cnr Cornwall St & Ipswich Rd Buranda, QLD, 4102 AUSTRALIA

SPINAL OUTREACH TEAM

Ph: 3176 9507 Freecall 1800 624 832 (for regional clients) Fax: 3176 9514

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Buranda, Q, 4102

Location

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Power Drive Wheelchair Assessment and Evaluation Form

Client:	Therapist:		
Client's abilities (level of injury, time since injury, vision, cognition, spasms, physical skills)			
Previous mobility equipr	ment:		
Features to be retained i	n new powerdrive chair:		
Specific postural require	ments:		
Client's participation goa	al:		
Funding source:			
FI	EATURES TO CONSIDER PRIOR TO ARRANGING TRIAL		
Type of controls:	Joystick: right / left / type of knob Chin control: Switch / Sip n Puff Scanner: Switch/ Sip n Puff Attendant control required: Swing away / drop down controller: Other:		
Armrests:	Swing up / fixed / heavy duty		
Footplates /Leg rests:	Swing away / fixed / central mount		
Backrest:	Other e.g. one piece / heavy duty Contoured / slung / Padded / custom Recline manual / power Specialised seating		
Seat:	Type: seat board / slung / padded Width		
Tilt in Space:	Pressure cushion: Roho / Jay / Foam / Other Manual / Electric / Fixed Degree of tilt needed		
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Current form of transport: Station wagon / sedan / van / other

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mansportation.	Number of a seals to assists and Atmost Asther		
	Number of people to assist: One / two / other		
	Does the chair need to easily dismantle?		
	Use of ramps / loader required?		
Accessories:	Tray (nurnose)		
Accessories.	Tray (purpose) Head rest: Multi-axial / padded / other		
	Anti tin hars Chost stran / soat holt		
	Anti tip bars Chest strap / seat belt Ventilator cage Spare tyres / no flats		
	Patteries (amperage required for endurance)		
	Batteries (amperage required for endurance)		
	Drink holder Mouthstick holder		
	Urinary drainage bag emptier (consider switch & positioning) Other		
Drive wheels:	Mid / Rear / Front		
Transfers:	Hoist / sling use		
	Independent (describe)		
Environment who	ere chair will be used:		
Indoors:	Tile / Lino / Short pile carpet / Long pile carpet		
macors.	Confined spaces e.g.		
Comments:			
Outdoors: Paths	/ gutters		
	Camber e.g.		
	Rough terrain / grass / gradients (>1:14)		
Comments:			
Other e.g. workn	lace:		
Other e.g. Workp	lace		
Comments:			
What environme	ntal control systems are required to be linked into the controller?		
Additional thoug	hts, considerations & preferences:		



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POWERDRIVE TRIAL EVALUATION – Chair 1

Date & duration:	Location:	
Chair trialled:		
Set up of chair for trial: (controller, access to various control features, seat size etc.)		
Positive features of chair:		
Negative features of chair:		
Client feedback:		
Summary:		
POWERDRIVI	E TRIAL EVALUATION – Chair 2	
Date & Duration:	Location:	
Chair trialled: Set up of chair for trial: (controller, access to various control features, seat size etc.)		
Positive features of chair:		
Negative features of chair:		
Client feedback:		



Summary: _

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POWERDRIVE TRIAL EVALUATION – Chair 3

Date & duration:	Location:	
Chair trialled:		
Set up of chair for trial: (controller, access to various control features, seat size etc.)		
Positive features of chair:		
Negative features of chair:		
Client feedback:		
Summary:		
POWERDRIVE TRIAL EV	ALUATION – Chair 4	
Date & duration:	Location:	
Chair trialled:		
Set up of chair for trial: (controller, access to various	s control features, seat size etc.)	
Positive features of chair:		
Negative features of chair:		
Client feedback:		

Last Reviewed December 2020 Review Due December 2022



Summary: ___