

Clinical Task Instruction

Skill Shared Task

S-MT09: Prescribe, train and review a manual wheelchair for short term use

VERSION CONTROL

Version: 2.0

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Scope and objectives of clinical task

This CTI will enable the health professional to:

- determine the suitability of a client for short term use of a manual wheelchair, including physical capability to mobilise with a wheelchair, risk of pressure injury (including the ability to pressure relieve), social supports available and environmental considerations.
- accurately measure, fit, and adjust the standard manual wheelchair and foam cushion for the client.
- train the client (and carer/s, facility staff if relevant) in the use of the prescribed manual wheelchair and foam cushion including safety checks, safety features, maintenance requirements, limitations and risks associated with use in the planned environment/s.
- evaluate the benefits of, and mitigate risks for, the client using the prescribed manual wheelchair and foam cushion.

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- If not part of mandatory training requirements, complete patient manual handling training including competence in the use of walk belts and assisting clients into standing from lying or sitting.
- Complete the following CTIs or demonstrate equivalent professional competence in:
 - S-MT07: Assess standing transfer
 - S-MT05: Assess standing balance
 - S-MT01: Assess functional walking
 - S-MT02: Prescribe, train and review of walking aids
- A manual wheelchair prescribing course can provide the knowledge content required e.g. training opportunities provided by Medical Aids Subsidy Scheme (see MASS annual training calendar available via email: MASS-Education@health.qld.gov.au). Equivalent learning may be obtained through readings/independent study of resources and training with the lead professional.

Clinical knowledge

- To deliver this clinical task, a health professional is required to possess the following theoretical knowledge:
 - the rationale, benefits, risks and limitations of manual wheelchair use, including changes to functional mobility, risk of pressure areas, cardiovascular fitness, social and psychological wellbeing.
 - client and environmental considerations that support appropriate wheelchair prescription and use.
 - the process to fit, adjust and assess a manual wheelchair to meet the clients' needs.

- the accessories, safety features, maintenance requirements and safe use of manual wheelchairs.
- the use of wheelchair foam cushions to support comfort, risks with use and maintenance requirements.
- the requirements to accurately record wheelchair and foam cushion dimensions to meet local equipment hire/purchase processes and schemes.
- the equipment hire/purchase and schemes relevant to the local service setting including the Department of Veteran Affairs, Medical Aids Subsidy Scheme and the National Disability Insurance Scheme.
- if the wheelchair is planned for use outside of the home environment, the transport schemes, legal implications of travelling with a wheelchair (see Learning resource) and practical implications of travelling with a wheelchair.
- The knowledge requirements will be met by the following activities:
 - undertake wheelchair prescription course as above (if available/appropriate for the service setting).
 - review the Learning resource.
 - receive instruction from the lead health professional in training phase.
 - read and discuss the following references/resources with the lead health professional at the commencement of the training phase local:
 - wheelchair equipment hire/purchase protocols/processes/schemes
 - prescription forms for use
 - community transport protocols/schemes
 - local pressure risk assessment and management procedures/processes and guidelines
 - local processes for falls assessment.

Skills or experience

- The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:
 - **required** by a health professional in order to deliver this task:
 - objectively assess and determine the risk of developing a pressure injury using local procedures, guidelines and/or processes.
 - provide general advice and education regarding reducing the risk of pressure injury.
 - identify changes in client mobility/function including required transfer methods.
 - if the planned use includes a requirement for the client to self-propel the wheelchair, competence or the ability to acquire competence in assessing skin sensation for temperature and sharp/blunt discrimination of the hands.

Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which this clinical task will be delivered. The following recommended

indications and limitations are provided as a guide to the use of the CTI, but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- The client is medically stable and there is no medical prohibition to using a manual wheelchair e.g. the medical record indicates that the client can sit in a wheelchair, propel a wheelchair (if relevant) and vital signs are within expected limits, or the client is living in the community and is not acutely unwell.

and either

- The client is able to walk short distances with/without a walking aid and the purpose of the wheelchair is as a supplementary mobility aid e.g. to improve access to the community with family. This may be due to problems with fatigue, shortness of breath, pain or perception.

or

- The client temporarily incapacitated, and the duration of wheelchair use is expected to be short i.e. < three months. For example, the client may have a lower limb fracture or short-term physical restriction due to lacerations to the feet/legs AND the client will not be sitting in the wheelchair for prolonged periods.

Limitations

- The wheelchair will be required for long term use i.e. > three months or will be the client's primary means of mobilisation. This will require more complex prescription including a pressure-relieving seating device.
- The client requires more than one assist to transfer, uses a hoist or a method of transfer for which the skill share-trained health professional is not competent.
- The client has restrictions that limit their ability to stand transfer such as bilateral lower limb weight bearing restrictions or range of motion limitations. The client should be reviewed by a health professional with expertise in slide board transfers as part of assessing the suitability for a standard manual wheelchair. This method of transfer has knowledge requirements and risks not addressed in this CTI including training the client in transfer techniques and understanding the risk of skin shearing injury.
- The client is unable to sit upright without support due to medical/surgical restrictions, reduced muscle strength, involuntary movements, vestibular or visuospatial perceptual problems. The client, at a minimum, must be able to demonstrate adequate balance in sitting and when reaching outside of the base of support, including reaching out to the side, in front, above the head and towards the ground, and an ability to return the trunk to a neutral upright position.
- The client has pressure areas or is at risk of developing a pressure area due to poor skin integrity, peripheral neuropathy, inability to attend to pressure area advice, malnutrition or incontinence. This is determined by using clinical judgement and an objective risk assessment tool as per the local procedures e.g. Waterlow score 10+ "At risk".
- The client is unable to manually reposition themselves once seated in the wheelchair and/or unable to demonstrate lifting/clearing their bottom off the seat. This may be due to upper limb deformity, strength, length, range of motion, control or medical/surgical restrictions including weight bearing.

- The client is disorientated, confused or has a significant cognitive impairment. The client demonstrates or is known to be unable to follow instructions for safety, including remaining seated in the wheelchair, keeping feet on footplates or not reaching for passing items whilst the chair is in motion.
- The client requires a specialised or custom wheelchair due to:
 - being unable to sit upright.
 - complex medical, orthopaedic or neurological requirements for which standard accessories are unsuitable. Examples of non-standard modifications include amputee brackets, stump supports, elevating leg rests, height adjustable or modified armrests or ventilator/oxygen mountings.
 - body shape or weight considerations. Examples include a non-basic backrest to accommodate shallow/deep curve, additional tension straps for postural asymmetry, or where standard seat dimensions (>610mm wide) or safe working loads (SWL) are exceeded.
 - preferences/requests for wheelchair use e.g. beach/rough terrain, sporting.
 - the client's living environment is inappropriate for wheelchair use e.g. lacks circulation space requirements for a manual wheelchair, ramps are unavailable to access the area, transport options for wheelchair users are not available.
- The client does not consent to using a manual wheelchair and/or would like to consider other mobility aids that the health professional has not been trained to assess for and prescribe e.g. walking aids (4WW, hopper frame, crutches), motorised wheelchairs and/or scooters.
- If the client is planning to manually propel the wheelchair, that is an attendant will not always be propelling the wheelchair when the wheelchair is in use, the following limitations also apply.
 - the client lacks adequate upper limb strength to grip and propel the tyres clockwise and anti-clockwise or engage the brakes.
 - the client demonstrates or is known to have reduced/absent sensation and/or proprioception in the upper limbs, including reduced sensation of the hands to temperature and sharp/blunt discrimination.
 - the client has a medical history that includes cardiorespiratory and/or cardiovascular problems that limit exercise tolerance, or exertion is known to initiate or exacerbate symptoms e.g. angina, bronchiectasis, COPD, lung cancer or is oxygen dependant.

Safety and quality

Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
 - shoes should be worn as the client will be required to transfer to and from the wheelchair. Shoes should be enclosed, well-fitting and with good traction.
 - if the client is self-propelling the wheelchair, check hand skin for any trauma (abrasions, redness, wounds), test for temperature and sharp/blunt discrimination prior to commencing the task. If present liaise with a health professional with expertise in the task for advice including the trial of gloves.

Equipment, aids and appliances

- Wheelchair and foam cushion (if relevant) have been checked for maintenance and safety including safe working load as per manufacturers guidelines.
- Wheelchair brakes should be in working condition and engaged when the wheelchair is not in use and re-checked prior to the client performing a transfer on/off the wheelchair.

Environment

- To accurately measure for fit, the client is required to sit in a supportive chair with a removable back/arm rest or on a firm surface e.g. plinth, that allows access to their back/lower limbs with adequate space for the health professional to move around whilst maintaining safety.

Performance of clinical task

1. Preparation

- Perform safety check on loan or trial wheelchair(s).
- Check client's shoes are on and appropriate.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

3. Positioning

- The client's position during the task should be:
 - sitting comfortably in a supportive chair during the measurement stage e.g. sitting comfortably in a supportive chair with a removable back/arm rests or on a plinth. Feet flat on the floor or supported on a box and
 - seated in the wheelchair while testing fit.
- The health professional's position during the task should be:
 - sitting or standing to the side or in front of the client and variable whilst taking measurements.

4. Task procedure

- The task comprises the following steps:
 1. Determine the client's current mobility requirements and functional ability using the case notes, observation and subjective assessment. Refer to Process for conducting a standard manual wheelchair prescription Section 1 & 2 in the Learning resource and the Indications and Limitations section.

2. Assess whether a standard manual wheelchair is suitable as a mobility aid for the client considering the client's requirements, physical capacity, standard wheelchair features, cost, carer assistance availability, environment and maintenance expectations. If not appropriate for a manual wheelchair, cease the task and develop a plan for ongoing mobility management.
3. Conduct a pressure area risk assessment using local tools/protocols/processes, including skin assessment and method for determining the risk of developing a pressure area. If the client is planning on self-propelling, this includes the hands. See Safety and quality.
4. Determine the client's suitability for a standard wheelchair prescription and foam cushion. If the client requires a non-standard wheelchair and/or a different pressure relieving device, liaise with a health professional with expertise in the task.
5. Discuss use of a foam cushion with the client, including purpose, maintenance requirements and associated costs. Refer to Prescribe, fit and supply of a foam cushion for use with a standard wheelchair for comfort in the Learning resource.
6. Educate the client and/or carer(s) regarding manual wheelchair use, maintenance requirements, limitations, and costs. Seek informed consent to progress to prescription including acceptance of any associated co-payments, required maintenance/repair commitment contracts etc.
7. Measure the client for a manual wheelchair and foam cushion (if relevant), record measurements on the local recording template or medical record.
8. Locate a similarly sized wheelchair (and foam cushion) for trial. This may require a follow up appointment to complete the task.
9. Seat the client in the trial wheelchair (with the cushion). Observe the fit including monitoring for areas of potential pressure, bunching, gaps or shearing and make any required adjustments. Subjectively review the client's comfort in the chair (and foam cushion) including prompting the client to identify areas of tingling, numbness, pain, pressure, discomfort, or heat and noting any potential causes related to fit.
10. Evaluate the client's risk of pressure injury using the local processes, procedures and forms.
11. Adjust the chair and/or script to reflect any required modifications. If the client is at risk of pressure injury, cease the task and liaise with a health professional with expertise in the task.
12. Educate the client (and or carer/s) on the use, features and safe operation of the manual wheelchair (and foam cushion) and the risk and prevention of pressure injury.
13. Assess the client and/or carer giver for basic safe use of the manual wheelchair for planned use. Refer to Wheelchair Skills Test (WST) 5.1 in the Learning resource. If safety issues are evident, assess if these are related to:
 - the wheelchair e.g. seating depth inadequate, seat back too low/high, or
 - the client e.g. impulsive/risk taking behaviour, requires further education/supervision/ assistance, or
 - the environment e.g. narrow doorways, confined bathroom space, steep ramp.
14. From the observation and assessment of fit, pressure risk and trial use, determine if the standard wheelchair prescription and foam cushion is appropriate. If so, complete the scripting process, making any required adjustments as per local service requirements. If a standard manual wheelchair is not appropriate, develop a plan for ongoing management.
15. When the scripted wheelchair (and foam cushion) is available, seat the client in the wheelchair (with the foam cushion in place), make any required adjustments for fit and repeat steps 9-11.

16. Review the client (and carer if relevant) for safe use of the wheelchair in the required environment(s). If safety risks are identified, develop a plan for ongoing management including delaying the provision of the prescribed wheelchair, implementing a wheelchair training program, or referral to a health professional with expertise in home modifications.
17. Educate the client/care(s) to safety features, use of accessories and the maintenance requirements for their chair, transportation of the wheelchair (car/maxi taxi), risk and prevention of pressure injury. Check for understanding and clarify any issues or concerns.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during the task include:
 - During measurement:
 - monitor the client's posture (trunk and foot position) during measurement to ensure relaxed sitting is maintained. If required, prompt the client using verbal cueing or manual guidance to the correct posture.
 - measure both lower limbs in case of leg length discrepancy.
 - Transfer difficulties:
 - check the wheelchair brakes are engaged when the wheelchair is stationary and prior to transfers.
 - check the 'swing away' features (arm/leg rests) are used to aid the transfer movement.
 - check the profile/height of the cushion as this may have resulted in an overall height increase for the wheelchair. Consider changing the profile/height of the cushion.
 - Wheelchair fit and function:

The client is sliding forward in the wheelchair seat. Potential causes include:

 - the seat depth or length being too long. Re-measure the client and check the wheelchair seat dimensions.
 - the client's feet are not supported by the foot plates. Adjust the foot plates to ensure contact with the feet.
 - posterior tilt of pelvis - "natural or couch sitting". Over time people will migrate from upright sitting to a "natural or couch sitting" position. Encourage the client (or carer) to monitor and reposition regularly.
 - cushion slippage. See cushion fit and function below.
 - Propulsion techniques:
 - client lifts their hands above the push rim during the recovery phase. This should be discouraged due to the increase strain on the glenohumeral joint. See Learning resource for correct propulsion technique. If the technique does not improve with verbal prompting, liaise with a health professional with expertise in wheelchair prescription.
 - excessive forward trunk movement during initial propulsion. This is tolerated for stationary starts until momentum increases i.e. < five pushes, or when self-propelling up a hill/kerb. If posture remains persistent, review the propulsion technique, upper limb strength, cardiovascular fitness and wheelchair for suitability (weight, dimensions). If required, liaise with a health professional with expertise in wheelchair prescription.

- excessive forward trunk movement during propulsion or a short propulsion technique. This is apparent with clients who have short arms compared to trunk length and/or are seated too high. Review the propulsion technique with a lower profile cushion. If problems continue, liaise with a health professional with expertise in wheelchair prescription.
 - increased shoulder extension and increased elbow flexion during propulsion. This is apparent for clients who have long arms compared to trunk length and are seated too low. Review the propulsion technique with a higher profile cushion. If problems continue, liaise with a health professional with expertise in wheelchair prescription.
 - client fatigue, breathlessness or similar symptoms whilst self-propelling the wheelchair. Self-propelling a wheelchair increases the load on the cardiovascular system. Clients can fatigue quicker than during non-wheelchair mobility. Fatigue management strategies should be considered, including carer/aid pushing the chair for longer distances/up ramps, encouraging rest breaks and timetabling of activities, using attendant propulsion at all times or a motorised wheelchair or scooter may also need to be considered if fatigue or cardiovascular stress is significant. For a motorised wheelchair or scooter refer to the Limitations section of this CTI.
 - hands slip on push rims, or skin can become inflamed due to an increase in friction. This may be due to client strength, skin integrity or incorrect propulsion technique e.g. pushing on tyre tread. Check and correct the propulsion technique, if problems persist, cease manual propulsion. If problems relate to skin integrity on the hands, consider a trial of standard cycling gloves, cotton gloves with non-slip dots or wheelchair gloves, if available. Continue to monitor skin integrity during and after the task and if unable to resolve, consult a health professional with expertise in wheelchair prescription. See Safety and quality section.
- Cushion fit and function:
- cushion appears to be bunched. Check the cushion is appropriate for the size of the chair and that there are no items placed between the cushion and the chair including clothing or towels. Check that the client has not replaced/sourced a different cushion such as a lounge cushion or bedroom pillow. Re-fit the foam cushion to the chair.
 - there are gaps around the perimeter of the cushion i.e. between the cushion and the chair. Check the cushion has not been altered. Do not place bracing items between the cushion and the chair e.g. towel as this will increase the risk of pressure injury. A correct sized cushion will need to be sourced.
 - excessive movement of the cushion on the wheelchair. Check the cushion is fitted and appropriately sized for the chair. If slippage persists, test the shear between the cushion fabric and the wheelchair seat. If slippage is apparent, place non-slip matting between the two surfaces. Ensure the non-slip mat is cut to the size of the foam cushion.
 - client reports increased sweating or feeling of heat. Review the cover of the cushion. If made from a nylon fabric, change the cover to a breathable cushion cover. Do not cover the cushion with a towel or sheet as this increases the risk of pressure injury to the client.
- General
- the client reports tingling/numbness, discomfort or pain during the trial. Ask the client to sit on another surface e.g. chair, plinth, side of bed. If symptoms resolve determine the site of discomfort and perform a visual inspection of the area, for example seating surface and the skin. Check that the seating surface does not have any rough/sharp sections or that the

client is not coming into contact with a support bar. Observe client's skin for redness, abrasion, blanching etc. If the seat is appropriate and skin is intact, wait ten minutes and repeat steps 9 and 11. If symptoms return, liaise with a health professional with expertise in this task. If symptoms do not resolve immediately and/or the skin is not intact, cease the task, refer to the medical team and discuss with a health professional with expertise in the task.

6. Progression

- Task progression strategies include:
 - the trial may include similar (or simulated) environments to those required by the client in their home/work setting e.g. outside, bathroom, busy corridors, kitchen, around corners, through doorways, different floor surfaces, gutters, grassed areas and transporting items. At all times, observe, respond to and note any changes in the amount of assistance/supervision required.
Note: this may occur over multiples occasions of service and as part of a wheelchair training program.
 - determine the timeframes for review considering changes to goals, health status and environment. For example, surgical instructions for non-weight bearing restriction for six weeks then progress to partial weight bearing with walking aid.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with documentation standards and local procedures.
- The skill shared task should be identified in the documentation as "delivered by skill shared-trained (insert profession) implementing CTI-S:MT09 Prescribe, train and review a manual wheelchair for short term use" (or similar wording).

References and supporting documents

- Queensland Government: Queensland Health (2019). Pressure injury guidelines. Available at: <https://clinicalexcellence.qld.gov.au/resources/pressure-injury-guidelines>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf.

Assessment: performance criteria checklist

S-MT09: Prescribe, train and review a manual wheelchair for short term use

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of Lead HP</i>	<i>Date and initials of Lead HP</i>	<i>Date and initials of Lead HP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for task and makes appropriate decision to implement task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for task including a safety check on loan or trial wheelchair(s) and client's shoes.			
Describes task and seeks informed consent.			
Prepares environment and positions self and client appropriately to ensure safety and effectiveness of task, including reflecting on risks and improvements in clinical reasoning record where relevant.			
<p>Delivers task effectively and safely as per CTI procedure, in accordance with the learning resource.</p> <p>a) Clearly explains and demonstrates task, checking client's understanding.</p> <p>b) Uses information collected regarding the client's current mobility requirements and physical assessment to determine suitability for standard manual wheelchair and foam cushion.</p> <p>c) Assesses the client's risk of pressure injury.</p> <p>d) Determine the client's suitability for a standard wheelchair prescription +/- foam cushion.</p> <p>e) Educates client and/or carer(s) regarding manual wheelchairs +/- foam cushion, including requirements for scripting and purchase.</p> <p>f) Accurately measures the client for a manual wheelchair +/- foam cushion and records measurements on the local recording template.</p> <p>g) Selects a suitable wheelchair +/- foam cushion for trial, including providing education to the client (and or carer/s) on features and safe operation/features.</p> <p>h) Checks the client's fit to the wheelchair +/- foam cushion. Adjusting the chair and/or script to reflect any required modifications.</p>			

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
i) Assesses the client for basic safe use of the wheelchair. If safety issues arise, assesses and determines the cause, including the appropriateness of the script. j) Completes the scripting process, as appropriate. k) Fits the prescribed wheelchair +/- foam cushion to the client, making any required adjustments. l) Ensures the client (and or carer) can safely use the prescribed wheelchair, including education on maintenance, transport, etc. During task, maintains a safe clinical environment and manages risks appropriately.			
Monitors for performance errors and provides appropriate correction, feedback and or adapts task to improve effectiveness, in accordance with the clinical reasoning record.			
Documents in clinical notes including reference to task being delivered by skill share-trained health professional and CTI used.			
If relevant, incorporates outcomes from task into intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			
Demonstrates appropriate clinical reasoning throughout task, in accordance with the learning resource.			
Comments:			
Comments may include information on particular wheelchair brands or client cohorts that are in scope for the skill share-trained health professional.			
Record of assessment of competence			
Assessor name:	Assessor position:	Competence achieved: / /	
Scheduled review			
Review date / /			

S-MT09: Prescribe, train and review a manual wheelchair for short term use

Clinical reasoning record

- The clinical reasoning record can be used:
 - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
 - after training is completed for the purposes of periodic audit of competence.
 - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none - omit.

3. Task indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional

Name:

Position:

Date this case was discussed in supervision:

Outcome of supervision discussion:

Lead health professional (trainer)

Name:

Position:

/ /

e.g. further training, progress to final competency assessment

Prescribe, train and review a manual wheelchair: Learning resource

Required reading

- Kirby RL, Smith C, Parker K, McAllister M, Boyce J, Rushton PW, Routhier F, Best KL, Mortenson B, Brandt A. Wheelchair Skills Test (WST) 5.1 Form – Manual chair - July 2020. Published electronically at Dalhousie University, Halifax, Nova Scotia, Canada. Available at: <https://wheelchairskillsprogram.ca/en/skills-manual-forms/>
- Manual wheelchairs (n.d.). Information resource for service providers. Spinal outreach team and School of health and rehabilitation sciences, University of Queensland. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0026/429911/manual-wheelchairs.pdf
- Table 3: Considerations for the selection of wheelchair features and Table 4: Standards of practice and measurement tools. In Di Marco A, Russell M, Masters M (2003). In Practice. Standards for wheelchair prescription. Australian Occupational Therapy Journal 50:30-39. Available at: <http://onlinelibrary.wiley.com/doi/10.1046/j.1440-1630.2003.00316.x/full> (Please note this is free through CKN for Queensland Health staff.)
- Wheelchair Prescription – Assessment (2020). Available at: <http://wheelchairprescription.com/assessment/>
- If travelling with the wheelchair is part of the planned use, the client (and carer) will require information on legal requirements, Queensland road rules, safety, public transport.
 - Queensland Government: Department of Transport and Main Roads (2020). Travelling with a wheelchair or mobility scooter. Available at: <https://www.tmr.qld.gov.au/Travel-and-transport/Disability-access-and-mobility/Travelling-with-a-wheelchair-or-mobility-scooter.aspx>

QH employees only

- Queensland Health: Professional Innovators and Leaders in Occupational Therapy (2019). View Point: Safe transportation of patients whilst seated in a wheelchair in a vehicle. Available at: https://qhps.health.qld.gov.au/_data/assets/pdf_file/0030/2280792/safe-transport-wheelchair.pdf
- The local service should orientate the skill shared-trained health professional to information on the wheelchairs available for provision. Brands and styles will vary between services due to local suppliers and the eligible subsidy schemes for the client cohort. This should be listed on the Performance Criteria Checklist.

Risk of pressure injury assessment

- As part of this CTI, the health professional must demonstrate skills or experience in:
 - objective assessment of developing a pressure injury and
 - providing general advice and education for reducing the risk of pressure injury by using the local tools, procedures guidelines and/ or processes.
- Each service are respondent to the [NSQHS Standards Action 5.21 Preventing and managing pressure injuries](#).

- Further information for Queensland Health staff is available from the Patient Safety and Quality Improvement Service – Pressure Injury Prevention Resources available at:
<https://qheps.health.qld.gov.au/psu/pip/resources>

Required viewing

- Snyman A (2011). Wheelchair prescription: taking measurements. Available at:
https://www.slideshare.net/alma_snyman/measurements-for-prescription-of-wheelchair

Additional resources/optional reading

- EnableNSW and Lifetime Care and Support Authority. Guidelines for the prescription of a seated wheelchair or mobility scooter for people with a traumatic brain injury or spinal cord injury. EnableNSW and LTCSA, Ed 2011, Sydney. Available at:
https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0003/167286/Guidelines-on-Wheelchair-Prescription.pdf
- Guidelines for the prescription of a seated wheelchair or mobility scooter for people with a traumatic brain injury or SCI. (2011). Spinal Cord Injuries Australia. Available at:
http://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0003/167286/Guidelines-on-Wheelchair-Prescription.pdf
- Morgan KA, Engsborg JR Gray DB (2017). Important wheelchair skills for new manual wheelchair users: health professional and wheelchair user perspectives. Disability Rehabilitation Assistive Technology 12(1): 28-38. DOI: [10.3109/17483107.2015.1063015](https://doi.org/10.3109/17483107.2015.1063015)
- NSW Ministry of Health. State Spinal Cord Injury Services. Spinal Seating Modules: Spinal seating professional development program. ACI NSW Agency for Clinical Innovation. Available at:
<https://www.aci.health.nsw.gov.au/networks/spinal-cord-injury/spinal-seating>
- Waugh K, Crane B, Morris R (2013). A clinical application guide to standardised wheelchair seating measures of the body and seating support surfaces. The Regents of the University of Colorado. Available at:
<https://www.ncart.us/uploads/userfiles/files/GuidetoSeatingMeasuresRevisedEdition.November2013.pdf>
- Wilson P, Kishner S (2016). Seating evaluation and wheelchair prescription. Medscape. Available at:
<http://emedicine.medscape.com/article/318092-overview#a2>

Example prescription and client education forms

- Lifetec (n.d.). Assistive technology for wheelchair seating. Available at:
https://crm.lifetec.org.au/sites/default/files/fact-sheets/Specialised%20Wheelchair%20Seating_0.pdf
- Lifetec (n.d.). Assistive technology for pressure redistribution when seated. Available at:
https://crm.lifetec.org.au/sites/default/files/fact-sheets/Pressure%20Cushions_1.pdf
- Lifetec (n.d.). Preventing and managing pressure injuries. Available at:
https://crm.lifetec.org.au/sites/default/files/fact-sheets/Pressure%20Injury%20Prevention%20and%20Management_1.pdf

- MASS Maintenance Checklist – Manual wheelchairs (2010). Available at: https://www.health.qld.gov.au/data/assets/pdf_file/0021/436341/maintenance-manual-wheelchairs.pdf

Queensland Health employees only

- Client Information: Manual Wheelchair. Date unknown. Available at: <http://qhps.health.qld.gov.au/torres-cape/docs/procedure-0388-manual-wheelchair.pdf>
- Occupational therapy wheelchair assessment. MR15D.1. Queensland Government v1.1 – 11/2012. Available at: <http://qhps.health.qld.gov.au/cairns/docs/form/mr15d.1.pdf>
- Wheelchair assessment. MR16bj Queensland Government v7.00-04/2019. Available at: <http://qhps.health.qld.gov.au/darlingdowns/pdf/forms/mr16bj.pdf>

Guide to conducting a wheelchair mobility history for short term use

- Information regarding the client's mobility history may be obtained from the client's medical record and a face to face subjective examination. It involves determining the following:
 - the client's usual mobility - does the client normally mobilise with a walking aid? If yes, how long have they used a walking aid? How many walking aids does the client use? For example, does the client use the same walking aid indoors and outdoors? In the bathroom? On the stairs? What is the goal/primary purpose of providing a wheelchair? If planned use is for greater than three months or as the primary means of mobility, check Limitations section.
 - is the client able to transfer on/off a chair safely either independently or with minimal support? If no, check Limitations section.
 - does the client have any upper limb limitations that would prevent self-propulsion, including reduced strength or range of movement in the hands, wrist, elbow or shoulders?
 - if yes, will the client have a carer to propel them at all times when the wheelchair is in use? if no, discuss with a health professional with expertise in wheelchair prescription to determine suitability for a standard manual wheelchair.
 - does the client have any lower limb functional limitations that require consideration in the scripting process e.g. spasms, reduced range of motion, deformity? If yes, check Limitations section.
 - does the client have any postural control issues in sitting or skeletal deformity? If yes, check Limitations section.
- Does the client have weight bearing restrictions? If yes, is the expected duration less than three months? If no, check the Limitations section.
- Does the client have any continence issues that may affect the assessment? Does the client experience urgency, and if so, has this contributed to any previous or 'near' falls? Do they experience incontinent episodes? If yes, confirm the client's risk of pressure areas and check the Limitations section.
- Does the client have any cognitive issues that may affect the assessment and appropriateness of wheelchair prescription? E.g. wandering, aggression, difficulty following instructions, disorientation. If yes, check the Limitations section.

- What functional tasks is the client required to perform whilst in the wheelchair? E.g. carrying items, crossing roads, using ramps, etc. These tasks will need to be included as part of the management plan either during training in wheelchair use as part of carer support activities.
- Has the client had any falls in the previous 12 months? Determine the number and cause of these falls e.g. slip, trip, hypotension, dizziness, visual disturbances, medications, urinary urgency etc. And if any injuries were sustained? Determine if the client has had a falls assessment, if no implement local processes for falls assessment.
- What is the client's home environment and any other environment they frequently visit like? This includes planned locations for employment, social activities or hobbies. Is the client planning on using the wheelchair in these environments? Do they require carer support in any of these environments? What is the circulation space in the planned environment (narrow/cluttered/size of turning area)? Can the wheelchair and/or carer circulate in these environments easily? If no, check the Limitations section.
- If planning on accessing other environments, how is the client planning to transport the wheelchair? Car/trailer? Confirm the carer is able to lift the chair. If unable to lift the chair, discuss the use of a maxi-taxi. If planning to use a maxi taxi, check wheelchair manufacturer's guidelines on transportation and highlight pertinent safety information.
- Is the client required to use stairs? How is the client planning on ascending/descending stairs? Where will the wheelchair be used? E.g. only downstairs, in the community etc. If the client is required to use stairs, discuss with a health professional with expertise in stair assessment.
- What are the client's social circumstances and how do they relate to their mobility requirements? E.g. lives with family or alone, support available from carer for mobility, functional tasks undertaken in the home or at work, method of accessing the community driver, taxi or bus.
- Will the client be able to use the wheelchair safely? This may be with/without carer support and includes appropriate:
 - use of safety features such as brakes and locking mechanisms to secure the seat from folding and footplates from swinging. If planned use includes community transport, there are additional features and requirements to meet standards as part of the prescription process, see Required reading.
 - use in the environments planned for use i.e. the wheelchair should be able to functionally circulate in the available planned space including both internal and external access.
 - Internal access includes access to essential areas of the home such as toilet, shower, sleeping space, access to food/fluid. The discussion of alternative access may include placement of food/fluid on a table by the carer, use of a commode for toileting, or relocating the bed to aid access.
 - External access includes a method of getting the wheelchair in or out of the house/community building either with external assistance of another person or a ramp. If a temporary ramp is required, liaise with the prescriber to time the availability.
 - maintenance requirements, routine and regular for optimal function (see manufacturers guidelines).
 - transport of the wheelchair.
 - Where possible and safe to do so, wheelchair users should transfer out of the wheelchair and onto a vehicle seat using the vehicle seat belt system. The wheelchair should then be secured in the car e.g. boot. Determine how the chair

will be placed into the boot/car e.g. if the carer is able to support the process. Confirm that the client can transfer in/out of the car.

- If the client is planning to sit in the wheelchair during transport, there are additional safety features, including an anchorage system required as part of prescription process. See Required reading: Queensland Government: Department of Transport and Main Roads (2020).

If the client is unsafe with any aspect of wheelchair safety, discuss with a health professional with expertise in wheelchair prescription to determine suitability for a wheelchair and develop a suitable plan.

This information was adapted from SMT01: Assess functional walking - Learning resource: Guide to conducting a client's mobility history.

- A sample recording form with prompts to assist is available in the following optional resource:
 - Module 2 - Developing a Client Profile: Getting the Big Picture. ACI: New South Wales Agency for Clinical Innovation. Spinal Seating Professional Development Program (2016). Available at: <http://www.aci.health.nsw.gov.au/networks/spinal-cord-injury/spinal-seating>

Note: this resource focuses on spinal cord injured clients. It is recognised that spinal cord injured clients are outside the scope of this CTI however the information provided is also useful for short term wheelchair prescription.

Prescribe, fit and supply of a foam cushion for use with a standard wheelchair for comfort

A foam cushion for a standard wheelchair can be prescribed for comfort. The foam cushion is not a pressure relieving device. If pressure injury risk has been identified on assessment, the client will require a pressure relieving device. See Limitations section.

The foam cushion has a removable washable cover and is designed to fit the wheelchair. Pillows, cushions from couches and foam from the hardware store do not fit the wheelchair correctly and pose a pressure injury risk. The foam cushion should be used in its own cover. Wrapping or covering the cushion with towels or sheets will increase the risk of pressure injury occurring. As cushions should be trialled prior to purchase, local infection control procedures and processes need to be adhered to including cleaning between client use.

There are a range of foam wheelchair cushions available on the market. See the ILC Australia website for examples. As access and availability will be a consideration for the short-term use, locating and understanding the range from the suppliers in the local service needs to occur as part of completing this CTI.

Consider the following when prescribing a standard foam cushion:

- How long will the user be using the cushion for? If the user is required to sit for more than two hours in the chair, pressure relieving seating cushions should be considered. See Limitations section.
- Which cushions from the available range fit the chair being prescribed? The cushion measurements should match the wheelchair seat measurements.

- Which cushions are available for hire and/or purchase? What is the cost to hire or purchase? Will the client be hiring or purchasing the cushion? And, is the client happy to meet these costs or should an alternative be considered?
- Is the cushion available? In stock from the supplier? What is the timeframe for supply?
- Is the client accepting of the aesthetic appearance of the recommended foam cushion? For example, colour, size, materials used for fabric cover etc.
- What to do if the client presents with their own foam cushion for fitting.
- Check the fit to the wheelchair. If poorly fitting, inform the client, discussing the problems with ill-fitting cushions including risk of pressure injury, propulsion issues, etc. If appropriately fitting, perform a visual inspection to determine wear. See Sherman (2012) Wear in wheelchair cushions. Sunrise Medical. Available at: <http://www.sunrisemedical.ca/blog/wear-in-wheelchair-cushions>

Table 1 outlines the common considerations and their implications when prescribing a standard manual wheelchair for use.

Table 1 Considerations when prescribing a standard manual wheelchair

Acknowledgement: Mackay Hospital and Health Service

PROMPT QUESTION	COMPONENT IMPLICATION	RATIONALE
Where is the wheelchair to be used primarily? Inside vs outside	Wheel size – small vs large	Large rear wheels are easier for outside use.
	Type of tyre – solid vs rigid	Solid tyres are better for inside. Pneumatic tyres for outside as they absorb more of the movement.
How long will the client be sitting in the chair	Seat or cushion – sling vs cushion	If you are prescribing a cushion, this must be factored into the height of the seat to the floor to ensure that the client is not seated too high in relation to the backrest and armrests. Refer to local pressure area risk procedures if the client is to sit in the chair for prolonged periods of time and Limitations section of this CTI.
Can the client relieve their own pressure while seated?	Seat	Consider the need for a cushion with pressure relieving properties. Refer to limitations section of this CTI.
Will the client self-propel or be pushed?	Brakes	If the client is to be pushed, the brake handles may need to be extended to the support person so they can put them on when standing behind the chair. Alternatively, a set of supplementary brakes can be located on the push handles for the support person to use.
	Push Ring	The client will need a ring mounted laterally to the wheel onto which their hands can be placed to push.
What activities does the client need to do in the chair?	Tray	Client may choose to eat using their tray as a support surface. They may also engage in craft, leisure activities, use augmentative and alternative communication (AAC) devices or access a computer system via their tray.
How will the wheelchair and client be transported? In the family car, taxi and/or public transport?	Frame: rigid vs folding Arm rests – removable Rear wheels – pop out Footrest and hangers – removable Overall weight of chair	A folding frame is much easier to place in a car. However, it does not offer the same amount of stability as a rigid frame. If the client is to be transported in a wheelchair accessible bus or taxi, a rigid frame offers a stronger base on which the client is seated. Reduces the overall size of the chair and reduces the weight. Can have pop out action – removal of the rear wheels reduces the overall size of the chair and reduces the weight. Reduces the overall size of the chair and reduces the weight.

PROMPT QUESTION	COMPONENT IMPLICATION	RATIONALE
	Chair needs to meet the requirements for safe travel in Queensland	The lighter the chair the less demand is placed on the carer placing the equipment into the car, however this can compromise strength and durability. See Queensland Government Department of Transport and Main Roads information for travelling with a wheelchair or mobility scooter. Available at: https://www.tmr.qld.gov.au/Travel-and-transport/Disability-access-and-mobility/Travelling-with-a-wheelchair-or-mobility-scooter.aspx
Will the client be doing a standing transfer?	Footplates – rigid vs flip up	Stops client standing on the footplate when transferring, reduces falls hazard.
	Hangers – rigid vs swing away	Gives a clear area for client's feet to be placed on the ground.
How much does the client weigh?	Brand of chair Size of chair	Each wheelchair has an upper safe working load limit. Comparative information weight limitations can be obtained from MASS website. The range of basic chairs vary in their upper limits from 100 to 170 kg. Chairs range in size depending on the width and depth of the seat base, as well as the height of the backrest. Weight of client may also influence the measurement of the widest point at hips or thighs – width of chair. Weight of client may also influence the measurement of the posterior of buttocks to back of knee – depth of chair. Bone structure will also impact on these measurements.
What is the client's height?	Size of chair	The measurements of the client's height from seat to base of scapular, and back of knee to heel will determine the overall height of the frame.
Is there any equipment required to be attached to the chair	Frame	Some clients require oxygen containers to be attached to the wheelchair or catheter bags. Intravenous poles may also be required.
What height is the person who will be pushing the client?	Push handles	Some manual wheelchairs offer the option of extended or telescopic push handles. This enables them to be adjusted to a suitable height so the support person is not bending forward when they are pushing the client. This supports good back care principles and reduces fatigue for the carer.
Will the client be wearing shoes when seated in the chair?	Height of seat	Shoes will add extra length to the measurement between the footplate to the top of the client's seat. If not factored, the client's knees will be too high resulting in reduced contact

PROMPT QUESTION	COMPONENT IMPLICATION	RATIONALE
		with the surface of the seat cushion, which will mean an uneven distribution of weight along the thighs.
Will the client's feet drift backwards off the footplates?	Footplates and hangers	A calf strap may need to be positioned on the hangers to prevent the feet drifting backwards off the footplates. In some instances, straps are attached to the footplates to maintain the foot position. However, these require release every time the client engages in a transfer and can be problematic for support staff. If feet are having to be repositioned due to changes in the client's tone, rather than habitual, discuss with the OT or PT as a postural review may be indicated.
Is the client continent?	Seat/cushion	Does the client require a seat cushion that has washable covers and is a breathable fabric? Does the client require water repellent upholstery (if this is due to incontinence)? Review the risk of pressure areas and the Limitations section of this CTI.
Does the client slide forward at the hips when seated in the chair?	Pelvic belt Seat cushion	A pelvic strap/seat belt may reduce this pelvic drift. A slight increase in angle at the front of the seat cushion as opposed to the back of the cushion may assist. The client may require a complete seating review. Refer to the Limitations section of this CTI.
Does the client require a side way transfer?	Arm rests	Flip up armrests enable an easier side way transfer from the seat of the wheelchair onto another seat surface.
What is the client's function like when they are having an 'off' day?	All components	It is preferable that the wheelchair be prescribed to meet the needs of the client when they are least functional.
If the client has difficulty self-propelling with their hands and arms, could they use a combination of hand/foot within their own home?	Seat to floor height Foot plates	Client will need to be able to touch the floor when seated. These may need to be easily removed or swung away if the feet are to be used for propulsion. However, they need to be used when outside the home for protection of the feet on pavements and uneven ground. The height of the footplates must still allow clearance for the casters or else the angle at which they are positioned will require increasing.

Process for conducting a standard manual wheelchair prescription

1. Develop a client profile

- An interview is required to establish relevant medical, psychosocial, functional and environmental needs of the client as they relate to manual wheelchair prescription. See Guide to conducting a wheelchair mobility history for short term use (page 16).

2. Physically assess the client

- Can the client transfer independently or with light assistance?
- Can the client sit upright, unsupported?
- Can the client reach outside their base of support whilst in sitting? i.e. touch the ground, reach up, etc.
- Can the client reposition/lift/clear their bottom off the seat?
- Can the client follow instructions for safe use of the wheelchair?

Note: If no to any of the questions above, refer to Limitations section of this CTI.

- Can the client self-propel the wheelchair? If no, will they have an attendant available to propel the wheelchair when it is in use?
- Does the client have a pressure area? Or are they at risk of developing a pressure area?
- Local procedures and processes are to be used to identify existing pressure injuries. A risk assessment tool will help determine the degree of pressure injury risk subsequent to the clients altered mobility status. The Waterlow scale is the most commonly used tool.

A sample recording form for the Waterlow scale is available to view via for Queensland Health employees at the following link: [Waterlow Pressure Ulcer Risk Assessment Tool](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0024/2136048/4304918.pdf). Available at: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0024/2136048/4304918.pdf.

3. Measurement of the client

- Accurate measurement of the client's dimensions will assist with appropriate manual wheelchair selection using the local recording form.

4. Translating information to wheelchair specifications

- The information gathered from the client profile, physical assessment, skin inspection and measurement of dimensions is used to establish the suitable manual wheelchair options. The skill share AHP is required to complete clinical reasoning to determine an appropriate manual wheelchair prescription. The Guide to Clinical Reasoning will assist.

5. Prescribing manual wheelchair

- The skill share-trained health professional will be required to consider local processes regarding sourcing of a manual wheelchair. This may include using an equipment loan pool or advising on local equipment suppliers to purchase/hire.

6. Prescribing a foam cushion for comfort

- The skill share-trained health professional will be required to consider local processes regarding attainment of a foam wheelchair cushion, this may include sourcing from equipment loan pool or advising on local equipment suppliers to purchase/hire.

7. Pressure care considerations

- The skill share-trained health professional will need to advise the client and/or carer/s regarding pressure care needs and associated risks based on the client's risk assessment. This may include advice and education regarding pressure relieving techniques including regularly changing positions, avoiding shearing, managing incontinence, skin monitoring, reducing fabric creases/folds on the sitting surface etc. Referral to a health professional with expertise in wheelchair prescription and pressure care will be required if the client is at risk of a pressure area and/or requires a prescription for a pressure relieving cushion.

8. Client/carer education and training for safe operation of the manual wheelchair

- The client (and carer/services, if relevant) will require education and training in the safe operation of the prescribed manual wheelchair. This will include transport of the chair in a vehicle, safe stair and gradient negotiation, use of brakes and propulsion, hygiene and maintenance, consideration of hazards such as traffic or obstacles. This education and training must be completed prior to final prescription in order to ensure client safety, including observation of performance as required.
- In the context of this CTI, following prescription and trial of basic manual wheelchair for short term use by the skill share-trained health professional, there is nil further action required if the prescription and trial was successful as determined by client report and observation of client performance. In the event the prescription and trial of basic manual wheelchair for short term use was unsuccessful, or it is deemed the client would benefit from further assessment or intervention, the skill share-trained health professional is to liaise with the lead health professional to develop an ongoing care plan for the client. This may include referral to a health professional with expertise in wheelchair prescription/home modifications, providing information to the client and carers on the criteria for prescribing a custom wheelchair, other mobility/transport options available/appropriate in the short term or implementing a wheelchair training program.