Queensland Spinal Cord Injuries Service

Fact Sheet



SPINAL INJURIES UNIT

Data

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

Email

spot@health.qld.gov.au

Postal

PO Box 6053 Buranda, Q, 4102

Location

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

Mobile Floor Hoist and Sling Trial Evaluation

Thougaist

Clie	ent details:	
Clie	ent:	
Dia	gnosis:	
Cli€	ent weight: Client height:	
De	tails of Hoist and Slings Trialled:	
Но	st type/brand/safe weight limit (SWL):	
Но	st attachment: Pivot frame / yoke	
Slir	g type/brand/size:	
Slir	g attachment details:	
Ch	eck the following when the hoist transfer is being performed:	
-	Could the client/carer operate the controls safely?	Yes / No
•	Did the client's head clear the boom / spreader bar?	Yes / No
•	Did the client's legs / feet clear the mast?	Yes / No
	Was the sling able to be applied and removed easily?	Yes / No
	Was the client comfortable / secure in the sling?	Yes / No
	Did the client require head support?	Yes / No
	Was the sling the right size for the client?	Yes / No
-	Was the hoist suitable for the environment in which it was being used?	Yes / No
	(e.g. floor surface, manoeuvrability)	
	Was the hoist/sling compatible for use with other existing equipment? (e.g. clearance beneath the bed, height clearance for transfer to bed/wheelchair)	Yes / No
•	Is the hoist/sling suitable for all transfers to be completed? (e.g. bed, wheelchair, mobile shower commode, lounge chair)	Yes / No
•	Did the hoist enable optimal positioning of the client in their bed / wheelchair / mobile shower commode?	Yes / No
Fea	tures that meet the client's needs:	
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Client feedback:	
	_
Carer feedback:	
	_
Final prescription:	
Hoist type/brand/SWL:	
Hoist attachment: Pivot frame / yoke	
Sling type/brand/size:	
Sling attachment details:	
Funding source:	

Last Reviewed December 2020 Review Due December 2022

