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Spinal Outreach Team



Mobile Shower Commode (MSC) Assessment & Prescription Tool for Therapists

The sections of this form can be used independently or as a whole, depending on need:

PART 1: FUNCTIONAL ASSESSMENT

Use this section as a guide to assess the client's current functional level in order to determine how this will impact the MSC you prescribe.

PART 2: ENVIRONMENTAL ASSESSMENT

Use this section as a guide to assess the client's environment in order to determine how this will impact the MSC you prescribe.

PART 3: SKIN HISTORY

Use this section as a guide to assessing the client's skin. The ideal position for a skin assessment is to have the client on the bed, side lying, with hips and knees at 90 degrees to mimic the sitting position. Record the bony prominences over which there is current or past skin breakdown.

PART 4: POSTURAL ASSESSMENT

Use this section as a guide to assessing the client's posture in order to determine their MSC seating needs. Consider the need for a postural assessment in supine, sitting in wheelchair, sitting in the mobile shower commode, or all of the above, depending on the individual client's needs. This is to determine whether any postural deformities are flexible or fixed and whether it is specific to the MSC.

PART 5: ASSESSMENT OF CURRENT MSC

Use this section as a guide to assess the client on their existing MSC, prior to arranging a trial of a new MSC.

PART 6: CHECKLIST of MSC FEATURES REQUIRED (POST CLIENT ASSESSMENT)

Use this checklist to generate a list of required features, collaboratively with the client, prior to selecting an item to trial. This list could be sent off to a supplier as part of your trial request. Note that one brand of seat can often be made to fit a different MSC brand frame. A well-padded seat with no sharp edges in the cover and no seat board exposure is always required.

→ HOW TO COMPLETE TRIALS

Dry trials - one off: Many suppliers only offer dry trials of their equipment. Be aware that these have limitations, as a wet, soapy seat performs in a different way to a dry one. The complete range of functional tasks involved may or may not be able to be trialed, e.g. transfers with bare skin. A sitting period of 20-30 minutes is helpful to review the seating interface and to get a good indication of any skin marking afterwards. Consider carefully before prescribing features or customizations that cannot be trialed.

Wet trials – extended period: SPOT has a small loan pool of equipment available for wet trial purposes if needed.

PART 7: POST - TRIAL EVALUATION of MSC

Use this section to evaluate & record each feature of the MSC during and post-trial. Visual and tactual observations are essential to assess the seating interface. Getting under the seat and looking up, donning gloves to feel for exact location of bony prominences relative to the seat aperture is necessary. Using mirrors for client feedback and involvement can be helpful. Observe posture and skin e.g. look for stretching at natal cleft and buttocks from the client riding into the seat.

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PART 1: FUNCTIONAL ASSESSMENT

Client: _____ Date: _____

Diagnosis: _____ Therapist: _____

NOTES

1.1 Transfers

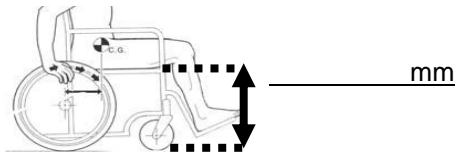
Dry transfers from [wch bed] to commode:

- independent transfer surfaces needs to be equal height
- needs assistance of 1 2 hoist slide board
- other _____

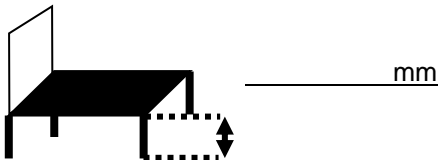
Wet transfers from commode to [wch bed] :

- independent transfer surfaces needs to be equal height
- needs assistance of 1 2 hoist slide board
- other _____

Floor to top of wch cushion height:



Floor to top of mattress height:



1.2 Duration & Timing

Minutes spent on MSC: _____ No. days/week on MSC: _____

Time of day am pm

1.3 Bladder & Bowel

Bladder management method (e.g. void, IDC, SPC, ICSC) _____

Bowel management method (e.g. enema, suppository, digital stimulation, meds) _____

Level of independence with bowel care and hygiene tasks: _____

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1.4 Carer Requirements

Carer requirements for access (for bladder/bowel/hygiene):

Front R L

Comment _____

1.5 Upper Limb Function

No upper limb control - requires trough to support arms

Some upper limbs control - requires narrow armrest wide armrest

Hand dominance / preference for bowel therapy and perianal area hygiene access:

R L Comment: _____

Ability to use brakes yes no requires modification e.g. extension

Ability to propel shower commode: yes no Comment _____

Ability to pressure relieve/weight shift: yes no Comment _____

Comments: _____

1.6 Sitting Balance

Unable to sit independently e.g. requires tilt, laterals _____

Independent static sitting balance in upright chair _____

Requires support for dynamic movement e.g. needs to 'hook' on armrest or hold on to rail to reach LLs/perianal area _____

Independent dynamic sitting balance for reaching LLs and perianal area to wash

Comment _____

1.7 Blood Pressure Management

History of hypotension/postural blood pressure drop in mornings on MSC

Wears binder Wears compression stockings Uses medication

Comments _____

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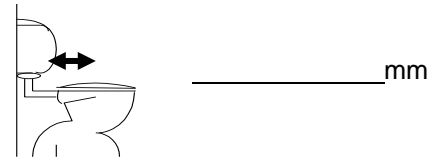
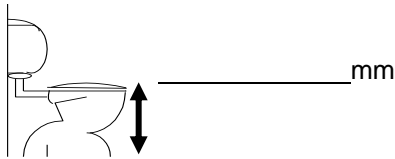
PART 2: ENVIRONMENTAL ASSESSMENT

2.1 Toilet clearance

Consider MSC fitting over toilet and with aperture in line with bowl (especially when in tilt)

Toilet height

Distance from front of cistern to back of bowl



NOTES

2.2 Bathroom Access

Consider access from bedroom to bathroom as well as access within bathroom: _____

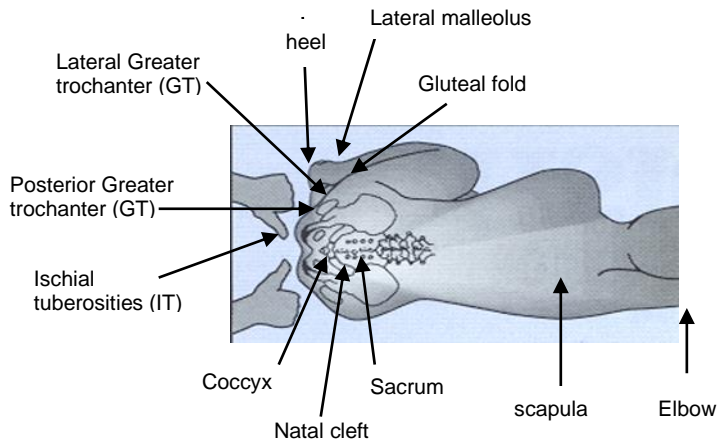
2.3 Portability

Folding function required for travel? yes no

PART 3: SKIN HISTORY

Ideal position for skin assessment:

Client in bed, side lying, hips and knees at 90deg to mimic sitting position:



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3.1 Areas of Skin Breakdown (current and past)

NOTES

	Location e.g. IT, heel	Description i.e. size, colour	Cause e.g. sitting, lying, shear, pressure, bad transfer	Duration Eg current, previous, how long, how frequently
1				
2				
3				
4				

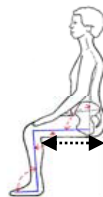
PART 4: POSTURAL ASSESSMENT

4.1 Body Dimensions

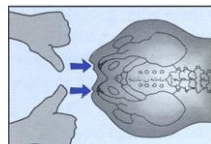
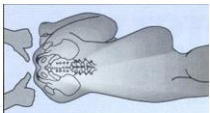
Height: _____ cm Weight: _____ kg

Weight history (gain/loss) _____

Hip Width: _____ mm Thigh Length: _____ mm



Ischial tuberosity width:



_____ mm

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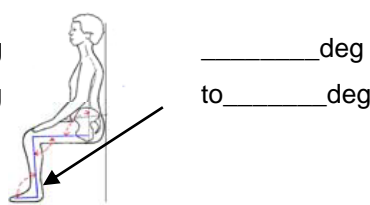
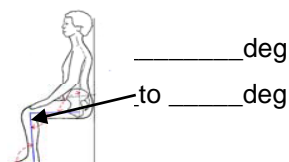
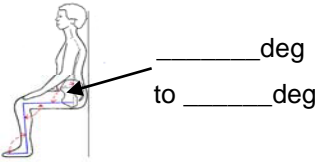
4.2 Lower limb ROM assessment

Aperture width suggestion = IT width + 70mm. "Average" IT width approx 135mm

Hip range
(thigh to trunk angle)

Knee range
(thigh to lower leg angle)

Ankle range
(lower leg to foot angle)



NOTES

4.3 Postural Alignment*

Pelvic tilt

- neutral
- anterior +/- lordosis
- posterior +/- kyphosis



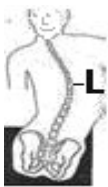
Obliquity:

- left side down
- right side down



Scoliosis

- convex to L
- convex to R



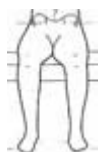
Rotation

- neutral
- R forward
- L forward



Leg position

- Neutral
- abd
- add



Wind sweeping

- neutral
- to R
- to L



Spasm triggers: _____

*Consider the need for a full postural assessment in supine and sitting to determine whether posture is flexible or fixed and whether it is specific to the MSC. Refer to NSW Health detailed MAT Form <http://www.aci.health.nsw.gov.au/networks/spinal-seating/hands-on-assessment-2> and QSCIS posture and seating e-learning module www.health.qld.gov.au/qscis . Posture diagrams courtesy NSW Health.

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PART 5: ASSESSMENT OF CURRENT MSC

5.1 Source

Funding source: _____ MASS plaque number: _____

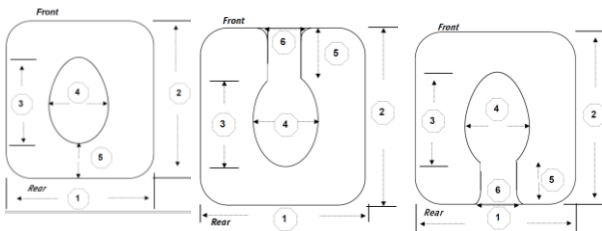
5.2 Frame type

Describe commode: _____

5.3 Seat dimensions

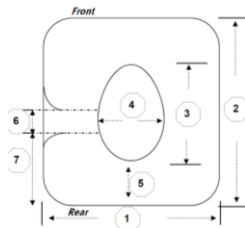
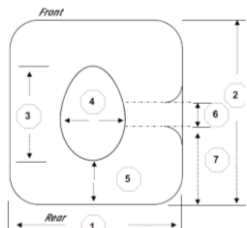
Use this form or download full sized SPOT seat templates here <http://www.health.qld.gov.au/qscis/html/equipment.asp>

Closed Front opening Rear opening



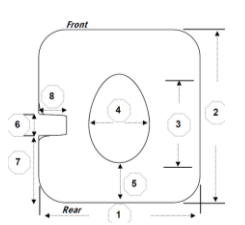
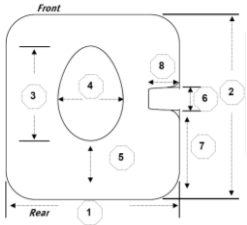
right opening

left opening



right bite

left bite



Dimensions	Current	Required
1. Seat width	mm	mm
2. Seat depth	mm	mm
3. Aperture length	mm	mm
4. Aperture width	mm	mm
5. Aperture location (from rear of seat)	mm	mm
6. For opening or bite: Width	mm	mm
7. For side opening or bite: Location (distance from rear of seat)	mm	mm
8. For bites: Bite depth	mm	mm

5.4 Seat composition

Padding thickness & condition (e.g. custom thickness, extra padding around aperture rim)

Seat cover type & condition (e.g. two way stretch, four way stretch, dartex, vinyl any tears, puckering / other damage)_

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5.5 Performance of current MSC

Check the following when client is sitting in their current mobile shower commode: Comment

Do the ischial tuberosities clear the aperture rim? yes no _____

Are the greater trochanters (GTs) well supported on commode seat? yes no _____

Does the sacrum/ coccyx clear aperture rim? yes no _____

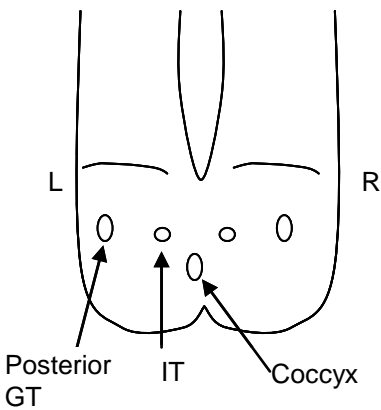
Are the thighs adequately supported (approx 3 fingers overhang?) yes no _____

Is the pelvis symmetrical? yes no _____

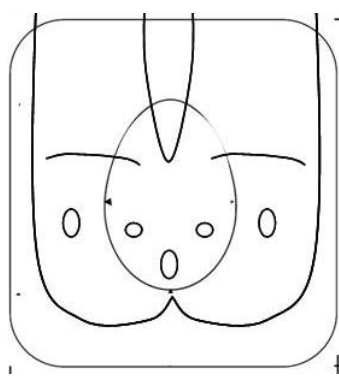
Does client feel comfortable, safe and secure sitting on seat? yes no _____

Diagrammatic representation of ischial tuberosities clearing aperture rim and posterior GTs being supported:

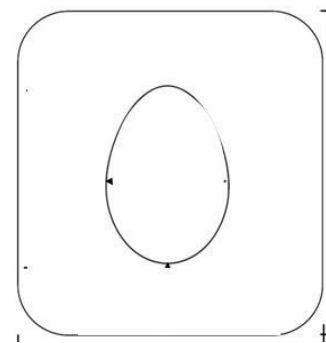
Bony landmarks



Optimal position



Use this template to draw position of ITs and GTs if needed



Overall problems with current shower commode equipment: _____

Features to be retained in new shower commode chair: _____

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PART 6: CHECKLIST of MSC FEATURES REQUIRED (POST CLIENT ASSESSMENT)

6.1 Propulsion

- Self propelling _____
- Self propelling wheel requirements e.g. push rims, capstans, wheel type _____
- Attendant propelled _____
- Hoist compatibility requirements _____

6.2 Interface with environment

- Turning circle requirements _____
- Needs to clear toilet height _____
- Aperture needs to line up with bowl. Distance from rear of frame to rear of aperture needs to be less than (measurement above) _____

6.3 Transfers & brakes

- Height requirement for transfers _____
- Requirement for seat shape, fabric & material for hand placement during transfers? _____
- Flip back armrest style for transfers? _____
- Brake requirements for large wheels & castors _____
- Locking castors _____

6.4 Bladder & bowel

- Requirements for bladder management? _____
- Requirements for bowel management or hand dominance e.g. frame & seat openings left/right/front? _____
- Requirements for carer access for bowel /bladder? _____
- Requirements for balance e.g. armrest or backrest to anchor/hook onto? _____

6.5 Blood pressure

- Requirements for BP drop e.g. tilt, elevating legs _____

6.6 Portability & travel

- Folding frame vs hire options _____

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6.7 Skin

- Seat design needs to offload pressure from a skin area (describe): _____
- _____
- Padding requirements e.g. thickness, softness, wraps inner rim _____
- Cover requirements e.g. stretch _____
- Custom width to accommodate IT width (aperture width commonly 210mm). Aperture width suggestion = IT width + 70-80mm _____

6.8 Dimensions

- Safe working load > _____ kg
- Custom seat width _____
- Custom seat depth _____

6.9 Posture and joint range

- Custom recline angle to accommodate hip range _____
- Custom leg rest hanger angle due to knee range _____ Padded hanger/s
- Custom foot plate angle to accommodate ankle range _____
- Extended foot plates _____ Padded foot plate/s
- Custom aperture location e.g. rearward positioned to improve posture _____
- Requirement to manage spasticity _____
- Requirements to manage postural deformities _____
- High back _____

6.10 Trunk stability/balance

- Head rest _____
- Tilt in space _____
- Recline _____
- Chest strap _____
- Lateral supports _____
- Back rest style (straps, tension adjustable, foam on ply) _____

6.11 Upper limb support

- Padded armrests _____
- Wide armrests _____
- Arm troughs, metal vs soft _____
- Needs to anchor for reaching _____

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PART 7: POST - TRIAL EVALUATION of MSC

7.1 Trial details

Date _____ Client Name _____ Therapist _____

Shower chair trialled: _____

Seat trialled: _____

No days trial : _____ Time on chair per trial: _____

Wet trial Dry trial

7.2 Overall Impression

Client's overall impression: features that meet client's needs: _____

Client's overall impression: negative features of chair: _____

Check the following when client is sitting in the trial mobile shower commode (part 7.3 – 7.6):

7.3 Skin and posture

- | | |
|---|--|
| Do the ischial tuberosities clear the aperture rim? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are the greater trochanters well supported on commode seat? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does the sacrum/ coccyx clear aperture rim? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is the skin intact? ITs | <input type="checkbox"/> yes <input type="checkbox"/> no |
| (red areas that fade within 20 mins are normal) Sacrum | <input type="checkbox"/> yes <input type="checkbox"/> no |
| GTs | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Lower limbs | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Elbows | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Back | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Pelvis level and symmetrical? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Feet sit flat on the footplates? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Optimal length of thighs supported by seat? (3 fingers overhang only) | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Width suitable for hip width? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does the client feel safe and secure? | <input type="checkbox"/> yes <input type="checkbox"/> no |

Comment

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Comment

- Pain free? yes no
- Does the backrest support posture/trunk stability? yes no
- Are the armrests comfortable? yes no
- Are the armrests supportive? yes no

7.4 Function

- Client able to transfer on to the commode independently and safely? yes no
- Client able to transfer off the commode independently and safely? yes no
- Compatible with hoist? yes no
- Client able to complete bowel therapy independently? yes no
- Client able to manage bladder independently? yes no
- Client able to reach all areas for hygiene/washing? yes no
- Client able to self-propel independently? yes no
- Issues with postural blood pressure drop? yes no
- Client able to pressure relieve or weight shift in chair? yes no
- Are the armrests suitable for transfers? (eg flip up if needed) yes no
- Are the armrests suitable for leaning/reaching? (eg hook/lock) yes no
- Is the backrest suitable for leaning /reaching? yes no

7.5 Carers needs

- Carer able to push chair? yes no
- Carer able to reach for hygiene and bowel management (e.g. enemas) yes no

7.6 Environment

- Clears over toilet and aperture lines up with toilet bowl? yes no
- Adequate access between bedroom and bathroom (doorways etc)? yes no
- Suitable for transport in vehicle if travel is desired? yes no

Considerations for next trial or final prescription: _____
