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SPECIAL			E & W		LE	D MOBILITY		Pag	e 1 of 2
Patient Name				MRN				DOB	
Patient Location				O.T.	Na	me, designation, bleep no.		Date	
			Equip	ment l	Desc	ription			
Seating System:				·			Accessories:		
Purpose:									
Pressure Cushion Type & Size:		(picture if applicable)		ble)	Pressure Cushion		Note: Aim for Neutral pelvis		
Purpose:						ntation Instructions:		if po	ossible
	,	T	ransfer T	echni	que (please circle)			
Standing Hoist Transfer Assistance of:	Full Hoist Tran	nsfer				Other (please describe)):		

Positioning in the Seating System

Pelvis

- Ensure patient is centred in the chair
- Ensure pelvis is level and not rotated
- Ensure bottom is well back in chair

Hips

- Hips are level and facing forward
- His hips are flexed to approx 90°

Knees & Thighs

- Ensure knees are flexed to approx 90°
- Thighs must be evenly supported by the seat cushion

Feet

- Ensure ankles are in a neutral position (90° foot/leg angle)
- Both feet must be supported by the foot supports
- Patient may move and stretch his lower limbs whilst sitting out please re-position them as per the photograph.

Head

Head must be centred and supported by the head support

Trunk

- From the front, patient's trunk should be upright. Please reposition or return to bed if patient fatigues & repetitively falls to one side
- **DO NOT** position with a large C-shape to the spine.

Arms

Patient's arms are to be supported on the lap tray/armrests

Front View



Side View



Patient: MRN: Date

Guidance for Achieving Posture & Position with Full Hoist

- Ensure client is **centred in the hoist sling** before hoisting.
- Use the hoist-to-chair-side-approach, Tilt-in-Space & gravity to help **get the bottom far back** on the seat surface.
- Ensure patient is centred in the chair, this may require re-positioning using the hoist/sling.
- Successful sitting is dynamic- it enables movement of head, arms and legs if possible this is expected.
- Sitting tolerance may vary from day to day: sit patient out when alert, & return him/her to bed if s/he fatigues or becomes agitated or distressed.
- Use the Tilt-in-Space position intermittently throughout the task of sitting to **rest or offload pressure**.
- Seek patient feedback or use patient's **communication aids** if applicable to check pain & comfort levels.

Secondary Support Devices

Device:

Four-point padded Pelvic Positioning Belt.

Purpose:

- This belt is a secondary support device.
- It maintains the pelvis in neutral in order to promote stability, and allow movement in the head, upper limbs
- During propulsion it will prevent injuries due to tips, falls or ejection.

Position of Application:

- The belt must not be twisted. Padding should face the body; the buckle centred & easily accessed.
- It must be applied across the junction between the pelvis and hips (with the 'pelvic bones' or iliac crests above the belt).
- Tighten the belt securely (but not too tightly) using the adjuster (see photograph)

Warning: It MUST NEVER be used as a form of restraint or in lieu of supervision.



Recommended Seating Programme (please tick)						
☐ Can sit out for meals only	☐ Can sit out for 30 minutes at a time					
☐ Can sit out for one hour at a time	☐ Can sit out for 2-4 hours at a time					
☐ Can sit out to tolerance	☐ Requires full tilt-in-space for 15 minutes within every hour					
☐ Benefits from 30 minutes in full tilt-in-space when fatigued						
□ <u>Other</u> (please describe):						
Precautions & Risk Factors						

- This seating system should be used by the above named person only
- Any adjustment to the wheelchair set-up position, accessories and moveable parts may constitute a risk and should only be performed by an OT or a trained staff member.
- 'Tilt in Space' and 'Recline' features may be used only as recommended by the OT
- If there is a significant change of <u>function</u>, <u>Waterlow Score and/or pressure sore/s</u>, <u>medical status</u> or <u>weight</u> the client should be referred for re-assessment
- If travelling in a vehicle, an additional vehicular safety belt system must be applied.

Cleaning	Maintenance
The equipment must be wiped down after each use &	The system should be checked weekly by the user &/or
cleaned each week.	staff
See Manufacturer's Instruction for further details	See Manufacturer's Instruction for details
Servicing & Repair	Follow up
Service every 6 months by a trained technician.	
Repairs completed as/when identified, by a trained technician.	
For more information please refer to the Specialised Post	ure & Wheeled Mobility Assessment Report in the client chart.