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PIC 2

TOPIC 3

TOPI

Topic Covered	**Outpatient Seating Clinic**	**Wheelchair & Seating considerations**

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Outpatient Seating Clinic

Overview

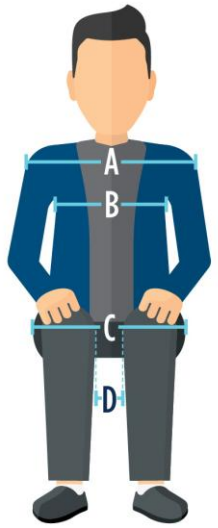
- Location: Dr. Vernon Fanning Center
  - Assessment Space, Offices and Fabrication
- Clients: Full time wheelchair users over 18
- Staff: OT, PT, Admin and Seating Technologists
- Referral Access: Can be found on the Alberta Referral Directory
- Waitlist:
  - Commercial Clinics: 4-6 Weeks
  - Custom Clinics: 3-4 months

Why do SCI clients come to us?

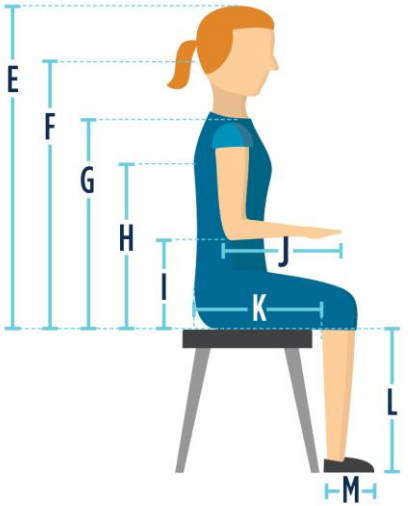
- Need replacement equipment
  - Seating, wheelchair
- Not satisfied with current equipment
  - Positioning, comfort, function
- Pressure Injuries
- Alberta Aids to Daily Living Funding
- Expertise
- Review

What Happens at Clinic?

- Review client concerns
- Review current wheelchair and seating components
  - Age, type, size, brand
- Assess client in their current wheelchair
- Complete full MAT with client out of chair
  - ROM, measurements, postural assessment
- Dry fit possible seating components
- Install seating components
- Fit client into new seating



* A - Shoulder width
* B - Chest width
* C - Hip width
D - Between knees



E - Top of head
F - Seat to occiput
* G - Top of shoulder
* H - Inferior angle of scapula
* I - Seat to elbow
J - Elbow to tip of fingers
* K - Upper leg length
* L - Lower leg length
M - Foot length

Selecting Optimal Seating Components

- Does it meet the client's assessed needs
  - Posture, pressure, comfort
- Does it fit the client
- Does it fit the current chair
- Transfer ability
- Lifestyle Considerations
- Is it available for trial
- Trial Success
  - Function, comfort, aesthetics, acceptance
- Funding

Selecting an Optimal Chair

- Style of chair
  - Manual, Power, Rigid, Folding
- Environment
  - Accessibility, vehicle
- Sizing
  - Client, environment, weight capacity, seating
- Trial Availability
- Eligibility

Review

- Complex process
- Multiple factors to consider
- Client's priorities often differ from clinicians

- We are here to help!

Wheelchair & Seating considerations TNR

FOR THE SPINAL CORD INJURED CLIENT

Inpatient Seating Clinic

Location: Special Services Building, Foothills Hospital

Clients:

- Unit 58 inpatients requiring complex wheelchair and seating needs
- Off-service consults for complex seating, wheelchairs and interface pressure mapping

Staff:

Occupational Therapist

Physical Therapist

Seating Technician

We know changes will continue to occur

But how will the person change?

- Body weight and height
- Body proportionality
- Surgeries
- Tone
- Motor control
- Strength
- Postural asymmetries
- Discharge location
- Environmental concern
- Plans for the future
- Funding

Assessment Considerations

Clients

- Diagnosis / Prognosis

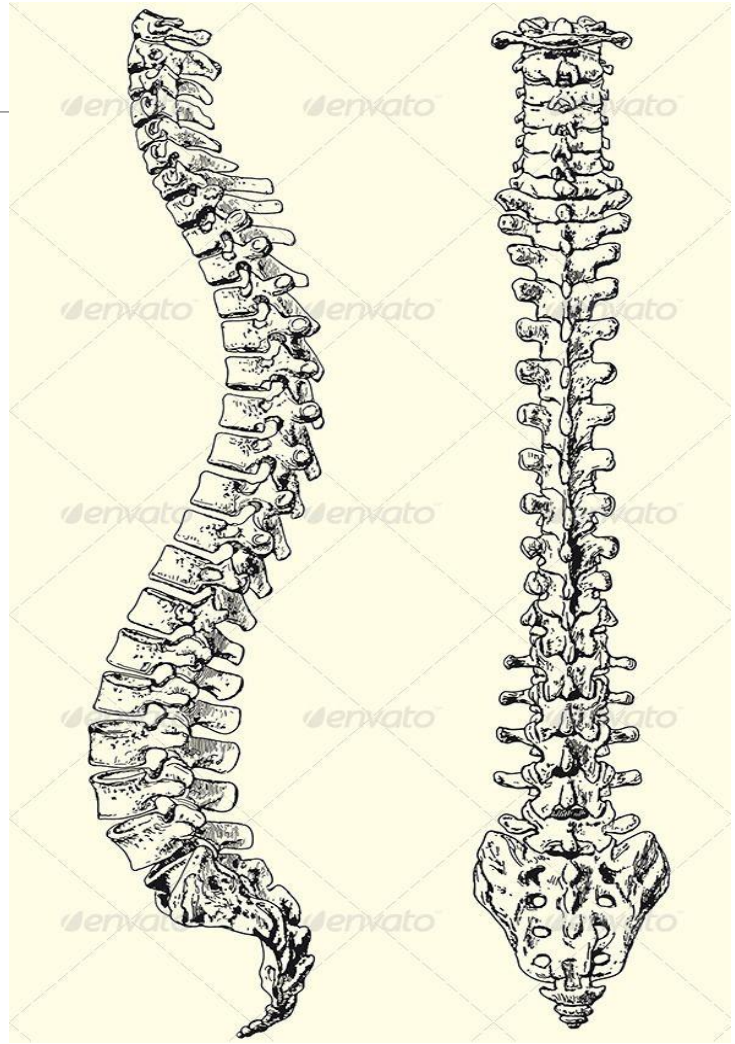
- Level of Injury
  - Complete vs incomplete
  - American Spinal Injury Association Impairment Scale
    - A: Complete- no sensory, no motor
    - B: Sensory Incomplete- sensory but no motor

    C: Motor Incomplete-motor function present (functional/non-functional)

    Based on motor testing

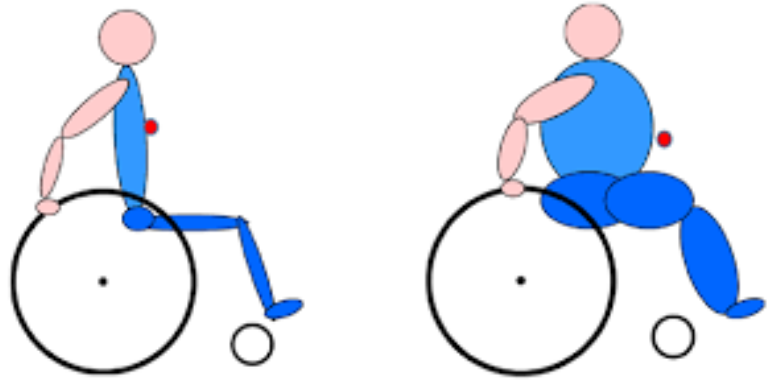
    D: Motor Incomplete-motor function present (functional/ non-functional

    Based on motor testing



Posture / Body Habitus / Structural changes

- Muscular
  - innervation
  - tightness
  - tone
- Previous Injuries
- Structural changes over time (gravity)
- Center of gravity



Sitting Balance

Low Thoracic-level T9-T12

- Hands free sitting / independent postural changes / efficient propulsion / reaching

High Thoracic- level T1-T9 / C5-C8

- Hand dependent sitting / C sitting (sacral sit) / compensate for functional tasks with arms, require posterior and lateral support and dump in the wheelchair

High Cervical- level C1-C4

- External support needed to maintain upright posture

Skin Integrity

Ability to independently off load

Quality / Quantity of off load

Braden Score

- Sensory perception
- Moisture
- Activity
- Mobility
- Nutrition
- Friction and Shear

Bowel and Bladder Function

Independent or assisted
Other equipment needed
Environment

Comfort or Pain

Pain Management

- Medications?
- Preferred Position when out of bed
- Functional Position
  - ability to sit upright

Transfer Ability

Ceiling Lift / Portable lift
Sliding board transfer
Pivot transfer
Other

Environmental Factors

- Discharge location
- Home Visit
  - Completed by our OT's if within the city limits
  - Completed by Home Care if outside of the city limits

Transportation

Proximity to community

Public / C-Train

Access Calgary

Private Vehicle

Client Centered

Functional Needs

Work to meet the person where they are at in regards to recovery and return to life

May have different viewpoints (client vs therapist)

May have to compromise best posture to achieve function

Plan for the future (or at least 5 years)

Safety

Seating Goals: the big picture

Without *skin protection,* one cannot sit

Without *postural support,* one cannot maintain alignment over time

Without *comfort*, client-centeredness is lost

Without *mobility,* one cannot function

And without *function,* one cannot live

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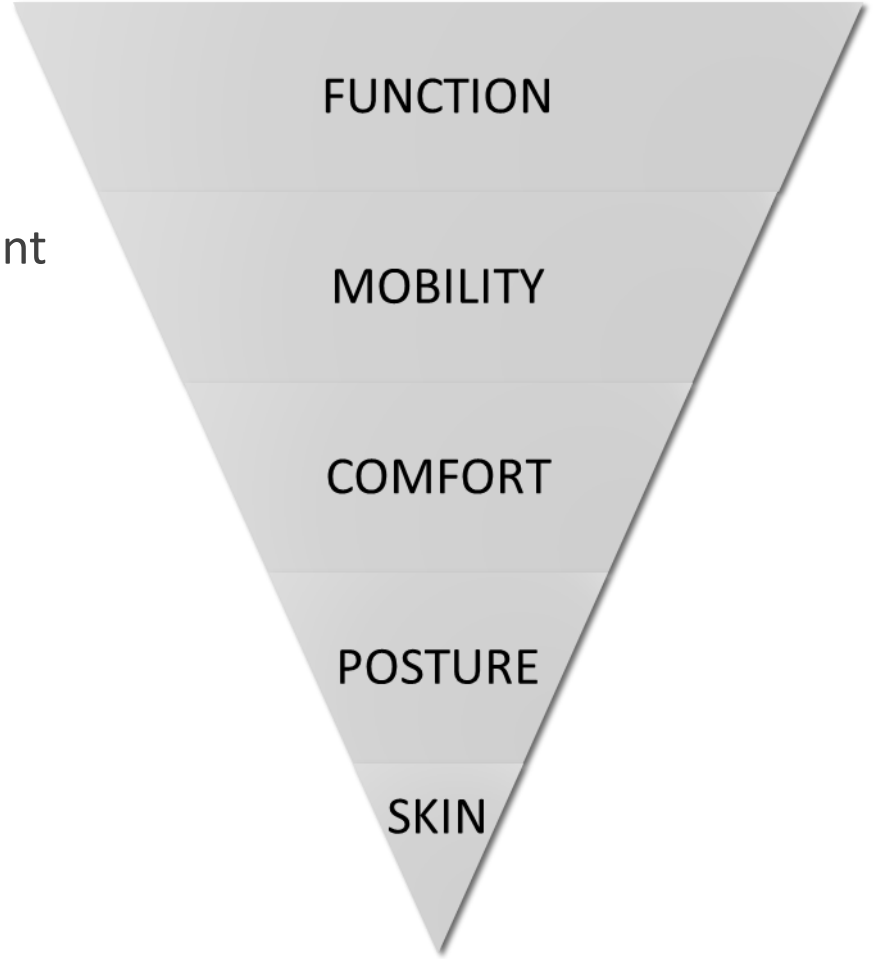

Conclusion

Only after all factors are considered can informed decisions be made

Equipment trials can assist with decision making.

If ongoing changes are anticipated, adjustable equipment is preferred (compromise)

Wheelchair and seating should be “fit” to the individual

Trials are meant to be close to what is ordered but likely will not be exact (vendors can carry every piece of equipment available all of the time)