



Hoggi Bingo Recommendation Options with Justifications:

Bold items are required or typically recommended.

Red items are accessories/configurations available based on patient need.

1. **Bingo Evolution Mobility Base (size 1, 2, 2xl)**-Required to provide appropriate base for necessary seating and tilting seat functions and adapted dependent mobility.
2. **Reclining backrest**-Required to allow backrest to recline which is required due to need for urgent medical care and pressure relief and position changes. (*Add specifics based on diagnoses*)
3. **Elevating Leg Rest**-Required to allow legs to be elevated due to decreased muscle strength and dependent positioning. Support proper alignment of legs in seated position as result of abnormal tone and posturing.
4. **4" Footrest Risers**-Necessary component to allow proper placement of footrests due to leg length. (***could be required based on patient lower leg length, recommended when OT Plus seat frame is being used*)
5. **Transit Option (Required for all bases)**-Necessary to allow for transportation in accessible vehicle to school, community participation and necessary medical appointments.

Seating Options:

6. **Bingo Evolution Contoured Seat:(size 1, 2, 2XL** (Color: Black, Berry Soft, Gray Soft, Turquoise soft)-Required positioning component which will help to stabilize the hips and pelvis to encourage upright postural support.
7. **Bingo Evolution Contoured Back: size 1, 2 2XL** (Color: Black, Berry Soft, Gray Soft, Turquoise soft) -Required positioning component to support midline trunk alignment and upright positioning.
8. **OT Plus seat frame**- required to support mounting of prescribed custom seating.
9. **Custom seat and mounting hardware**: required to support postural asymmetry and allow for optimal pelvic pressure distribution and base of support for functional seating.
10. **Custom Back and mounting hardware**: required to support postural asymmetry and allow for optimal trunk alignment and positioning to support functional seating and allow improved respiratory and swallowing function as well as access to AAC as needed.
11. **Lateral Trunk Support (2) and Lateral Trunk Support Hardware (2)**-Required support to prevent lateral lean due to scoliosis and support trunk in a midline posture due to decreased postural control and strength. Hardware is required to attach this support to the wheelchair frame.
12. **Ankle Cuffs or Foot Straps**- Necessary to support feet in proper alignment and control as result of abnormal tone.

****NOTE: Hip supports with hardware or Armrest are required**

13. **Hip Supports and Hardware**- required to provide proper upper leg positional support and allows surface to rest upper extremities. (***recommended with Evolution IUS seating*)



14. **Height Adjustable Armrest (2)**-Required to provide additional UE support for trunk alignment and provide support surface to don upper extremity support tray (*** recommended with OT Plus frame and custom seating*)
15. **Hip Pads Inside Armrest (2)** -Required to be added to inside surface of armrest for upper leg support and accommodate patient size and hip width.
16. **Removable Abduction Block**- Necessary to support appropriate femur alignment due to abnormal tone and allow for proper pelvic weight bearing and stability for function.

Head Support:

17. **Headrest Lateral Support Pads (1) or Highrise Headrest pads (1)**-Required to promote neutral head position and limit lateral lean at the head.
18. **Anatomic Head Support**- required to provide posterior occipital head support for midline orientation and control due to abnormal tone and postures.

****NOTE: 5-Point harness or Chest Harness with Lap belt are required for safe transit. If a patient presents abnormal tone control/poor strength the Chest Harness with Lap Belt may provide increased postural alignment over the 5-point harness.**

19. **5-point Harness**-Necessary to promote increased upright trunk alignment as well as allow for safe transport in the community to school and medically necessary appointments
20. **Chest Harness**- Necessary to support midline trunk posture due to poor strength and abnormal tone and postures.
21. **Lap belt or 4-point lap belt**-Required to maintain safe pelvic stability and safe positioning while in the wheelchair. (***additional options include Groin Strap*)

Additional Options:

22. **Upper Extremity Support Tray and Tray Mounting Hardware**-Necessary to provide functional surface for activities of daily living completion. Hardware is required to attach this support to the wheelchair frame.
23. **Canopy**-Required to protect patient from the sun due to sensitivity as result of medications and decreased ability to self-regulate body temperature. Patient is sensitive to overhead light (direct sunlight and florescent lights) and requires cover to improve visual access, support effects of Cortical Visual Impairment and limit risk for increased seizure activity.
24. **Oxygen Tank Holder**-Required to allow oxygen tank to be securely transported due to respiratory needs.
25. **IV Pole**-Required to allow access to medications and gastrostomy tube feeding.
26. **4in Seat Riser Mod**-Required to allow seat to be positioned appropriately for patient's current size and positioning needs, including medical need to transport additional medical equipment on required respiratory tray (***recommended with respiratory base to allow increased storage capacity*)



27. **Vent Tray (3 piece removable)**-Required to allow necessary medical equipment to be carried safely on the manual chair.
28. **Complex Base Modification**-Required to allow base to be adapted with additional support trays to accommodate need for medical equipment which is vital to Joey's care and medical needs. (**note this modification also includes moving foot brake to right- and left-hand brakes, see #26)
29. **Right and Left Wheel Braking System & Lock (2)**-Required safety component which locks the wheels and to allow safe mobility with increased weight of required medical equipment and vent tray.
30. **Size 1 Seat Adapter Kit**-Required component which allows the size 1 seat to be placed on required larger mobility base to accommodate patient need to transport medical equipment.
31. **Cobra Indoor Hi Lo base**-required to allow access to optimal postural control in the home as mobility base is not accessible to all areas or ADL access and assisted transfers/transfer training.
32. **Grab Rail with upholstery**-required to support access to upper extremity support and stability for upright positioning as result of abnormal tone and postures.
33. **Calf Pad with foam insert**-allows increased support of lower leg as result of asymmetry and contractures.
34. **Coupling kit**- connects 2 mobility bases of same size to allow functional dependent mobility with multiple individuals requiring dependent mobility and positioning.

This information is provided by Adaptive Imports Clinical Educator, Melissa Tally, PT, MPT, ATP. Please reach out to Melissa@adaptiveimports.com regarding questions or Sales@adaptiveimports.com for assistance with completing the order form.