SAMPLE LOMN HiLo Activity Chair

Name:
Date of Birth:
Height:
Weight:
Consultant:

Date:
Referring Physician:
Medical Diagnosis:

Date of Onset:

Vendor:

Funding:

Patient was seen for an equipment evaluation to address need for alternative postural control seating and ADL access for in the home. Patient currently has a wheelchair for adapted mobility needs in and outside of the home but is not accessible to all postural positioning needs and ADL tasks in the home environment. The patient presents with a diagnosis of (*list diagnoses*) resulting in significant disability and requires complex seating and positioning for all mobility, postural control, and access to adapted and supported ADLs. This mobility systemis not accessible to all areas of the home which has limited access to safe postural positioning for all in-home ADLS. An alternative HiLo activity seating system will allow upright postural support for ADLs in the home including:
NOTE: It is recommended to briefly describe these ADLs and how not having proper seating is limiting:
Feeding
Therapeutic or adapted developmental activities
Transfers- either to assist/train stand pivot or allow safe dependent lift transfers
participation with family activities in the home
lying on the floor is not age appropriate or allow access to ADLs
at risk for impairment and asymmetry if not supported posturally

Reasons for today's visit:

1. Patient has a diagnosis of *** and requires adaptive positioning for all functional activities and a means of adapted mobility.
2. Currently needs a means for safe functional alternative seating system for in home as current wheelchair mobility system is not accessible in the home for ADLs.

Adaptive Equipment
Patient currently uses the following equipment:
Seating and Positioning:
Mobility:
Bathing/Toileting:
Sleep:
Transport:
AAC/Computer access:

ASSISTIVE TECHNOLOGY ASSESSMENT
HOME ENVIRONMENT AND TRANSPORTATION CONSIDERATIONS
Patient lives at home with his parents. Home is *** with # steps into the front door. The home has an *** living area. The bathroom is ***. The bedroom is ***. He requires *** assistance for his self-care and

medical needs and all postural positioning and mobility. He is reliant on complex rehab equipment for all of his needs. For transfers, full caregiver assist is required.

CURRENT MEDICAL/PHYSICAL STATUS
Cognitive Status: **** delays
Skin Condition/Integrity: at great risk for skin breakdown secondary to limited ability for independent repositioning and history of skin breakdown
Bowel/bladder:
Vision/Hearing:
Cardio-respiratory status:
Tone/Movement/Strength: abnormal muscle tone throughout. Decreased functional movement due to abnormal tone and impaired strength.
Orthopedic considerations: at risk for scoliotic curvature and joint asymmetry, requires full external support for all positioning, medical management and participation
Ambulation/Functional Walking Status:
Bed confined:
Chair confined:

MEASUREMENTS- if relevant

A: Hip Width:
B: Chest Width:
C: Thigh Width:
D: Lower Leg:
E: Seat Depth:
F: Seat to Axilla:
G: Seat to Elbow:
H: Seat to Shoulder:
I: Seat to Top of Head:
J: Elbow to Hand:

CURRENT FUNCTIONAL STATUS
GMFCS Level (I-V):
UE Function:
LE Function:
Transfers:
Activities of Daily Living (ADL's): *describe level of assist and need for postural position access for supported or assisted ADL care*

CLINICAL ASSESSMENT
Sitting Posture/Balance: Sitting balance is poor, unable to remain in an upright, midline posture for extended periods without significant external supports..
Pelvic Tilt/Obliquity/Rotation: posterior tilt with forward progression. Patient requires contour positioning to promote neutral postures.
Leg Position: external rotation at rest but able to achieve neutral femoral alignment if prompted
Scoliosis: lateral curvature to the right or left due to abnormal tone and weakness. Requires maximal external support.
Lordosis/Kyphosis: forward rounding/kyphosis noted due to weakness and abnormal tone
Head Position: poor head control
Shoulder/Scapula Position: symmetrical when provided proper positional stability
Balance: Standardized balance assessment not performed due to poor postural control. Righting/Equilibrium reactions are absent. Protective Extension reactions are absent in all directions. Patient tolerates movement well with a moderate level of gravitational insecurity

ROM/Strength Limitations: Manual muscle testing was not tested due to presence of spasticity. Patient presents with endurance/strength that are decreased secondary to diagnosis. His range of motion is within functional limits in both upper and lower extremities.

SKIN CONDITION/INTEGRITY
Susceptible to decubitus ulcers:
Sensation:
History of ulcers:
Location:
Stage:
Ability to perform pressure relief:

Equipment Considered:
Patient relies on alternative seating in his home to allow alternative postural support to manual wheelchair system base and lying in bed or on the floor due to postural and medical needs. Patient needs proper access to participate in all ADLs and activities with family. The couch or floor is not a safe or functional position due to his need for open airway,decreased risk for aspiration, spinal alignment and tone control. following equipment was considered this date: ****

CLINICAL SUMMARY
Patient presents with impaired muscle strength, functional positioning, postural control and gross motor skills, resulting in limitations in mobility and positioning. By providing appropriate adapted alternative equipment for dependent postural control and access with the prescribed seating system and patient will be able to engage, interact, and gain access to all of his required environments. Patient is dependent upon his adaptive equipment for positioning and mobility for all functional activities.

Recommended Equipment:
(State Equipment Prescribed)-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.

List all specs/accessories independently with functional/medical justification.

Thank you for your consideration,

Signature