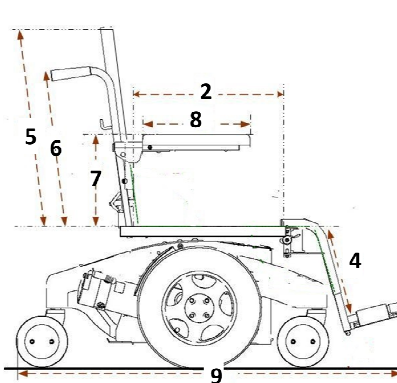
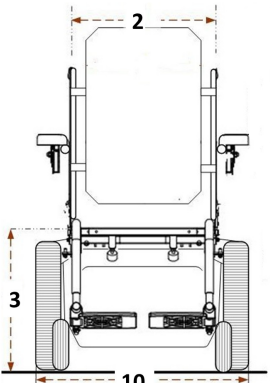
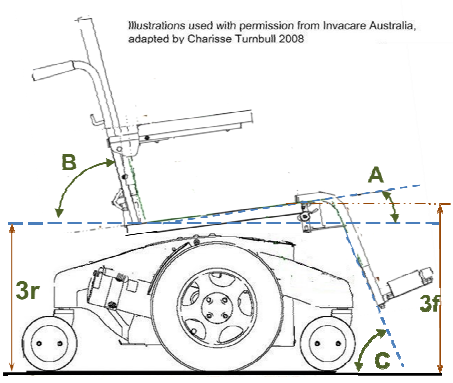


**Spinal Seating Professional Development Project
Assessment Form AF4A.3: PWC Specification Form**

POWER WHEELCHAIR AND SEATING SPECIFICATIONS

Assessment For:		Funding:	Date:
*Wheelchair:		*(Note manufacturer – model & product code / features / specifications / age / condition)	
*Back Support:		*Cushion/Seat Base:	

1	Seat Width:	Distance between outermost parts of the seat	
2	Seat Depth:	Seat Surface: distance the front of back post to the front for seat board or seat upholstery	Effective: distance from the back support surface to the front of the seat surface, measured along the centreline
3	Seat Surface Height: (measured in the most forward tilted position)	Vertical distance between the seat and the floor. If there is a seat tilt, measure for front as well as the rear of the seat	
4	Seat Surface to Foot Support:	Distance between the front of the seat base to the rear edge of footplate / foot support	
5	Back Support Height:	Seat base to top of back support, measured along the centreline	
6	Back Post Metalwork Height:	Seat base to top of back post	
7	Armrest / Arm Support Height:	Top of armrest to seat base. Measure for left side and right side	
8	Armrest / Arm Support Length:	Back post to the end of arm support. Measure for left side and right side	
9	Overall Length:	Usually measured from the front edge of the footplate to the back of the rear wheels/ rear castors	
10	Overall Width:	The widest distance of the wheelchair, usually between the rear wheels or arm supports	

A	Seat Angle: (A,B&C: measured against horizontal plane)		Seat to Back Support Angle (180°-A-B): _____°
B	Back Support Angle:		Seat to Lower Leg Support Angle (180°-A-C): _____°
C	Lower Leg Support/Leg Hanger Angle:		

Arm Support Type: <i>Mounting: removable/ flip up/ single/ dual posts</i> <i>Forearm: angle / depth adjustment; flat/ trough/ posterior support; full/ desk/ third party product</i> <i>Hand piece: driving splint/ third party product</i>	Lower Leg Hangers /Assembly Mount: <i>Mounting: centre mount swing away, fixed hanger; leg-rest elevation, calf pads/ support</i> <i>Angle: 60/70/80/90 Degree</i>	Foot Support Type: <i>Footplates: single / dual; angle / depth / position adjustment. Note the size of footplates</i> <i>Others: ankle huggers, heel loops; foot tray /box</i>
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Head Support & Mounting: <i>Head support model & product code; mounting style and adjustment</i>	Casters: <i>Width & diameter; Solid/ pneumatic/ airless inserts</i>	Drive Wheels: <i>Width & diameter; Solid/ pneumatic/ airless inserts</i>
Input Device/s: <i>Joystick and type of handle, sip-n-puff, chin control, head arrays, mini / compact joystick, attendant control, pencil/ buddy switches</i> <i>List the devices, their mounting hardware and position. E.g., swing away / drop down; chin boom, chin harness</i> Mounts: _____ on Left/Right	Tilt: No/Yes/Powered/Range: ____° to ____° Recline: No/Yes/Powered/with Anti-shear Lower Leg Elevating: No/Yes/Powered/with Anti-shear Seat Elevations: No/Yes/Height Range: _____ to _____ Vehicle Restraint System: No/Yes Tie-down / Docking _____	
Other modules: <i>Eg Enhanced display units, IR, Bluetooth, I-drive, lighting, usb...</i>		
Other Seating Components / Devices: <i>Secondary supports: anterior chest support, pelvic support, anterior knee block, lateral thigh support</i> <i>Leg bag emptier, ventilator, mobile tablets mounts, drinking aids</i>	Issues Identified/Comments:	