

**Spinal Seating Professional Development Project
Assessment Form AF1A.1: Initial Interview**

SEATING ASSESSMENT: INITIAL INTERVIEW			
Name:		MRN:	Date:
Present: <input type="checkbox"/> Client <input type="checkbox"/> Referrer: <input type="checkbox"/> Suppliers: <input type="checkbox"/> Others:			
Client's reason for attending assessment: <ul style="list-style-type: none"> ➤ Why are you seeing the client?" Get the client to state why they have come – don't make assumptions! ➤ What do the referrer and other stakeholders want as an outcome? ➤ Consider the client as the expert to their own wellbeing and their own needs - find out what aspects of the seating and wheeled mobility system worked / did not work for the client and why. 			
Relevant Medical History / Physical Attributes:			
Medical Diagnosis, date of onset / injury and any recent changes / loss of function:		Surgical / orthopaedic history impacting seating: <u>Fractures and dislocations –</u> Note the causes, locations and their impact in seating / posture. Some common presentations that impact on seating are: <ul style="list-style-type: none"> • Heterotrophic ossification leads to reduce range of motion • Hip dislocation or fractured femur – leg length difference impact on seat depth, detached femur encourages pelvic obliquity • Fractured tibia/ fibula– leg length difference impacts on footplate set up • Vertebrate subluxation or fractures– fixed lordosis, kyphosis, scoliosis, cervical hyper extension or flexion • Rib fractures – check spinal column for scoliosis instead of palpating rib cage. Take precaution when applying thoracic lateral support. <u>Orthopaedic / surgical interventions and precautions</u> <ul style="list-style-type: none"> • For example, shoulder problems will impact on range of motion and strength during wheelchair propulsion • Client may lean to one side to compensate for weakness or restriction <u>Orthotic / prosthetic device used</u> <ul style="list-style-type: none"> • Amputee –wheelchair set up when prosthesis is on or off. • Spinal orthotic brace may impact on seat angle and backrest options 	
Pressure Injury History: <ul style="list-style-type: none"> • When (did it happen / frequency), where (is the Pressure ulcer) and what (is the wound grade)? • How did it occur? • How was it managed? 		Pain History: <ul style="list-style-type: none"> • Is the pain SEATING RELATED? • When (does it start / frequency), where (is the pain) and what (is the pain like: dull burning, sharp)? • How did the pain occur? • How is it managed? • Is client properly medically managed in these areas? 	
Spasm: <ul style="list-style-type: none"> • Are there safety concerns due to spasm? • Are there postural and positioning concerns due to spasm? • Is client properly medically managed in these areas? • Is client partaking in drug trials/ progressions that may impact on seating outcome? 		Vision: Adequate vision is required for safe independent mobility. Utilisation of compensation strategies and aids	Weight:
Sensation: Take into consideration the level of spinal cord injury and the completeness / incompleteness of the injury, the presence or absence of sensation may impact on: <ul style="list-style-type: none"> • pressure care management • hand function • balance • comfort and pain 		Hearing: Compensatory strategies may be required for wheelchair training and independent mobility community environments	Height:



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Relevant Medical History / Physical Attributes (Cont.):

Cardiovascular and Respiratory Status:

- What are the implications of these on seating and mobility system?
 - Take notes on exercise tolerance, endurance, stamina, and oedema issues.
 - Are devices required for respiratory functions? eg. Ventilator, Bipap
- Is client susceptible to autonomic dysreflexia?

Bowel and Bladder functions:

(Consider medical and nursing involvement)

- Does the client have issues with bowel and bladder incontinence? (skin and pressure risk)
- How long does client sit on the commode / toilet? (pressure risk)
- What continence aids are used? Where and When? (Eg, "bluey" over the pressure care cushion)
- Does client have a suprapubic catheter, ileostomy or colostomy, and where? (pelvic belt may cause pressure over the catheter site)?
- Does client have a neurogenic bowel or bladder?

Speech and Swallowing:

- Are there issues with aspiration or low voice amplitude relating to posture?

Precautions and contra-indications / special care needs / medications and allergies impacting seating assessment and seating equipment selections:

Psychosocial Status:

	NAD /comments	Living arrangement and type of residence:
Cognition and ability to learn new skill:	Normal/ impaired/ details:	
Perceptual skills:	Normal/ impaired/ details:	
Communication skills, interpersonal skills:	No difficulty / facilitator required / details:	Social support: e.g. paid and unpaid carer, NGOs
Judgement and safety awareness:	Sound / impaired/ unsafe	
Behaviour and personality traits:	Descriptions	Socio-economic circumstances and equipment funding options:
Motivation, attitude, tolerance to technology:	Descriptions	<ul style="list-style-type: none"> • Client's financial resources/ income status • Primary funder for equipment • Other funding schemes - diagnostic / vocational / ethnicity
self-image & preference towards wheeled mobility	Descriptions	<ul style="list-style-type: none"> • Care packages • Known charities

Activities and Participation:

Describe aides or features of seating/ mobility equipment which enable personal care and domestic tasks to be performed:

<u>Toileting:</u>	<u>Showering:</u>	<u>Dressing:</u>	<u>Domestic Task / Others:</u>
Type of Transfer: Hoist / side transfer with slide board / self-lift / standing transfer. State transfer equipment used			
Bed to wheelchair:			
To and from commode:			
To and from vehicle:			
Other transfers to / from wheelchair:			



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Activities and Participation (Cont.):

Productivity:

- Employment, schooling / studies,
- Carer duties, voluntary work
- Community participation

Leisure interest, exercise routines and rest:

What is involved in these leisure activities:

- Indoors, outdoors, terrains
- Climate / daytime / night time
- In confined / unpredictable / wet areas
- Special accessories / tools requirement.

Community Mobility and Transport:

These factors may influence the choice of wheelchair, and/or power assist technology

- What types of public transport / community transport are available?
- Is the client a driver / planning to drive a vehicle?
- If client has a vehicles, state type of vehicle and modifications,
- How does the client stow / secure the wheelchair in the vehicle?

Environment:

Internal home environment:

- Indoor access: width of doorways, circulation space, kitchen bench height, bathroom layout, floor surfaces.
- Other residents or pets that would influence the selection of seating equipment?

External home environment:

- Around the home: car port, clothesline, backyards
- Suburb of residence- flat or steep terrain, footpaths
- Rural areas: farm, dirt, gravel, thistles, burs
- Temperature and moisture may influence on the selection of material used for seating equipment

Work / Leisure areas:

- Flat or steep terrain
- Parking
- Public transport route

Local community:

Consider the accessibility and distances to:

- local shops
- medical / health centres
- clubs / diners
- parklands

Summary of Issues or Needs Discussed:

1. Make a list of medical issues or physical attributes that will influence the selection of seating and wheel mobility system.
2. Explore and discuss with the client the features of the seating and wheeled mobility required to carry out their activities of daily living. Record the discussion and proposed features.
3. List the environmental factors that will determine the features required in wheeled mobility.

Agreed Features Required in Seating and Wheeled Mobility: