CONSIDERATIONS WHEN CHOOSING A POWER WHEELCHAIR

The type of power wheelchair an individual requires can vary greatly, depending on medical conditions, usage patterns, and lifestyle. Power wheelchair models range from very basic models with captain’s seating (as you would see in a van) and a simple drive control, to complex custom models with sophisticated seating and electronics for repositioning and operating. Generally, power wheelchair users are totally non-ambulatory and have severe weakness of the upper extremities. The accessories and size needed are usually determined during a seating evaluation with a physical therapist. During this clinical evaluation, the consumer has an opportunity to try different models and components that best meet their needs. If the consumer has never used a power wheelchair, they are strongly advised to seek professional recommendations to insure a safe and appropriate wheelchair selection.

After you complete this self assessment use your answers to look at the inventory to see which power wheelchair best meets your needs.

POWER WHEELCHAIR QUESTIONS

1. Is the intended user a child or adult?
   - Child
   - Adult

2. Do you currently use a power wheelchair?
   - Yes (if known, please indicate type) _______________________________
   - No (if no, proceed to question # 10)

3. Is there a manufacturer sticker present?
   - Yes (make, model)__________________________________________________
   - No

4. Why is your current power wheelchair no longer usable for you (batteries dead, too small/big, etc.)?
   _______________________________________

5. What did/didn’t you like about your power wheelchair? (Do you want to duplicate what you have or need additional features?) _______________________________________

6. Current wheelchair seat width?
   Seat Width__________ inches

7. Current seat depth?
   Seat Depth__________ inches

8. Current seat to floor height?
Seat to Floor__________ inches

9. Current seat surface to top of back height?
   Seat to Back Height__________ inches

10. User’s approximate height and weight?
    Height____________________
    Weight____________________

11. Is your home wheelchair accessible (ramp/lift vs. steps, bathroom and interior access)?
    □ Yes
    □ No

12. Do you drive your own vehicle or use public transportation?
    □ Drive my own vehicle
    □ Use public transportation
    □ Both

13. Do you use captain’s seating (fixed seating as in a van) or a removable cushion?
    □ Captain’s seating
    □ Removable Cushion (type if known)____________________________________

14. Do you want/need tilt and/or recline seating function?
    □ Tilt
    □ Recline
    □ Tilt and Recline

15. Do you want/need a power seat elevator?
    □ Yes
    □ No

16. Do want/need a headrest?
    □ Yes
    □ No

17. Do you have an armrest preference: swing-away, adjustable height?
    □ Swing-Away
    □ Adjustable Height
    □ Padded
18. Do you want/need a tray?
   □ Yes
   □ No

19. Type of drive you prefer-rear, mid, or front?
   □ Rear
   □ Mid
   □ Front

20. Type of controls you want/need: joystick or head/chin controls and left or right sided joystick?
   □ Joystick Left
   □ Joystick Right
   □ Head or Chin Controls__________
   □ Sip n Puff

21. Do you have a leg rest preference-elevating, swing-away, power?
   □ Elevating
   □ Power Elevating
   □ Swing-Away

22. Footrests-angle adjustable?
   □ Yes
   □ No

23. Do you want/need calf pads?
   □ Yes
   □ No

24. Do you want/need a seatbelt?
   □ Yes
   □ No

25. Do you have a preference for either pneumatic or solid tires?
   □ Pneumatic
   □ Solid
   □ No Preference

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26. Do you want/need a transit option?
   - Yes
   - No

27. Do you have a working charger?
   - Yes
   - No