

## 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

Other

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

26. Do you want/need a transit option?

- Yes
- No

27. Do you have a working charger?

- Yes
- No