



Letter of Support for Category 4 Manual Dynamic Tilt

Client's name: _____

- 1. Problems with current system in manual wheelchair:
 - Inadequate pressure relief
 - Inadequate support
 - Cannot change seat angle
 - Cannot change seat/back angle

2. Describe current positioning: _____

- 3. Have other seating devices been assessed with applicant? Yes No
- If yes, please describe: _____

4. Describe why further intervention with static positioning is NOT considered appropriate: _____

- 5. Projected goals of manual dynamic tilt wheelchair:
 - 1. _____
 - 2. _____
 - 3. _____

- Client has been informed that the Supertilt does not collapse for transport.
- Client has been informed that a second collapsible chair will not be provided if they are issued a Supertilt, and they will be expected to return their standard wheelchair if they currently have one on loan from the program.

Therapist's name: _____ and signature: _____

Please note that this form must accompany a completed manual wheelchair request form.