

**SOCIETY FOR MANITOBANS WITH DISABILITIES  
WHEELCHAIR SERVICES  
DYNAMIC POSITIONING SYSTEMS FOR USE ON MOTORIZED WHEELCHAIRS  
Assessment Procedure**

Due to the intricate, expensive nature of the dynamic positioning systems, it is necessary to have a comprehensive assessment procedure. The goal of this procedure is to ensure the equipment is distributed in a cost-efficient manner and that the client receives the system that best meets his/her needs.

Please follow the process outlined below and feel free to contact SMD, Occupational Therapist if questions arise. Note that all applications for power dynamic positioning devices must be completed by an occupational therapist or a physiotherapist.

1. If applicant **DOES NOT** have a motorized wheelchair supplied by Wheelchair Services, please complete the motorized wheelchair application form. The applicant will need to be approved for a motorized wheelchair prior to being considered for a power-positioning device.
2. If applicant **DOES** have a motorized wheelchair supplied by Wheelchair Services, please complete the application for a power-positioning device. Once Sections A to F have been completed, forward the form to Wheelchair Services, attention Occupational Therapist.
3. **Section F** requires the therapist to make a specific request regarding the type of equipment needed for assessment. The categories described below are listed in order of progressively complex and costly options and should be considered in turn.
  - a) **Static Positioning** – Some clients may do well with fixed changes to the wheelchair seat angle or seat/back angle and do not require a dynamic positioning device.  
Please begin your assessment by considering alternative seating components for use with client's current wheelchair. Some wheelchairs provide fixed-angle adjustments, and/or modifications to increase angle may be possible. An assessment should be done to determine which seat/back angle and seat angle are most functional.
  - b) **Power Dynamic Positioning** – For those high-functioning clients whose needs are best served with a power dynamic system, please consider the following:
    - i.) Power Tilt only
    - ii.) Power Recline only – specific information on why the hip angle needs to be changed throughout the day must be provided
    - iii.) Power Tilt, Manual Recline

- iv.) Power Recline, Manual Tilt
  - v.) Power Tilt and Recline
- c) Power Elevating Leg rests – factors indicating the need for power leg rests must be provided along with objective outcomes of the trial of same.
4. Upon receipt, the application will be reviewed by SMD. If the application is incomplete a form will be sent to the originator outlining what information is necessary. **If the information is not submitted within 30 days, the request will be closed.**
5. Should the application form clearly indicate that a power dynamic positioning device is required; a system will be selected from stock or ordered and provided to the client on assessment. Part 2 of the application will need to be completed within 2 weeks of the client receiving the wheelchair. Should the outcome indicate that they system is meeting the needs of the client as outlined in part 1, the system will be issued to them on permanent loan. If Part 1 indicates that the application is questionable, the client will be issued the power tilt/recline assessment wheelchair. (Please note that the client may be required to go a on a waiting list depending on the program demands.) The assessment system will be on loan for a period of no more than two weeks. During this time, part 2 of the assessment form must be completed by the therapist and then forwarded to SMD, Occupational Therapist. If it is demonstrated that the positioning device meets the needs of the client as indicated by the original goals and the guidelines set forth by the WRHA a system will be issued from the recycled pool or ordered if necessary. **Please note that part 2 must be received prior to the provision of client's own permanently loaned system.** If the positioning system used on assessment did not meet the needs of the client, it may be necessary to pursue options outside of the program.

Please note that the necessary modifications should be listed in Part 1 of the form. It may not be possible to have all modifications done depending on the complexity of the request. Arrangements for having the modifications done through Rehab Engineering and/or a supplier must be discussed with the Occupational Therapist from Wheelchair Services.