



## Chart Note Documentation Guide for Power Mobility Devices (PMD) Exam

Primary reason for visit must be for a mobility evaluation and document each item below (1-8):  
(Document answers in your chart note)

<p><b>1. What MRADLS is your patient unable to accomplish in a <u>safe and timely manner</u>?</b></p> <p><b>MRADLS = Mobility Related Activities of Daily Living</b> – the act of getting to the areas of the home to perform Activities of Daily Living (<b>feeding, bathing, dressing, toileting, grooming</b>)</p> <p><i>Example: Unable to get to the <u>bathroom</u> or <u>kitchen</u> in a safe and timely manner due to pain or risk of falls.</i></p>	<p><b>2. Can an appropriately fitted <u>cane</u> or <u>walker</u> resolve the mobility deficit?</b></p> <ul style="list-style-type: none"> <li>- How far can the patient ambulate with a cane or walker without stopping?</li> <li>- What is the pace of ambulation?</li> <li>*Explain <u>diagnosis, symptom, and quantitative measure of severity</u> preventing use.</li> </ul> <p><b>Example: Arthritis causes <u>pain in knees</u> measured at 8/10 preventing safe and timely use of an appropriately fitted walker.</b> (normal = 0/10 pain or 5/5 strength) (moderate = 5/10 pain or 3/5 strength) (severe = 10/10 pain or 0/5 strength)</p>		
<p><b>3. Can an optimally configured <u>manual wheelchair</u> resolve the mobility deficit?</b></p> <ul style="list-style-type: none"> <li>- How far can the patient ambulate with a manual wheelchair without stopping?</li> <li>- What is the pace of ambulation?</li> <li>*Explain <u>diagnosis, symptom, and quantitative measure of severity</u> preventing use.</li> </ul> <p><b>Example: Due to <u>CVA</u> upper body strength is 2/5 preventing safe and timely use of an optimally configured wheelchair.</b> (normal = 0/10 pain or 5/5 strength) (moderate = 5/10 pain or 3/5 strength) (severe = 10/10 pain or 0/5 strength)</p>	<p><b>4. Are there any physical limitations or equipment not found on a <u>POV/Scooter</u> that prevent the use of a <u>POV/Scooter</u>, and require the use of a <u>PMD/Power Wheelchair</u>?</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Physical Limitations:</b></p> <ul style="list-style-type: none"> <li>- Unable to safely operate POV</li> <li>- Unable to safely transfer to/from POV</li> <li>- Unable to safely operate tiller</li> <li>- Home presents insufficient space due to turning radius of POV</li> </ul> </td> <td style="vertical-align: top;"> <p><b>Features Needed:</b></p> <ul style="list-style-type: none"> <li>- <u>Joystick</u> (tremors, arthritis, hemiplegia)</li> <li>- Elevating leg rests (edema, knee flex deficit)</li> <li>- Reclining back</li> </ul> </td> </tr> </table> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>POV/Scooter</p> </div> <div style="text-align: center;">  <p>PMD/Power Wheelchair</p> </div> </div>	<p><b>Physical Limitations:</b></p> <ul style="list-style-type: none"> <li>- Unable to safely operate POV</li> <li>- Unable to safely transfer to/from POV</li> <li>- Unable to safely operate tiller</li> <li>- Home presents insufficient space due to turning radius of POV</li> </ul>	<p><b>Features Needed:</b></p> <ul style="list-style-type: none"> <li>- <u>Joystick</u> (tremors, arthritis, hemiplegia)</li> <li>- Elevating leg rests (edema, knee flex deficit)</li> <li>- Reclining back</li> </ul>
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<p><b>5. Why is the current level of assistive device (<u>cane, walker, wheelchair</u>) no longer effective, such that <u>PMD</u> is now required?</b></p> <ul style="list-style-type: none"> <li>- History of falls, including frequency, circumstances leading to falls, what assistive device is currently being used and why is it not sufficient?</li> <li>- What has changed in the patient's condition that now requires the use of a power mobility device?</li> <li>- Why does the patient need a power wheelchair rather than a cane, walker, wheelchair, or scooter and how can it assist with completing MRADLS?</li> </ul>	<p><b>6. Document your patient's physical and mental ability to use <u>PMD</u>.</b></p>		
<p><b>7. What is the patient's weight and height?</b></p>	<p><b>8. Do you intend to order a <u>PMD/Power Wheelchair</u> for your patient?</b></p>		

**\*\*Document all answers in your chart notes during the patient's face to face visit\*\***