



## Chart Note Documentation Guide for Manual Wheelchair 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>MRADLS = Mobility Related Activities of Daily Living - the act of getting to the areas of the home to perform Activities of Daily Living (<u>feeding, bathing, dressing, toileting, grooming</u>)</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> <p>- How far can the patient ambulate with a cane or walker without stopping? - What is the pace of ambulation? *Explain <u>diagnosis</u>, <u>symptom</u>, and <u>quantitative measure</u> of severity preventing use.</p> <p><i>Example: <u>Arthritis</u> causes pain in <u>knees</u> measured at 8/10 preventing safe and timely use of an appropriately fitted walker. (normal = 0/10 pain or 5/5 strength) (moderate = 5/10 pain or 3/5 strength) (severe = 10/10 pain or 0/5 strength)</i></p>
<p><b>3. Can an optimally configured <u>manual wheelchair</u> resolve the mobility deficit?</b></p> <p>- How far can the patient ambulate with a manual wheelchair without stopping? - What is the pace of ambulation? *Explain <u>diagnosis</u>, <u>symptom</u>, and <u>quantitative measure</u> of severity preventing use.</p> <p><i>Example: Due to <u>CVA</u> <u>upper body strength</u> is 2/5 preventing safe and timely use of an optimally configured wheelchair. (normal = 0/10 pain or 5/5 strength) (moderate = 5/10 pain or 3/5 strength) (severe = 10/10 pain or 0/5 strength)</i></p>	<p><b>4. Why is the current level of assistive device (cane or walker) no longer effective, such that <u>Wheelchair</u> is now required?</b></p> <p>- History of falls, including frequency, circumstances leading to falls, what assistive device is currently being used and why is it not sufficient? - What has changed in the patient's condition that now requires the use of a manual wheelchair? - Why does the patient need a manual wheelchair rather than a cane or walker and how can it assist with completing MRADLS?</p>
<p><b>5. Explain why the Wheelchair Accessories ordered are a necessity.</b></p> <p>- <b>Adjustable Height Armrest:</b> Does the patient have a need for arm height different than that available using nonadjustable armrests? - <b>Reclining Back:</b> Does the patient have quadriplegia, a fixed hip angle, a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day? - <b>Elevating Leg Rest:</b> Does the patient have a cast, brace or a musculoskeletal condition, which prevents 90 degree flexion of the knee or does the patient have significant edema of the lower extremities that require elevating leg rests or is a reclining back ordered?</p>	<p><b>6. Document your patient's physical and mental ability to use <u>Manual Wheelchair</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>Manual Wheelchair</u> for your patient?</b></p>

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