I don’t know about the rest of you, but last year flew by for me. All of the things going on in our industry certainly help the time pass. It seems like yesterday that I was introducing you to one of my friends, Robin, who received her new wheelchair June 4, 2009. (See page 22 of Directions, Vol 2, 2009, on the NRRTS website.) This seems unreal because I have not heard much from her this past year. In our line of work no news is good news because that means everything is O.K. Let’s admit we usually only hear from many of our clients when something is wrong with their equipment. This leads to the question, is taking no news as good news, good enough?

Last fall I spent some time at Medtrade talking with Dr. Mark Schmeler about the state of the industry and concerns with Complex Rehab Technology provision. One of the things we talked about was the lack of evidence as related to outcomes. There, I said it. I can only imagine the faces you are all making as you read this. Probably the same one I must have made at Schmeler when he mentioned it. We all think the same thing, ‘How the heck am I going to squeeze one more duty into my job description, especially another nonrevenue generating and time consuming activity?’

Well, I do believe this is something we are going to have to address to prove our value to funding sources and the medical community. If we like to fashion ourselves after medical professionals then we have to take ownership of things such as outcomes as other members...
of the team have to in their daily practices. In case you had not noticed, stomping our feet and yelling that we know what we are talking about does not seem to be getting us anywhere. Taking on this responsibility may not have to be as painful as we all think.

After all, it may finally provide us with proof that many of the seating and mobility theories we believe are actually true. For example, consider Robin. If you recall, I helped her with a donated mobility base and seating after she had received what we perceived to be an inappropriate piece of equipment. She has now had the donated power wheelchair for more than a year, during which I have seen her twice. When she first got the chair, a caregiver forced down the medial thigh supports because she said she did not know how to swing it down. I went out to tighten the bracket then showed her where the latch was.

Several months later Robin was having problems with the swing away joystick moving on her due to tone when she was operating the chair. She really did not need the swing away; it had just come with the chair so we changed it out for a fixed mount. Then, there was nothing but silence. This case to me would seem to be a great outcome. But was it really? If the American tax payer had provided the funding for this wheelchair through Medicare/Medicaid would it have been a wise investment?

I decided to use the Functioning Everyday with a Wheelchair (FEW) tool to document the outcome for Robin’s new wheelchair. Schmeler sent it to me last year and recently gave a webinar for NRRTS on its use. If you did not get a chance to attend the webinar you can find information on the tool at www.few.pitt.edu. I met with Robin a few weeks ago and completed an interview with the FEW questionnaires on both her old and new power wheelchairs. Unfortunately, the questionnaire I had did not have fields that I could populate via computer. Please use the FEW form on pages 32-33 to follow along with Robin’s answers and comments.

**OLD POWER CHAIR**

Group 2 mid wheel drive with captain’s seat, no seating functions.

1. The stability, durability and dependability features of my wheelchair/scooter contribute to my ability to carry out my daily routines as independently, safely and efficiently as possible: (e.g., tasks I want to do, need to do, am required to do - when and where)

   *Mostly disagree* - Robin never felt stable in the wheelchair as it had no postural support. The chair also had items that were constantly broken so she did not believe it to be durable or reliable.

2. The size, fit, postural support and functional features of my wheelchair/scooter match my comfort needs as I carry out my daily routines: (e.g., heat/moisture, sitting tolerance, pain, stability)

   *Completely disagree* - Robin actually started laughing when I asked her this question. When the giggles died down she stated that she had never been comfortable in the wheelchair and that she had pain on her low ischial.

3. The size, fit, postural support and functional features of my wheelchair/scooter match my health needs: (e.g., pressure sores, breathing, edema control, medical equipment)

   *Completely disagree* - The seating system on this chair was one size fits all without any postural support. When I did the initial evaluation at the 2009 International Seating Symposium,
she had a stage 2 pressure sore. I also learned during this interview that she had been hospitalized twice that year with long recoveries due to bouts of pneumonia.

4. The size, fit, postural support and functional features of my wheelchair/scooter allow me to operate it as independently, safely and efficiently as possible: (e.g., do what I want it to do, when and where I want to do it)

Mostly disagree - Without lateral trunk support for the right side Robin had to support her weight with her arm. This reduced her ability to use the joystick.

5. The size, fit, postural support and functional features of my wheelchair/scooter allow me to reach and carry out tasks at different surface heights as independently, safely and efficiently as possible: (e.g., table, counters, floors, shelves)

Completely disagree - This chair was much lower to the floor than any of her previous chairs and was not a match for her existing environments.

6. The size, fit, postural support and functional features of my wheelchair/scooter allow me to transfer from one surface to another surface as independently, safely and efficiently as possible: (e.g., bed, toilet, chair)

Completely disagree - Robin completes a stand pivot transfer with one person assist. The standard footplate on the old chair was always falling down and hitting the back of her legs and feet while she tried to transfer.

7. The size, fit, postural support and functional features of my wheelchair/scooter allow me to carry out personal care tasks as independently, safely, and efficiently as possible: (e.g., dressing, bowel/bladder care, eating, hygiene)

Mostly disagree - Robin performs communication, grooming and eating with the aid of a tray. The armrests on this chair never supported a tray well enough to be useful.

8. The size, fit, postural support and functional features of my wheelchair/scooter allow me to get around indoors as independently, safely and efficiently as possible: (e.g., home, work, mall, restaurants, ramps, obstacles)

Mostly disagree - Again the lack of postural support made it hard for her to maneuver this chair, even indoors.

> (Continued from page 23)
9. The size, fit, postural support and functional features of my wheelchair/scooter allow me to get around outdoors as independently, safely and efficiently as possible: (e.g., uneven surfaces, dirt, grass, gravel, ramps, obstacles)

   **Completely disagree** - This chair was never designed for outdoor use and did not perform well outdoors.

10. The size, fit, postural support and functional features of my wheelchair/scooter allow me to use personal or public transportation as independently, safely and efficiently as possible: (e.g., secure, stow, ride)

   **Mostly disagree** - The old chair did not have transport brackets so caregivers secured it the best they could.

**NEW WHEELCHAIR**

Group 3 mid-wheel drive with custom molded seating and power tilt function. *I think I need to share that this is the chair we would have written for had she made it to clinic.* She qualifies for this with her diagnosis, and I would have been able to get it covered though her funding.

1. The stability, durability and dependability features of my wheelchair/scooter contribute to my ability to carry out my daily routines as independently, safely and efficiently as possible: (e.g., tasks I want to do, need to do, am required to do - when and where)

   **Mostly agree** - Robin feels very stable in the new seating system. The chair has also been very durable and reliable as seen with the two quick and easy adjustments needed post delivery.

2. The size, fit, postural support and functional features of my wheelchair/scooter match my comfort needs as I carry out my daily routines: (e.g., heat/moisture, sitting tolerance, pain, stability)

   **Completely agree** - More giggles here because she claims the comfort level is a night and day difference. She likes the support of the seating system and uses the tilt functionally.

3. The size, fit, postural support and functional features of my wheelchair/scooter match my health needs: (e.g., pressure sores, breathing, edema control, medical equipment)

   **Completely agree** - Her skin is now clear, and she has not been sick at all in the last year.

> *(Continued on page 28)*
4. The size, fit, postural support and functional features of my wheelchair/scooter allow me to operate it as independently, safely and efficiently as possible: (e.g., do what I want it to do, when and where I want to do it)

**Mostly agree** - She can now use her right arm to operate the joystick without having to prop her body on it. She still has some tone issues but her arms come down into a relaxed position much quicker than in the other chair.

5. The size, fit, postural support and functional features of my wheelchair/scooter allow me to reach and carry out tasks at different surface heights as independently, safely and efficiently as possible: (e.g., table, counters, floors, shelves)

**Completely agree** - This chair’s seat to floor height matches her environments.

6. The size, fit, postural support and functional features of my wheelchair/scooter allow me to transfer from one surface to another surface as independently, safely and efficiently as possible: (e.g., bed, toilet, chair)

**Completely agree** - Robin now has swing away front riggings that allow access to the floor for her transfers.

7. The size, fit, postural support and functional features of my wheelchair/scooter allow me to carry out personal care tasks as independently, safely and efficiently as possible: (e.g., dressing, bowel/bladder care, eating, hygiene)

**Completely agree** - She now has armrests that support her custom tray. She relies on this for her personal care.

8. The size, fit, postural support and functional features of my wheelchair/scooter allow me to get around indoors as independently, safely and efficiently as possible: (e.g., home, work, mall, restaurants, ramps, obstacles)

**Mostly agree** - Robin is able to maneuver this chair much better indoors than the previous chair. It is a little larger, so she does have to adjust some due to the size.

9. The size, fit, postural support and functional features of my wheelchair/scooter allow me to get around outdoors as independently, safely and efficiently as possible: (e.g., uneven surfaces, dirt, grass, gravel, ramps, obstacles)

> (Continued on page 30)
I did not bother to do the scoring on the forms because the answers seemed obvious. I believe we have achieved a successful outcome for Robin, and I now have the documentation. “If it is not documented then it did not happen” is one of my least favorite quotes, however true it may be.

This was an interesting exercise, and I learned new information about Robin, including her hospital stays.

I am now considering doing a few more. After reading this, maybe some of you may be encouraged to do the same. Imagine if we all picked a few clients and did the interviews? There are over 700 NRRTS Registrants. You are a smart group so I am sure you can do the math.

Who, then, would be able to say that we have no proof of our theories when we have that kind of data?

CONTACT THE AUTHOR:
Michele may be reached at mgunn@brownings.net or 407-650-9585.