



Provision Manual

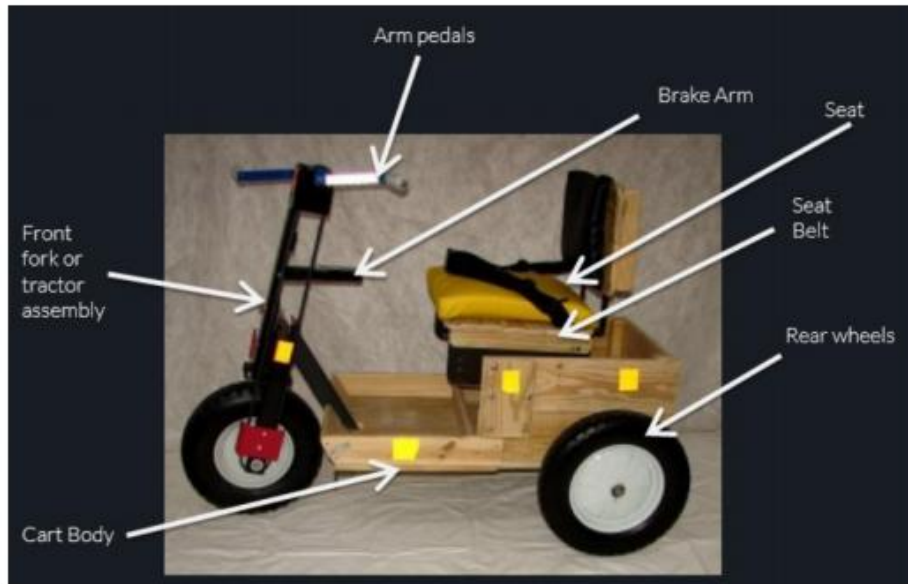


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This provision manual is a step by step process for the provision of a Mobility Cart.

Date of referral: _____

Name of User: _____

Date of Birth: _____

Contact number: _____

Caregiver/parent name: _____

Caregiver number: _____ **Home location:** _____

Alternative Name: _____

Alternative number: _____

Is the user employed?: Yes _____ NO _____

Will the Mobility Cart assist in making a living? If yes, how will it help:

Assessment date given: _____

If Mobility Cart is not appropriate (can be filled after assessment):

1) Preferred type of mobility device: _____

2) Referred organization: _____

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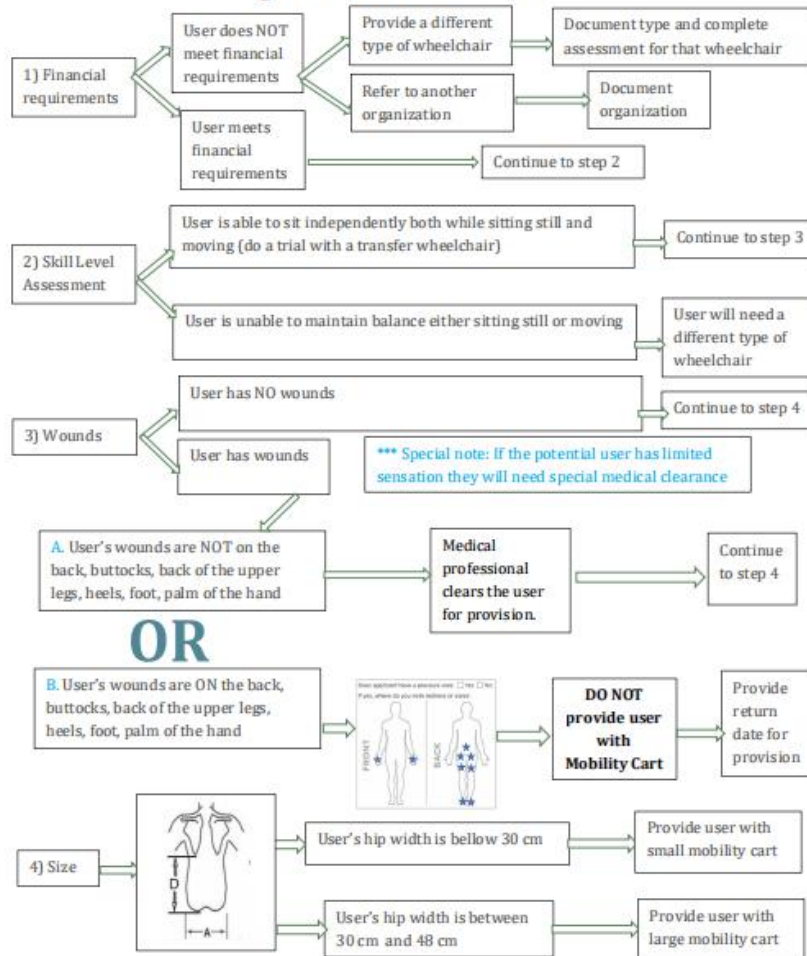
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Should I provide a Mobility Cart to this potential user?



Assessment (refer to decision tree as necessary)

1) Disability information and considerations:

A) Why does the user need a mobility cart? (ie: finances, mobility, business management):

B) Was the user referred by or with a medical note of necessity? (If yes, what was the stated reason?):

C) Has the user had a wheelchair/mobility cart before? (were there issues with it?):

D) Does the user have narrow doorways? (If so, where will they keep their mobility cart?):

E) Will the user regularly use public transportation? (If so, do they have an alternate form of mobility?):

2) Medical considerations:

A) Is the user able to hold their head up without support? Yes = continue, No = Mobility Cart is NOT appropriate

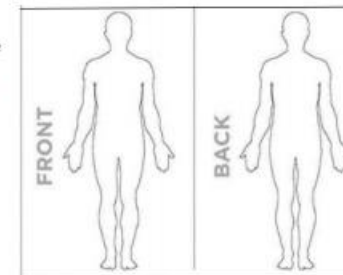
B) Is the user able to hold their body up without support? Yes = continue, No = Mobility Cart is NOT appropriate

C) Is the user able to use AT LEAST one arm without pain? Yes = continue, No = Mobility Cart is NOT appropriate

D) Does the user have bowel and bladder control? Yes = continue, No = you will need to review necessity of maintaining dry and clean skin (if you need to provide techniques please note them below, ie: use CIC, change diaper frequently, etc...):

E) Pressure sores:

1) Indicate location of the sore on the chart with a letter:



Wound Stages	Description
Stage 1	Reddened, painful area on the skin that does not turn white when pressed.
Stage 2	The skin blisters or forms an open sore.
Stage 3	The skin now develops an open, sunken hole called a crater.
Stage 4	The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints.

2) Write letter, indicate start date of the wound and level of the wound:

Assembly:

1) Remove items from box:



2) Assemble rear wheels:



2. Remove pin and washer from axel.



1. Place wheel on axel, follow with washer and then cotter pin (bend each side of the cotter pin as shown).

3) Assemble rear wheels:



2. Slide brake rod and T-pin up by lifting brake arm.



3. Align cart body neck with front fork assembly.



1. Slide both T-pin and brake rod thru guide hole and cart body neck.

4) Securing front fork assembly



2. Rotate T-pin so that it goes thru the "C bracket"



1. Lift T-pin so that it goes to the top of the "C bracket". Also, slide brake rod down until it stops.

5) Final Product

BEFORE fitting:

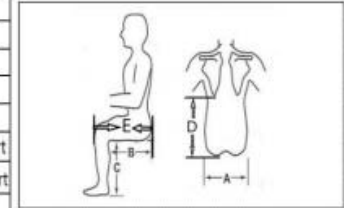


Safety checklist:

Check if complete and safe	Item
<input type="checkbox"/>	Nuts and bolts are tight
<input type="checkbox"/>	No sharp edges
<input type="checkbox"/>	Wheels are tight
<input type="checkbox"/>	Front fork assembly is tight (includes chain is tight)
<input type="checkbox"/>	Brakes are functional

Measurement and Fitting:

A: Hip width (in centimeters)	-
B: Seat Depth (in centimeters)	-
C: Calf Height (in centimeters)	-
D: Scapular Height (in centimeters) -	-
E: Total depth (in centimeters) -	-
Final Seat measurements:	
F: Mobility cart seat width for sizing = $A + 4 \text{ cm} =$	_____
IF 30 centimeters or below	= SMALL cart
IF between 30 centimeters and 48 centimeters	= LARGE cart
G: Mobility cart seat depth = $B - 2 \text{ cm} =$	_____
H: Seat Height of cart = C =	_____
I: Back rest height = $D - 2 \text{ cm} =$	_____
J: Pedal clearance = $E + 3 \text{ cm} =$	_____



Fitting to Mobility Cart:

Step 1) Set Seat back height: Measure where distance from seat cushion to TOP of back rest is measurement 'I' from above.



Step 3) Set Seat Height: Measure where distance from cart floor to TOP of cushion is measurement 'H' from above.



Step 2) Set Seat depth: Measure where distance from FRONT of the seat cushion to the back rest is measurement 'G' from above.



Step 4) Set Pedal Clearance: Measure where distance from closest arch of the pedals and backrest is measurement 'J' from above.



Fit Check and Safety Checklist:

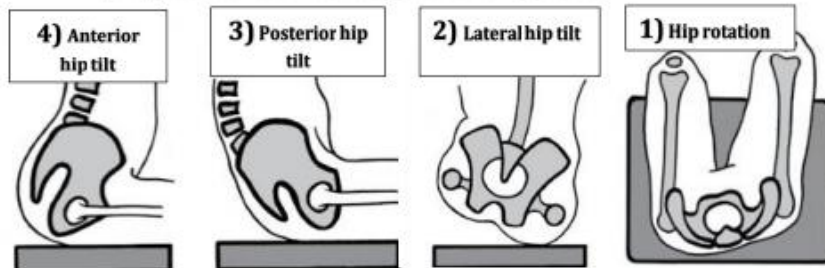
Step 1) Seat individual in the Mobility Cart and ensure that the following is accurate: (tick where criteria is met)

- A) Knees and Hips are at 90 degree angles
- B) Feet sit flat on the cart floor (only exception is for amputations)
- C) There is only 2 centimeters between the seat and back of the knees (one digit width)
- D) Shoulder blades clear the backrest
- E) Hands clear the users knees when arm pedals rotate



Step 2) The user must sit in the wheelchair AT LEAST 20 minutes after which the following needs to be ensured: (tick where criteria is met)

- A) All of the above checks from step one remain true
- B) There are no red spots or pressure points noted
- C) User does not slide down or have difficulty maintaining their position
- D) User does not demonstrate difficulty with breathing or extreme fatigue in maintaining position
- E) User does not demonstrate any of the below hip positions:



Step 3) Final safety checklist:


Safety Check completed (place tick mark)	Description
<input type="checkbox"/>	All nuts and bolts are tight
<input type="checkbox"/>	There are no sharp corners
<input type="checkbox"/>	User meets all fit requirements as listed above before
<input type="checkbox"/>	User passes all fit requirements after 20 minute test period

Training: (Tick where spaces are provided and user demonstrates the skill safely and appropriately)


- 1) Basics of a transfer
 - A) Set the brake
 - B) Move to the edge of the surface one is transferring from
 - C) Lift or slide body to surface transferring to
 - D) Lift legs and place them in an appropriate position
 - E) Return to original surface

Demonstrates transfer safely and appropriately from two different surfaces (ie: the floor to the Mobility Cart and a chair to a Mobility Cart)
- 2) Movement
 - A) Understands forward and reverse movement
 - B) Understands turning left and right (emphasize risk of knocking knees with arm pedals)
 - C) Understands how to use the brake (slowing self down and setting the brake)
 - D) Understands going up steep hills
 - E) Understands going down steep hills (emphasize the use of the brake while keeping arm BETWEEN the two arm pedals)
 - F) Understands how to go over curbs/small obstacles
- 3) Maintenance (every two months)
 - A) Understands how to check the chain tension and change it
 - B) Understands how and where to place oil/grease (all rotating portions of the cart)
- 4) Pressure relief and pressure checking
 - A) Understands that pressure relief techniques should be done EVERY 15 to 30 minutes


Side Leaning



Toe touching



Crossing legs



B) Understands the need to check for pressure sores every day
- 5) Follow up:
 - A) First follow up given, date and location given: _____



**** User should know that follow ups should be done at 6 weeks, 6 months, and then annually