

ADAPTIVE EQUIPMENT MAINTENANCE PROTOCOLS

Developed by

The D.C. Developmental Disabilities Administration
Adaptive Equipment Task Force



December 2012

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Introduction

The proper adaptive equipment is an important aid in maximizing the independence and productivity for people with a variety of developmental disabilities. Adaptive equipment decisions should be directed by the person with a disability and their support team, and outlined in the Individual Support Plan. Depending on the specific piece of adaptive equipment, a person with a disability can be assisted to communicate, move about the community, eat with enjoyment and safety, and be as independent as possible in meeting their daily hygiene needs.

Some equipment is fairly inexpensive, but many pieces of equipment are costly, and require approval for purchase and repair. Properly maintaining adaptive equipment is not only important for the cost savings, but is especially important because of the importance the equipment plays in the life of a person with a disability. Working wheelchairs mean that the person can get around their home, participate in favorite community activities, and keep their medical appointments. Dentures improve a person's appearance and make it possible to eat nutritious foods. Communication devices and hearing aids make it possible to communicate with the people around them and to express needs and desires.

This manual includes recommended maintenance protocols for eleven different types of adaptive equipment. It is the responsibility of each staff member who supports a person with a disability to be familiar with all of the adaptive equipment that the person uses to interact with their environment. Routine inspections, cleaning, maintenance, and reporting problems are part of the job responsibility of Direct Support Professionals, Qualified Developmental Disability Professionals, Program Coordinators, nurses and other therapists. Each staff member is also responsible for following up on problems related to adaptive equipment until the problem has been resolved. Whenever possible, the person who uses the device should be taught how to inspect the adaptive equipment they use for wear, clean it and report problems.

Proper and regular maintenance will ensure that the equipment is available for use, and will extend the life of the equipment. In general, the instructions for use that come with the equipment should be followed and filed for future reference. The Providers are required to complete the monthly adaptive equipment checklist by the 5th on the month for a person that has adaptive equipment needs identified in his/her ISP. If any problems are identified, the Provider is responsible for documenting the adaptive equipment need on the adaptive equipment tracking form in MCIS within 24 hours of identifying the need. Representatives from DDS/DDA will receive an email notification that an adaptive equipment need has been entered.

This manual outlines the purpose and use of various pieces of adaptive equipment that are commonly used. It includes simple-to-follow instructions for staff. Each agency should include clear responsibilities for the inspection, cleaning and maintenance of adaptive equipment within position descriptions. In addition, one person within each agency should be responsible for tracking the ordering, maintenance and cleaning of equipment.

If a piece of equipment is no longer needed, DC Shares should be contacted about donating the piece of equipment to their loaner closet. Likewise, they should be consulted if a loaner piece of equipment is needed.

DC Shares

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Washington, DC 20009**

(202) 332-2595 phone (202) 332-2597 fax (202) 332-2596 tty

<http://www.dc-shares.org/>

1 ANKLE FOOT ORTHOSES (AFO)

Typically used to

An AFO is a brace that surrounds the ankle and at least part of the foot. AFO's treat physical problems of the lower limb and is intended to control the position and motion of the ankle, compensate for weakness, or correct deformities. AFO's control the ankle directly and can be designed to control the knee joint indirectly as well. AFO's are commonly used to treat foot drop due to Stroke, MS (Multiple Sclerosis), CP (Cerebral Palsy), Nerve Damage, Spinal Cord Injuries, Traumatic Brain Injuries, and General Weakness. AFO's can also be used for positional support for people with Excessive Muscle Tone, Paralysis, or Congenital Deformity, and to immobilize the foot/ankle in cases of Charcot Feet, Fracture, Arthritis, or Wound Management

Conventional AFO

Conventional AFO's are comprised of a metal frame with leather straps, attached to a shoe. This AFO is used for patients with foot drop, arthritic ankles, diabetic wounds, neuropathy, and general weakness or instability. This design is usually prescribed when skin integrity or lack of sensation is of concern.



Plastic Solid Ankle AFO

Braces made of molded plastic offer a different dimension of support than the conventional, metal and leather style. A plastic brace that is molded to a model of a person's limb allows even skin contact which decreases the occurrence of pressure points by spreading the corrective force over a larger surface area. Solid ankle AFO's are used to maximize the support of the leg in instances of ankle and knee weakness, spasticity, and for positional support. Different versions of the Solid Ankle AFO are also used to immobilize the foot and ankle to manage wounds, heal fractures, and to decrease pain from arthritis.



Plastic Articulating AFO

Plastic Articulating AFO's incorporate an ankle joint to allow as much ankle motion as possible while blocking unwanted movement.



Molded Ankle Gauntlet (Arizona Style AFO)

Commonly referred to as Arizona AFO's, Molded Ankle Gauntlets are plastic solid ankle AFO's sandwiched between two layers of leather. The inside of the AFO is lined with soft leather and is padded to cushion bony areas. The leather that covers the AFO is stiffer, more durable dress leather. This design is often used when greater immobilization is needed. The Arizona Style AFO is a good treatment option for arthritic ankle pain and for Posterior Tibial Tendon Dysfunction.



Prefabricated Carbon Fiber AFO

Carbon Fiber AFO's are extremely lightweight and durable. This style of AFO is best used for isolated foot drop.



You will generally find instructions for use in the attached instruction manual that comes with the AFO and/or the physical therapist/doctor will provide the instructions for use and wearing schedule.

Keeping the equipment clean

Use a mild soap and a soft damp cloth to clean the entire surface of the AFO. Then allow the AFO to air dry. Clean the AFO as needed or at least once a week.

Keeping the equipment in working order

Ensure that all straps are attached securely to the AFO and that they work appropriately and ensure that there are no cracks, bends or problems with the body of the AFO.

Responsibility for cleaning

Whenever possible, the person using the AFO should be taught how and supported to clean the AFO. If this is not possible, the direct support professional should clean the AFO whenever necessary and at least once a week. Likewise, the AFO should be inspected at least once a week to ensure that straps are securely attached and in good working order and ensure that there are no cracks, bends, or problems with the body of the AFO.

Storage

The AFO should be stored along with the person's shoes in their closet.

Responsibility for reporting a problem

Whenever possible, the person using the AFO should be taught how to report problems with their adaptive equipment. If the user of the AFO needs assistance with communication, it is the responsibility of the Direct Support Professional (DSP) or any other staff member who observes a problem to report that problem. No matter who reports the issue, the type of problem should be clearly noted in the progress notes section of the medical record or noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

Reference: <http://www.orthomedics.us/Pages/ankle.aspx>

2 CANES

Most canes are made of metal, wood, or plastic.

Standard cane This type of cane is usually made of wood or metal. The cane may be 34 to 42 inches (86 to 107 cm) long and may have a rounded crook handle. This cane is easy to use and is usually not very expensive. A cane that has a wooden or plastic handle is better than a handle made of metal. A metal handle may slip from the user's hand if the hand sweats. In cold weather the metal handle may get too cold for the user to touch.



Straight-handled cane This cane may also be called a "T-handle cane" and is usually made of wood, plastic, or metal. This type of cane may be needed if the user's hand is weak. Using a T-handle cane may help the user be steadier when walking. It is important that the height of the cane is correct for the user.



Small or large base quad cane (Quad Cane): This is a lightweight metal cane with 3 or 4 short legs. These legs give a lot of support. The legs also allow the cane to stand-up when not in use. This type of cane may be needed if it is hard for the user to keep their balance.



Canes are typically used to give support and balance during walking or when performing transfers.

You will generally find instructions for use in the attached instruction manual that comes with the cane.

Keeping the equipment clean: Use a mild soap and a soft damp cloth to clean the entire surface of the cane as needed and at least once a week.

Keeping the equipment in working order: Ensure that all caps are firmly attached to the bottom of the cane and that there are no cracks on the cane.

Responsibility for cleaning and inspecting:

Whenever possible, the person using the cane should be taught how and supported to clean the cane. If this is not possible, the direct support professional should clean the cane whenever necessary and at least once a week. Likewise, the cane should be inspected at least once a week to note any cracks, bends or problems with the rubber fittings.

Storage:

Canes should be stored in an upright position next to the person's bed if they need to use it in the middle of the night. If an individual does not need the cane in the middle of the night the cane should be stored in the closet. A cane should never be stored lying on the floor as this could cause someone to fall and injure themselves.

Responsibility for reporting a problem:

Whenever possible, the person using the cane should be taught how to report problems with their adaptive equipment. If the user of the cane needs assistance with communication, it is the responsibility of the Direct Support Professional (DSP) or any other staff member who observes a problem to report that problem. No matter who reports the issue, the type of problem should be clearly noted in the progress notes section of the medical record or noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

3 COMMUNICATION DEVICES

Voice Output/Speech Generating Devices are typically used for communication/ language expression.

You will generally find instructions for use in the user manual.

Keeping the equipment in working order:

Refer to the user manual. Make note of the date of purchase. This is important for warranty purposes. Be sure to turn the device off when not in use. This could greatly increase the life of the device and lessen the number of batteries needed. Keep the battery fully charged, and keep spare batteries on hand. Replace dead batteries right away; this keeps the device functioning well.

Keeping the equipment clean:

Generally these devices are best cleaned using a microfiber cloth for the display screen or keyboard. Do not use any solvents, especially on the display. Keep hairspray, heat, and moisture away from the device. These substances can damage it.

Responsibility for cleaning: Whenever possible, the person using the communication device should be taught how and supported to clean it. If this is not possible, the direct support professional should clean the device whenever necessary and at least once a week. Follow any instructions for cleaning as directed by the manufacturer.



Storage: It is important to keep communication devices with the person using them at all time. However, depending on the individual, it may be appropriate to use a carrying case when travelling. Use the case that came with the device, or one recommended by the device manufacturer.

Responsibility for reporting a problem: Whenever possible, the person using the communication device should be taught how to report problems with their adaptive equipment. If the user needs assistance with communication, it is the responsibility of the Direct Support Professional or any other staff member who observes a problem to report that problem. No matter who reports the issue, the type of problem should be clearly noted in the progress notes section of the medical record or noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

4 DENTURES

Dentures (or false teeth) are prosthetic devices constructed to replace missing teeth. They are supported by surrounding soft and hard tissues of the oral cavity.



Dentures are typically used for

1. Chewing;
2. Providing a natural facial appearance and support for the lips and cheeks;
3. Articulating and pronouncing words; and
4. Improving self-esteem.

You will generally find instructions for use...

The dentist will tell the denture-wearer how to care for the dentures and the necessary equipment needed (for example: denture cleaning solution, toothbrush, denture adhesive, etc.). The dentist will also check to see if the dentures fit properly and if any adjustments are needed.

If the person needs support to maintain his or her oral hygiene, the Direct Support Professional is responsible for getting the information from the dentist and helping the person to apply it in the home. This information should be placed in the oral health/dental section of the medical record.

Keeping the equipment in working order

- ◆ The dentist can tell the person, Direct Support Professional or caregiver how to properly care for and maintain the dentures.
- ◆ Rinse the dentures well after using any denture cleanser.
- ◆ Look for denture cleansers with the American Dental Association (ADA) Seal of Acceptance, a symbol of safety and effectiveness.
- ◆ Keep dentures away from curious children and pets when it is not being worn.
- ◆ Keep dentures in water when it is not being worn. Do not let them dry out or they will lose their shape.



Keeping the equipment clean

The gums, tongue and palate must be brushed every morning with a soft-bristled brush before the dentures are put in the mouth. This increases circulation in the mouth and helps remove plaque.

Clean dentures daily. Take it out of the mouth and gently rinse it well. Be sure to rinse off all loose food particles. Just like teeth, dentures can have plaque on them; they must be brushed daily to remove any plaque buildup. To brush the dentures, wet a soft bristled toothbrush or a special toothbrush used for cleaning dentures and put denture cleaner on it. Gently brush all surfaces. Do not use a hard bristled toothbrush. It will damage the dentures.



A liquid soap can be very effective when used with a denture brush; however, toothpaste should not be used to clean dentures. Some toothpaste varieties have abrasive particles that can damage the denture base and teeth.

Dentures are very delicate and can break if dropped even a few inches on a hard surface. Stand over a folded towel or sink filled with cool water when handling dentures.

Responsibility for cleaning

If a person is able to complete his or her own oral hygiene, with or without support, he or she is responsible for properly cleaning and maintaining the dentures. If necessary, the Direct Support Professional can periodically check the dentures for cleanliness. If a person needs assistance with oral hygiene, it is the responsibility of the Direct Support Professional to properly clean and maintain the dentures.

Storage

- ◆ Dentures should be kept in water when not in use. If dentures dry out, they can lose their shape.
- ◆ Dentures should be removed daily to allow the gums and tissues in the mouth time to “relax”. Dentures are normally taken out at bedtime. This is an excellent time to soak the dentures in water or in a denture cleaning solution.



Responsibility for reporting a problem

If a person is able to complete and maintain his or her oral hygiene, he or she should be supported to report any problems with eating, speech, pain, or the denture itself. If a person needs assistance, it is the responsibility of the Direct Support Professional or any staff who notices a problem to report it. No matter who reports the issue, the type of problem should be clearly noted in the progress notes section of the medical record or noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

5 EYEGLASSES

Typically used to correct vision



Keeping the equipment in working order

1. Never place eyeglasses with the lenses down.
2. Use a mini-screwdriver to keep the screws tight.
3. Keep them in a case when not in use.
4. Avoid leaving plastic sunglasses on the car dashboard or any exposed area in hot weather as they may distort.
5. Clean the lenses with a lint-free cloth; micro fiber cloths are ideal and available from an optician or drug store.
6. Never use paper towels, facial tissue, hand/face towels or the customary hem of a shirt to clean lenses, as the abrasive fibers can potentially scratch the lenses.
7. Always use a specially formulated lens cleaner to clean lenses because many coated lenses will smear with unsuitable cleaning solutions. Never clean dry lenses since small dirt particles could cause scratches or smudges, even when using a soft lens cloth.
8. Should the fit become loose - return them to the optician who will be able to make simple adjustments to make them fit properly again.
9. Always use both hands when removing your frames. This prevents snagging and reduces the chance of breaking a side temple.
10. Wearing your sunglasses on the top of your head may look chic, but it stretches them and they won't fit as a result.
11. Visit the optician once a year for an annual check-up.

Keeping the equipment clean

Regardless of finish, eyeglass lenses can and will become dirty with daily wear. This is especially true in regard to reading glasses, as one puts them on and takes them off frequently.



1. Wash your hands with warm water and mild hand soap to avoid transferring dirt and other grime to eyeglasses while cleaning them.

2. Rinse eyeglasses with tap water

If a pair of eyeglasses is really dirty from working out in the yard or doing some cleaning and they're covered in dirt or dust, it's best to rinse them off with water before cleaning.

3. Use the right cleaner

Most of the time cleaning eyeglasses rids them of oils from skin or hair that get transferred to the lenses from fingerprints. A special liquid cleaner specifically made for eyeglasses will help get the smudges off the lens or a formula can be made by mixing one part rubbing alcohol and one part water. However, the container for this mixture must be clearly labeled.

4. Use the right cloth

It is also important to use the right type of cloth to clean eyeglasses. Some textiles, like a tissue, wool, or certain synthetic fabrics can scratch the lenses or leave behind unwanted fibers. A microfiber cloth or a lint-free towel works nicely to remove oily smudges because of the soft material and tight weave of the fabric.

5. Hold the glasses correctly.

When you are getting ready to clean eyeglasses they should be held by the temple, near the front of the frames to get a good grip without touching the lenses.

6. Spray the front and back of the lenses.

7. Gently wipe from one side to the other using a circular motion.

Use a gentle circular motion and wipe from one side to the other. Don't just wipe across the lens or scrub back and forth. Note that cleaner removes body oil not only from the lenses, but the nose pads, hinges and screws. Don't neglect these areas when cleaning, as body oil can loosen them and cause breakage.

8. Clean the nose pads, hinges and frame arms with the lens cloth, using more spray if necessary.

Responsibility for cleaning

Whenever possible, the person wearing the eyeglasses should be taught how to properly care for them. When that is not possible, the Direct Support Professional who supports the person is responsible for checking the eyeglasses at least twice a day.

Storage

When not in use, keep eyeglasses in a case to prevent dust and dirt from building up on the lenses.

Responsibility for reporting a problem

Any staff member working with an individual is responsible for observing eyeglasses for signs of wear or signs that a new prescription may be needed. If a person needs assistance, it is the responsibility of the Direct Support Professional or any staff who notices a problem to report it. No matter who reports the issue, the type of problem should be clearly noted in the progress notes section of the medical record or noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

References:

http://www.ifixglasses.com/looking_after_your_glasses.htm/Downloaded 10-16-12

<http://www.readingglassesshopper.com/resources/about-eyeglasses/glasses-maintenance/cleaning-reading-glasses>/Downloaded 10-16-12

<http://www.livestrong.com/article/207143-how-to-clean-eyeglasses-with-a-scratch-coat-lens/> Downloaded 10-16-12

6 HEARING AIDS

Typically used for: Hearing

You will generally find instructions for use in the user manual.

Keeping the equipment in working order: Always refer to the user manual.

Maintaining a hearing aid through daily cleaning and regular service is extremely important. Proper care helps retain optimum hearing conditions, extends the life of the hearing aid, and ensures proper hygiene.

- ◆ Handle the hearing aid with care.
- ◆ Change hearing aid batteries often so they don't suddenly run out of power.
- ◆ Switch off the hearing aid when not in use. If the hearing aid is not used for a long period of time, remove the battery.
- ◆ Change filters often so they don't collect wax or dirt.
- ◆ Don't wear hearing aids in the shower, swimming, when using a hair dryer, hair spray or other types of spray

Keeping the equipment clean:

Clean the hearing aid every day, preferably at night.

Obtain a hearing aid desiccant or dry aid kit from the audiologist. It has silica crystals that will absorb moisture. It is best to use this method each night after removing the hearing aid from the ear(s).

Remove the battery, keep the battery door open and place the hearing aid on top of the foam inside of the desiccant. Close the lid and leave it there overnight. The following morning, remove the hearing aid from the desiccant, and wipe the surface of the hearing aid with a tissue. That will remove any wax that has adhered to the surface of the hearing aid.

Next, clear any wax from the speaker and the vent of the hearing aid. Use the tool that came with the hearing aid which will—generally include a brush and what is called a wax loop. Inspect the speaker, and only clearing any wax that is easily visible, flick the wax using the wax loop or the brush. Do not insert the loop too far, as this will damage the speaker. Hold the hearing aids--speaker is facing down, and just brush the surface of the hearing aid.

Battery contacts should be cleaned regularly. Use a cotton swab, taking care not to bend the contacts. Dirty battery contacts can cause improper device function.

Note: Make sure the earmold and tubing are completely dry before attaching to the hearing aid.

See video on how to clean a hearing aid:

http://www.ehow.com/video_4399814_how-clean-hearing-aid.html

Responsibility for cleaning: Whenever possible, the person using the hearing aid should be taught how and supported to clean it. If this is not possible, the Direct support Professional should clean the hearing aid daily.

Storage: Store the hearing aid in a safe place that's dry and cool.

Responsibility for reporting a problem: Any staff member working with a person is responsible for observing hearing aids for signs of wear or signs that the hearing aid is not functioning properly. If a person can, he or she should be supported to report any problems with the hearing aid. If a person needs assistance, it is the responsibility of the Direct Support Professional or any staff who notices a problem to report it. No matter who reports the issue, the type of problem should be clearly noted in the progress notes section of the medical record or noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

7 HOSPITAL BEDS

Typically used for

Hospital beds are used for people who need special settings/conditions to be optimally positioned in bed. Common features include adjustable height for the entire bed, the head and the feet, adjustable side rails, and electronic buttons to operate both the bed and other nearby electronic devices.

You will generally find instructions for use in the hospital bed manual.

Keeping the equipment in working order

1. Connect the bed's power cord directly into a wall-mounted outlet. Make sure that the wall-mounted outlet will accommodate a heavy duty or hospital-grade plug and that the outlet is in good working order. Do not connect the bed's power cord to an extension cord or to a multiple outlet strip.
2. Do not cover the bed's power cord with a rug or a carpet. Rugs or carpets can prevent normal air flow, which can lead to greater heat build-up. Covered power cords also are more prone to being walked on or having furniture placed directly on them.
3. Chassis/Housing: Examine the exterior of the unit for cleanliness and general physical condition. Be sure that plastic housings are intact, that all hardware is present and tight, and that there are no signs of spilled liquids or serious problems.
4. Casters/Brakes: If the device moves on casters, check their condition. Look for accumulations of lint and thread around the casters, and be sure that they turn and swivel, as appropriate. Check the operation of brakes and swivel locks, if the unit is so equipped.

5. AC Plug/Receptacles: Examine the AC power plug for damage. Attempt to wiggle the blades to check that they are secure. Shake the plug and listen for rattles that could indicate loose screws. If any damage is suspected, open the plug and inspect it.

6. Line Cord: Inspect the cord for signs of damage. If damaged, report to the vendor.

7. Strain Reliefs: Examine the strain reliefs at both ends of the line cord. Be sure that they hold the cord securely. If the line cord is detachable, it is recommended that the cord be affixed to the unit so that it cannot be removed by the operator.

8. Cables: Inspect the cables of sensors, electrodes, remote control and their strain reliefs and general conditions. Carefully examine cables to detect breaks in the insulation and to ensure that they are gripped securely in the connectors at each end to prevent rotation or other strain.

9. Fittings / Connectors: Examine all fittings and electrical cable connectors for general condition. Electrical contact pins or surfaces should be straight and clean. Fittings should be tight and should not leak. If keyed connectors are used, make sure that the keying is correct.

Keeping the equipment clean

Use a damp cloth with mild soap to clean the mattress, frame, and wiring (unplug bed when cleaning wiring).

7.1 Mattresses

Typically used for

A hospital mattress plays a critical role in providing the person with the appropriate comfort and support. The wrong mattress could cause discomfort, sleeplessness, unrest, and even injury. Therefore, it's very important to consider all the details, features, and options that different mattresses offer.

Types of mattresses

There are 4 types of mattresses typically used with hospital beds. They are: (1) innerspring mattresses (2) foam mattresses (3) pressure reducing foam mattresses and (4) air mattresses that can either be (a) alternating pressure, (b) low air loss or (c) alternating air pressure.

Innerspring Mattress - This is a standard mattress that does not have any built-in components to prevent pressure ulcers. It's vinyl cover is usually anti-bacterial, anti-static, acid-resistant, and waterproof.



Foam Mattress – This type of mattress is generally more comfortable when compared to a standard inner-spring type hospital bed mattress. The person will not sink down into foam, but experience a smooth consistent surface without feeling bed springs like the inner-spring types. It is designed to aid in the prevention and treatment of pressure ulcers.



Pressure Reducing Foam Mattress –

These mattresses have diversified levels of foam with the top layer typically made of die-cut high density foam in the head and torso area, and special high resilient foam in heel area, providing a comfortable pressure reducing environment



Alternating Pressure Mattress - Alternates inflation and deflation of cells to constantly change pressure points and promote circulation. It redistributes the users' weight and relieves pressure. Ideal for situations where maceration and heat build-up are an issue, the mattress is designed to resist moisture and is suitable for the prevention and treatment of all stages of pressure ulcers.



Low Air Loss Mattress - Floats the person on air-filled cells while circulating air across the skin to reduce moisture and help maintain a constant skin interface pressure "True Air Loss" utilizes 100-150 liters of air per minute to maintain normal skin temperature and moisture levels, yet will not dry out therapeutic dressings.



You will generally find instructions for use in the owner's manual.

Keeping the equipment in working order

- ◆ Use a protective pad. A good quality, waterproof pad is a must to keep the mattress fresh, dry and free from stains.
- ◆ Allow the mattress to breathe. If a slight "new product" odor is detected, leave the mattress and box spring uncovered and well ventilated. This new product odor will dissipate with time and fresh air.
- ◆ DON'T bend, fold, drag or drop. Unless a mattress or box spring is made entirely of soft material (like foam or cotton), or is specially built for folding, it probably has a border wire inside that is not meant to be bent. Therefore, don't bend the mattress or the corners when applying fitted sheets, going through doors, etc.
- ◆ DON'T jump or walk on. Jumping or walking on a mattress or box spring can damage the interior construction and possibly cause injury.
- ◆ Before flipping and rotating a mattress, check the user manual to determine if this is recommended.

Note: Most mattresses have a weight limit. Bariatric versions are available generally for people weighing more than 300 pounds. Check with the vendor before purchase or rental, as each mattress has different weight limits.

Keeping the equipment clean

Methods for cleaning the mattress and mattress covers depend on the construction and materials used. Check with the manufacturer's manual for recommended cleaning methods, as this will affect the performance and warranty of the mattress.

Responsibility for cleaning and maintenance

Direct Support Professionals or other staff designated by an agency supervisor.

Responsibility for reporting a problem

The staff member who notices a problem should report it to their supervisor. The supervisor should then contact the vendor in order for repairs to be made. No matter who reports the issue, the type of problem should be clearly noted in the progress notes section of the medical record or noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

8 MEALTIME UTENSILS

Adaptive Plates, Utensils and Cups

Typically used to help people with impaired upper extremity strength or neurological impairments, to (1) promote independent eating for as long as possible; (2) assure maximum comfort and dignity during meals; and (3) maximize food intake for people who have difficulty eating independently.



You will generally find instructions for use in the occupational therapy or speech therapy evaluation.

Note: It is often recommended to order two of each piece of adaptive mealtime equipment when financially feasible to avoid the person being without their equipment while waiting for replacements.



Keeping the equipment in working order

The equipment should be properly cleaned, dried and stored in a cool dry place. If a crack is noticed in the equipment, it should be replaced. Replacement rubber handles used on the built up utensils can be purchased at a medical supply store or on the Internet.

Keeping the equipment clean

Plates, cups and utensils can be cleaned using warm, sudsy water and an appropriate dish detergent. Equipment can also be sanitized in a dishwasher and should be cleaned after each use.

Responsibility for cleaning

Whenever possible, the person who uses the equipment should be responsible for cleaning it, with or without support. If the person needs help, a caregiver, family member, Direct Support Professional is responsible for sanitizing the equipment.

Storage

The equipment should be safely stored in a cool, dry place.

Responsibility for reporting a problem

Any staff member is responsible for observing mealtime equipment for signs of wear. When a problem is noted, it should be documented in the progress notes and noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

9 SHOWER CHAIRS

Typically used for

A shower chair is a piece of adaptive equipment that allows people with limited mobility or impaired balance to bathe more safely in a walk-in shower or a bathtub. The person can sit down and shower, which is optimal for people with poor balance, generalized weakness, poor endurance or various other medical diagnoses that affect endurance. The shower chair provides additional support and increased safety for people for whom without the shower chair may avoid showering in the bathtub; this impacts a person's self-care independence.

Instructions for use are generally found in the instructional manual that comes with the chair. The manual will offer a detailed explanation of the proper use of a shower chair. A licensed clinician (occupational or physical therapist) will recommend the shower chair based on the person's functional status. A formal training session should be completed by the caregiver or staff members who will be assisting the person to use the shower chair.



Keeping the equipment in working order

The shower chair is easily maintained if properly cleaned and dried to prevent mold and mildew. Check monthly for signs of cracks or bending. The rubber stoppers often found on the legs to prevent the chair from shifting or moving may need replacement. Refer to the owner's manual for information on replacement parts. Parts may also be available at local medical supply stores as well as medical supply companies via the internet.

If the shower chair becomes unstable or if the parts shifts when someone sits on the chair, the screws and bolts may need to be tightened.

The shower chair is only to be used during bathing. If the shower chair is equipped with wheels, it should not be used to transport the individual from room to room. The shower chair is not designed as a mobile unit.

Keeping the equipment clean

Shower chairs can be easily cleaned. Most shower chairs are constructed from a durable plastic, which are intended to withstand water, heat and moisture. For daily use, the shower chair should be completely dried using a towel or shami cloth after each use, being careful to dry underneath the chair.

If the chair is used by only one person, it is safe to thoroughly clean the chair twice monthly, using a cleanser that will prevent mold and mildew; a tile cleaner is the recommended type of cleanser. A solution of ammonia and water will also work (1/3 ammonia to 2/3's warm water). All solutions should be properly labeled and safely stored. Use a scrub brush to get between small spaces and hard to reach areas. Always thoroughly rinse the chair with warm water after cleaning to avoid skin irritation and completely dry the chair to prevent mold, bacteria and fungus.

If the chair is shared by more than one person, the chair **must be cleaned after each use.**

Responsibility for cleaning

The Direct Support Professional who provides supports is responsible for cleaning. The agency may assign a single person for monthly cleaning and maintenance, but the general rule is - if you see cleaning is required, clean it, following the procedure outlined above.

Storage

The shower chair can stay in the shower if properly dried after each use.

Responsibility for reporting a problem

Whenever possible, the person who uses the shower chair should be taught to report any problems. When a problem is noted, it should be documented in the progress notes and noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

10.1 ROLLATOR WALKERS: Walker with Wheels and a Seat

Typically used for

Rolling walkers are used to provide enhanced mobility and stability for people with difficulty walking, impaired balance and poor endurance. The use of an ambulatory aid helps the person to maintain functional independence and safety when performing mobility tasks.



When choosing a walker it is important to consider the person's height and weight as well as their mobility and cognitive status. A walker is an ambulatory aid and should only be used when recommended by a licensed clinician, to promote improved balance and safety when performing mobility tasks. A rolling walker allows the person to push the walker as they ambulate, as opposed to a standard walker which would require one to lift the walker with each step. The rolling walker is ideal for someone with poor endurance or generalized weakness.

You will generally find instructions for use in a physical therapy consultation report. A physical therapist will recommend a walker for a person based upon the therapist's assessment of their mobility, strength, weight bearing status, endurance, lifestyle and safety. When recommending a walker the therapist must consider the person's height and weight, in order to prescribe the correct size walker.

Keeping the equipment in working order:

The rolling walker should be examined monthly for wear-and-tear or damage. Replace and tighten any missing or loose screws or bolts. The rubber tips should be clean and even; if they become soiled or worn down, replace the rubber pieces with new ones of the appropriate size. A lubricant can be used on wheels that no longer roll smoothly; but if this doesn't improve performance or the wheels have sustained other damage, they should be replaced.

Keeping the equipment clean

It is recommended to wipe down the walker with an antibacterial cleanser, or Lysol or Clorox wipes. Once the walker has been cleaned, allow the walker to completely dry. If the walker gets wet, be sure to dry it off completely with a towel to reduce the incidence of rusting. The walker should be thoroughly cleaned weekly and more often if the walker is soiled.

Responsibility for cleaning:

Cleaning should be done by someone who can safely bend and lift the walker to ensure a thorough cleaning. A caregiver, the person who uses the walker or a direct care professional would all be appropriate persons assigned to clean the walker.

Storage

Walkers can be folded and stored in a closet or up against a wall; they are light-weight and can be easily stored in a car or van. It is important that the walker be within reach and sight and easily accessed by the person who uses the device, to reduce the incidence of attempts to ambulate without the device.

Responsibility for reporting a problem:

Whenever possible, the person who uses the walker should be taught to report any problems. When a problem is noted, it should be documented in the progress notes and noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified and (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

10.2 STANDARD WALKERS

Typically used for

A standard walker is an ambulatory aid for people with impaired balance, mobility, pain, weakness and decreased safety. The standard walker can provide increased stability to someone who has difficulty walking.



You will generally find instructions for use

consultation report. A physical therapist will recommend a walker for a person based upon the therapist's assessment of their mobility, strength, weight bearing status, endurance, lifestyle and safety.

When recommending a walker the therapist must consider the person's height and weight, in order to prescribe the correct size walker. A standard walker is recommended when a person's upper body strength is adequate enough to handle lifting the walker as they walk. The physical therapist will also train the person and family member or caregiver on the proper sequence required for safe ambulation. Proper sequence is based on each person's gait pattern, weight bearing status and upper and lower body strength.

Keeping the equipment in working order

- ◆ To allow the walker to move across varying surfaces with ease, tennis balls can be placed on the bottom of the legs.
- ◆ Ensure that the rubber tips on the bottom of the walker are in good condition; if not replace them.
- ◆ Avoid overloading the walker with bags, as this could cause the walker to tip.
- ◆ When opening the walker, make sure that it's properly locked in place
- ◆ Refer to the user's manual that came with the walker for any additional measures.

Keeping the equipment clean

The walker can be wiped down using an antibacterial cleanser; Lysol or Clorox wipes also work well. It is important to completely dry the walker using a towel. If the walker gets wet, be sure to completely dry all parts to prevent rusting. The walker should be wiped down weekly or more often if the walker is soiled.

Responsibility for cleaning

Cleaning should be done by someone who can safely bend and lift the walker to ensure a thorough cleaning. A caregiver, the person who uses the walker or a Direct Support Professional would all be appropriate people assigned to clean the walker. Cleaning should be done at least weekly, and additionally when soil is noted.

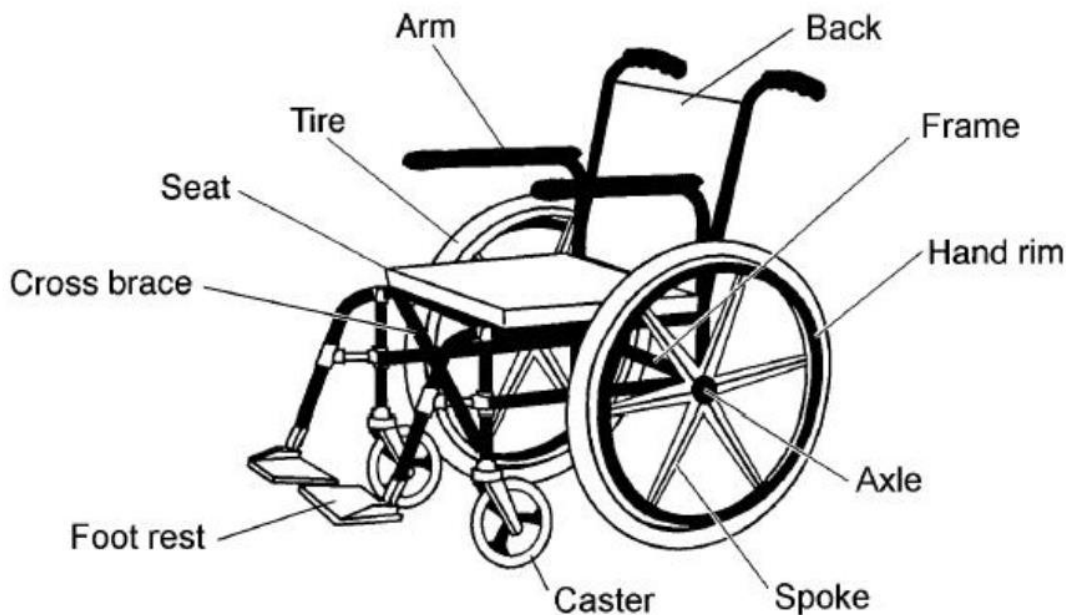
Storage

A standard walker should be folded and placed in a dry place, within reach of the person who uses the walker.

Responsibility for reporting a problem

The person using the walker should be supported to report any problems with his or her equipment. Any staff member working with a person is also responsible for reporting any identified problems. When a problem is noted, it should be documented in the progress notes and noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

11 WHEELCHAIRS



Typically Used For

Wheelchairs allow people to be mobile and active and to sit up and engage in activities including meals. Proper position also helps to maintain skin integrity.

You will generally find instructions for use in the physical therapy evaluation. Make sure you are referencing the most current assessment.

Keeping the wheelchair in working order

If a wheelchair breaks down, it can be an inconvenience, a hardship, and may even put someone in danger. The life of a chair will be maximized by taking care of problems before the chair is put out of commission, and having a handy list of providers that can be relied on for repairs, parts and maintenance.

Whenever possible, the person who uses the wheelchair should be in charge of this process, with or without support. If not, the Direct Support Professional (DSP) plays an essential role. The user of the chair and those people who provide everyday supports will usually be the first people to notice when the chair is not functioning properly.

A routine should be established that can be followed by the person, support staff, family members or other caregivers to monitor the chair for problems. The routine should include basic daily and weekly cleaning and upkeep. To keep equipment running smoothly minor problems need to be taken care of as well as having the vendor take care of major repairs.

Know the equipment and be organized

The process of maintaining a wheelchair begins on the day that the new chair is delivered. Read the warranty and talk with the vendor about maintaining the wheelchair. Problems will be efficiently handled if you have the following information and tools available and close at hand:

- ◆ Owner's Manual: This book contains valuable information about the wheelchair. It describes how to care for the equipment, items that are covered under warranty and the tools that are needed for simple maintenance. Keep the owner's manual in an established place in the home and refer to it often for guidance.

- ◆ Set of Tools: Assemble and store a set of tools that will be needed on hand for maintenance and emergencies. The following items can be attached to the chair in a pouch or box: Phillips and flat head screw driver, Allen wrench set, crescent wrench, spoke wrench, and a tire repair kit.

- ◆ Information & Phone Numbers: Prepare a card or notepad that lists important information and phone numbers for emergencies. This card can be laminated and concealed in the chair. The information should contain the following at a minimum:

1. Name (other contact person) address, phone number;
2. Doctor's name and phone number;
3. Wheelchair make, model and manufacturer's toll free number;
4. Name and number of the vendor who services the chair;
5. Phone number of the public para-transit service or private transport service.

Certain maintenance tasks can be done by the person who uses the chair or staff. With innovative design features, today's wheelchairs present fewer potential problems; however, certain common equipment features must be monitored for failure, as discussed below. Regular maintenance can help extend the life of the chair and reduce the number and cost of repairs.

Regular service includes keeping the chair clean, checking tires for wear and air pressure, tightening screws, and monitoring for worn out cushions, pads, positioning equipment, and other parts. If there is uncertainty about how to perform a procedure or a problem is encountered, always contact the vendor.

All wheelchairs: Check the frame for any cracks or breaks in the metal. Any potential problems need to be reported to the wheelchair vendor for repairs. The upholstery also should be monitored for cracks or tears where the fabric folds or where there are screws through the fabric. Any problems related to fabric wear will need to be taken care of by the vendor. If a seat cushion is used, check whether it is still providing the padding and support the user needs.

Another regular activity is to check all nuts and bolts on the chair to verify that they are tightened (except for the crossbrace pin). If any parts need to be replaced, be sure that the parts match those that were supplied by the manufacturer and vendor. Check that all parts that fold, swivel, pivot and are removable do so easily. For example, be sure that removable arm rests, foot rests, and braces, etc. are working properly. The crossbrace should fold easily without sticking. The center pin should move freely (this bolt is never tightened). Wheelchairs with reclining backs or tilt mechanisms should recline and return to upright without difficulty. Instead of using petroleum oil on the wheelchair, use an all-purpose silicone lube spray (i.e. WD40) to lubricate the flex points on the chair.

The wheel lock needs to be checked to be sure that it engages and releases properly and does not rub against the tire. The lock needs to operate in such a way that it can be engaged and released without having to use excessive force. Also, the casters (front wheels) can present a safety hazard when they are worn out. Check casters for cracks in the spokes that may eventually cause the caster to collapse.

Power wheelchairs: Power wheelchairs need to be monitored to ensure that moving parts are free of entanglements from wires and cords. All electrical connections need to be firmly in place and free of dirt and corrosion. If any wires are loosened or removed, be sure that they are reconnected in the right place. Most power chairs will have color-coded wiring to help prevent errors. Incorrect wiring connections can damage the chair and result in injury due to a serious burn.

Batteries will last longer and perform better if they are kept charged. Keep track of the battery charge indicator and plug in the charger when the gauge shows less than half a charge. Check with the battery manufacturer for specific charging information.

Practical Advice	
All Wheelchairs	
DO	DON'T
◆ Check the tire pressure; inflation guidelines are on the outside of the tire. ◆ Inflate tires with a hand pump or bicycle pump. ◆ Check to be sure that the wheel brake does not rub against the tire. ◆ Wash the upholstery with soapy water at least monthly. ◆ Check nuts, bolts, and screws weekly and tighten as needed. ◆ Check the front casters to see that they turn and pivot properly. If caster nut is too tight it will "flutter" (move quickly from side to side); if it is too loose, it will make the chair difficult to steer. ◆ Check the wheel alignment. Glide the rider-less chair on a smooth surface – if the chair veers to either side, report to the vendor for repairs. ◆ Inspect the chair for cracks in the frame – these should be reported to the vendor.	◆ Do not inflate tires at a gas station – the high pressure can damage the tires. ◆ Do not wash the chair in the shower or at a car wash – excess water/humidity can rust parts. Do not attempt to oil the bearing on the chair – this requires the care of the vendor. ◆ Never use petroleum based oil to lubricate the chair.

Powerchairs	
DO	DON'T
◆ Wrap a clear plastic bag over the power controls if travel must occur in the rain. ◆ Keep the battery charged: If the battery charge indicator is less than ½, plug it in for a recharge. ◆ Listen to the motor and become familiar with the sounds that it makes. You will then notice changes in sound indicating that a belt, bearing or other moving part is malfunctioning.	◆ Don't allow moisture or liquids to come into contact with electronic parts; avoid operating in the rain. ◆ Don't allow the chair to get out of control; turn off the power when transferring or when using a wheelchair lift. ◆ Never allow the battery to discharge (run down) entirely; this may require replacement of the battery.

Keeping the equipment clean

Keeping the wheelchair clean will not only help keep the person using it healthy and free of infections, but it will make it easier to identify equipment problems as they arise. To keep the wheelchair clean, wipe down the surfaces with a damp cloth. Use a mild detergent or a stronger cleaner for stains and sticky spots. Manufacturers often recommend using a car wax on the frame to make regular cleaning easier. Use a sharp tool or pick and carefully clean the wheel axle or caster bearing of any accumulation of hair, string, or other items that can interfere with the rotation of the wheels. Overall cleaning should be completed at least monthly and more frequently as needed.

Responsibility for cleaning

The DSP who supports the person is responsible for cleaning the wheelchair. The agency may assign a single person for monthly cleaning and maintenance, but the general rule is - if you see cleaning is required, clean it, following the procedure outlined above.

Storage

This depends on the function of the chair. If the person is reliant on the chair for all mobility, then the chair must be near the individual, ready for transfers as outlined in the positioning/therapy protocol. If the person uses the chair only when travelling long distances, then when not in use, the chair should be stored in a designated area of the residence where it can remain dry and protected from the elements.

Responsibility for reporting a problem

The person using the wheelchair should be supported to report any problems with his or her chair. Any staff member working with a person is also responsible for reporting any identified problems. The staff member responsible for completing routine maintenance checks should follow maintenance protocols using the checklist found in this manual. When a problem is noted, it should be documented in the progress notes and noted in any communication log specified by the service agency, and include (1) the date identified (2) the exact nature of the problem (3) the name of the supervisor who was notified (4) any alternative plans for mobility that may be required. The staff member reporting the problem should continue following up until the problem is successfully resolved.

Understanding the cost of repairs and maintenance, and what is covered by health insurance

Wheelchairs will operate more safely and efficiently if the vendor performs essential maintenance regularly. To avoid unexpected expenses and misunderstandings, it is best to understand the services that are paid for by the individual's health plan (usually Medicaid or Medicare) and the services that will need to be paid for out-of-pocket.

How repairs are authorized and paid for: As a general rule, Medicare and/or Medicaid will not pay for routine cleaning, testing or regular check-ups of equipment. The vendor will know what charges can be billed to Medicare and Medicaid and what service charges will be the individual's responsibility to pay.

The following general coverage restrictions apply:

Medicare	Medicaid
Rental wheelchairs: the Medicare rental includes service and maintenance charges. After 13 months of rental, the chair is owned by the renter. Purchased wheelchairs: Medicare pays for reasonable repairs. (Recipient pays 20% copay.) Replacement equipment: Medicare pays for replacement equipment if there has been permanent damage, wear and tear, or if an individual's condition has changed, resulting in a need for new equipment.	Replacement parts and labor charges are generally covered, however all labor requires a prior authorization.

References:

Adapted from WisTech Assistive Technology Program, Wisconsin Department of Health and Family Services, Division of Disability and Elder Services. Developed as a project of the national Institute for Disability and Rehabilitation Research, U.S. Department of Education under P.L. 105-394.

<http://atresourcecenter.org/video/mc/index.html>

<http://atresourcecenter.org/video/pc/index.html>

APPENDICES

ADAPTIVE EQUIPMENT MONTHLY CHECKLIST

Provider Name: _____

Individual Name: _____

Date: _____ Equipment Checked by: _____

Please check all that apply:

MANUAL WHEELCHAIRS ☐ **Not Applicable**

Make of chair: _____

Model of chair: _____

When chair was purchased: _____

Chair provider and #: _____

Weight bearing limit for chair (lbs.): _____

- _____ Tool kit is attached to the chair
- _____ Nuts and bolts are tightened (Do not tighten the crossbrace!)
- _____ Crossbrace folds easily without sticking.
- _____ Center pin moves freely (never tighten this bolt!)
- _____ Chairs with reclining backs or tilt mechanisms recline and return to upright
- _____ Wheel locks engage tires properly
- _____ Footrests present and in working order
- _____ Upholstery in good condition
- _____ Attaching hardware present and working
- _____ Seatbelt/restraining straps in good condition and being used properly
- _____ Wheels in good condition
- _____ Casters in good condition
- _____ Frame in good condition
- _____ Handgrips present
- _____ Handgrips firmly attach to chair
- _____ Chair folds properly
- _____ Seat rail guides present
- _____ Seat rail guides are working properly

- _____ Removable arms come off for transfer
- _____ Evaluating leg rests lock in place when raised
- _____ Handrails attach securely to wheels
- _____ Handrails are free from loose chrome or rough areas
- _____ Chair has attachments to keep it from tipping
- _____ Keep tires inflated at proper pressure (see stamp on tire or read manual)
- _____ Pop off wheels lock securely in place on chair
- _____ Replace worn tires properly
- _____ Mounts for communication device
- _____ Wheelchair is clean and in good condition

POWER CHAIRS (additional information) ☐ **Not Applicable**

Age and type of battery _____

- _____ All caps are present
- _____ Moving parts are free of entanglements
- _____ Electrical connections clean and firmly in place
- _____ Battery connections are free from corrosion
- _____ Keep track of battery charge indicator so battery is fully charged
(charge battery when gage is at half or according to manufacturer's recommendations)

WHEELCHAIR LIFTS ☐ **Not Applicable**

- _____ Always back the wheelchair onto the lift
- _____ Get as close to the back of the lift as possible
- _____ Do not stand on lift with wheelchair while lift is in motion
- _____ Lock brakes on a manual wheelchair
- _____ Turn off power on an electric wheelchair
- _____ Hit unfold/deploy to lower the lift all the way to the ground
- _____ Keep wheels of wheelchair off front lip or flap of lift
- _____ back wheelchair into van and position it facing forward – **to comply with the law, wheelchairs must face forward**
- _____ Move straps on floor where needed

- _____ Position back straps first above axle on back of chair- **do not crisscross straps**
- _____ Position front straps – best place is above the foot rest
- _____ Attach safety restraint lap belt across person and wheelchair- **to comply with the law, safety restraint lap belt must be used, even though wheelchair has a lap belt**
- _____ Do a final check of all straps and safety restraints

WALKERS ☐ **Not Applicable**

Type of Walker: _____

- _____ Non skid tip in each leg of walker
- _____ All latches work in folding walker
- _____ All latches and buttons lock and work properly on height adjustments
- _____ Handgrips are firmly attached
- _____ Replace and tighten any missing or loose screws or bolts
- _____ Walker is clean and in good condition

ANKLE FOOT ORTHOSES ☐ **Not Applicable**

Type of AFO _____

- ☐ (If applicable) Frame is securely attached to the shoe
- ☐ (If plastic) No cracks or bends observed
- ☐ Velcro straps functional
- ☐ (If present) Joints are movable
- ☐ (If Arizona model) leather is intact and laces are functional

SHOWER CHAIRS ☐ **Not Applicable**

Make of chair: _____

Model of chair: _____

When chair was purchased: _____

Chair vendor and phone number: _____

Weight bearing limit for chair: _____

- ☐ Frame is sturdy and does not move
- ☐ There are no dents or damage to the frame
- ☐ Rubber stoppers are free of cracks or other damage
- ☐ All rubber stoppers are in place

HOSPITAL BED ☐ **Not Applicable**

- _____ Power cord plugged into a wall-mounted outlet
- _____ Chassis/Housing clean and in good condition
- _____ Plastic housings are intact
- _____ All hardware is present and tight
- _____ Check casters/brakes if in working condition.
- _____ Remove accumulation of lint and thread around casters
- _____ Check the operation of brakes and swivel locks, if the unit is so equipped
- _____ The AC power plug is intact
- _____ Inspect the line cord for signs of damage
- _____ Examine the strain reliefs at both ends of the line cord. Be sure that they hold the cord securely.
- _____ Inspect cables of sensors, electrodes, remote control and their strain reliefs and general conditions
- _____ Examine all fittings and electrical cable connectors for general condition

COMMUNICATION DEVICES ☐ **Not Applicable**

Make of device: _____

Model of device: _____

Date device was purchased: _____

Item # _____

Serial # _____

Vendor address, phone number and website address:

Battery charged: YES NO

Device turns on and off and is in working order: YES NO

Are any pictures/symbols missing? YES NO

Are voice messages recorded? YES NO N/A

Does device programming require updating? YES NO N/A

Explain: _____

Is carrying case/protective case available? YES NO N/A

Is the attachment to the wheelchair secure? YES NO N/A

HEARING AIDS ☐ **Not Applicable**

Verify: ☐ Right ear aid ☐ Left ear aid ☐ Both

Make of device: _____

Model of device: _____

Date device was purchased: _____

Vendor and phone number: _____

Date battery replaced _____

CPAP/BiPAP MACHINES ☐ **Not Applicable**

Make of device: _____

Model of device: _____

Date device was purchased: _____

Vendor and phone number: _____

Mask inspected for signs of cracks or wear: YES NO

Tubing inspected for signs of cracks or wear: YES NO

Base unit in working order; No unusual sounds from the motor: YES NO

Filter last replaced: (Date) _____

Issue(s) identified ☐ No ☐ Yes

(List each piece of equipment)

Reported to: _____

Date reported: _____