

**Dear Wheelchair suppliers and referral sources,**

As of now (3/18/2020) the Wheelchair and Seating Clinic at UAB Outpatient Physical Therapy Department will remain open in a limited and selective capacity. We are working to assess the patients that are currently scheduled to determine if their needs can wait until at least June 1. If not, we will work to get them seen ASAP. Those that fall into this “urgent need” category are as follows:

1. The patient is in need of a new wheelchair and without an evaluation being started and the provision of a loaner or rental wheelchair, harm could be caused by being bedbound or continuing to use current mobility system for a minimum of 3 months.
2. The patient has a new pressure sore that they feel is related or impacted by the current seating system.
3. The patient has a pressure sore and pressure mapping is needed to proceed with a medically necessary surgery.
4. The patient is in need of documentation to support the need of new seating or repairs because of pain and poor positioning that may lead to harm or poor outcomes if the visit is delayed by 3 months.

If the patient is in a high risk category: >60 Y/O, current respiratory compromised condition, on a ventilator or trach dependent, and/or immunosuppressed due to a medical condition, every effort will be made to not see that patient in clinic but delay or see by telemedicine with supplier.

We will work with our MDs on referrals for critical patients only to be referred based on “urgent need” as above. As of now we will move to being here on Tuesdays and Wednesdays as soon as we can during wound clinic hours.

**For Fittings/Delivery of new equipment** – decisions on home deliveries will be made on a case by case basis. We would like to see patients who do not meet high risk criteria for COVID 19, are receiving their first custom wheelchair, have custom molds, need pressure mapping....if not, we are working to do telemedicine in these cases too. Please do not just deliver without us knowing. Please email us any patient’s name and DOB that have pending fittings and we will work through them.

If you do deliver to the home, please document the following: you can use the 2<sup>nd</sup> page as a documentation sheet and scan to us.

1. Get date, time and who was present at the fitting
2. Take a photo from front, side, and back if you can.
3. Document what adjustments you made and any other follow up needed
4. Please document the following education points:
  - a. Care and use of back and cushion and care of the wheelchair
  - b. What to do if service or replacement parts needed
  - c. Pressure reliefs q. 20-30 min x 2 min
  - d. Caregivers know how to make minor adjustments and assist w/ care and use of the equipment
5. Get good phone number and/or email and that we may try to see them this summer or fall when they return for any MD appts.

**UAB Wheelchair Clinic Home Delivery Documentation:**

Patient name Printed and DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Evaluating therapist: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ People present: \_\_\_\_\_

1. Photos taken with *photo consent signed*: YES/NO – emailed to SRC – *do not send to our cell phones*

a. Front, side, rear photos

2. General list of adjustments made today:

3. Education provided: mark when completed

a. Care and use of back and cushion

b. How to charge power chair

c. How to assemble/disassemble MWC

d. How to make minor repairs

e. How to make a service call for repairs or modifications and cost if there is one

f. Review warranty information

g. Reminders to do pressure reliefs every 20-30 min x 2 min

h. Caregiver if applicable can help with care and use of equipment

i. Other: \_\_\_\_\_

j. And follow up needed: \_\_\_\_\_

A phone follow-up by Spain Rehab Staff will occur in the coming months.

### **Decision Tree for patients needing CRT during COVID 19:**

1. If a patient calls and needs repairs and/or mods:
  - a. If it's a cushion or back or other significant changes in drive functions or power functions, contact the therapist for further screening. Please do not replace a cushion without contact of the therapist unless the patient refuses you to contact us.
  - b. If repairs/replacements are mechanical in nature – tires, casters, motors, joystick, hardware etc., please proceed without contact to a therapist.
  
2. If your patient is in need of a new chair (first chair or replacement),
  - a. Please determine if they have a mobility device currently that can meet their basic needs for the next 3-4 months. The goal is to be able to get out of bed and be able to have pressure relief needs met.
  - b. If they do not, and no loaner or rental wheelchair will meet their needs, contact the seating clinic for further screening and or scheduling of appt.
  
3. If the patient has a wound and is seeing a wound MD and needs pressure mapping and/or a new cushion, please contact the therapist for further screening and/or scheduling.

If you as a supplier are at a patient's home and in need of a clinician for input, please get all necessary documentation signed to release the patient to use your cell phone for video call related to HIPAA regulations.

The UAB Wheelchair clinic will remain open on Tuesdays and Wednesdays from 8am to 2pm.

No patient will be seen with any symptoms of COVID-19 and/or considered in the High Risk category.

They will be limited to one caregiver per visit, series of screening questions, and asked to sign the screening document before the visit. Each supplier will have to do the same for each day they attend clinic.

## Covid 19 Wheelchair Clinic Screening tool

Date: \_\_\_\_\_

Person attending clinic: \_\_\_\_\_

1. Do you have any of the following symptoms?
  - Fever
  - Cough
  - Shortness of breath
  
2. Have you recently traveled outside of Alabama?
  
3. Have you been in proximity to someone who has tested positive?
  
4. Do any of these apply to you to be considered high risk?
  - Older adults over age 60
  - People who have serious chronic medical conditions like:
    - Heart disease
    - Diabetes
    - Lung disease
  - If you are on a ventilator or have a compromised respiratory system

If you have answered yes, to any of the above, you will be asked to leave and reschedule when safe to do. Thank you for your cooperation.

Signature: \_\_\_\_\_