

# CPT Group Therapy Programs

## Wheelchair Mobility Group

### Purpose

- To improve UE functional ability, strength & endurance
- To educate pt with safe w/c mobility
- To optimize w/c fitting and positioning

### Admission Criteria

- Free of illness or isolation precautions
- Must be able to tolerate sitting for 30 minutes
- Must have stable vital signs
- Must be able to follow at least one step directions
- Patient utilizes wheelchair for purpose of mobility

### Objectives/Goals

- Increased knowledge of proper w/c propulsion management
- Increased knowledge of safety w w/c mobility
- Able to maneuver w/c on different surfaces, negotiate obstacles, elevator safety

### Suggested Materials List

- W/C
- Obstacle materials such as chairs, cones, etc.
- Different surfaces such as tiles, carpeting, curbs, ramps, etc.
- BP kit
- Handouts

### Suggested Activities

- Proper Seating and positioning assessment:
  - Use Wheelchair Clinic Screen questions to review
  - Ask if they are comfortable
  - Can they fit 2 fingers between their hip and the arm rest on both sides?
- Introduction / Use of w/c parts & propulsion
  - Brakes with / without extension – purpose of extension
  - Foot rests vs leg rests: purpose, how to get on and off
  - Where to place hands for optimum safety (avoid tire)
  - Use of feet vs UEs
- Pressure Relief instruction / practice
  - Sideways, forward, backward, push ups
  - Contraindications with hip precautions
- Propulsion practice in all directions
  - Basics with how to go forward with UEs, LEs or combo
  - Turning L & R

Backward

- Practice maneuvering on varied surfaces, inclines, elevators, around obstacles, etc

Review safety – interactive questions

Create obstacle course

Doorways

Elevators – first review safety:

    speed needed to get in and out

    where to wait for doors to open both in and out of elevator

Carpeting vs Tile

Mimic hallway with 2 pts passing each other in opposite directions

## **Wheelchair Clinic Screen Questions**

Does the wheelchair seat width and depth fit the resident / meet the needs of the resident?

Yes      No /Recommendations:

Does the seat height of the wheelchair fit the resident / meet the needs of the resident?

Yes      No /Recommendations:

Does the back of the wheelchair fit the resident / meet the needs of the resident?

Yes      No /Recommendations:

Do the current foot pedals fit the resident / meet the needs of the resident?

Yes      No /Recommendations:

Can the resident manage the foot pedals?

Yes      No /Recommendations:

Can the resident lock own brakes?

Yes      No /Recommendations:

Are the current arm rests meeting the needs of the resident?

Yes      No /Recommendations:

Is the Resident able to propel self in current wheelchair?

Yes      No /Recommendations:

Is the resident able to reposition self in wheelchair?

Yes      No/Recommendations:

Does the wheelchair require maintenance?

No      Yes /Recommendations:

Is there a hx of falling out of wheelchair

No      Yes /Recommendations:

Does the resident have postural issues or pain in the current wheelchair?

No      Yes / Recommendations:

Does the resident need a customized wheelchair assessment?

No      Yes / Recommendations:

Do any of the recommendations demonstrate the need for a seating evaluation?

No      Yes / Recommendations: