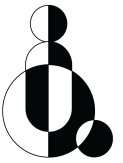


**FREE  
WHEELCHAIR  
MISSION**



# **FREE WHEELCHAIR MISSION WORKBOOK**





# WHEELCHAIR APPLICATION

## GENERAL INFORMATION

Client Name:

Date of Birth & Age:

Address:

Phone #:

Caretaker Name (if applicable):

## PHYSICAL CONDITION & CONSIDERATIONS

Diagnosis:

Ask

Observe

Do you have a medical or government certificate? ☐ Yes ☐ No

Can the client hold their head up safely? ☐ Yes ☐ No

Do you currently have a wheelchair? ☐ Yes ☐ No

Can the client sit up safely? ☐ Yes ☐ No

Where will you use or go with this wheelchair?  
☐ Home ☐ Community  
☐ Work ☐ Public transportation  
☐ Rural areas ☐ Other: \_\_\_\_\_

This client can get in and out of a wheelchair:  
☐ Independently  
☐ With assistance of 1 person  
☐ With assistance of 2 people

What is your experience using a wheelchair:

Notes:

## PRESSURE SORES/SKIN

Does the person have a pressure sore? ☐ Yes ☐ No

Does the person have a history of pressure sores? ☐ Yes ☐ No

If yes, describe:



## RECOMMENDATION & PRESCRIPTION

☐ GEN\_2 ☐ GEN\_3 REFERRAL OUT: \_\_\_\_\_

Name

Organization

Today's Date

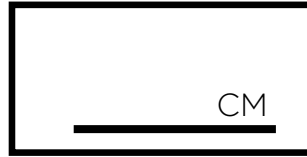
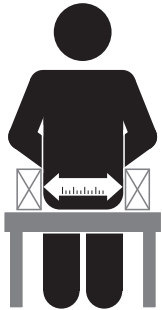
# WHEELCHAIR FIT FORM

Client Name:

Today's Date:

**MEASURE THESE THREE AREAS:** Do not bend the tape measure.

## #1 SEAT WIDTH:



☐ Easy Measurement:  
(crossbar)

\_\_\_\_\_

### SEAT WIDTH (CM)

### SIZE



#### GEN\_2

25cm- 33cm

GEN\_2 S

33cm- 38cm

GEN\_2 M

38cm- 43cm

GEN\_2 L

43cm- 48cm

GEN\_2 XL

#### GEN\_3

25cm- 31cm

GEN\_3 S

31cm- 36cm

GEN\_3 M

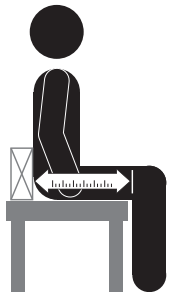
36cm- 40cm

GEN\_3 L

40cm- 47cm

GEN\_3 XL

## #2 SEAT LENGTH:



☐ Easy Measurement:  
(seat)

\_\_\_\_\_

### SEAT LENGTH (CM)

### POSITION



Less than 41cm

SHORTEST

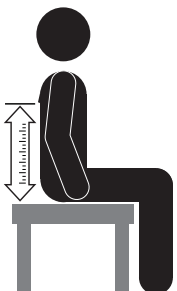
41cm- 47cm

MIDDLE

Greater than 47cm

LONGEST

## #3 BACKREST HEIGHT:



☐ Easy Measurement:  
(backrest)

\_\_\_\_\_

### BACK HEIGHT (CM)

### POSITION



Greater than 52cm

HIGHEST

48cm- 52cm

MID-HIGH

44cm- 48cm

MID-LOW

Less than 44cm

LOWEST

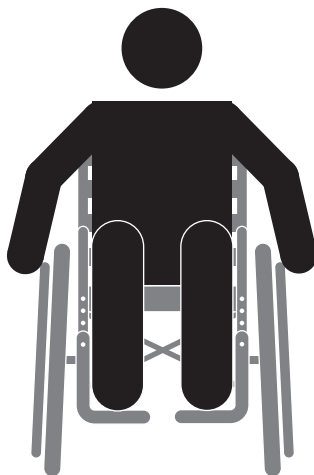
# SAFE AND READY CHECKLIST

Use this form to check the wheelchair after assembly.

CHECK WHEELCHAIR ASSEMBLY		✓
The backrest and seat straps are around the metal frame.		
The calf strap is only through the thin metal loop.		
The seat cushion is connected to the Velcro and the slant is toward the front.		
The sharp parts of the bolts face away from the person.		
The backrest sits on top of the cushion.		
The black caps cover the castor bolts.		
The push rims are the same size.		
The seatbelt is connected lower than the armrest.		
WHOLE WHEELCHAIR		✓
There are no sharp edges.		
The wheelchair travels in a straight line when pushed.		
The frame bolts are tight.		
REAR WHEELS & CASTOR WHEELS		✓
The rear wheels and castor wheels spin freely.		
The axle bolts are secure.		
The rear tires are inflated correctly (follow PSI on tire or depressed less than 5mm).		
The push rims are secure.		
BRAKES		✓
The brakes function properly and are easy to pull back to lock.		
FOOTRESTS		✓
The footrests are securely attached.		
REPORT QUALITY CONTROL ISSUES:		✓
Send a picture, the PO#, and a description of the issue to WhatsApp: <b>+1 (323) 996-9198.</b>		
<b>NOTES:</b>		

# FIT CONFIRMATION FORM

Use this form as a guide to check if you have correctly adjusted the wheelchair for the wheelchair user.



## CHECK THE FIT



The client's hips should be to the back of the wheelchair.

The client's feet should be on the footrests.

There should be space for 2-3 fingers between the top of the backrest and the bottom of the client's shoulder blades.

If the client does not self-propel, move the backrest higher for comfort.  
\*The backrest should not go higher than the shoulders.

There should be space for a vertical hand-width between the frame and the client's hips.  
\*There should not be pressure on the client's sides.

Leave space for 2-3 fingers between the front of the seat and the back of the client's knee.

The seatbelt should be low on the client's hips.

Name

Organization

Today's Date

# USER TRAINING CHECKLIST

Use this checklist as a guide when training the wheelchair user and/or their caregiver.

<b>USER MANUAL</b>		✓
Review and give the user manual.		
Show the contact information.		
<b>PRESSURE SORE EDUCATION</b>		✓
Explain how to slowly build up the amount of time the client sits in the wheelchair.		
Explain how to check for redness or sores each day.		
Teach the 4 pressure relief exercises- (1 minute every 15-30 minutes).		
<b>TRANSFERS</b>		✓
Teach how to do an independent transfer.		
Teach how to do a 1- person assisted transfer.		
Teach how to do a 2- person assisted transfer.		
<b>SAFETY</b>		✓
Show how to set the brakes.		
Teach fall recovery.		
Teach how to open/close the GEN_3 (if applicable).		
<b>MOBILITY SKILLS</b>		✓
Teach how to move the wheelchair forward & backward.		
Teach how to turn the wheelchair.		
Teach how to go up and down slopes.		
Teach how to go up and down curbs.		
Teach how to go up and down stairs.		
<b>MAINTENANCE</b>		✓
Show how to pump the tires.		
Explain how to tighten the nuts and bolts (if loose).		
Explain how to clean the wheelchair frame with oil.		
Explain how to check for broken or damaged parts (e.g. cushion, brakes, bearings).		