

FREE WHEELCHAIR MISSION



Transforming lives through the gift of mobility™



Basic Wheelchair Training
For Distribution Partners
Hybrid Remote & Full In-Person
Date:

Welcome to FWM Basic Wheelchair Training!

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Free Wheelchair Mission
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Based in California

Name & Credentials
Profession
Contact Information
Location



Zoom

Zoom Meeting ID: 355-148-467

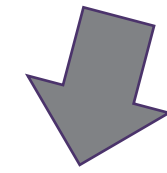
Meeting Topic: Nicole VanderZouwen's Zoom Meeting
Host Name: Nicole VanderZouwen
Invitation URL: <https://zoom.us/j/355148467>
[Copy URL](#)
Participant ID: 15

Join Audio
Computer Audio Connected

Share

Invite Others

Mute Start Video Invite Manage Participants Share Chat Record End Meeting



Agenda

Day/Time	Topics/Activities
	1.1: Introduction
	1.2: Process
	Break (5-10 minutes)
	1.3: Disability & Physical Condition
	Break
	1.4: Fit
	Break (5-10 minutes)
	1.5: User Training
	1.6: Follow-up



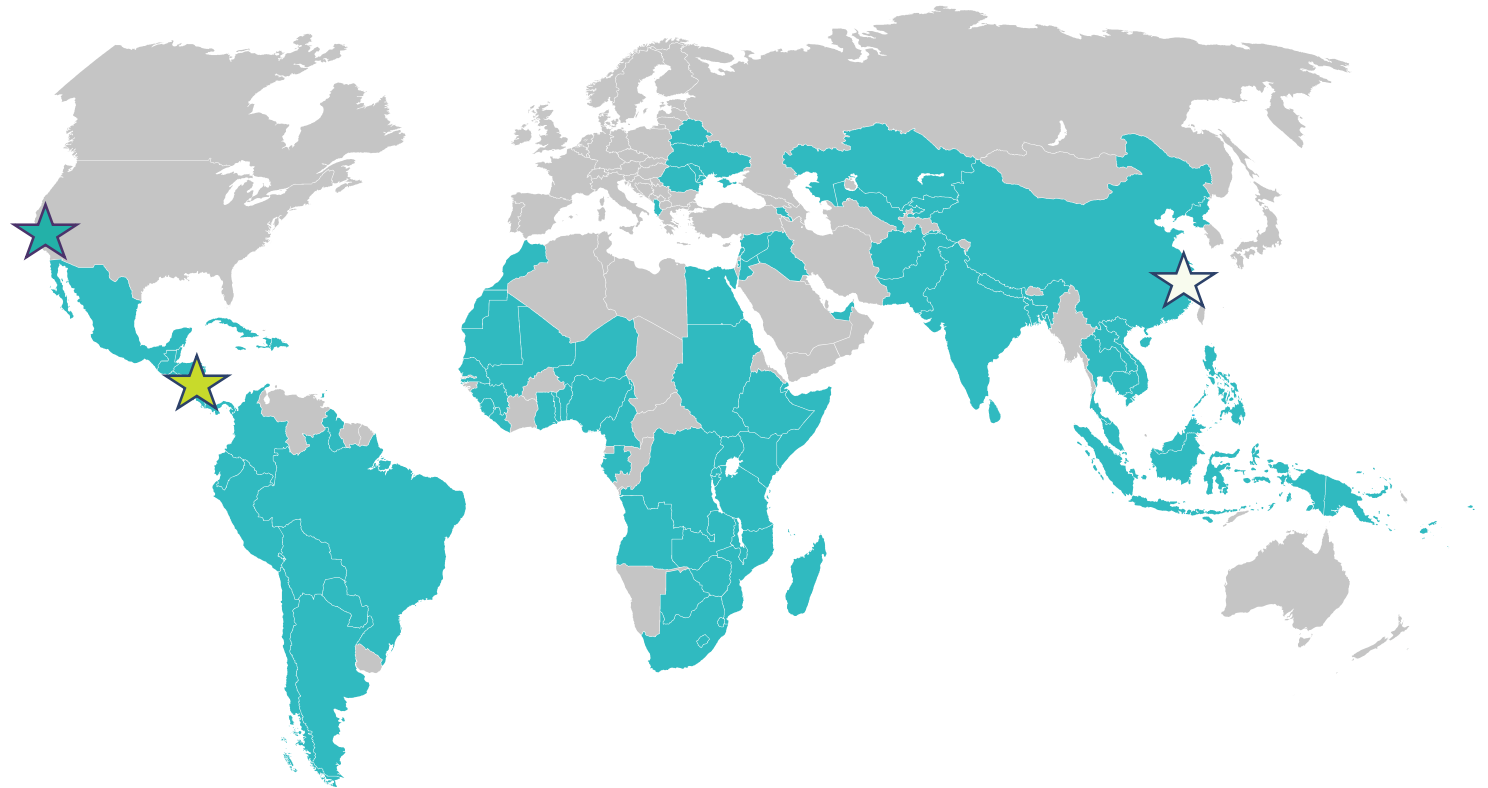
Goal

- Identify appropriate wheelchair provision
- Review FWM partner expectations/requirements
- Recall resources

1.1 Introduction



Introduction: Free Wheelchair Mission (FWM)



Introduction: Our Containers

Container Size:

- 40 Foot

Wheelchair Type:

- Container Mixes Pre-Set

Wheelchair Quantity:

- Range 440-550

User Manual Languages Available:

- At Request

Spare Parts:

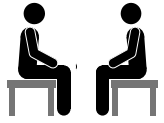
- Custom Order



Introduction: Our Wheelchairs



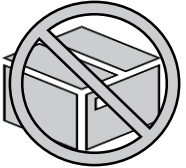
Introduction: Our Standards



Always **SCREEN** clients (Application/Prescription)



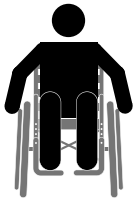
ASSEMBLE and **ADJUST** for everyone



Never give **UNASSEMBLED** kits



Get medical approval if the client has **PRESSURE SORES**



Only provide a wheelchair that **SAFELY SUPPORTS** the client's body

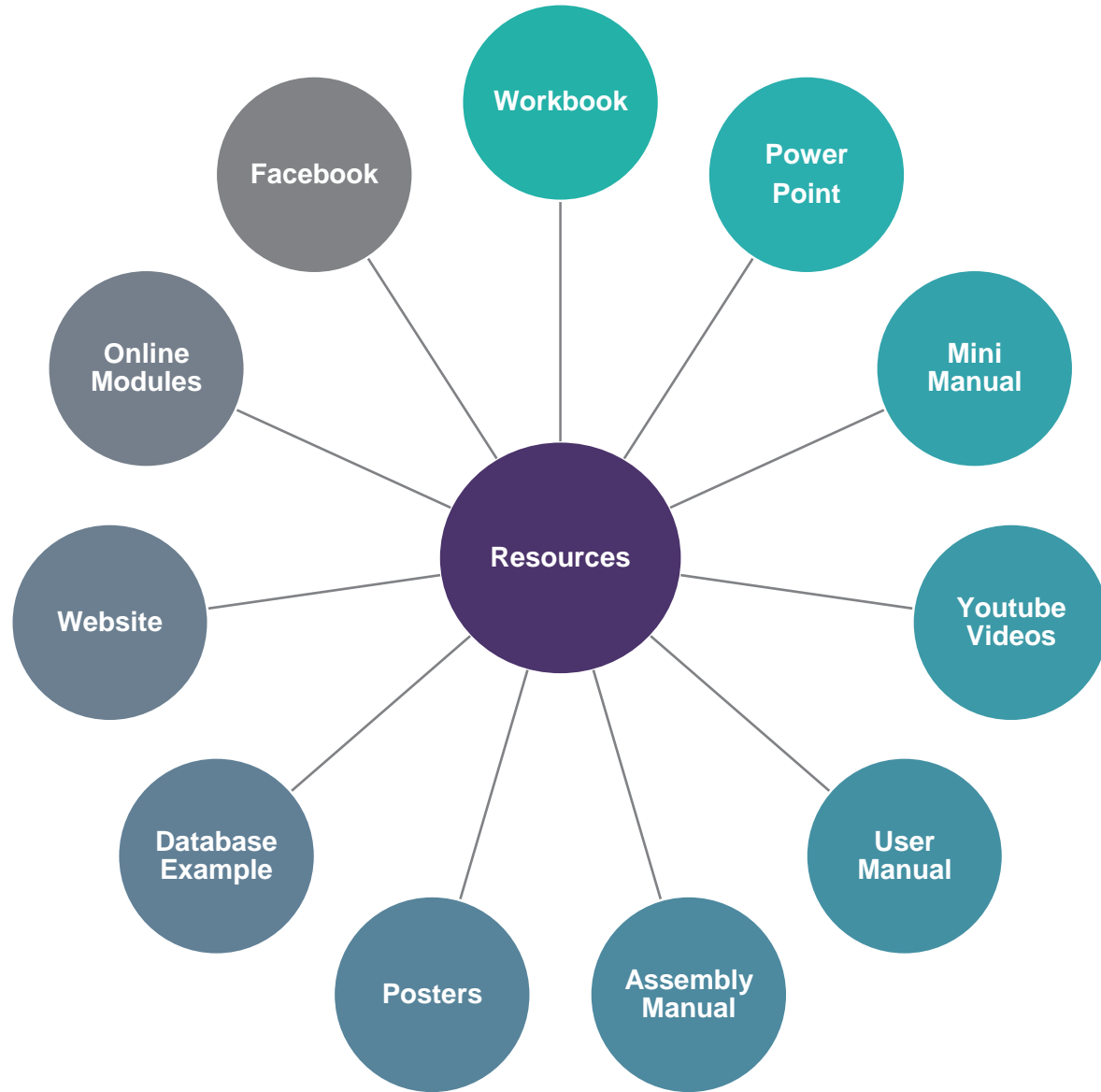


Never **CHARGE** the client



Always do **USER TRAINING**

Introduction: Our Resources



Introduction: Country Specifics

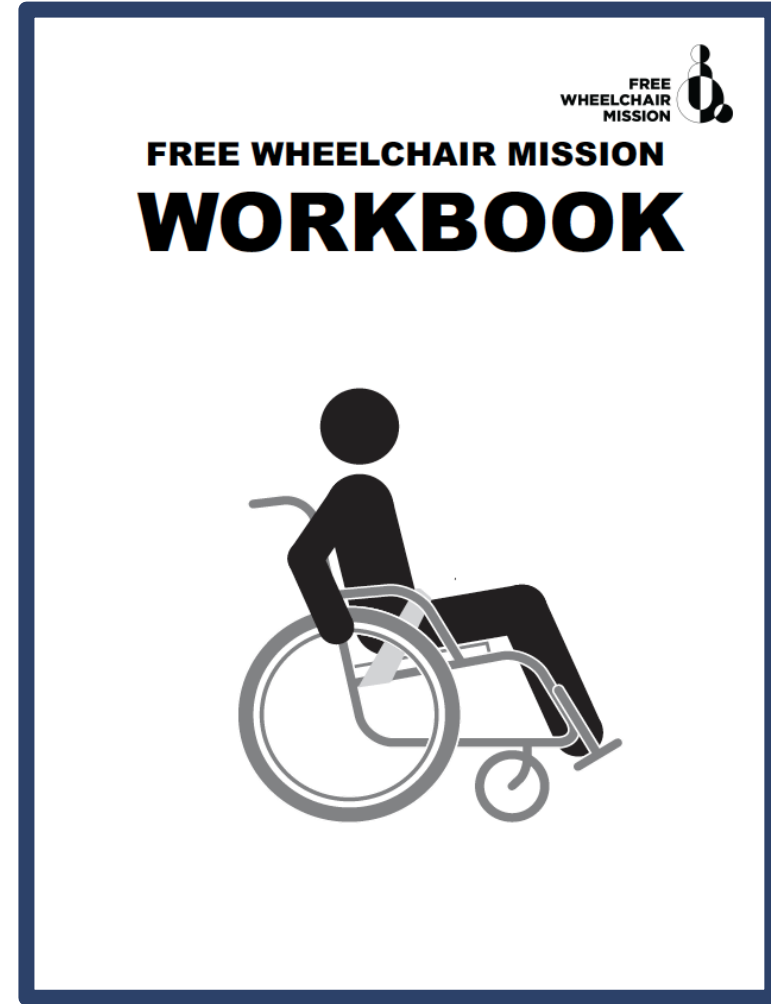
This will need to be based on the country and approved by FWM

1.2 Distribution/Provision



Workbook

1. Application
2. Fit Form
3. Safe & Ready Checklist
4. Fit Confirmation Form
5. User Training Checklist





Before

Referral &
Assessment
#1

Review
Applications
#2

Check Inventory
#3

Schedule Event
#4

Review Training
#5

During

Assessment

Prescription/
Assembly

Adjustments

Application

Fit Form

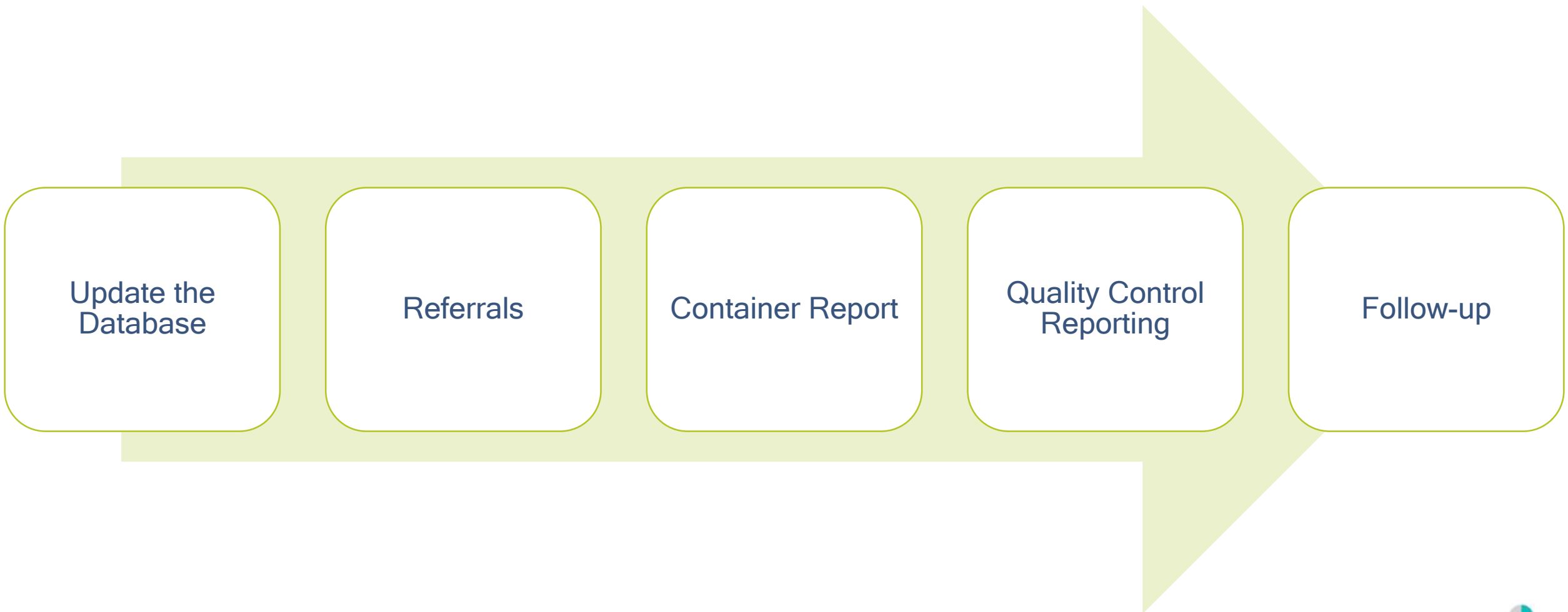
Safe & Ready
Checklist

Fit Confirmation
Form

User Training
Skills Checklist



After



Update the Database

Referrals

Container Report

Quality Control Reporting

Follow-up

1.3 Disability & Physical Condition





Definition & Causes

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

UN General Assembly, Convention on the Rights of Persons with Disabilities

What are the causes of disability

- Birth
- Illness or Infection
- Injury
- The environment

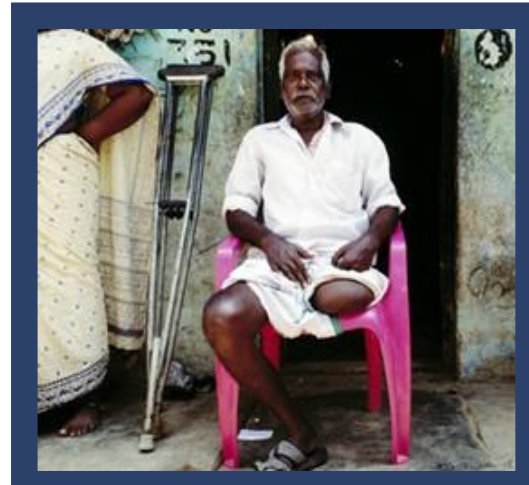
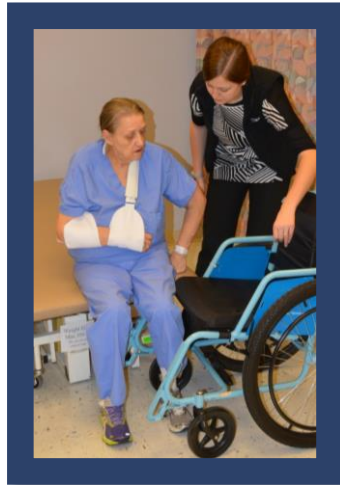
Disability Awareness & Language

Treat people how you would want to be treated:

- Ask before you help
- Explain what you are doing
- Talk to the person in the wheelchair first
- Use appropriate language
- Tell them about any other programs your organization offers



Diagnosis & Scenario



Pressure Sores

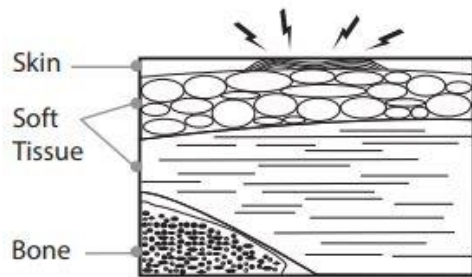
What are pressure sores?

- Sores caused by pressure, friction, or shear force

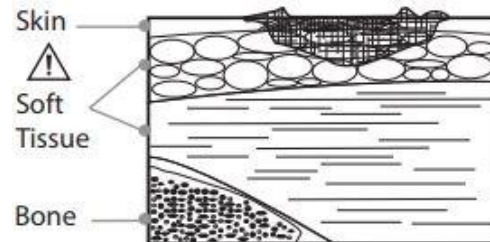
Refer to a medical professional if someone has a pressure sore.



STAGE 1



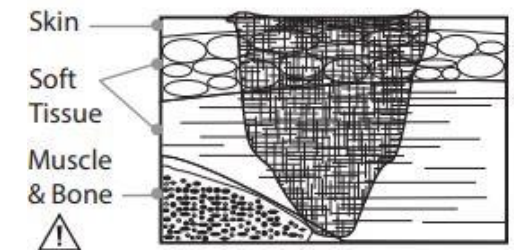
STAGE 2



STAGE 3

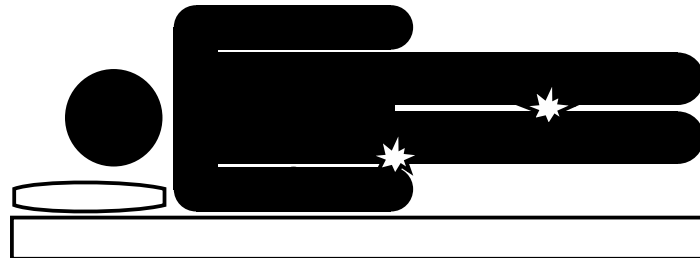
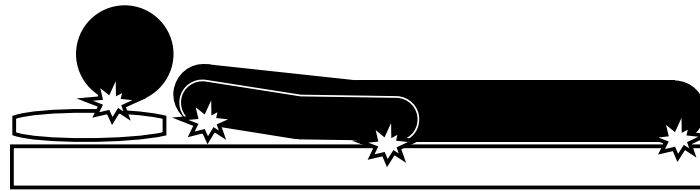


STAGE 4



Pressure Sores (continued)

Common areas for people to get pressure sores.



1.4 Fit

Assessment, Prescription, Assembly, Adjustments



Overall Fit

GOOD



WHEELCHAIR
TOO SMALL



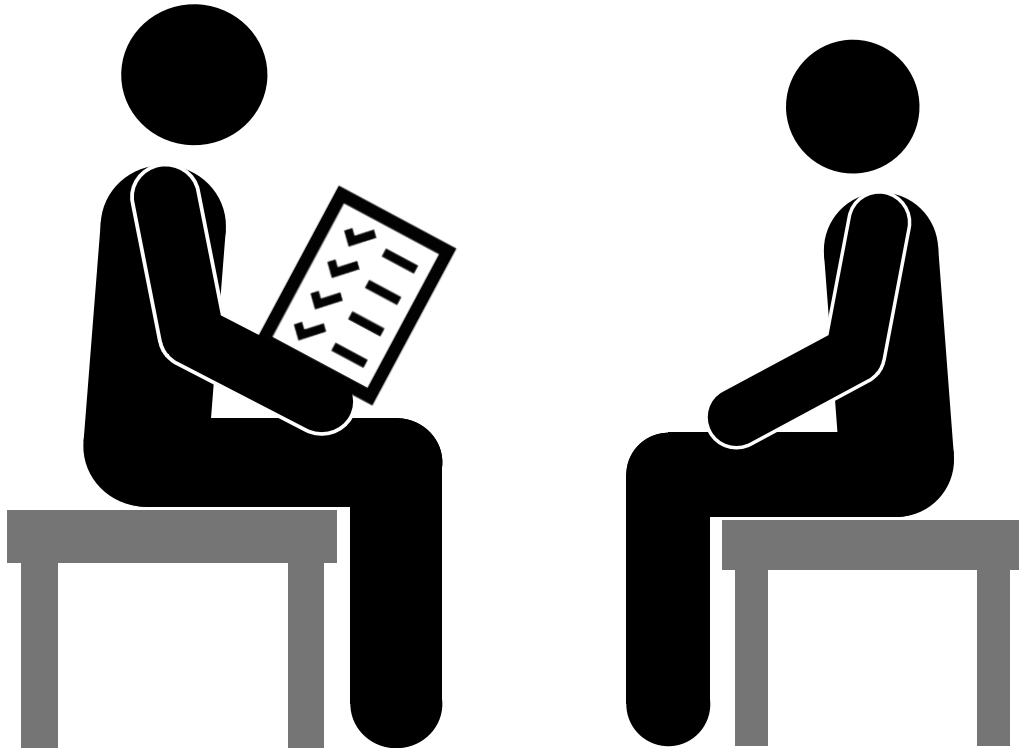
WHEELCHAIR
TOO BIG



Assessment: Set-Up

Set up your space



Get to know your client



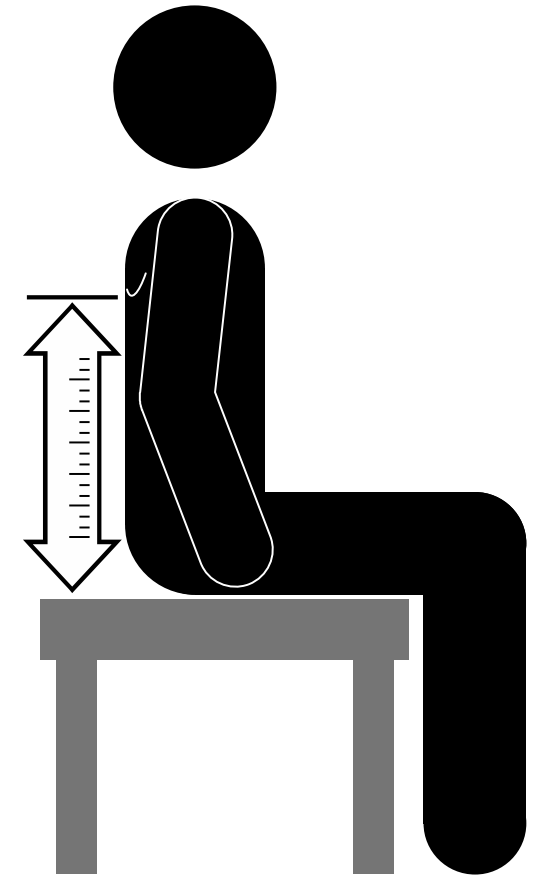
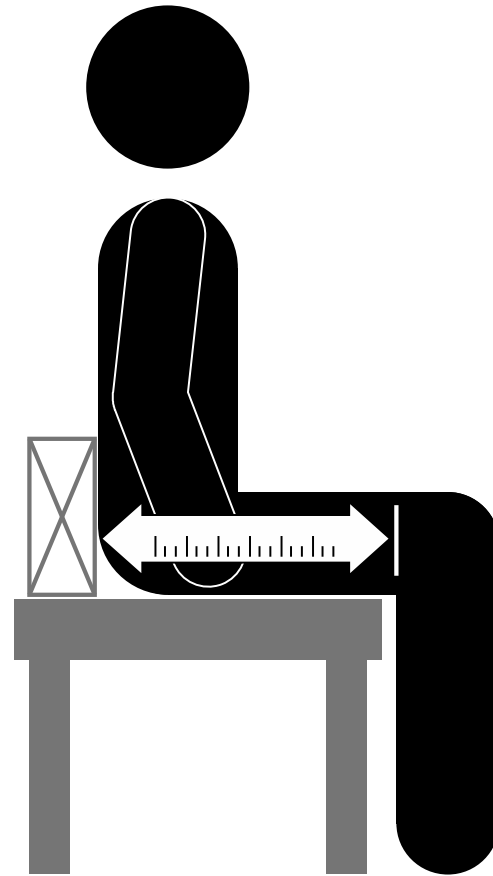
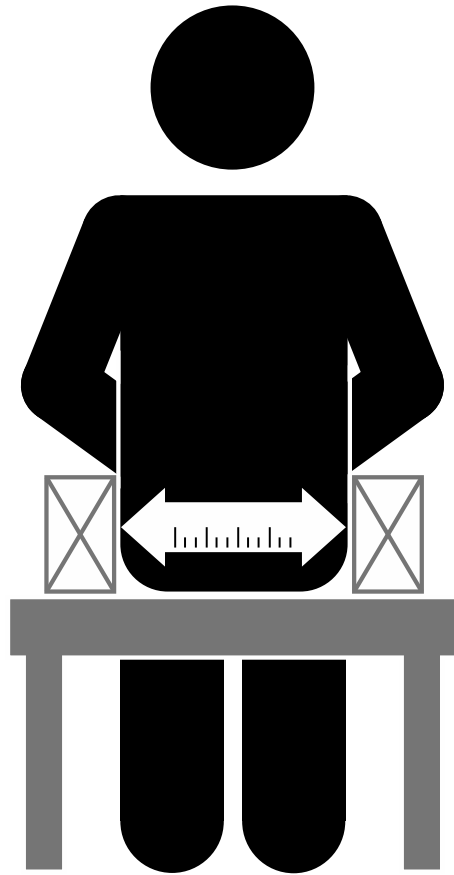
Assessment: Application

Application

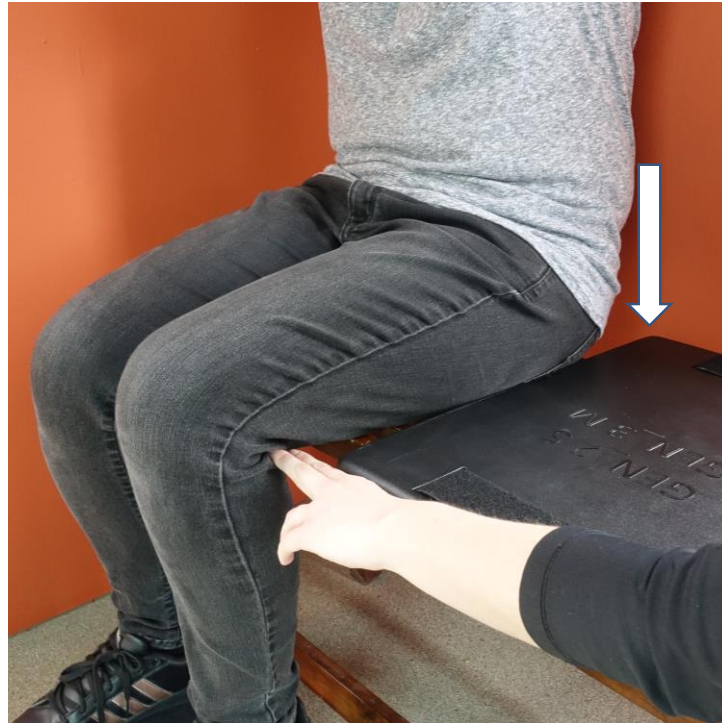
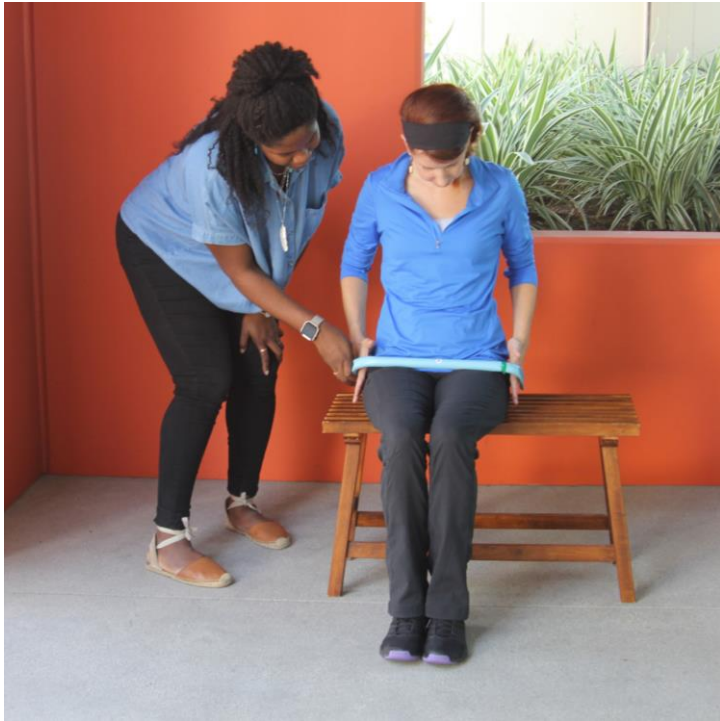
- Questions to ask
 - General Information
 - Pressure sore/Skin Information
 - Diagnosis
 - Experience
- Skills to observe
 - Transfers
 - Movement
 - Ability to sit upright
- Recommendations

WHEELCHAIR APPLICATION		FREE WHEELCHAIR MISSION 
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can the client hold their head up safely? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can the client sit up safely? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where will you use or go with this wheelchair? <input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Work <input type="checkbox"/> Public transportation <input type="checkbox"/> Rural areas <input type="checkbox"/> Other: _____	This client can get in and out of a wheelchair: <input type="checkbox"/> Independently <input type="checkbox"/> With assistance of 1 person <input type="checkbox"/> With assistance of 2 people	
What is your experience using a wheelchair:	Notes:	
PRESSURE SORES/SKIN		
Does the person have a pressure sore? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: 	
Does the person have a history of pressure sores? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RECOMMENDATION & PRESCRIPTION		
<input type="checkbox"/> GEN_2 <input type="checkbox"/> GEN_3 REFERRAL OUT: _____		
Name _____	Organization _____	Today's Date _____

Assessment: Measurement



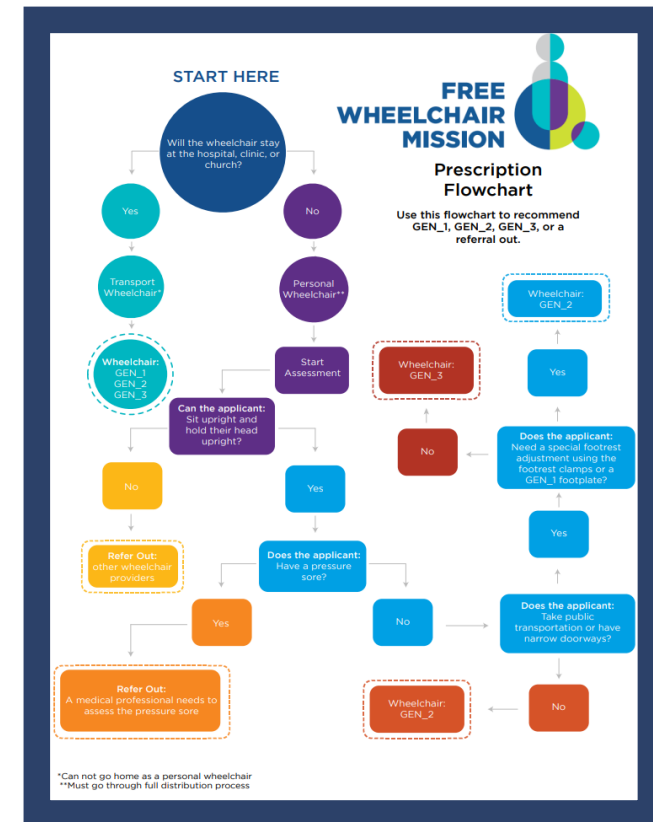
Assessment: Easy Measurement



Prescription

Look at the application and the measurements to make a recommendation:

- GEN_1
- GEN_2
- GEN_3
- Refer Out



Referring Out

If someone needs a different kind of wheelchair, device, or service.

- Client has a pressure sore
 - Check by medical professional
- FWM wheelchair is too big/too small
- Can not hold their body up safely
- Can not hold their head up safely
- Need a different mobility aid or service

FREE WHEELCHAIR MISSION

Basic vs. Intermediate Wheelchair Provision

Basic Wheelchair Users

A person with a mobility impairment who can safely sit upright and hold their head upright.

Intermediate Wheelchair Users

A person who requires additional support to sit upright and/or hold their head upright and/or be transported safely.

Why is this important?

- Having a wheelchair that meets the person's needs will increase safety for the wheelchair user (e.g. ability to breathe, prevent injury and/or pain)
- Helps the person's body to grow in a healthy way
- Helps the person use their wheelchair to participate in activities they want or need to do for longer periods of time

Assembly

Easiest way to assemble FWM wheelchairs

- Frame
- Seat with the cushion
- Backrest
- All wheels
- Brakes
- Seat belt, calf strap, etc.



Assembly Resources

GEN_3

GEN_2

GEN_1



-  Tying Knots
-  Assembly Posters
-  Pumping Tires
-  Assembly Step-by-Step
-  Assembly and Adjustment Documents

Adjustments

GEN_2 Seat Length
Short Middle Long

GEN_3 Seat Length

GEN_2 Backrest

GEN_3 Backrest



Footplate

Flipped Footrests

Up/Down Track

Footrest Clamps

Footrest Tilt

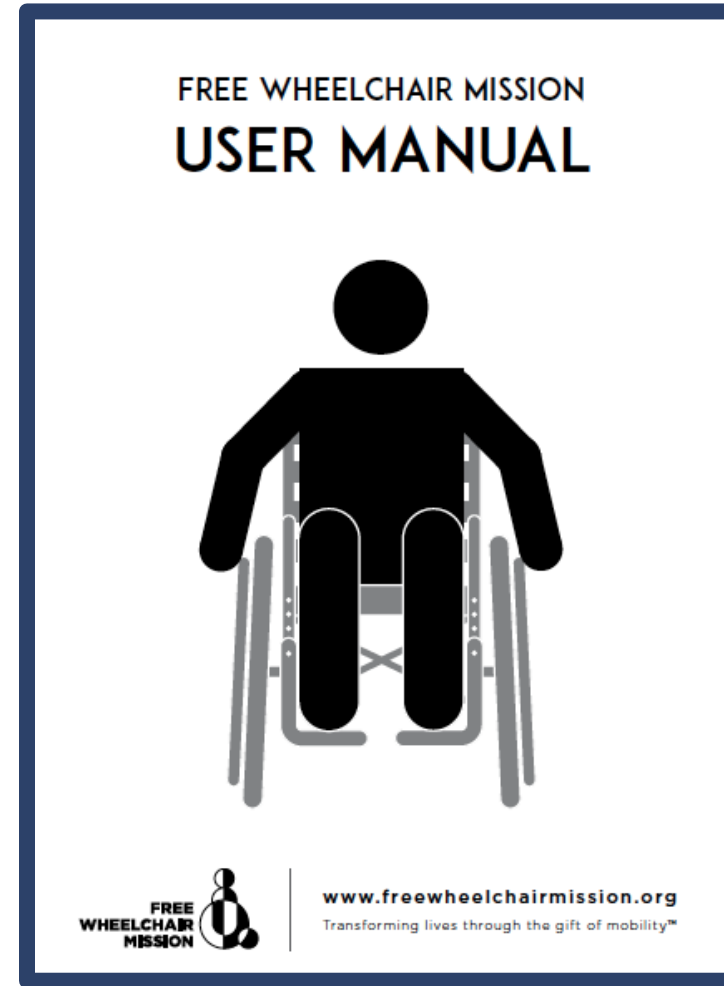
1.5 User Training



User Manual

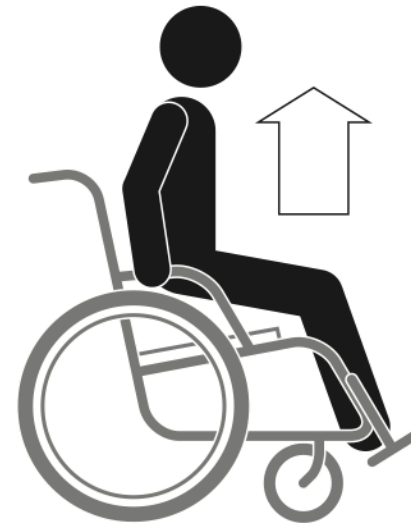
Provide User Manual

- Located in the box



Pressure Relief Exercises & Education

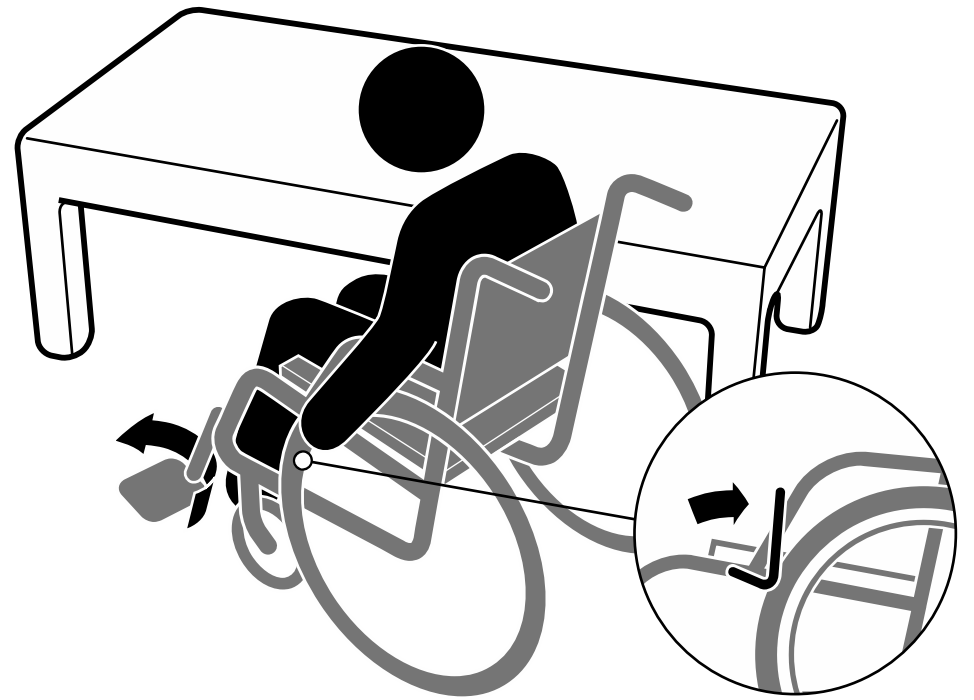
- 4 Exercises
Every 15 minutes for a length of 1 minute
- Check body at night
- Increase time sitting slowly
- Stretch out





Transfers

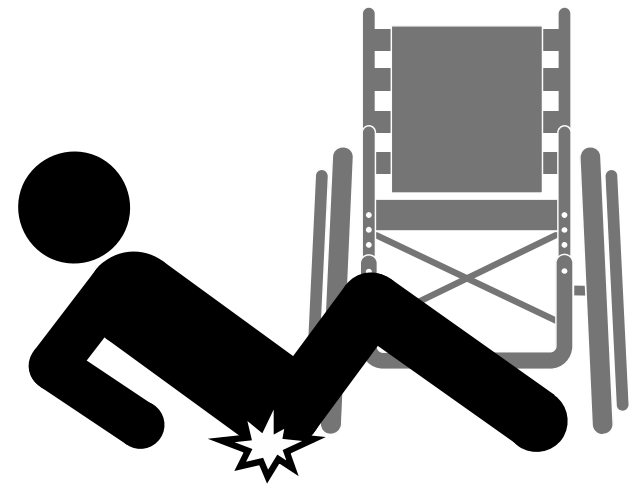
- Independent
- 1-person assisted transfer
- 2-person assisted transfer
- Fall Recovery





Safety

-  Brakes
-  Fall Recovery
-  Open/Close GEN_3



Mobility Skills

● Moving Forward/ Backward

● Up Slopes

● Up Curbs

● Up Stairs



● Turning

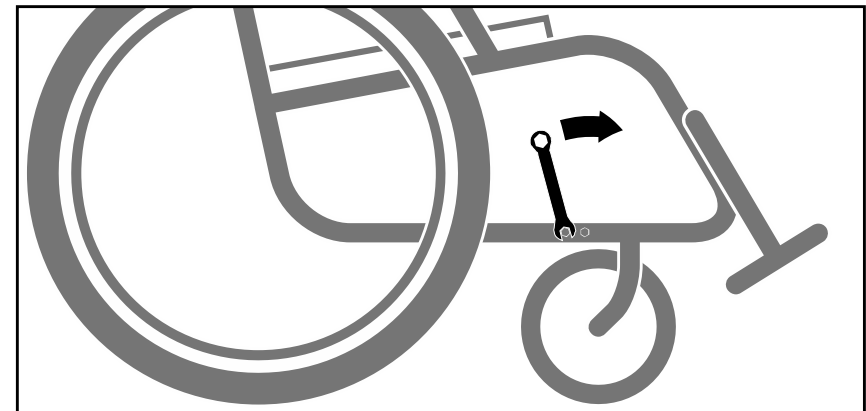
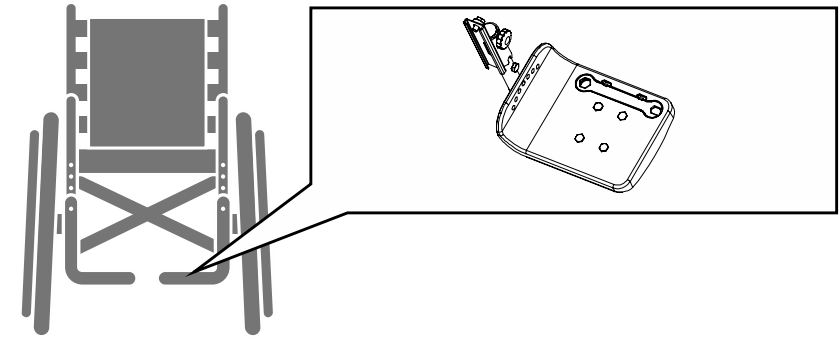
● Down Slopes

● Down Curbs

● Down Stairs

Maintenance

- Tighten bolts
- Pump tires
- Clean frame (with oil)





The Message

The Message

“We share this message on behalf of your friends at Free Wheelchair Mission:

Jesus Christ loves you. That’s why you are receiving this wheelchair. We believe that this wheelchair comes from God. He created you and He loves you as His child, just as you are.

As believers in Jesus, we are called upon to serve others. Our prayer is that as you move around, you too will trust Him, serve Him, and bring glory to His name.

God bless you.”

1.6 Follow-up



Database & Referrals

The screenshot shows a Microsoft Excel spreadsheet titled "Database - Template.xlsx - Read-Only". The spreadsheet is a database template with the following columns:

	A	B	C	D	E	F	G	H	I	J	K
1	Name of individual	Gender	Date of Birth	Age	Address	City/Village	Province	Phone #	ID #	Caretaker Name	Caretaker Phone #
2											
3											
4											
5											
6											
7											
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10											
11											
12											
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20											
21											

The spreadsheet is currently in "Read-Only" mode. The "Home" ribbon is visible, showing options for font (Calibri, size 11), bold, italic, underline, alignment, number, conditional formatting, format as table, cell styles, cells, editing, and ideas. The "Wheelchair Requests" sheet is selected at the bottom, along with other sheets: "Wheelchair User List", "Maintenance Requests", and "GoogleDrive Link".

Reporting

Container Report

- Pictures
- Story
- Database information

Survey

- Your network

Communication

- Updates on staffing
- Successes & Challenges
- Social Media



Quality Control (QC)

Quality Control Form OR Text WhatsApp #:

+1 (323) 996-9198

- Picture
- PO #
- How times you saw the issue



5/10 GEN_2s on
May 20, 2019

Follow-up

Follow-up with:

- Clients/Wheelchair Users
- Free Wheelchair Mission

FOLLOW UP FORM



Date of follow up: _____

1. Wheelchair user information			
Wheelchair user name: _____			
Users phone number: _____			
Date of fitting: _____			PO# _____
Name of who is caring out the follow up: _____			
Follow up carried out at: _____			
Home <input type="checkbox"/> Center, School, institution <input type="checkbox"/> other: _____			
Wheelchair type and size: _____			

2. Interview	Yes	No	Action to be taken
Is the wheelchair comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any problems in your body when using your wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any problems in your environment because of using your wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any questions about using your wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you change something about the wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any pressure sores?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, describe location and issues: _____			
How satisfied are you with the use and function of your wheelchair?			
Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/>			
Comments: _____			

3. Wheelchair check	Yes	No	Action to be taken
Is the wheelchair in good working order and safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the seat and back in good working order and safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the cushion working well?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the rear wheels in good working order and safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the castor wheels in good working order and safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the brakes in good working order and safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the footrest in good working order and safe to use?	<input type="checkbox"/>	<input type="checkbox"/>	

4. Fitting Check	Yes	No	Action to be taken
Does the wheelchair fit correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, describe the issue: _____			
Is the wheelchair user sitting upright comfortably and safely when still, moving and through the day?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, describe the issue: _____			

5. Outcomes and Improvements	Noticeable	In Progress	To improve
Are there improvements on the user's personal condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there more activities the user can perform inside the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there more activities the user can do outside the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there issues using transportation as passenger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

Finished!



References

- Best, K. L., Kirby, L. Smith, C. MacLeod, D. (2005). *Wheelchair skills training for community-based manual wheelchair users: A randomized controlled trial.* Arch Phys Med Rehabil Vol 86 2316-2323
- ISWP - Seating and Mobility Access Toolkit (SMART). (n.d.). Retrieved June 21, 2019, from <http://smart.wheelchairnetwork.org/>
- National Database of Nursing Quality Indicators. (n.d.). Pressure Injuries and Staging. Retrieved June 21, 2019, from <https://members.nursingquality.org/NDNQIPressureUlcerTraining/Module1/Default.aspx>
- Shore, S. & Juillerat, S. (2012). The impact of a low-cost wheelchair on the quality of life of the disabled in the developing world. Med Sci Monit 18(9), CR533-542
- Toro, M.L., Eke, C., & Pearlman, J. (2016). *The impact of the World Health Organization 8-steps in wheelchair service provision in wheelchair users in a less resourced setting: a cohort study in Indonesia.* BMC Health Services Research 16:26
- UN General Assembly, *Convention on the Rights of Persons with Disabilities : resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106*, available at: <https://www.refworld.org/docid/45f973632.html> [accessed 23 February 2019]
- Werner, D. (2009). *Disabled Village Children.* Berkeley, CA: The Hesperian Foundation.
- World Health Organization. (2008). *Guidelines on the provision of wheelchairs in less resourced settings.* Retrieved from <http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/>
- World Health Organization. (2012). *Wheelchair service training package – Basic level.* Retrieved from <http://www.who.int/disabilities/technology/wheelchairpackage/en/>
- Zollars, J.A. (2010). *Special Seating: An Illustrated Guide Revised Edition.* Albuquerque, NM: Prickly Pear Publications.

Additional Resources

You can find all of our resources on the partner website:

<https://www.freewheelchairmission.org/dp-home>

Password: GEN_123

Please join our Facebook group:

www.facebook.com/groups/FWMdistributionpartners

For information about other wheelchairs or training you can go to:

