Adult Power Tilt-in-Space

Request

Alberta Aids to Daily Living (AADL) Program

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Mail this form and 1250 Authorization form to: AADL, 10th Floor Milner Building, 10040 – 104 Street NW, Edmonton, Alberta T5J 0Z2.

1. Complete the form in the spaces provided, grading the client’s problem on a 1-5 range (5 being the most severe, and 1 indicating that the factor is not a problem).
2. Add clinical documentation to support the grading score.

Authorizer Name ___________________________ Authorizer No. ____________

Client Name ___________________________ PHN ____________

Diagnosis __________________________________________

☐ Yes ☐ No  Is client currently using a power tilt system?

☐ Yes ☐ No  Is client currently using a power tilt/recline system?

☐ Yes ☐ No  Is client currently using power elevating leg rests?

Describe why current base is no longer appropriate: ________________________________

GRADING

PHYSICAL FACTORS INDICATING NEED FOR TILT-IN-SPACE

1 2 3 4 5 Inability to maintain upright posture; describe: ________________________________

Degree of tilt needed to maintain trunk: _________

1 2 3 4 5 Inability to maintain upright head position; describe: ________________________________

Degree of tilt needed to maintain head position: _________

1 2 3 4 5 Inability to weight shift; describe: ________________________________

1 2 3 4 5 Reduced sitting tolerance due to fatigue; describe: ________________________________
1 2 3 4 5 Compromised respiratory system; describe: ______________________________

1 2 3 4 5 Pressure relief; describe history of skin problems: __________________________

1 2 3 4 5 Impaired sensation; describe: ______________________________

1 2 3 4 5 Improved ability to do ADLs; describe: ______________________________

1 2 3 4 5 Pain relief; describe problem: ______________________________

1 2 3 4 5 Feeding/swallowing concerns; describe problem: _______________________

1 2 3 4 5 Circulatory problems; describe: ______________________________

☐ Yes  ☐ No On trial, did client operate power tilt independently?

☐ Yes  ☐ No Function and Endurance: AADL expects that tilt-in-space will allow client to be in mobility base for a minimum of 8 consecutive hours. Sitting tolerance increased to 8 hours by tilt trial? If “No”, then how long? ___________

☐ Yes  ☐ No Postural Tone: Extensor pattern prevents sitting, and is reduced/broken by tilt-in space.

PHYSICAL FACTORS INDICATING NEED FOR POWER RECLINE

Does client need static or dynamic recline?  ☐ Static  ☐ Dynamic

If static recline, describe why the hip angle needs to be opened: ______________________________

If dynamic recline, describe why the hip angle needs to be changed frequently throughout the day:

PLEASE NOTE: Power elevating leg rests and foot boards are the financial responsibility of the Client.