Adult Manual Tilt-in-Space Request

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the Health Information Act, sections 33 and 34 of the Freedom of Information and Protection of Privacy Act (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations for the purpose of obtaining an AADL benefit. If you have any questions about the collection of this information, you can contact the Alberta Aids to Daily Living Program at Telus House, 13th Floor, 10020 100 Street NW, Edmonton, AB T5J 0N3; Telephone: 780-427-0731, Fax: 780-422-0968.

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. Document the rationale to support grading.

3. Mail this request form to AADL with 1251 for the adult’s tilt-in-space chair.

Client Name ____________________________ PHN ____________________________
Authorization Number ____________________________
Diagnosis ____________________________

**Physical Factors Indicating the Need for Tilt-in-Space:**

Inability to sit upright __________________________________________________________ 1 2 3 4 5
Neck/trunk hypotonia __________________________________________________________ 1 2 3 4 5
Reduced sitting tolerance due to fatigue __________________________________________ 1 2 3 4 5
(AADL expects that tilt-in-space will allow client to be in mobility base for a school day)

Increased to 6 hours by tilt trial? Yes _____ No _____
Extensor pattern broken by tilt-in-space? Yes _____ No _____
Need to reduce spinal deformity progression? ______________________________________ 1 2 3 4 5
Need to improve field of vision for ADL? ______________________________________ 1 2 3 4 5
Compromised respiratory system? ______________________________________ 1 2 3 4 5
Pressure relief? ______________________________________ 1 2 3 4 5
Pain relief? ______________________________________ 1 2 3 4 5
Feeding/swallowing concerns? ______________________________________ 1 2 3 4 5
Other? ______________________________________ 1 2 3 4 5

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