Considerations and Solutions for the Mobility Patient: Preventing low-cost solutions from becoming high-cost problems

Considerations: What we know can occur from long-term mobility deficits

☐ **Most common injuries and co-morbidities related to wheelchair use:**

Pressure/sheer injuries – ischial, sacral, coccyx, spinous process, heel and ball of feet

UE injuries – shoulder joint, torn biceps/triceps/carpal tunnel

LE Injuries – tissue injury, joint contractures

Trunk/pelvic – obliquities, rotations, Scoliosis, Kyphosis (cervical and thoracic)

☐ **High-risk clients:**

Any wheeled-mobility user who must sit for more than an hour.

Neurological deficits with resultant sensory and movement deficits (SCI, CVA) Stenosis

Pain patients -post-op, non-ambulatory and medicated.

Amputees

☐ **Ideal "Mobility Team" for your mobility patients:**

YOU – the Case Manager – patient's best advocate for care with all others involved

Physiatrist – Are trained and understand the non-ambulatory, seated client

PT/OT – trained in mobility, seating and positioning. Preferably a RESNA certified ATP or SMS

ATP/SMS Provider – choose one who is dedicated to this patient population.

Your patient – they must be a participant and understand the gravity of their situation

☐ **Thing you can do to help prevent and reduce unnecessary medical intervention and cost for our payer and most importantly, your patient:**

Advocate for your patient – payers and physicians will follow your lead. You have the skills and knowledge to make the case for better than "the least costly alternative."

Consider power or power assist over manual, or as another tool to prevent early overuse injuries.

Be firm with providers – let them know your expectations in return for your business. Request follow up for new equipment within the first week and then again 3 weeks out. *They work for you!*

Schedule regular and routine follow-ups to ensure solutions are working. *Do not think you can prescribe it, provide it and forget it. This is a prescription for disaster.*

RESOURCES

Southern California has several hospital and outpatient-based seating clinics:

Casa Colina Outpatient Services 909-596-7733

Rancho Los Amigos Outpatient Seating Clinic 562-385-7111

Precision Rehab 562-988-3570

These all have qualified, certified therapist on staff who are skilled and knowledgeable with seating and mobility.

For those who cannot arrange an evaluation at one of the above clinics due to insurance or travel concerns the alternative would be a home-based evaluation. I have been working with this population for many years and am available to assist when needed.

I apply **The Advanced Seating and Mobility Protocol** individually to each client. This approach ensures successful, long-term mobility solutions are provided and monitored for efficacy. From evaluation and throughout the life of your client we ensure your seated client's changing needs are caught early and resolved before new, progressing issues arise.

For more information or to find out if we can help your client:

702-235-9023 or steve.henry@mobilityworks.com

Steve Henry has dedicated his career in healthcare to improving the lives of those who use wheeled mobility. He is a RESNA certified ATP, SMS, NRRTS Certified Complex Rehab Technology Supplier and Certified Mobility Consultant.

He has worked in Home Health, DME, Infusion, Respiratory, Wound Care and Complex Rehab Equipment for the past 20 years. The last 11 years has been dedicated to evaluating and providing custom manual and power wheelchairs and seating to high-risk, complex mobility clients.