ALBERTA AIDS TO DAILY LIVING (AADL) MANUAL WHEELCHAIR ASSESSMENT TOOL

Client Name (Last) (First)	Personal Health Number (PHN)	Assessment Date Year Month Day

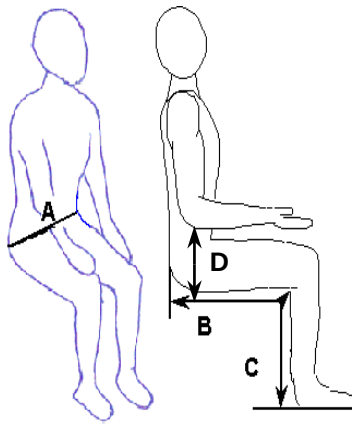
Diagnosis	Weight

Assessor Name (Last) (First)	Phone Number Area Code ( )	Signature

Primary Features of Requested Chair (What are the most important qualities the chair must have to adequately meet the client's needs?)	Secondary Features of Requested Chair (What other qualities would be desirable, but not as important as Primary Features?)

Intended Use of Wheelchair		Category of Wheelchair Client is Eligible for (check manual for definition and category descriptions)				
Amount of daily use (hours):						
Transfers (method):		R	A	B	C	T
Propulsion (method):	ARMS ☐ Yes ☐ No FEET ☐ Yes ☐ No COMBINED ☐ Yes ☐ No					

CLIENT MEASUREMENTS



Wheelchair Seat Width	
A – Hip Width:	
Thigh Width:	
Knee Width:	
Widest part when sitting:	
Plus 1.5" - 2.0": (min. clearance 1" each side)	
Upper trunk/shoulder width:	
If wider than hip, increase width	
Confirm Seat Width:	
Always consider	
Braces? Prostheses? Winter clothes?	
Meds affecting weight?	

Wheelchair Seat Depth	
B – Thigh Length:	
(Posterior Buttocks to Popliteal Fossa)	
LEFT	RIGHT
Are they equal? ☐ Yes ☐ No	
Confirm Seat Depth:	
Always consider:	
Minus 2" for foot propeller	
Wearing body jacket?	

Wheelchair Seat to Floor Height	
C – Lower Leg (heel of shoe to under thigh)	
a) for Foot Propeller:	
LEFT	RIGHT
b) for Arm Propeller:	
Add 2" ground clearance for foot pedals	
LEFT	RIGHT
Always consider:	
Affected by compressed height of cushion	
Cushion assessed?	
Cushion also needed?	
Foot propeller footrest will be close to ground	

Wheelchair Front Rigging Length	
C – Lower Leg (heel of shoe to under thigh)	
LEFT	RIGHT
Armrest Height	
D – Chair Seat to Elbow:	
Elbow flexed at 90, tip of elbow to seat	
Add 1" for lateral movement:	
Always consider:	
Include compressed cushion height	
Using trough? Using tray?	
Wheel size may affect how low armrest can be	

Wheelchair Back Height	
(includes cushion)	
Chair Seat to Axilla:	
(Buttocks to Inferior Tip of Scapula)	
Minus 3" – 4" (clear uprights):	
Confirm Back Height	
Always consider:	
Increase height for comfort/support	
Include compressed cushion height	
Are canes in way of quad hook?	
Do canes impede arm movement?	
Will push handle height work for caregiver	

Angles	LEFT	RIGHT
Hip Flexion - Angle of thigh to trunk		
Knee Flexion - Angle of thigh to calf		
Ankle Position - Angle of ankle to calf		
Always consider		
Does it affect w/c back angle need?		
Does it affect front rigging need?		
Does client need adjustable angle footplates?		

Weight Stability
Stable? ☐ Yes ☐ No
Is client likely to change?
☐ Yes ☐ No
Always consider:
Atrophy
Increased oedema
Weight likely to increase due to meds?
History of weight

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CHAIR DETAILS	ALWAYS CONSIDER
Maximum Overall Width of Chair: _____ Known restrictions?	Doorways in home Lift platform Camber increases width
Frame: ☐ Folding ☐ Rigid	Transportation How rigid is dismantled for transport
☐ **Upholstery** ☐ **Seating System Interface**	Seat clinic option
Portability – transportation, handling, storage Okay? ☐ Yes ☐ No	Need for quick release axles? Will family use quick release axles?
Rear Wheels: ☐ Spokes ☐ Mags Size: _____ **Tires**: ☐ Pneumatic ☐ Solids ☐ Urethane	Pneumatic increase maintenance, increase shock absorption Can client manage flats on pneumatics? Solids give easier ride on firm surface and absorb less shock
Casters Size: _____ Width _____ **Tires**: ☐ Pneumatic ☐ Solids ☐ Urethane	Caster may interfere with footrests, terrain, thresholds, flooring Pyramid style are difficult on carpets Can client manage flats on pneumatics? Need shock absorption?
Seat Angle: ☐ Flat ☐ Angled	Client needs dump? May affect foot propelling Client requires adjustability?
Back Angle: ☐ Recline ☐ Incline ☐ Tilt	
Camber: Does this affect your overall width restrictions? ☐ Yes ☐ No	Heavier clients in standard chairs over 20” in width tend to camber
Armrests: ☐ Full length/desk length ☐ Parallel ☐ Wrap around ☐ Flip Back ☐ Custom Mount	Transfer method Maintain balance Access table/desk Client’s doorway clearance (wrap or T reduce width) Full length support tray/trough better
Push Rims / Spacers / Rim Projections	Effect these have on overall width
Wheel Locks / Brakes: ☐ Push ☐ Pull ☐ Extensions	Push to lock with extensions may impede transfers Push to lock may get in way of fast propelling
Footrests: Angle adjustable for deformity? ☐ Yes ☐ No	Need clinical description on 1251 to justify angle adjustable footrests
Rigging / Hangers: ☐ Angle ☐ Elevating ☐ Release ☐ Heel Loops ☐ Toe Loops ☐ Heel Strap ☐ Ankle Strap ☐ Calf Pad ☐ Leg Rest Panel	Pin style may hit calf
Seat Belt: ☐ Auto ☐ Velcro	Cushion thickness affects length of belt needed
Cushion	Cushion size impacts chair seat to floor height
Amputee Adapter Needed: ☐ Yes ☐ No	
Stabilizers: ☐ Rear Anti-Tippers ☐ Forward Stabilizer	
Drop Base Needed: ☐ Yes ☐ No Inches: _____	How much drop is needed?
One Arm Drive Needed: ☐ Left ☐ Right	Will affect overall width
Special Back: See “V” Listing	Do you need upholstery or do you want to omit it?
Special Seating: ☐ Omit Back ☐ Omit Seat	Is client going to have special seating? Do you need upholstery? Have you checked with seating clinic?

ATTACHMENTS	OTHER FACTORS TO CONSIDER
☐ 1251 Authorization Form ☐ Arm muscle test (for C category chairs) ☐ Current spec. sheet	Environment/Operating Areas: Residence, Workplace, School, Institution, Leisure, Transportation - Public (fit lift platform)/Private (head clearance), Indoor/Outdoor/Terrain; Lifestyle; Perception/Cognition/Limitations/Impairments; Functional Abilities