

# AADL PEDIATRIC TILT-IN-SPACE REQUEST FORM

1. Complete the form in the spaces provided, grading the child'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. Send this request form to AADL with 1251 for child's tilt-in-space chair.

Seating Team Member \_\_\_\_\_ Authorizer Number \_\_\_\_\_

Client Name \_\_\_\_\_ PHN \_\_\_\_\_

Diagnosis \_\_\_\_\_

Current Mobility Base \_\_\_\_\_

Why current base is no longer appropriate \_\_\_\_\_

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

## GRADING

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  
child 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