

When Should I Return to Seating and Mobility Services?

Your child has received a wheelchair or mobility system and is sitting well in the new equipment. You return to your home and things seem to be going OK. How do you know when you should be returning to seating clinic?

This is a question that parents and caregivers frequently ask. For a variety of reasons, people may wait too long to initiate the re-referral process. Daily life is hectic and when you see your child everyday, you don't often notice subtle changes.

Children grow and change quickly and therefore require frequent adjustments and changes to their equipment. Children who are growing at a normal rate will typically require minor adjustments to their wheelchairs and seating systems every six months to a year, (i.e., adjusting footrest height or seat depth) and major growth adjustments every two to three years. Occasionally children may also require modifications for other medical reasons.

Quite often, children are seen by therapists on a consultation basis and it may be several months between appointments before the therapist is able to see your child in his/her wheelchair and is able to identify concerns. Arranging funding, ordering and receiving new equipment all take time and any problems or issues need to be identified as soon as possible.

What should I watch for?

You may need to return to the seating clinic if any of the following things occur. These may happen after your child receives a new seating and mobility device, after he/she physically grows or changes, or when his/her abilities improve or lessen.

A return to clinic may be for any one of the following reasons:

- Redness appears on areas of skin that does not disappear 10 minutes after your child is removed from the chair
- Any of the problems that initially brought you into the service continue
- Any piece of the wheelchair or seating system causes pain or makes your child uncomfortable
- Wheelchair/seating system does not seem to fit well for any reason
- Safety issues, such as your child constantly undoes the seatbelt, his/her feet or arms get caught, the wheelchair is tippy or your child is hanging off the shoulder straps
- Any sliding out of the seat, or the child's buttocks do not stay back in the wheelchair
- Knees are too wide apart or too close together while sitting in the wheelchair
- Feet are falling off the footrest
- Excessive leaning to one side or the other while sitting in the wheelchair
- Recent growth which makes the back height too short, the width of wheelchair seat too narrow, or the thighs sit above the seat cushion surface when the feet are on the footplates
- Any difficulties using the wheelchair should you move to a new home, change schools or buy a new vehicle
- Too tired or having difficulties pushing own chair either due to a change in physical strength or in the environment (i.e., attending high school or college where there is greater distance to travel)

- Medical changes such as surgery or a dislocation, a change in the shape of the child's back, a change in vision or seizure activity which affects posture or mobility
- Decreased tolerance in the ability to sit
- Constant repositioning required several times a day by a caregiver
- A change in ability to get out of the wheelchair independently
- Need for less support related to improvements in posture (i.e., may no longer require lateral supports)
- Need for more support (i.e., head not properly positioned on headrest, leaning in wheelchair)
- Increased need or ability for independent mobility
- A new electronic communication system or electronic aid to daily living is prescribed that will be used while the child is sitting in their seating system

What is the best way for me to monitor my child/youth?

Place a check mark on your calendar on the first day of each month. Use this to remind you to take out the above list and really have a good look at how your child is sitting in his or her wheelchair. Since you see your child everyday, it may be difficult to notice subtle changes with the seating system/wheelchair unless you do regular monthly checks. As the main caregiver of your child, you are the case manager and this information will empower you as you direct your child's services.

Whom should I see?

If possible, it is best to return to the seating and mobility service that originally prescribed the equipment. This service will have all the original information on your child and the equipment that was tried and prescribed at previous appointments.

How do I re-refer?

If your child has previously been seen by KidsAbility Seating and Mobility Services, and...

- you no longer have an Occupational or Physiotherapist servicing your child, please call Intake at 1-888-372-2259, Ext. 1214 or email intake@kidsability.ca
- you have an Occupational or Physiotherapist servicing your child, please discuss your needs with them and they will complete the application
- If you remain in service with Seating and Mobility, either speak with your ADP registered seating clinician or contact the Specialized Client Service Assistant at 518-886-8886 ext. 1373