

## Power Wheelchair: 13 Step "Mobility Exam" Documentation Summary

**Note>>** Due to Medicare's onerous documentation requirements we require that ALL patients be referred to an OT/PT for preparation of part of the mobility examination. **IN ADDITION**, The 13 items listed below must be addressed in the **PHYSICIANS** Office visit. Fill in the blank forms are NOT allowed. The following are SAMPLE medical record entries and are provided for educational purposes only:

**Please address ALL 13 of the following in a CHART NOTE using quantifiable, objective measures or test of the abnormal characteristic. Avoid vague / subjective terms:**

- 1> State reason for visit: Patient is here today for a MOBILITY EXAMINATION
- 2> Diagnosis: **CVA with right hemiplegia, Chronic Pain, CHF, COPD, Parkinson's, ETC.**
- 3> Vitals including: **Height, Weight, Heart Rate, O2 saturation with & w/o exertion (if applicable).**
- 4> Review of Systems / Note abnormal conditions: **Neuro / Extremity >Note UE/LE MMT ?/5 / HEENT**
- 5> List SPECIFIC Mobility Related ADL that requires use of powered wheelchair IN THE HOME. Must list **at least one:**

**RESPIRATORY ILLNESS SAMPLE:** "Patient is a XX year old with COPD, worsening gradually over the past year despite compliant use of XYZ meds, nebulizer & rescue inhalers. Now with the constant use of 2L NC O2 at home for the last month can no longer walk to the bathroom, 20 feet from the bed without becoming SOB. Patient has to stop and rest for 15 minutes before being able to resume ADL's."

**CARDIOVASCULAR ILLNESS SAMPLE:** "Patient is a XX year old with Coronary Artery Disease and reports heart racing, chest pain, SOB & weakness when walking (or pushing manual WC) 15 feet to get to the kitchen over the past 3 months. Patient becomes very unsteady when fatigued and is a high fall risk"

**NEUROMUSCULOSKELETAL SAMPLE:** A> "Patient suffers from severe osteoporosis, spinal stenosis and has become progressively weaker over the past 6 months. Patient reports he/she can no longer get to the kitchen or bathroom & can only walk 5 feet before their back pain rated at 8/10 becomes unbearable and has to sit down. B> "Patient walks with unsteady gait due to Parkinson's disease requiring contact guard assist for safety. He/She is not able to independently get to the bathroom & is a high fall risk.

- 6> Ambulation status: **Patient (Examples) A> cannot walk or B> can only walk 10 feet with caregiver assist or C> is dependent on caregiver to push in a manual WC D> Has used power WC for X years.**
- 7> Rule out Walker & Cane: **"A Walker is not appropriate because A> Patient cannot stand B> Pt has sharp leg pain rated X/10 with use C> Patient requires contact guard to mod assist with use of this device.**
- 8> Rule out Manual Wheelchair: **"Patient cannot propel any type manual wheelchair due to: A> UE/LE paralysis B> Hemiplegia C>Pain at X/10 with motion required to propel manual WC. D> Decreased UE strength 2+/5."**
- 9> Rule Out Scooter: **A>"Pt reports their home lacks the space required for use of a 3 wheeled scooter AND/OR B>"Patient cannot safely transfer to a scooter" or C>"Pt lack UE ROM to use tiller steering mechanism."**
- 10> Assessment / Plan: **"Patient is a good candidate for a power wheelchair to safely carry self the necessary distances in the home to use toilet/sink & kitchen facilities. Patient has mental & physical ability to safely do so.**
- 11> Description of Home: **"Patient reports home is amenable for use of a power wheelchair**
- 12> **SIGN & DATE** Chart note
- 13> **PREPARE RX FOR: 1) Power Wheelchair & 2) PT / OT Evaluation**

**FAX CHART NOTE & PRESCRIPTIONS TO: 888-814-6917**



Call (800) 290-5447 with any questions about the documentation requirements.