

# **An overview of the documentation required for MRES Wheelchair & Seating orders: Report Writing and using the Enable ACC Wheelchair Specification Forms**

Webinar presented by:

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## **Suggestions & Examples for the ACC7432 Wheelchair & Seating Assessment Report**

The suggestions provided in the ACC7432 report template below are relevant for clinical review of MRES orders, conducted by the Enable CSA team. However, additional information will also need to be included where applicable, to meet ACC requirements.

The information provided in selected sections of this document offer examples and suggestions for summarising the client's functional needs, however, certain sections have not been completed as they are self-explanatory and generally well understood.

## Part A – General information

### Sections 1-4:

Client / Supplier / ACC & Assessment details

## Part B – Background

### Section 5: Pre-injury profile

### Section 6: Injury & accident details

6. Injury & accident details	
Accident details:	<ul style="list-style-type: none"> <li>Date of injury</li> <li>General info about accident if available</li> </ul>
Injury details:	<ul style="list-style-type: none"> <li>Injury read codes</li> <li>Diagnosis e.g. level of spinal cord injury, AIS diagnosis, amputation (below or above knee), severe/moderate traumatic brain injury etc.</li> </ul>
Describe current treatment and rehabilitation relevant to the assessment and /or the client's wheeled mobility needs.	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>General Practitioner support</li> <li>Regular Spinal Unit Outreach reviews</li> <li>Training for Independence (TI) Programme/s – previous/current, disciplines involved, goals</li> <li>Specialist Nurse via Single Discipline Assessment (SDA), TI programme</li> <li>District Nursing via dressings, wound monitoring</li> <li>Relevant SDAs by other disciplines</li> <li>Vocational assessment/programme</li> </ul>

## Section 7, 8:

- Non-injury related information
- Current living arrangement/social support

## Section 9:

- Basic information about current wheelchair/wheelchairs
- List issues with current wheelchairs – do not need to discuss solutions to the issues in detail here

9. Current wheelchair, mobility and seating equipment
<p>Are there any issues with the client's current wheelchair, seating and positioning? No issues</p> <p>Yes – specify details:</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Beyond economic repair (BER)/requires replacement</li> <li>• Incorrect size equipment</li> <li>• Needs changed – Environment/use of equipment has changed</li> </ul>
Other postural management equipment
<p>What equipment do they have, for what reason, how is it used?</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Lying supports, profiling bed</li> <li>• Recliner chair</li> <li>• Commode chair</li> </ul>

## Part C – Injury-related wheelchair, seating and postural needs

### Sections 10, 11:

- Current issues – do not need to discuss solutions to the issues in detail here

10. Identifying needs	
Changes and barriers that are impacting on the client's ability to participate in everyday activities including risks to body function and structure.	
Mobility	
Community participation	<ul style="list-style-type: none"> <li>• Where do they go in the community?</li> <li>• How often do they/or want to, access the community?</li> <li>• Do they access the community independently/require assistance? What is assistance for?</li> <li>• Do they access the community in their chair and/or a vehicle?</li> </ul>
Wheelchair skills	<ul style="list-style-type: none"> <li>• What self-propelling ability/skills do they have e.g. can they 'pop a wheelie', manage hills, is shoulder integrity/pain an issue?</li> <li>• Do they have sufficient cognitive and visual skills for safe power chair driving?</li> <li>• Can they use a joystick/head array/alternative access for power chair?</li> </ul>
Transport	<ul style="list-style-type: none"> <li>• Do they travel as a passenger or driver?</li> <li>• Can they load their wheelchair in/out of the vehicle? Independently or with assistance?</li> <li>• Private/rental vehicle or are they reliant on taxi/companion driving service?</li> <li>• Do they travel in their wheelchair, or do they transfer to a car seat?</li> </ul>
Home	<ul style="list-style-type: none"> <li>• Any specific access issues or limited space in/out or within the home?</li> <li>• Have housing modifications been completed or in progress?</li> </ul>
Positioning	
Postural management	<ul style="list-style-type: none"> <li>• Relevant person measurements – seat width/depth</li> </ul>

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	<ul style="list-style-type: none"> <li>• Summary of Movement Assessment Tool (MAT) assessment – relevant</li> <li>• Range of motion (ROM) limitations – fixed/reducible?</li> <li>• Issues to be addressed with seating items</li> </ul>
Pain management	<ul style="list-style-type: none"> <li>• Visual analogue scale</li> <li>• Where on the body do they experience pain?</li> <li>• Is the pain musculoskeletal or neuropathic?</li> </ul>
<b>Social</b>	
Carers	<ul style="list-style-type: none"> <li>• Do they require assistance with daily activities? For what tasks?</li> <li>• Is the assistance paid? At what level e.g. 24-hour care, intermittent support for personal care, domestic activities?</li> <li>• Do they have natural support? Regular or intermittent?</li> </ul>
Family and friends	<ul style="list-style-type: none"> <li>• What are the changes and barriers to maintaining contact, connections with family/friends?</li> </ul>
Roles in family	<ul style="list-style-type: none"> <li>• What are the changes and barriers to maintaining roles within the family?</li> </ul>
Recreation and leisure	<ul style="list-style-type: none"> <li>• What are the changes and barriers to engaging in pre-injury recreation/leisure activities, developing new interests?</li> </ul>
<b>Activities of daily living</b>	
Communication	<ul style="list-style-type: none"> <li>• Are they able to verbalise their needs?</li> <li>• Do they need access to, and/or carry, a communication aid from their wheelchair?</li> </ul>
Transfers	<ul style="list-style-type: none"> <li>• Are they independent with transfers, or independent with set-up support?</li> <li>• How do they transfer e.g. sideways, with/without transfer board, standing transfer, with/without support of another?</li> <li>• Are they transferred using a hoist with support from 1 person? Or 2 people? Is the hoist mobile or is it an overhead/gantry hoist?</li> </ul>
Eating	<ul style="list-style-type: none"> <li>• Are they independent, or independent with set-up help?</li> <li>• Do they need to be able to wheel up to tables?</li> </ul>
Toileting & Bathing	<ul style="list-style-type: none"> <li>• Are they independent in an adapted environment?</li> <li>• Do they require equipment/assistance?</li> </ul>

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Vocational and educational	
Current work (if relevant)	<ul style="list-style-type: none"> <li>What was their pre-injury work role?</li> <li>What are the changes and barriers to returning to work?</li> </ul>
Future employment plans	<ul style="list-style-type: none"> <li>Are they considering a return to work in the short/medium/long term</li> </ul>
Education support	<ul style="list-style-type: none"> <li>What was their pre-injury educational level/setting?</li> <li>What are the changes and barriers to returning to an education setting?</li> </ul>
Future education plans	<ul style="list-style-type: none"> <li>Are they considering a return to study in the short/medium/long term?</li> </ul>
Other (specify)	
	<ul style="list-style-type: none"> <li></li> </ul>
11. Other	
Include any non-wheeled mobility and positioning issue (if relevant)	
Include information about other identified mobility or positioning equipment that may require further assessment/trial/replacement.	

## Part D – Goals

### Section 12:

- Summary of issues identified throughout the report.
- What have you done/are you proposing be done?
- What goals will this intervention address?
- What are the specific benefits of this type of equipment?

12. Interventions and the related goals		
Outline goals (using the Wheelchair Outcome Measure (WhOM), if familiar) including any clinical goals and any anticipated impact on carer support (please add more rows in table below – as required)		
Interventions	Goals	Benefits
<b>Examples:</b> Adjusted centre of gravity during assessment.	Increased independence while performing self-care and work activities.	Self-propelling will be easier with centre of gravity moved forward.

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Suggest trial of deeper lateral supports to back support.		Improved postural alignment will reduce the risk of permanent contractures and improve upper body function.
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## Part E – Detailed wheelchair and seating, postural management recommendations

### Sections 13–14

13. Wheelchair	
Wheelchair mode	Trial
Examples: TiLite ZRA	Yes No
Hawk – titanium	Yes No
<p>What impact will this have on the client's transport, home, work and education environments?</p> <ul style="list-style-type: none"> <li>• Ultra-lightweight wheelchairs for ease of lifting in/out of the car independently, several times per day</li> <li>• Both trial chairs are available on the ACC list</li> <li>• Both wheelchairs can be customised to address client's physical dimensions, postural and pressure needs.</li> </ul>	
14. Seating	
Detail of seating support	Trial
Examples: Varilite Icon Mid back support	Yes No
Dreamline Ignite Active back support	Yes No
<p>What impact will this have on the client's transport, home, work and education environments?</p> <ul style="list-style-type: none"> <li>• Low height backrests for active self-propulsion</li> <li>• Minimal lateral support required for postural support</li> <li>• Dreamline for comparison with Varilite list item.</li> </ul>	

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**Sections 15-19:**

- Postural management equipment
- Other accessories
- Related information
- Follow-up actions for case owner
- Declaration and signature