

# Mobility for Life

## Referral and outcome summary

### Completed by EMS Assessor

**Assessment date:** Monday, 8 June 2026

I confirm that I have informed the individual that their personal information is being collected by me and will be provided to Enable New Zealand for the purposes of referral, assessment, funding decisions, equipment provision, and related oversight under the Mobility for Life project.

Appointment details	
Telehealth appointment required to determine power wheelchair and seating solution	Yes
Clinic appointment required to set up purchased power wheelchair and seating	Yes
Venue address for clinic appointment	Dunstan Hospital Clyde

Person's details			
Last name	Bloggs	First name(s)	Jo
NHI Number	FDN222	Date of birth	30 April 1972
Gender	Female	Ethnicity	NZ European
Email address	<a href="mailto:Bloggs.j@gmail.com">Bloggs.j@gmail.com</a>	Phone number	027 111 2222

EMS Assessor's details			
Assessor name	Rachel Clooney	AEA number	RC1112223
Phone Number	027 222 3333	Email Address	<a href="mailto:clooney.r@hotmail.com">clooney.r@hotmail.com</a>
Accreditation	WMPML2		
Preferred method of contact	Email		
Preferred time/day for contact	Morning first thing Monday, Wednesday and Fridays		

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Eligibility	
Primary diagnosis	Multiple Sclerosis
Coexisting condition or other	Click or tap here to enter text.
Resides	Own home

## Explanation of Situation

### Person's goals

Please list the five goals identified in the WATCH or WATCH-Ad.

#### **Happiness**

To be able to get out and spend time in nature again, as this supports my wellbeing and happiness.

#### **Communication**

To be at eye level when talking with others so I can comfortably communicate and feel included in conversations, particularly at club and social gatherings.

#### **Self-esteem and confidence**

To return to cooking some meals for Doug, which will help me feel more confident and that I am contributing to our marriage.

#### **Activities and hobbies**

To be able to go on walks with Doug on local walkways for enjoyment and shared activity.

#### **Work**

To be able to independently travel to the local school so I can participate in volunteer work there.

### Background information

Describe the person's living situation, whānau, formal support, roles, any physical and/or emotional factors affecting them or their caregivers and predicted transitions.

Jo lives in her own home with her husband, Doug, in a rural area. Their house is a large, older-style home with sufficient internal space to accommodate a power wheelchair (PWC). A funded ramp has been installed at the front entrance, and there is a concreted area allowing their vehicle to be parked close to the house.

Doug works part-time from home in an IT role. Jo currently receives caregiver support five mornings per week for personal care, and again in the evenings to assist her to bed. Jo is no longer able to complete meal preparation independently. Cooking was previously a valued role for her, and its loss has impacted her sense of contribution within the household.

Jo previously worked as a teacher at the local school but has had to retire due to her condition. She would like to re-establish a role in the community by undertaking volunteer work at the local

school, supporting children with reading difficulties, if she can independently access the environment.

Jo and Doug were both keen hikers and regularly participated in day trips and local walks, adjusting distance and terrain as Jo's condition progressed. Due to her declining mobility, Jo is no longer able to participate in outdoor activities with Doug, which has contributed to a low mood and reduced wellbeing.

Doug is physically fit; however, the increasing demands of his role as Jo's primary informal carer, combined with changes to their shared activities and household roles, are beginning to impact his mental health and place strain on their relationship.

### Current functional ability and physical findings

Please include details of the persons current wheelchair and seating equipment, strengths, and functional limitations/disabilities.

Jo is currently using a Ki Rogue manual wheelchair (MWC) for her all-day mobility. She is experiencing difficulty self-propelling inside and needing to take frequent rests especially in the afternoon. At times she is needing to ask Doug to push her and the frequency of this appears to be increasing. Jo is currently using a standing hoist for transfers; however, it is anticipated that full hoisting will need to be explored in the near future. Should full hoisting be implemented, an increase in funded care hours may be required, as the care agency requires two caregivers for hoist transfers.

Jo presents with a reducible left pelvic obliquity and associated scoliosis. When fatigued and/or when spasms are triggered, she tends to adopt a posterior pelvic tilt. She has been experiencing pain and discomfort when sitting on the Stimulite cushion currently in use in her MWC.

### Clinical reasoning for your proposed solution

Please include rationale relating to the person's physical needs. Explain how the proposed solution will improve independence, participation, health, and wellbeing, now and over the next two years, and any potential risks of not providing this solution.

A power wheelchair (PWC) is required to enable Jo to maintain functional and independent mobility. She is no longer able to self-propel her MWC effectively and is dependent on Doug at times. Provision of a PWC will support Jo's independence, reduce reliance on others for mobility, and enable participation in meaningful roles at home and within the community.

A front-wheel drive (FWD) PWC is recommended to enable Jo to safely navigate uneven surfaces within her local environment. This will allow her to go on walks with Doug on local tracks, supporting her emotional wellbeing, shared leisure activities, and quality of life. The local school is situated on the outskirts of town and requires negotiating uneven ground; a FWD PWC will enable Jo to independently access this environment should she obtain voluntary work supporting

children with reading difficulties. This supports inclusion, purposeful occupation, and community participation.

Power tilt is required to support positioning, fatigue management, and pressure relief throughout the day. Tilt may also assist with gravity-assisted positioning during transfers into the PWC, reducing physical strain on caregivers and improving safety.

Power seat elevation is required to facilitate functional reach and enable Jo to participate in meal preparation tasks such as baking and preparing snacks. This will allow Jo to resume aspects of a valued domestic role, improving her sense of contribution within the household and reducing the physical and emotional load on Doug. Power seat elevation will also enhance Jo's participation and social inclusion in the community by enabling her to be at eye level with others during conversations.

Jo and Doug remain active members of the local hiking club, which meets monthly at the local pub, and they attend weekly "date nights" there. Power seat elevation will enable Jo to position herself at bar-leaner height during these social occasions, promoting inclusion, communication, and relationship wellbeing. Jo has the hand function and trunk rotation to benefit from power seat elevation for reach.

Power recline in conjunction with power elevating leg supports is required to enable a full body stretch, improve sitting tolerance, and assist with spasm management. This will support Jo's comfort, health, and endurance for all-day use of the PWC.

Elevating articulating leg supports are required to accommodate Jo's leg length and support appropriate lower limb positioning. As Jo requires hoisting assistance for transfers, these supports do not need to lower to the ground.

An Equagel Adjustable Protector cushion is required to provide long-term pressure relief and reduce Jo's pelvic obliquity. A Medifab Cushion Spacer Kit is required to provide a firm base for postural stability. Jo has trialled multiple cushions without success; she finds the Stimulite cushion too firm and was unable to manage a Roho cushion due to difficulty with air adjustment and stability. The proposed system is the most suitable option trialled to date and is required to support comfort, posture, and skin integrity.

A Spex straight back with sacral block and lateral trunk supports is recommended to improve postural alignment while maintaining functional upper-limb reach. A head support is required for

use in tilt, with a flip-down mechanism to facilitate future hoist transfers. An adapter plate is required to allow the back support system to interface with the PWC.

Over the next one to two years, Jo is likely to experience further mobility decline associated with her MS, resulting in increased reliance on Doug and her caregivers and reduced participation in meaningful roles at home and in the community if a PWC and appropriate seating is not provided.

### Proposed power wheelchair and seating solution

Please list the proposed solution. If a panel supplier is unable to provide a suitable seating solution, please outline the clinical and functional reasons why, and identify the panel seating options that have been considered and excluded.

Either the Q6 Edge 3.0, 4 Front 2 or the Permobil F5 is being requested and input is being requested to discuss this in a telehealth call (I am not sure if we should be going mid-wheel drive or rear-wheel drive and unsure which would provide better suspension for outdoor use) Power tilt, seat elevation, elevating articulating lower leg supports and recline is required as above

18x18" Equagel Adjustable Protector

18x18" Medifab Cushion Spacer Kit

18x20" Spex Straight back support

Pair of size three narrow Spex lateral trunk supports

Spex comfort head support with flip down mechanism

## Completed by Mobility for Life Clinical Lead

Details of telehealth appointment to problem-solve solution	
<b>Date</b>	11 June 2026
<b>Present</b>	Jo, Doug, Rachel (EMS Assessor), and Rach (Mobility for Life Clinical Lead, MFCL).
<b>Consultation notes</b> (new discussion points etc)	The advantages and limitations of mid-wheel drive (MWD) and front-wheel drive (FWD) PWCs were discussed with Jo and Doug. A MWD PWC offers a smaller turning circle, which can be an advantage for indoor use. In contrast, a FWD PWC provides improved performance over uneven outdoor terrain, and the MFCL has had good success with FWD PWCs in rural environments.

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	<p>Doug felt confident that a FWD PWC would be suitable within their home environment and classrooms at the local school. Jo's primary goal is to increase her ability to get out and about in the community. A FWD PWC will better enable this, supporting her independence, participation, and overall wellbeing. It will also allow Jo to independently access the local school, reducing barriers to her pursuing voluntary work there.</p> <p>FWD options available from panel suppliers were discussed. Jo's spasms are triggered when travelling over rough outdoor ground. The MFLCL has had some success using the Permobil F5 Corpus for an individual who required enhanced suspension and had trialled alternative PWCs.</p> <p>Power seat elevation is supported to enable Jo to resume aspects of her previous role in meal preparation, including baking, which is a valued activity for her. Power seat elevation will also support Jo's social participation by enabling her to be at eye level during conversations with Doug and others when out in the community. The Permobil F5 can be ordered without power anterior tilt and this is not needed for reach if power seat elevation is provided.</p> <p>The seating solutions requested by the EMS assessor are appropriate to meet Jo's postural and positioning needs and are supported.</p>
<p><b>Outcome and final solution</b></p>	<p>Permobil F5 with power tilt, seat elevation, elevating articulating lower leg supports and recline is required as per updated PWC form 25 6 26 RB</p> <p>18x18" Equagel Adjustable Protector as per quote 19 6 26          18x18" Medifab Cushion Spacer Kit as per quote 19 6 26          18x20" Spex Straight back support as per quote 19 6 26          Pair of size three narrow Spex lateral trunk supports as per quote 19 6 26          Spex comfort head support with flip down mechanism as per quote 19 6 26</p>
<p><b>Plan</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Solution meets Mobility for Life Research criteria and will be funded</li> <li><input checked="" type="checkbox"/> Clinical Lead to request power wheelchair quote and purchase of all equipment supported</li> <li><input type="checkbox"/> EMS Assessor to organise for all purchased equipment to be set up with the person and relevant suppliers outside of clinic</li> <li><input checked="" type="checkbox"/> Clinic appointment required for set up of all purchased equipment</li> <li><input type="checkbox"/> Solution does not meet Mobility for Life Research criteria, consider alternative solutions</li> </ul>

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	<input type="checkbox"/> Other: Enter text  <b>All solutions are supported and funded under the Mobility for Life Research Project for Power Wheelchairs. Any future solutions will need to be considered in accordance with the Disability Support Services (Ministry of Social Development) funding criteria and the processes in place at that time.</b>		
<b>Date completed</b>	11 June 2026		
<b>Name</b>	Rachel Brown	<b>Designation</b>	Mobility For Life Clinical Lead

<b>Details of appointment to set up power wheelchair and seating</b>			
<b>Date</b>	Date		
<b>Present</b>	People present		
<b>Consultation notes</b>	Click or tap here to enter text.		
<b>Date completed</b>	Date		
<b>Name</b>	Name	<b>Designation</b>	Designation

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