

Mobility for Life

Referral and outcome summary

Completed by EMS Assessor

Assessment date: Tuesday, 9 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	No
Clinic appointment required to set up purchased power wheelchair and seating	No
Venue address for clinic appointment	NA

Person's details			
Last name	Reihana	First name(s)	Sam
NHI Number	FDN1111	Date of birth	2 February 2015
Gender	Male	Ethnicity	Māori
Email address	Email address	Phone number	021 222 3333

EMS Assessor's details			
Assessor name	Jane Doe	AEA number	JD1112233
Phone Number	021 222 3333	Email Address	Doe.j@hotmail.com
Accreditation	WMPML2		
Preferred method of contact	Email		
Preferred time/day for contact	After 3pm Thursday and Friday		

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Eligibility	
Primary diagnosis	Cerebral Palsy
Coexisting condition or other	Seizures (nil for past five years)
Resides	Private rental

Explanation of Situation

Person's goals

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

Activities and hobbies

To participate more actively in Kapa Haka and be at a similar height to others so I feel included and can take part confidently.

Feeling included

To be able to eat at the same height as the rest of my whānau, without needing to sit lower with my tray on.

Independence

To be able to get my own drink from the fridge so I don't always have to wait for my brothers or mum to help me.

Carer wellbeing

To be able to do more things for myself so my mum doesn't need to help me as much.

Education

To be able to reach things independently at school so I can take part in learning activities when I start high school next year.

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.

Sam lives with his whānau in Rotorua in a rental property. The home has level access via the garage, with some tight turning areas inside. A wet area shower is installed.

Sam receives individualised funding, and his mother, Sarah, is funded to assist with all personal care. His father, Blair, works shift work, with fluctuating hours and days. Sam's grandmother also lives in the home; she has her own health issues and Sarah provides care for her as well. Sam has two brothers aged five and ten. The household is busy, and Sarah is managing multiple caregiving roles with limited formal support. The family is generally reluctant to accept formal services and relies on extended whānau support where possible.

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Sam currently attends primary school and travels to and from school via a wheelchair taxi. He has teacher aide support during the school day. Sam attends his local Kapa Haka group; however, he is becoming increasingly frustrated by his limited ability to participate fully. He enjoys singing but feels that his voice is not heard within the group. Sam is expected to transition to high school in approximately one year, which will increase expectations for independence, participation, and physical access.

Current functional ability and physical findings

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

Sam requires a power wheelchair (PWC) for his all-day mobility. His current PWC, a Jazzy 623 2.0 with older-style electronics, has recently been written off and only has power tilt.

Sam presents with contractures in his lower limbs and is unable to stand fully upright. He is currently transferring in a semi standing position; however, this method is not expected to be sustainable long-term. When fully supported in his standing frame, Sam demonstrates good forward reach, which is stronger than his lateral reach. He speaks softly, which impacts his ability to be heard in group settings.

Sam has high tone and requires supportive seating to provide postural stability, optimise function, and enable safe, comfortable participation in daily activities.

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 replacement PWC with additional power seat functions is required to support Sam's functional independence, participation, and inclusion at home, at school, and within the community, as well as to support his health and overall wellbeing.

A mid-wheel drive (MWD) PWC is recommended due to its smaller turning circle, which will support manoeuvrability within Sam's rental property, where there are tight turning spaces. This will enable Sam to move independently within his home environment and reduce reliance on his whānau for repositioning and mobility.

Power tilt is required to support positioning, manage tone, and improve sitting tolerance throughout the day. Tilt will also assist Sam to reposition himself after transfers, reducing physical strain on his caregivers.

Power anterior tilt is recommended to increase Sam's functional reach and participation in educational activities, particularly as he transitions to high school. Anterior tilt will support engagement in science and technology classes by enabling forward reach to desks and equipment. In the immediate term, this function will allow Sam to independently access drinks

and snacks from the fridge at home, supporting age-appropriate independence and reducing reliance on his mother.

When positioned in his standing frame, Sam's voice projection improves and he is less softly spoken. Based on this positioning, approximately 30 degrees of anterior tilt is being requested. Power anterior tilt will enable Sam to achieve a similar biomechanical position in his PWC, supporting improved voice projection during Kapa Haka sessions and increasing his height relative to peers, which will enhance his inclusion and participation.

Power seat elevation is required to enable Sam to be at the same height as his whānau during meals and snacks at the kitchen bench, promoting social inclusion and family participation. Power elevation will also support participation in Kapa Haka sessions. iLevel functionality will allow Sam to safely manoeuvre himself quicker while elevated, which would be at Kapa Haka and when participating in science labs at high school.

A Dreamline Support back support with BAC inserts is currently providing effective postural support and tone management. This has been recently funded and can be transferred to the proposed PWC, along with Sam's existing lateral trunk supports and head support.

Sam presents with a one inch upper leg length discrepancy and a reducible one inch left pelvic obliquity. He requires a cushion with a well-defined ischial shelf and deep sacral well to optimise pelvic stability, support alignment, and maintain comfort during prolonged seating.

The proposed solution has the immediate benefits of improved positioning, increased independence in daily activities, improved participation in whānau routines and Kapa Haka, and reduced caregiving demands on Sam's mother.

It will support Sam's transition to high school next year by enabling access, reach, participation in classroom activities, and age-appropriate independence, while promoting confidence, wellbeing, and social inclusion.

If the proposed solution is not provided, Sam is likely to experience increased reliance on caregivers, reduced participation in education and cultural activities, limited independence at home, and increased frustration, which may negatively impact his wellbeing and family dynamics.

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.

Q6 Edge 3.0 with TB 4 seating i.e. power posterior tilt, 30 degrees anterior tilt, power iLevel seat elevation and recline

The TB 4 seating has the advantage of iLevel for power seat elevation.

Given that Sam is transitioning from a PWC with non-expandable electronics the memory functions option on this seating will assist with ease of use. Sam and his whanau are well known

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to Allied, have a good relationship with this company and are keen to stay with the same supplier.

Sam has tried the Dreamline STX2 which has multiple adjustment and ischial shelf options and the sacral well was not deep enough on this to provide stability although it did reduce his obliquity. A Forward cushion provided some stability but did not reduce his pelvic obliquity. A Spex high contour cushion will not provide the accuracy of the ischial shelf needed.

A custom cushion is needed with deep sacral well and to accommodate Sams pelvic obliquity

Completed by Mobility for Life Clinical Lead

Details of telehealth appointment to problem-solve solution	
Date	NA/Not required
Present	NA/Not required
Consultation notes (new discussion points etc)	<p>The EMS Assessor has provided clear clinical rationale that aligns with the Mobility for Life Research criteria. The proposed drive style appropriately meets Sam’s mobility needs, and the selected PWC is sourced from a panel supplier with whom both the family and the EMS Assessor have an established and positive working relationship. This supports effective communication, continuity of care, and the likelihood of a successful outcome.</p> <p>Power anterior tilt will support Sam’s functional reach in the immediate term and as he transitions to high school, enhancing independence and participation within both the home and school environments. In addition, power anterior tilt will assist with improved voice projection and engagement in the cultural activities that are important to Sam. Power seat elevation will enable Sam to participate more fully in mealtimes and social interactions. The PWC and power seat functions directly support Sam’s identified goals.</p> <p>Panel cushion options, including fully configurable solutions, have been trialled without success and have been fully discounted. Off-the-shelf cushion options will not provide the fine tuning required in the ischial shelf and sacral well necessary for Sam’s pelvic stability. The seating request has been peer-reviewed by the Mobility for Life Clinical Lead, and a custom cushion is supported as the most appropriate solution to meet Sam’s postural and positioning needs.</p>

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Outcome and final solution	Purchase: Q6 Edge 3.0 with TB 4 seating i.e. power posterior tilt, 30 degrees anterior tilt, power iLevel seat elevation and recline as per updated PWC form 11 6 26 RB Custom cushion with two outer covers and one incontinence cover as per quote 10 6 26		
Plan	<input checked="" type="checkbox"/> Solution meets Mobility for Life Research criteria and will be funded <input checked="" type="checkbox"/> Clinical Lead to request power wheelchair quote and purchase of all equipment supported <input checked="" type="checkbox"/> EMS Assessor to organise for all purchased equipment to be set up with the person and relevant suppliers outside of clinic <input type="checkbox"/> Clinic appointment required for set up of all purchased equipment <input type="checkbox"/> Solution does not meet Mobility for Life Research criteria, consider alternative solutions <input type="checkbox"/> Other: Enter text 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.		
Date completed	11 June 2026		
Name	Rachel Brown	Designation	Mobility for Life Clinical Lead

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

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