



# **An overview of the documentation required for MRES Wheelchair & Seating orders:**

## **Report Writing and using the Enable ACC Wheelchair Specification Forms**

Presented by:

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# Karakia timatanga

Kia hora te marino

Kia whakapapa pounamu te moana

Hei huarahi mā tatou i te rangi nei

Aroha atu, aroha mai

Tātou i a tatou katoa

Hui e, Tāiki e!

May peace be widespread

May the sea be like greenstone

A pathway for us all this day

Let us show respect for each other

For one another

Bind us all together!



# Objectives

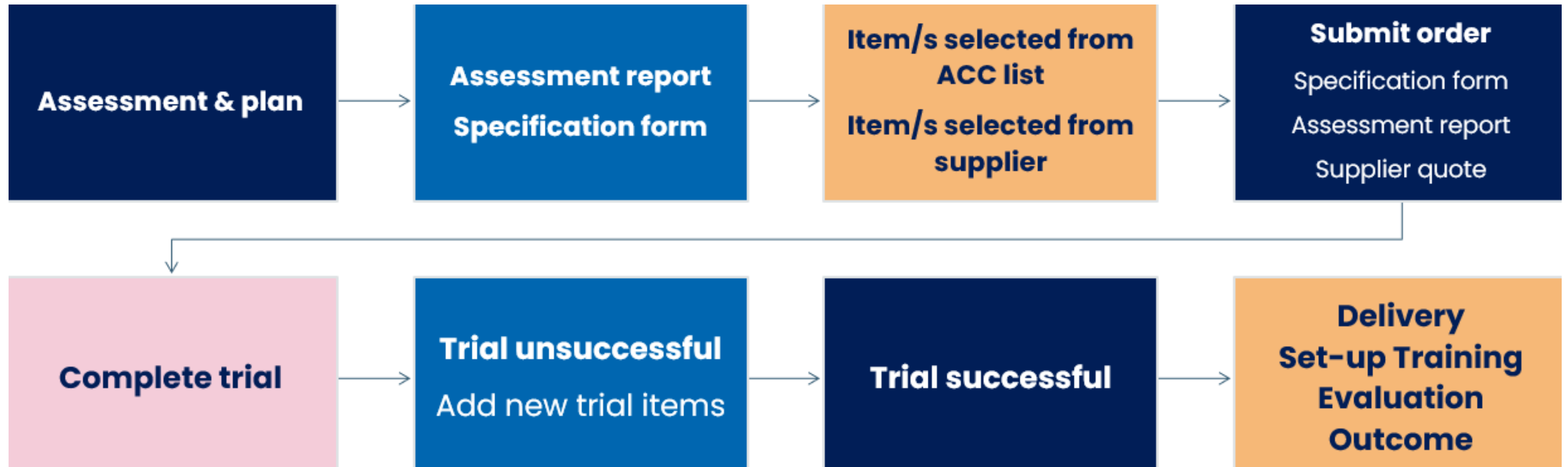
- Introductions
- Assistive Technology process
- Assessor considerations
- ACC Wheelchair & Seating Assessment reports
- Updated Wheelchair Specification forms
- Specification vs Prescription forms



# Poll



# Assistive Technology Process



# Considerations for Assessors

- Scope of practice
- Level of experience & knowledge
- Peer review or other support
- List options first
- Role of suppliers





# Wheelchair and Seating Assessment Reports

## **ACC7432: Wheelchair & Seating – assessment, plan and recommendations report**

- Background information
- Issues identified in assessment
- Proposed solutions

## **ACC7433: Wheelchair & Seating – progress and completion report**

- What has occurred since the assessment
- Outcomes from trials and final solutions





# ACC7432: Wheelchair & seating – assessment, plan and recommendations report

## Part A – General information

**Sections 1–4:** Client / Supplier / ACC details

## Part B – Background

**Section 5:** Pre-injury profile

**Section 6:** Injury & accident details

6. Injury & accident details	
Accident details:	<p>Date of injury</p> <p>General info about accident if available</p>
Injury details:	<p>Specific injury:</p> <ul style="list-style-type: none"><li>• Read codes</li><li>• Diagnosis i.e. 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.	<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>• SDAs by other disciplines</li><li>• Vocational assessment/programme</li></ul>



# ACC7432: Wheelchair & seating – assessment, plan and recommendations report

## Part B: Cont'd

### Sections 7: Non-injury related information

### Section 8: Current living arrangement/social support

### Section 9: Current wheelchair, mobility and seating equipment

Identify the issues with the current equipment

#### 9. Current wheelchair, mobility and seating equipment

Are there any issues with the client's current wheelchair, seating and positioning? ☐ No issues

☒ Yes – specify details:

#### Examples:

- Beyond economic repair (BER)/requires replacement
- Incorrect size equipment
- Needs changed – Environment/use of equipment has changed

# ACC7432: Wheelchair & seating – assessment, plan and recommendations report

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

### Sections 10 & 11: Identifying needs

Identify the functional issues with the current equipment

Positioning	
Postural management	<ul style="list-style-type: none"><li>• Relevant measurements – seat width/depth</li><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>• Musculoskeletal or neuropathic?</li></ul>
Pressure management	<ul style="list-style-type: none"><li>• History of pressure injuries</li><li>• Current areas of concern/pressure injuries – Stages of any wounds</li><li>• Assessment of risk e.g. Braden, <u>Waterlow</u>; include other risk factors</li><li>• Pressure relieving techniques and/or equipment in situ</li></ul>

Waterlow, J. (1985). Pressure sores: a risk assessment card. Nursing Times, 81(48), 49–55.

Bergstrom, N., Braden, B. J., Laguzza, A., & Holman, V. (1987).1 The Braden Scale for Predicting Pressure Sore Risk. Nursing Research, 36(4), 205–210.2



# ACC7432: Wheelchair & seating – assessment, plan and recommendations report

## Part D – Goals Section 12: Interventions and the related goals

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
Example:  Adjusted centre of gravity during assessment.  Trial deeper lateral supports to back support.	Increased independence while performing self-care and work activities.	Self-propelling will be easier with centre of gravity moved forward.  Improved postural alignment will reduce the risk of permanent contractures and improve upper body function.

# ACC7432: Wheelchair & seating – assessment, plan and recommendations report

## Part E – Detailed wheelchair and seating, postural management recommendations

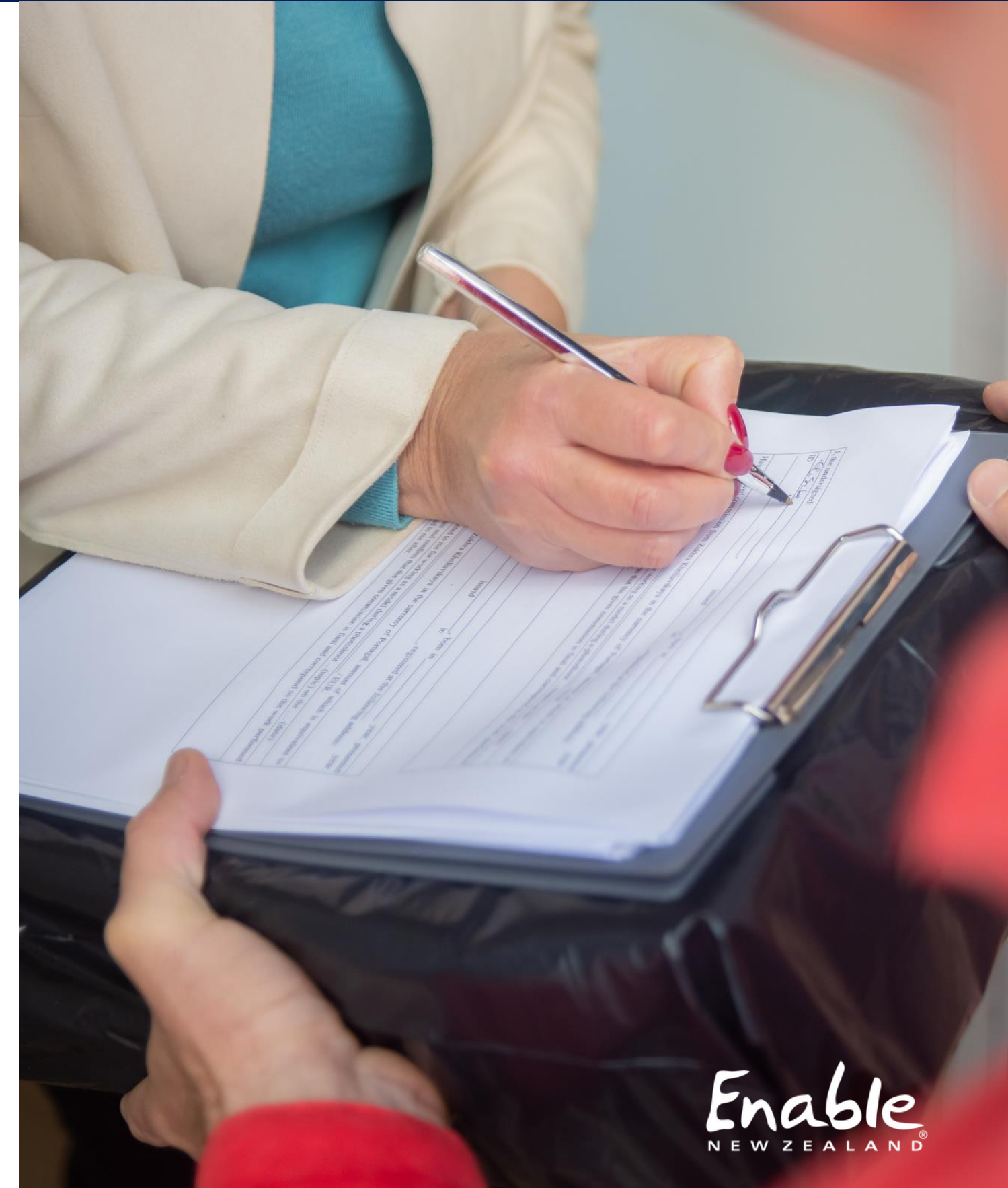
### Section 13: Wheelchair

13. Wheelchair	
Wheelchair Model	Trial
<u>TiLite</u> ZRA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hawk – titanium	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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>	



# Benefits of using the specification form

- Identifies specific needs or requirements
- Supports wheelchair selection
- Facilitates clear communication
  - Suppliers
  - Assessor
  - Enable New Zealand
- Streamlines the equipment trial and purchase processes
  - Provides consistency and quality



# ACC MRES wheelchair specification forms



## ACC MRES Manual Wheelchair Specification form

A specification form must accompany an MRES order for a Complex or Non-List manual wheelchair, and some Standard List options (marked in catalogue).  
If you need support, please contact the MRES Clinical Advisory Services team at [acc.advisor@enable.co.nz](mailto:acc.advisor@enable.co.nz)

<b>Client name</b>	First and Last name	<b>Assessor name</b>	Name.
<b>Date of Birth</b>	Enter date of birth.	<b>Assessor contact details</b>	Contact details.
<b>User weight</b>	User weight.	<b>Order number</b>	Order number.

Provide all measurements in mm, inches where appropriate.

<b>Preferred model and style</b> <i>(eg: folding, rigid, tilt in space, ultralightweight, frame material etc):</i>		Click or tap here to enter text.	
<input type="checkbox"/> Similar options can be considered			
<b>Seat width</b>	In mm or Inch	<b>Seat depth</b>	In mm or Inch
<b>Seat to footplate height</b> <i>Without cushion</i>	In mm or Inch	<b>COG position</b>	Specify
<b>Rear wheel size / type</b>	Specify	<b>Caster wheel size / type</b>	Specify
<b>Camber:</b>	Degrees		
<b>Back post height</b>	In mm or Inch	<b>Front seat to floor height</b>	In mm or Inch
<b>Push handles required</b>	Yes or No	<b>Rear to floor height</b>	In mm or Inch
<b>Front hanger angle</b>	Degrees	<b>Fixed font / swing away</b>	Specify
<b>Brake type</b>	Specify	<b>Pelvic positioning belt size / type</b>	Specify
<b>Leg / foot support requirements</b>	Specify	<b>Arm support requirements</b>	Specify
<b>Back upholstery required</b>	<input type="checkbox"/> None	<input type="checkbox"/> Standard	<input type="checkbox"/> Tension Adjustable upholstery (TAU)
<b>Back support details</b> <i>(If back upholstery is not being used) eg. active contour, deep contour, planar, modular, height, width etc</i>		Enter text	
<b>Other Requirements:</b> <i>eg other wheelchair accessories and/or seating</i>		Enter text	





# ACC MRES wheelchair specification forms



## ACC MRES Power Wheelchair Specification form

A specification form must accompany an MRES order for a power wheelchair. If you need support, please contact the MRES Clinical Advisory Services team at [acc.advisor@enable.co.nz](mailto:acc.advisor@enable.co.nz)

Client name	First and Last name	Assessor name	First and Last name
Date of Birth	Enter date of birth	Assessor contact details	Contact details
User weight	User Weight	Order number	Order number


Please provide all measurements in mm or inches

<b>Preferred model and style</b> (eg: portable/folding; mid-wheel drive etc): Click or tap here to enter text.			
<input type="checkbox"/> Similar options can be considered			
Seat width    In mm or Inch		Seat depth    In mm or Inch	
<b>Power seat functions:</b>			
<input type="checkbox"/> Power tilt	<input type="checkbox"/> Power recline	<input type="checkbox"/> Power anterior tilt*	
<input type="checkbox"/> Power seat elevation	<input type="checkbox"/> Power elevating leg supports*	<input type="checkbox"/> Power standing	
Floor to seat pan height:    In mm or Inch		Seat pan to footplate height:    In mm or Inch	
Controller:	<input type="checkbox"/> Left side	<input type="checkbox"/> Right side	<input type="checkbox"/> Attendant control
<b>Alternative switch / driving control</b> (eg: head array, chin control etc):		Specify	
<b>Leg / foot support requirements</b> (eg. Swing-away, centre-mount, angle-adjustable foot support etc):		Specify	
<b>Arm support requirements:</b>		Specify	
<b>Pelvic positioning belt size / type:</b>		Specify	
<b>Back support details</b> (eg. Active contour, deep contour, planar, modular, height, width etc)		Specify	
<b>Other Requirements:</b> (eg other wheelchair accessories and/or seating): *Specify power elevating leg support and anterior tilt details here, if requested.		Specify	



# Finding the wheelchair specification form

Available on the online equipment list



**Wheelchair – manual – fully configurable – folding**

Quickie 2  
Folding

**Base unit includes:**  
Quickie 2

- DAB depth & angle adjustable backrest
- 24" lite spoke rear wheels
- Anodised push rims
- Marathon plus tyres 5" x 1.5" semi-pneumatic castors
- Single post height adjustable armrests with full length pads
- 80-degree swingaway footrest hangers
- Aluminium angle adjustable footplates
- 16" high 3DX tension adjustable back upholstery
- Integrated push handles
- Anti-tips
- Colour is black opal

**Maximum user weight range:**  
136kg standard and 158kg heavy duty

**Supplier:** Medifab

**Brand:** Quickie

**Max user weight:** 158kgs

Wheelchairs & seating

Complex list

**Request requirements**

- ✓ Wheelchair & seating assessment report
- ✓ [ACC MRES MWC specification form](#)
- ✓ Supplier quote



# Finding the wheelchair specification form

Available on the Enable website

Enable.co.nz → Tools & Resources  
→ Find documents and forms

**Search for documents and forms**

You can filter by document type or topic, or use our keyword search to get to the document you need.

acc wheelchair specification form

Topic: Please select... Type: Please select... Go

**Available documents for "acc wheelchair specification form"**

**ACC Manual Wheelchair Specification Form**  
Form  
This form is for ACC assessors to fill out regarding Manual Wheelchairs  
Published: July 22nd, 2022  
ACC Assessors Equipment  
Available formats: DOCX 82.03 KB Download

**ACC Power Wheelchair Specification Form**  
Form  
This form is for ACC assessors to fill out regarding Power Wheelchairs.  
Published: July 22nd, 2022  
Assessors ACC Equipment  
Available formats: DOCX 85.25 KB Download

# Specification form vs Prescription form

## Specification Form

- Assists with identifying wheelchair options
- Outlines the technical characteristics

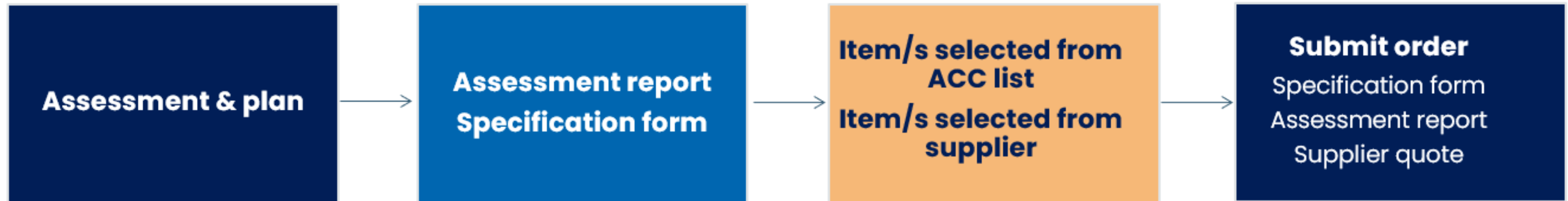
## Prescription (script) form

- Suppliers have their own script forms for each wheelchair
- Typically used when a specific wheelchair has been selected for purchase
- May indicate pricing and outline exact components of the wheelchair
  - Assessors to review quotes
  - Assessors to account for the extras or upcharges in assessment report





# Key points

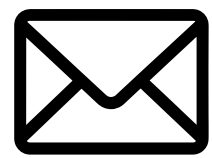


- Scope of practice, strengths and limitations
- Best clinical practice when completing:
  - Wheelchair and seating assessment report
  - ACC MRES wheelchair specification form
- Difference between specification form and prescription form

# Contact us



[enable.co.nz](https://enable.co.nz)



[acc.advisor@enable.co.nz](mailto:acc.advisor@enable.co.nz)



0800 362 253





# Closing Karakia

**Kia whakairia te tapu  
Kia wātea ai te ara  
Kia turuki whakataha ai  
Kia turuki whakataha ai  
Haumi e, Hui e, Tāiki e!**

**Restrictions are moved aside  
So the pathways are clear  
To return to everyday activities**