

# Elements to Consider for Clinical Documentation of Services for Mobility Devices



The goal of providing services and recommending equipment is for the patient to return to or maintain the highest level of function and independence realistically attainable, considering immediate and future anticipated needs and environments the patient typically encounters.

Examples of mobility assistive equipment are canes, walkers, rollators, manual and power wheelchairs, seating systems, and accessories. Related therapy services include gait training, transfer training, manual or power wheelchair mobility skills training, functional mobility skills, and caregiver training.

The following tables include elements to consider for your documentation, in addition to other relevant details. You don't need to address each element in every evaluation if it isn't relevant, but it's a good idea to acknowledge that you considered it.

## Intake and History

Element	Describe patient's environment, functions, activities and limitation, and participation and restrictions on a typical day (include as much objective information as possible)
Who was present	Names of those present during the examination such as clinician, supplier, family, and caregivers.
Demographic information	General demographics such as name, age, gender, height, and weight.
Referral mechanism	Specify if self-referral or request from another practitioner.
Referring medical diagnosis	Onset date, prognosis, and progression, specifying ICD codes related to positioning and/or mobility impairment.
Medical/surgical history	Pertinent history related to positioning and mobility impairment.
Reason for referral/chief complaint	Such as functional positioning and/or mobility limitation, assistance and devices needed, and changes that require a new device.
History of positioning and/or mobility problem	Progression of positioning/mobility limitation, technology used or tried, medical, surgical, and treatment interventions, and results of interventions.
Treatment diagnosis/ICD-10 related to positioning and/or mobility problem	Review payer policies for eligible ICD-10 codes that support medical necessity such as abnormal posture, abnormal gait, lack of coordination, abnormal involuntary movements, pressure ulcer, and pain.
Patient/family/caregiver goals	Goals for clinical services and for seating and mobility assistive equipment
Social status	Living situation such as living alone, living with family, significant other or caregiver, and receiving attendant care, including hours per week and assistance provided.
Home environment and accessibility	Type of home such as ranch or split-level house, apartment, mobile home, and assisted living; and accessibility such as entrance, doorways, floor surfaces, and measurements.

Environmental accessibility	Terrain(s) typically encountered such as grass, gravel, hills, side slopes, inclement weather, and descriptions of environmental barriers or facilitators.
Employment/work status (job/school)	Occupation, including description of typical job duties; school or work tasks and functions; and workstation accessibility needs.
General health status	Past and current social and health habits.
Functional status/activity level	Self-care; routine daily activities such as medical appointments, cooking and cleaning, shopping, and recreation; roles and responsibilities such as parent and primary caregiver; and prior level of functioning.
Transportation	Driver or passenger in vehicle seat or in wheelchair; transfer type; transportation type; wheelchair storage location such as passenger seat, trunk, and exterior lift; wheelchair securement such as tie down and docking system; and occupant restraint mechanism.

### Equipment Assessment

Element	Describe equipment-specific information.
Existing equipment	Mobility assistive equipment such as cane, walker, manual or power wheelchair, and scooter; bathroom equipment; modifications to other devices, home, and vehicle; and prosthetics or orthotics.
Current seating and mobility equipment	What worked and didn't work, position/function from current equipment; make, model, serial number, condition, size, age, supplier, and payer; and reason for new equipment.

### Functional Assessment

Element	Subjective and objective evaluations of performance and functional abilities to establish activity level, level of positioning, and mobility impairment, indicating prognosis for potential restoration of function.
ADL/IADL status	Specific mobility equipment and assistance needed to perform ADLs and IADLs.
Mobility status	Bed mobility, transfer status, and ability to weight shift, including method(s) used and their effectiveness.
Ambulation status	Level of ambulation including assistance needed, devices used including prostheses or orthoses, distance, speed, safety, surfaces, standing balance, standing endurance, and fall risk.
Wheelchair propulsion status	Level of propulsion assistance needed; device used; distance; speed; safety, surfaces encountered, level of skills such as inclines, rear wheel balancing, curb cuts, door thresholds, and curbs; and power mobility status such as input device, safety, and surfaces.
Endurance	Activity tolerance, duration, intensity, and sitting time.

## Screening of Body Functions

Element	Results may determine the need for further physical examination, referral, or consideration of seating/mobility needs
Cardiovascular, pulmonary, and circulatory status	Heart rate, blood pressure, respiratory rate, oxygen saturation, response to activity, supplemental oxygen, ventilator support, edema, and lymphedema, and the impact on mobility.
GI system review	Swallowing, percutaneous endoscopic gastrostomy tube feeding, digestion including absence or presence of reflux, and the impact on positioning.
Cognitive status	Memory skills, problem solving, judgment and safety, attention and concentration, learning skills, perceptual deficits, and behavioral issues.
Communication	Expressive and receptive abilities, ability to communicate needs, device(s) used to communicate, and integration needs.
Vision and hearing status	Functional, corrective, impact on use of mobility device.

## Physical Examination and Test and Measures

Element	Describe body functions and structures that are responsible for the patient's positioning and/or mobility impairment
Sensation	Intact, impaired, or absent, and description of location.
Pain	Location, severity, what exacerbates it, and what relieves it
Skin integrity	Skin inspection, current and past history of pressure ulcers (location, stage, any surgery), scar formation, risk factors, and hours spent sitting per day.
Skeletal alignment and posture	Sitting, active and passive supine, flexible, and fixed.
Balance	Static and dynamic sitting and standing balance, and supports needed.
Strength	Manual muscle test and muscular endurance assessment.
Range of motion (muscle length and joint mobility and flexibility)	Goniometry of extremities, flexibility of pelvis and trunk, hip flexion, popliteal angle, ankle dorsiflexion, and upper extremity range of motion that impacts propulsion and access.
Bowel and bladder functions	Continent versus incontinent and frequency of incontinency; use of catheter such as self-catheter, intermittent, and suprapubic.
Neuromuscular status	Muscle tone, reflexive responses, coordination, motor control, and impact on function.

## Wheelchair Assessment

Element	Describe technology-specific trial, simulation, and specification
Technology trial and simulation	Equipment features trialed and the trial results.
Measurements	Body measurements such as hip width, sacrum to popliteal fossa, lower leg length, shoulder height, and elbow height.
Person-technology match	Discuss benefits and tradeoffs of equipment features with patient and family, and identify technology features needed to attain identified goals.

## Evaluation and Plan of Care

Element	Describe goals, interventions, recommended equipment, feature specification and clinical rationale, duration and frequency of services required to attain goals, and anticipated discharge plan.
Diagnosis related to positioning and/or mobility limitation	Factors that are influencing the patient's condition and/or level of functioning in their environment. Diagnosis code must correspond to payer coverage policy. Review payer policy for eligibility criteria.
Problem list	Identification of problems pertinent to patient management, clinical services, and necessary and recommended mobility assistive equipment.
Goals for treatment intervention	Stated in measurable terms with expected completion date, appropriate for patient and diagnosis.
Goals for intervention and expected Outcome	A realistic evaluation of the patient's functional potential with the use of the recommended equipment, stated in measurable terms related to functional activity.
Plan for interventions and/or additional tests and measures	Pressure mapping, equipment trial or simulation, assistive technology assessment, custom molding, fitting, manual wheelchair skills training, power mobility training, patient and family teaching, frequency and duration of visits, and summary of discharge plan.
Equipment recommendation	Details of recommended equipment features and clinical rationale for items requested.

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