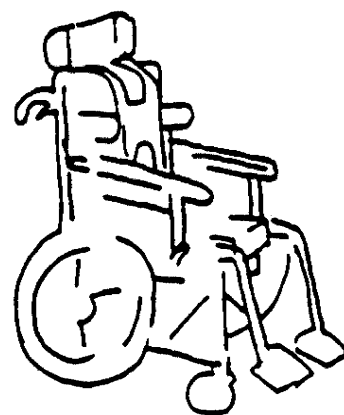


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# Wheelchair Basics

*For  
School Based  
Therapists*



Written by Alixe Bonardi OTR/L and Josh Kammerman PT

Thanks to: NYC Board of Education Office of Related and Contractual Services for their support of this project and to the OT and PT staff at P.S. 79 and the 1997 Summer Institute participants for their support and feedback. A special thanks to Helen Lim PT for her excellent editorial help.

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# Wheelchair Basics For school based therapists

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## Introduction:

This manual was written for school based therapists who work with students who use wheelchairs. Each therapist brings a varied knowledge base regarding wheelchairs, their function and maintenance. The intention of this manual is to:

- Introduce basic seating principles and offer some clinical solutions to problems that may arise with wheelchair positioning.
- Review how to get a new wheelchair or wheelchair modifications for a student through the student's equipment clinic.

Many sections of this manual are presented in a question and answer format to reflect some of the most common questions that therapists have when they begin to work with students who are in wheelchairs.

## Overview:

### **"As a school based therapist, what are my responsibilities regarding my student's wheelchairs?"**

As the school based therapist, you are responsible to monitor and take necessary steps to make sure the wheelchair is safe, working well, fits the student, and allows the student to be as functional in the school environment as possible.

### **"Are the roles of O.T.s and P.T.s the same regarding these responsibilities?"**

Within the New York Board of Education, Occupational And Physical therapists share responsibilities for wheelchairs. Occupational and physical therapists in each school setting should coordinate the handling of issues regarding wheelchairs.

**“Can you show me a typical wheelchair I might see in the school and go over the parts?”**

A wheelchair is made up of 2 major components, the mobility base and the seating system (Wheelchair = Mobility Base + Seating System)

**1. Mobility Base**

(Mobility base = wheelchair frame (metal part) + wheels)

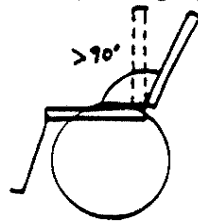
**2. Seating System (also called postural support system)**

(Seating system = seat, back, and any other postural support components such as headrest, trunk laterals, harness)

\* A classroom chair is also a seating system

**“Can you review ‘reclining’ vs. ‘tilt-in-space’?”**

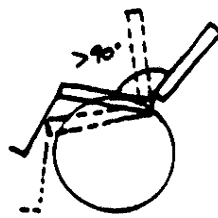
A seating system can be:



**1. Reclined:** The seat to back angle is opened to greater than 90. This can either be fixed or adjustable with a reclining mechanism.



**2. Tilt-in-space:** The seat to back angle remains the same and the whole seat and back can be tilted.

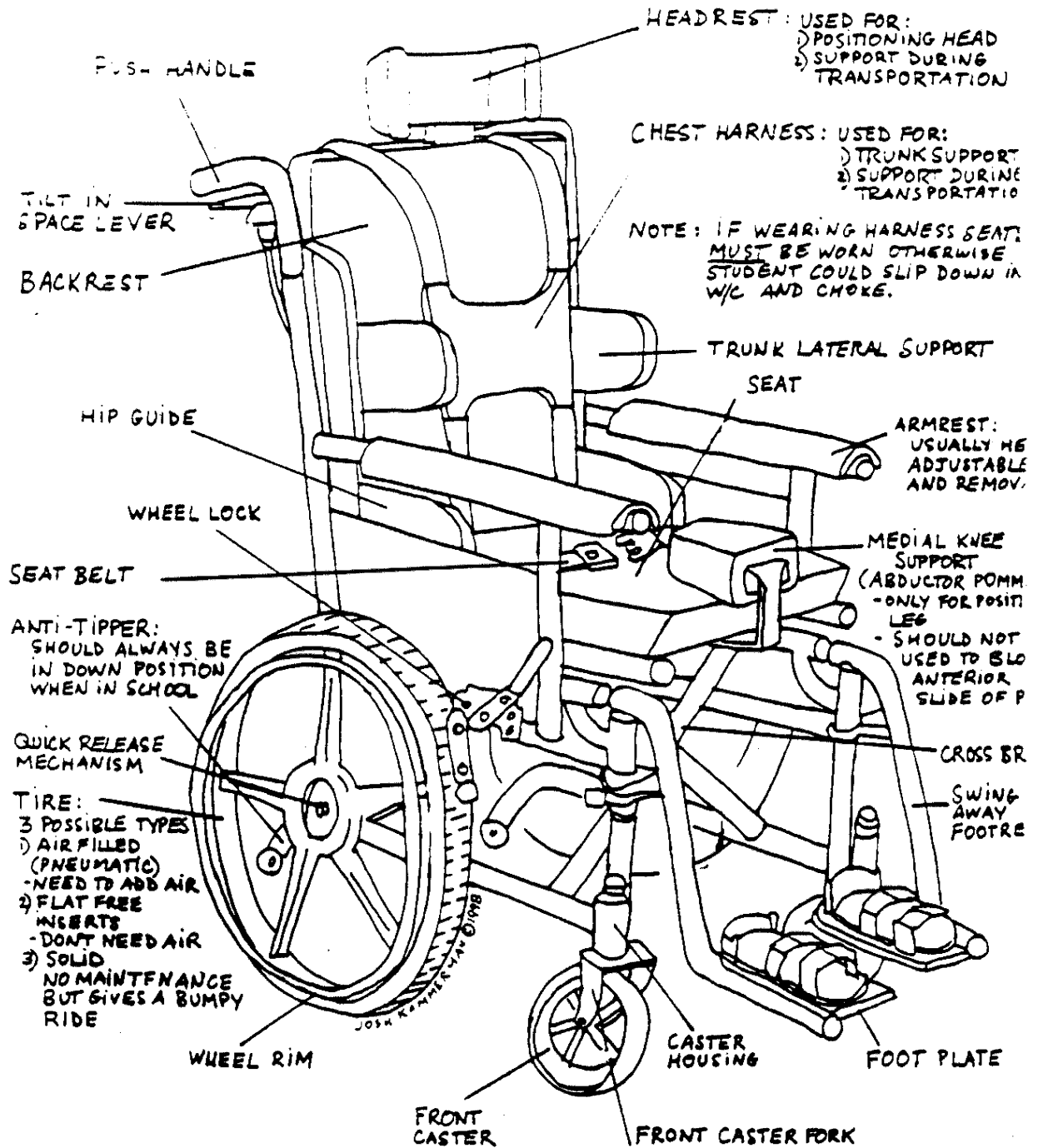


**3. Tilt-in-space + reclined:** A combination of the two above features.

There are many reasons that a student might benefit from one or other of these features in a seating system. If you are not sure which would be best for your student, consult with a colleague or vendor who is knowledgeable about wheelchair positioning.

# TYPICAL WHEELCHAIR

NOTE: THERE ARE MANY PRODUCT VARIATIONS. CONSULT WITH AN EQUIPMENT CLINIC IF YOU HAVE ANY QUESTIONS ABOUT PLACEMENT OR SPECIFIC PARTS OF W/C.



## **“What are the basic classifications of backs and seats?”**

There are 3 types of seats and backs you may see as part of a wheelchair's seating system. A seating system can be made up of any combination of the three types (e.g. planar back with contoured seat)

1. Planar: Solid, flat back or seat (covered with foam and vinyl)
2. Contoured: Curved to follow the general curves of the student's body. Many commercially available seats and backs are contoured.  
Example: Jay Combi cushion
3. Molded: Custom made from a mold of the student's body to make the closest contact and support.  
\* Note: Not usually made for children since they grow out of them too fast.

## **“What do I need to know about each student's wheelchair?”**

In order to effectively handle issues that may come up with student's wheelchairs you need to know some basic information.

1. The wheelchair clinic (also called the seating and mobility clinic) that follows the student.
2. The wheelchair vendor that provided the wheelchair.
3. General condition of the wheelchair and whether it is meeting the student's needs.

## **“How do I find the clinic and vendor information?”**

Clinic and vendor information should be documented in the student's OT/PT file. If it is not, you can ask the student or her parents where she goes for her equipment clinic and who the vendor is. If they are not sure about who the vendor is, you can check the wheelchair frame for a sticker identifying the vendor or call the clinic to find out the name of the vendor.

## **“What happens at the 'clinic' and what does the 'vendor' do?”**

Wheelchairs are generally prescribed at equipment clinics that are part of hospitals in New York City. Wheelchair clinics are usually run by a therapist or physician with specialized knowledge about wheelchairs and particular seating issues. They are responsible for generating a prescription for the student's wheelchair based on clinical assessment, and input provided by other therapists (including the school based therapist) and care givers regarding the student's particular needs.

A wheelchair vendor (also called Rehab. Technology Supplier) usually attends the wheelchair clinic also. This person has knowledge about specific wheelchair products and their properties. Once a wheelchair has been prescribed, the vendor is responsible for the ordering and delivery of the wheelchair to the student.

**"How do I contact the wheelchair clinic if I need to?"**

The Board of Ed. Office of Related and Contractual Services has compiled a detailed list of wheelchair clinics titled Pediatric Seating and Mobility Equipment clinics in New York City. It should have been distributed in your orientation packet. If you do not have one, contact your supervisor to request one.

**"How do I contact the wheelchair vendors?"**

Here is a list of some of the major vendors that provide wheelchairs for students in the New York City area.

Vendors who have Certified Rehab. Technology Specialist (CRTS) designation have passed a comprehensive test and demonstrated in depth knowledge about seating and positioning. You may want to choose to work with such a vendor.

<b>Vendor</b>	<b>Telephone</b>
A & J Care	(718) 326-8000
Dynamic Medical Equipment	(516) 333-1472
	(718) 470-1880
Hygeia Medical	(516)997-8150
	(718)746-1617
Joseph's Surgical Medical	(718) 332-7900
Newbridge Surgical	(516) 679-8877
Ocean Breeze	(718) 979-6283
Rehabco	(718)829-3800
Total Care Surgical	(800) 698-4990

## Wheelchair Maintenance

### **"Who is responsible for the maintenance of this wheelchair?"**

Basic maintenance (including maintaining cleanliness) is typically the responsibility of the consumer, that is the student or his parents or guardian. The wheelchair vendor and specialists at the child's equipment clinic are also involved in maintenance and repair (more about that later).

In many cases, school based therapists perform basic maintenance relating to the student's most safety and functional use in the school. Within the school environment, teachers and classroom staff often help make the therapist aware of needed maintenance items.

### **"What basic tools will I need?"**

These tools will be useful for maintenance as well as for wheelchair adjustments (more about that later).

- Set of wrenches (socket and open end)  
(Make sure it includes 3/8", 5/8", 7/16", 1/2", 3/4" wrenches)
- Adjustable wrench (aprox. 10" long)
- Allen wrenches (also called Hex Keys) - a standard and a metric set
- Screwdrivers - Flat head  
Phillips head
- Vice grip (aprox. 7" long)
- Assortment of nuts, bolts, and washers  
(A helpful selection should range from 3/16" - 5/16" shank width and 1/2" - 2 1/2" in length)
- Measuring tape (aprox 8' long)
- Duct Tape
- Spray Lubricant (e.g. WD40 or silicon spray)
- Small mallet
- Strong needle and thread

**Additional helpful tools:**

**Pliers**  
**Ratchet Set**

### **"We don't have any of these tools in my school. Am I supposed to buy them?"**

No. You shouldn't have to pay for them. Approach ORCS or your school principal about having the basic tools purchased for the school.

**"Ok. I think I'm ready... What exactly do you mean by maintenance or repairs?"**

For the purposes of this manual, maintenance includes regular 'servicing' of the wheelchair to ensure proper running order and necessary repairs to keep the wheelchair functioning safely.

Regular servicing (generally every 3 months): Tightening of loose screws and bolts. Check for brake functioning and for worn surfaces. Lubricate moving parts (Squirt WD40 at wheel axles).

Repair: Restoring to working condition any parts of the wheelchair. Simple tools listed above may be used by school based therapist to do some basic repairs, for example:

- replacing lost nuts, bolts, or screws
- reattaching a torn seat belt
- replacing a bent lateral trunk support with a spare one

Other repairs can't be done in school either because you may not have the right tools or because a part is broken and needs replacement.

**Safety issues to address immediately include:**

Loose brakes, harnesses too high (near neck), seatbelt not secure especially when wearing a harness, rough, exposed part of wheelchair frame that can be dangerous for child or school staff, anti tippers turned up or missing so wheelchair could tip backwards. All of these safety issues should be addressed as soon as you notice them.

**"One of my students has a power wheelchair, what do I need to know about it's maintenance?"**

A power wheelchair needs to be charged every day or two, depending on it's use. If the student goes to and from school in the wheelchair, it will be charged at home (overnight) and this would be the responsibility of the caregiver. The chair may be left at school overnight in which case it will need to be charged at school. It is important to identify one person in the school who will be primarily responsible for charging the wheelchair. This can be a teacher, paraprofessional, or therapist. You may be asked to provide training to staff on the subject of charging and the operation of the power wheelchair.

In terms of general maintenance of the wheelchair motor and operation, it should be fully serviced by a vendor once a year.

## **“How do I charge a power wheelchair?”**

Each power wheelchair should come with its own charger which should be labeled and identified. To charge a power wheelchair, follow these steps.

1. Make sure the chair is turned off.
2. Plug the charger in to the power wheelchair (usually under the seat or in the back).
3. Plug the charger in to the electrical outlet.
4. If the charger has an on/off switch, turn it on.

The charger should turn itself off when the batteries are charged. If it does not, contact the vendor.

To unplug the power chair, Reverse the steps above.

## **“What else do I have to know about power wheelchair batteries?”**

Power wheelchair batteries are of two types:

1. Gel batteries are maintenance free but have a shorter useable life.
2. Lead acid batteries have a longer useable life but do require maintenance. The fluid level should be checked at least once a week. (Open caps on tops of batteries).

The fluid should be over the top edges of the plates by about 1/4 inch. If this level drops below the top of the plates the exposed surfaces will deteriorate and reduce the capacity of the battery.

Water is used to top up the battery. Check with the vendor or parent to see if distilled water is recommended. Do not overfill the battery as spillage could occur and acid burns could result.

When handling any battery, the battery should be unplugged from the charger and special care should be taken to avoid contact with battery fluids as acid burns may result.

## **“Can I push the power wheelchair if the power is not on?”**

Yes, every power wheelchair can be converted to a manual wheelchair by disengaging the motor drive from the wheels. This is accomplished by shifting a lever located above the rear wheel on each side of the chair OR by pulling out and turning the center knob of each rear wheel (depends on the type of wheelchair).

There are also manual brakes which should be used when the wheelchair is in manual mode.

### **“What about repairs I can't do here?”**

Examples of repairs that you probably won't be able to handle within the school system include broken push handles, bent wheels, and missing parts.

The quickest thing to do is to call a vendor. A repair technician can usually come to the school within a few days. If it is a safety issue, make sure the vendor knows and it will get top priority.

If in doubt, contact the clinic to decide whether the vendor should come to the school or the child should go to wheelchair clinic for repairs. If you notice a problem developing, contact the clinic or vendor right away. The repair process can take weeks or months.

### **“What if I can't figure out what is wrong with the wheelchair?”**

You have several options:

1. Consult with your OT/PT colleagues in your school.
2. Ask your clinical supervisor to put you in touch with an advanced school based therapist who may be able to come and help you assess the problem.
3. Refer the student to their wheelchair clinic and attend the clinic to provide your input on positioning needs.

### **“What if the student needs a new wheelchair or replacement parts?”**

If at all possible, refer the student to the wheelchair clinic. Clinics are better set up to follow through on funding approval and ordering of the equipment than most school based OT/PT departments. If the student changes schools or the therapist at the school leaves, the equipment order will more likely be followed through if it originated at the wheelchair clinic.

## Positioning Students in their Wheelchairs

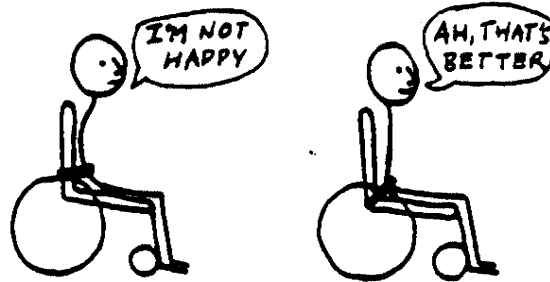
In order to function optimally in the school environment, the student should be well positioned in his or her wheelchair.

### “What do you mean by ‘well positioned’?”

Well positioned means that the student is well aligned, stable and supported in the wheelchair. The student's muscles should not have to work too hard to maintain this position. At the same time, their body should not be collapsed and inactive. Note that each student has his or her own unique optimal seated position although they may not appear perfectly aligned but considered well positioned without being in perfect neutral alignment.

The following are a few basic but important seating principles which can be applied to most students.

1. *Pelvis* should be all the way back in the seat. Ideally the pelvis should be in an upright and level (neutral) or slightly anteriorly tilted. Seatbelt should be snug to help maintain this position. Generally, the seatbelt should come across the lap at a 45 angle. It should not go straight across the waist as it encourages a posterior pelvic tilt and rounding of the trunk.

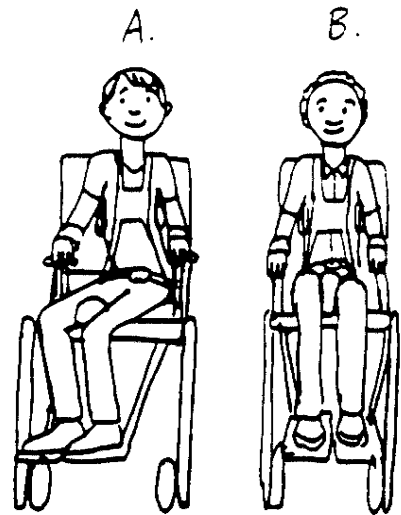


2. *Trunk* as midline as possible with its natural curves supported by the backrest.
3. *Head* upright, as midline as possible, and balanced over the center of the body, allowing the student to look at people and objects in front of her.
4. Full length of the *thighs* supported by the seat. Knees and ankle bent (usually right angles - 90degrees). Feet making even contact with the footrests.
5. *Shoulders* relaxed, arms free to move or well supported in a neutral position.

**“Pictures are worth 1000 words. Can you draw one standard picture of a ‘well-positioned’ student?”**

Having one standard picture of ‘well-positioned’ is impossible. Many people with disabilities (including young children) develop ROM limitations that make it difficult or uncomfortable to achieve perfectly neutral alignment. Careful assessment is necessary to find out each person’s best personal seated position.

Question:  
Which child is in his optimal seated position?



Answer: Both are well positioned.

A. is able to achieve a neutral alignment so many of the basic seating principles can be applied..

B. is accommodating to limited hip range of motion (windswept deformity) and a fixed scoliosis of the spine. If his legs were forced into a more neutral position, the pelvis would be forced to rotate. This would have a negative impact on his trunk and head position. Generally speaking, when a child has pelvic and rib rotation, priority is given to maintain the head and trunk as upright and aligned as possible to assist with digestion and respiration. Medial knee support can prevent further progression of the windswept deformity.

**“Can you review the benefits of being well positioned?”**

The benefits of being well aligned, stable, and comfortably seated include:

- ✓ Improved postural control of head, trunk, and arms
- ✓ Improved fine motor skills for school tasks, communication
- ✓ Improved health functions (digestion, elimination and respiration)
- ✓ Prevention of deformities and maintenance of ROM
- ✓ Increased attention and alertness in class
- ✓ Reduction in self - injurious behaviors
- ✓ Improved vocalization and communication
- ✓ Increased independence in functional mobility at school
- ✓ Improved pressure distribution (decrease chance of pressure sores)

*Theory is one thing... REALITY is another...*

**"This kid's position looks terrible in her wheelchair. What do I do?"**

Try basic repositioning (see checklist)

If the student's position is not improved after attempts at repositioning, try to *identify the basic problems* contributing to the poor positioning or to the difficulty in maintaining the proper position.

**"How do I identify the basic problem?"**

**Basic Re-positioning Checklist**

- ✓ Pelvis all the way back in wheelchair
- ✓ Head/trunk in midline and upright
- ✓ Seat belt snug
- ✓ Harness or chest strap snug to support the trunk (not too close to neck)
- ✓ Armrests at appropriate height to support arms
- ✓ Head rest, trunk and hip lateral supports making full contact to maintain alignment
- ✓ Feet securely on footrests. Strap in as needed

A good place to start is a mat assessment. A mat assessment is a useful way to assess a student's body and his or her positioning needs. If you are not sure how to do this, the best way to learn to do one is from taking a seating and positioning course or from other therapists who are comfortable with doing a mat assessment.

Another useful approach (which can be done in a 30 minute treatment session) is to get the student out of his or her wheelchair and sit them on a level surface to determine where they need support in order to maintain alignment.

- Try sitting the student on the edge of a mat table with a foot stool supporting their feet.
- Get help to assist in supporting the student. (See diagram below)
- With the child seated, try to get the pelvis leveled and the trunk and head aligned.
- Once you have found a position in which the student looks better aligned, pay close attention to the position of the student's body (legs, pelvis, trunk) and how you are supporting the student.
- Your hands (and the hands of your assistant) are giving the support that is necessary for the student in his or her wheelchair. Try giving a little less support with your hands and body to see what the minimum amount of support is.
- Take a careful look at the wheelchair. Are these supports provided? If the wheelchair does not provide the supports that you have just determined are necessary, you probably have identified a support that needs to be added to the wheelchair or moved (e.g. You may need to adjust the height of trunk lateral supports).

## **“Is there anything else I can do to quickly improve this student’s position?”**

The following are small additions or modifications you can do using supplies already available in the school:

Some supplies that can be used include:

- small towel roll to provide lumbar support
- sturdy cardboard to simulate hip guides in wheelchair
- foam scraps to provide extra support almost anywhere!
- small cardboard boxes fixed on tray to prevent excess shoulder abduction or retraction
- Adaptafoam shaped to provide support where needed in the wheelchair
- spare pieces from old wheelchairs that have been donated to the school

These (and other) modifications can be tried temporarily to improve the student’s position for an activity in school. If you are making permanent changes to the wheelchair, make sure you have consent from the student’s parent and you let the clinic know.

## **“I know what adjustments need to be done to the wheelchair. What adjustments can I do here in the school?”**

If you are planning to do *any* permanent wheelchair adjustments, you should let the student’s parent know what your plans are and get their consent.

### **Small adjustments:**

Some adjustments are quick and quite easy to do within a half hour treatment session and with the basic tools suggested earlier in this manual.

These include:

- lowering foot rests
- adjusting lateral trunk supports up, down, in, or out
- tightening screws in the brake mechanism
- tightening head rests

Other adjustments can be more complicated such as

- moving back of wheelchair back (extending the wheelchair seat) to grow the wheelchair seat depth
- moving wheels or casters to different height positions

### **Larger adjustments:**

Sometimes adjustments can take a lot of time and can be complicated. Parts may need to be ordered to complete these adjustments. The school based therapist’s role here is mainly to identify the problem and to initiate the process to have these adjustments done (usually by a vendor). If the adjustments are going to be done at the school by the vendor or by you, the parents and clinic should be notified that these adjustments are being done.

## The Clinic System

### **“How do I refer the student to the wheelchair clinic?”**

The best way to arrange for a student to be seen at their equipment clinic is to explain to the student's parent the wheelchair needs of their child and to ask them to make an appointment.

If the parent is having difficulty making an appointment, you can make the appointment but the student must be accompanied by his or her parent to the clinic on the day of the appointment.

Most hospitals can arrange for transportation of the student to the clinic. Ask about transportation arrangements when you speak to the individual clinic.

### **“Should I go to the equipment clinic appointment?”**

Maybe...

The school based therapist is most familiar with the student's functional performance and needs. If you feel the child only has simple seating and mobility needs, you can just call or send a letter to the clinic outlining any recommendations that will help the students' function in school.

If you feel that the student has more complicated needs or the parent asks you to accompany them, try to go to the clinic appointment. Make sure you let your on site supervisor and the school staff know that you will be at a clinic appointment. Every effort should be made to make up any treatment sessions you may have to miss.

As a school based therapist, you are also in the best position to assess product options. For example, the team at the equipment clinic may not be sure which of two headrests will best support the student's head during the day. As part of the decision making process, you could volunteer to observe the student at school during a week long trial of one headrest or another and share your opinion of what is most appropriate for the student in day to day living.

### **“How do I record attendance for the day?”**

In general, you cannot record a treatment session for the student you accompany to clinic because OT or PT services were not provided while the student was at school.

Ask your clinical or on site supervisor to give you details on how to record  
(1) the time you spent with your student at the wheelchair clinic  
(2) the sessions missed with other students as a result of your time at the wheelchair clinic

## The Funding and Delivery Process

### **“What is the process to get a new wheelchair ordered through the clinic?”**

First, assessments and recommendations are made at the wheelchair equipment appointment with input from:

Student, parent, clinic based therapist, school based therapist, wheelchair vendor, MD, other care providers with concerns regarding maximizing the student's function in the wheelchair.

Once the team has decided on what equipment the student needs, funding is needed for the equipment.

### **“What are the types of funding available?”**

1. Medicaid - this is the most common funding source for wheelchairs for NYC Board of Education students.
2. Private insurance or personal funds
3. Medicare
4. Other (Private group funding or community agencies)

### **“What needs to be done to get funding for wheelchairs?”**

In most cases, the funding agency needs to determine medical necessity for a new wheelchair or wheelchair modifications. To do this, they need:

1. Medical prescription for the wheelchair.
2. A letter of medical justification signed by therapist and MD if possible.
3. Description of the wheelchair or wheelchair parts that are being requested.

The wheelchair vendor usually gets the prescription and letter of justification from the therapist or MD and submits it to the funding source along with a detailed description and cost estimate of the equipment requested.

### **"How does the Medicaid system work?"\*\***

For students under 21 years old, there are two steps to get approval for Medicaid funding:

1. Physically Handicapped Children's Program (PHCP) (212) 676-2976  
- this office is responsible for determining *medical necessity* of equipment
2. Medicaid Financial Office (212) 613 - 4934  
- this office determines how much money it is willing to pay for the requested equipment

If you call the PHCP and find that the equipment has been approved, call the Medicaid financial office to ensure that the request has made it through that office also.

\*\* **Author's note:** As of April 1998, the process has been simplified and applications go directly to Medicaid (no longer need to go to PHCP). Hopefully this will speed the approval process.

### **"What happens once funding is approved?"**

*Funding approval received:* The funding approval will be sent to the vendor. For small items, the vendor will accept verbal approval (a phone call) from Medicaid or insurance. For larger items, such as a new wheelchair order, they will wait for written approval.

*Equipment ordered:* Once the vendor receives approval, they will order the equipment. If it is a new wheelchair or seating system, they may have the child come in to the clinic for an interim fit before finalizing the construction of the seating system.

*Equipment delivered:* The wheelchair should be delivered to the student at the clinic so that the people involved in the initial prescription of the wheelchair are there to check that it serves all the positioning needs that were identified. If the wheelchair is going to be delivered to the school, try to have the parent there when it is delivered so you, the vendor, and the parent can go over the features of the wheelchair and the parent can officially take delivery of the item.

### **"How long will all this take?"**

*Funding Approval:* From the time that the request is sent for Medicaid or other funding approval, it can take up to 2 months to receive financial approval. It is helpful to mark your calendar with the date that is 2 months from the clinic appointment date to remind you to call the clinic to see if the equipment has been approved.

Other insurances can take more or less time to approve funding.

*Ordering and Fabrication of Equipment:* It can take a vendor anywhere from 6 weeks to 6 months to order, receive, and fabricate equipment. An interim fit is especially important if the order is taking a long time and the student is growing.

## **A Final Word from Josh and Alixe...**

As you see, there are many questions that come up regarding students' wheelchairs within school based practice. We've answered some of the most commonly asked ones here but many more will come up. Ask questions of your peers, vendors, parents and clinics. Participate in in-services and courses that address wheelchair seating.

And good luck!