**Planning Worksheet – Defensible Documentation Project: Part 2A**

**Group member names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case # \_\_\_\_**

**Patient Information:** Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Problem** | **Goal for MAE Intervention** | **Product Feature** | **Justification** |
| **ADD MORE ROWS AS NEEDED** |  |  |  |
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**Planning Worksheet – Defensible Documentation Project: Part 2B**

**Group member names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Case #: \_\_\_\_\_Primary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe wheelchair configuration needed to maximize function (e.g. specific seat width/depth, back height, seat to floor height, axle position, seat to back angle, tilt, power assist, etc.)
2. Describe features of seat / back support and postural supports needed for functional mobility
3. Explain why the lower level MWC or PWC cannot be configured and/or will not meet patient’s needs.
4. Describe how recommended MWC or PWC will improve patient’s ability to participate in ADLs and IADLs.