

# LEVELS OF POWER MOBILITY DEVICES

## **Scooter POV - (E1230 - K0800 - K0812)**

*Provided for patients with good upper body strength and stability.*

### **Features**

- Most disassemble for transporting in vehicle
- Standard van style seating
- Heavy duty models available

### **Limitations**

- No custom cushions or backs available
- Length of scooter may prohibit use in small homes or apartments



## **Basic Power Wheelchair - (K0011, K0813 - K0891)**

*Provided for patients who use the wheelchair intermittently.*

### **Features**

- Wide variety of styles and models
- Van style seating and rehab seating options available
- Center, rear and front wheel drive models available
- Great maneuverability for tight areas in the home and apartment

### **Limitations**

- Power seat functions limited



## **Customized Power Wheelchair**

*Provided for patients with very complex needs and who utilize the wheelchair throughout the entire day.*

### **Features**

- Wide variety of styles and models
- Custom seating and positioning available
- Center, rear and front wheel drive models available
- Options can include power tilt and recline, power seat elevator, and power elevating leg rests
- Variety of alternative drive controls available (i.e. head control, sip-n-puff, chin control)



### **Our Locations**

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# POWER MOBILITY ACCESSORIES

The following list is a sampling of the most common attachments and accessories utilized on a power mobility device. The patient's medical condition evaluated by the physician and a clinically trained rehab mobility specialist determine the justification for the power mobility device configuration.

**Cushions and Backs** must have skin breakdown or past history and a diagnosis showing inability to independently complete weight transfer. Type of cushions are; basic, pressure relieving, and positioning.

**Headrest with Adjustable/Removable Hardware** necessary above the fixed hardware so it can be adjusted to the correct position and removed for safe transferring or transporting in a vehicle.

**Safety/Seat Belt** patient has weak upper body strength, upper body instability or muscle spasticity which requires use of this item for proper positioning.

**Arm Troughs** it is indicated for coverage when one of the following is met;  
Patient has quadriplegia, **OR** patient has paraplegia, **OR** has uncontrollable arm movements

**Gel Arm Pads** due to diagnosis, patient is at risk for skin breakdown and the standard arm rest are causing pressure and redness.

**Height-Adjustable Arm Rest** it is indicated for coverage when the following two criteria are met;  
Patient requires an arm height different than that available using non-height adjustable armrests, **AND**  
Patient spends at least two hours per day in the wheelchair.

**Electronic Connection Between Wheelchair Controller and Seating System Motors** all electronics necessary to program the power seating functions through the controller and joystick.

**Thigh Guides/Supports with Adjustable/Removable Hardware** thigh guides keep patient's legs in mid alignment when sitting which allows their feet to remain on the footplates for safety when driving. Needed for patients with poor muscle strength that cannot position their legs independently. The adjustable/removable hardware is required to adjust to the correct position and removed when transferring in and out of the wheelchair.

**Lateral Supports with Adjustable/Removable or Swing-away Hardware** needed when patient has limited or poor trunk strength and requires support on either side of their chest to remain upright in the wheelchair. The hardware is necessary above fixed hardware for correct placement due to torso length and removal for safe transfer.

**Power Tilt/Recline/Shear Reduction/Elevating Legrests** patient must meet all covered criteria for a power wheelchair **AND**...a specialty evaluation was performed by a licensed/certified medical professional who has specific training and experience in rehab wheelchair evaluations of the patient's seating and positioning needs. **AND AT LEAST ONE OF THE FOLLOWING...**

- Patient is at high risk for development of pressure ulcer and is unable to perform a functional weight shift.
- Patient utilizes intermittent catheterization for bladder management and is unable to independently transfer from wheelchair to bed.
- The power seating system is needed to manage increase tone or spasticity.

**Manual Elevating Leg Rests** relieve swelling due to edema, or fracture, or has a reclining back in wheelchair.

**Adjustable Angle Footrest** patient with high tone, ankle dorsi or pantar flexion, etc. Required to properly position feet on footplate to avoid risk of falling or causing injury while using wheelchair.

**Power Articulating Footplatform or Leg Rest** different from power elevating leg rests and is normally required to reduce the overall turning radius of the wheelchair. One-piece foot-platform that is power elevating and articulating. Must have medical need and justification showing why they cannot operate manual elevating leg rests and must be able to perform this independently through the joystick.

**Stump Support** provides support for leg amputee.

**Heel Loops** required to keep patient's feet on footplates.

**Leg Straps** required to keep patient's feet on footplates.

**Trays** required for upper body support.

**Oxygen Holder** mobile carrier for oxygen tanks.

**Solid Tires** patient who cannot maintain pneumatic tires.



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