



Adult Power Tilt-in-Space Request

Protected A (when completed)

Alberta Aids to Daily Living Program

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Attach this form with the power mobility application and upload to Alberta Blue Cross online health portal with your authorization.

1. Complete the form in the spaces provided, grading the client's problem on a 1-5 range (5 being the most severe, and 1 indicating that the factor is not a problem).
2. Add clinical documentation to support the grading score.
3. Refer to Policy Manual WP: Power Wheelchair Benefits-Adult/Pediatric for criteria.

Authorizer Name _____ Authorizer No. _____

Client Name _____ PHN _____

Diagnosis _____

Yes No Is client currently using a power tilt system?

Yes No Is client currently using a power tilt/recline system?

Yes No Is client currently using power elevating leg rests?

Describe why current base is no longer appropriate:

GRADING

PHYSICAL FACTORS INDICATING NEED FOR TILT-IN-SPACE

1 2 3 4 5

Inability to maintain upright posture; describe:

Degree of tilt needed to maintain trunk: _____

1 2 3 4 5

Inability to maintain upright head position; describe:

Degree of tilt needed to maintain head position: _____

1 2 3 4 5

Inability to weight shift; describe:

1 2 3 4 5

Reduced sitting tolerance due to fatigue; describe: _____

1 2 3 4 5 Compromised respiratory system; describe: _

1 2 3 4 5 Pressure relief; describe history of skin problems: _

1 2 3 4 5 Impaired sensation; describe: _

1 2 3 4 5 Improved ability to do ADLs; describe: _

1 2 3 4 5 Pain relief; describe problem: _

1 2 3 4 5 Feeding/swallowing concerns; describe problem: _

1 2 3 4 5 Circulatory problems; describe:

Yes No On trial, did client operate power tilt independently?

Yes No Function and endurance: AADL expects that tilt-in-space will allow client to be in mobility base for a minimum of eight consecutive hours. Sitting tolerance increased to eight hours by tilt trial? If "No," then how long? _____

Yes No Postural tone: Extensor pattern prevents sitting, and is reduced/broken by tilt-in space.

PHYSICAL FACTORS INDICATING NEED FOR *POWER RECLINE*

Does client need static or dynamic recline? Static Dynamic

If static recline, describe why the hip angle needs to be opened: _

If dynamic recline, describe why the hip angle needs to be changed frequently throughout the day:

PLEASE NOTE: Power elevating leg rests and foot boards are the financial responsibility of the client.