

## Reflections on the provision of powered wheelchairs

As an occupational therapist who is a novice within the field of posture and mobility, I was lucky enough to be offered a bursary to attend the PMG conference this year. My main clinical experience thus far has been in the area of powered mobility and therefore my attention was drawn to two presentations: 'Preliminary assessment of vision, perception and cognitive function for safe driving of powered wheelchairs in clients with neurological conditions' by McFadden and Sneddon, and 'Powered wheelchair provision – improving criteria and assessment' by Brown and Davies.

Over the last few months the service where I work has had a number of referrals for clients with visual impairments and cognitive diagnoses such as dementia, and these have raised a number of questions for me with regards to eligibility and assessing suitability for provision of a powered wheelchair.

Both these presentations discussed changes made to the assessment process for the provision of powered wheelchairs. They provided an insight into how other services manage the risks associated with the provision of powered wheelchairs. McFadden and Sneddon discussed establishing baseline information for clients with neurological conditions by completing assessments on vision, visual processing and cognitive functions. Through establishing a rigorous assessment process they felt able to make better informed interventions and recommendations, communicate more effectively with clients and their family members, and identify and manage risk. It was clear from the presentation that this had been a well thought through assessment process that was suited to the service, the wheelchair therapists and their multi-disciplinary colleagues, and to the client group that they were working with.

Similarly Brown and Davies presented on changes they had made to their assessment process to ensure that they had a consistent, safe and suitable provision of powered wheelchairs. They had very different service requirements which required standardising the process for a number of professionals working over three different sites. They too established a more structured assessment process which incorporated a variety of standardised assessments for visual and cognitive processing. Clients were required to pass these assessments prior to driving or environment assessments being completed. The therapists presented a well-researched and justified explanation for the changes they had implemented, as well as identifying limitations they had experienced with regards to clients with communication needs, an area that was discussed further with thought-provoking questions asked at the end of the session by the audience.

The opportunity to learn about changes made by other services has motivated me to reflect upon my own practice. In particular, it drew to mind a client with visual impairment who was re-assessed within clinic recently. She has had a powered wheelchair for many years and, during the re-assessment, it became apparent that she had developed a number of compensatory strategies to enable her to use the powered wheelchair safely. I wonder how she would have fared in some of the standardised visual assessments discussed during these presentations, and whether she would have received a powered wheelchair had it been her first assessment.

It is clear from the presentations that there are a number of benefits in completing standardised assessments to enable a more thorough baseline to be established at the beginning of the powered wheelchair process; however, reflecting on practice also makes me see the benefit of functional assessment and assessing competencies in the powered wheelchair. I feel the key is to find a balance and process that is suitable for individual services and I intend to spend further time reflecting on this and exploring the literature.

For me the key reflections from these sessions were:

- How an occupational therapy background can be used in the world of posture and mobility to combine standardised assessments and functional activities to achieve a successful outcome for clients.
- The importance of establishing a process that works for your individual clinical setting so that you are working within the environmental limitations, resources and skills available.

- The complexity of the client groups we are working with, and how a standardised process can prove difficult to meet the needs of all clients.

I would like to thank PMG for offering me the bursary to attend the Leeds conference. It provided me with a huge opportunity to expand my knowledge base, meet some skilled professionals, and understand what the profession of posture and mobility offers to individuals around the country. What really stood out for me is how hard the professionals work to offer client-centred and highly personalised solutions for people with very complex needs.

**Elizabeth Beale**  
**Occupational Therapist**  
**Bromley Wheelchair Service**