

Raz-AT600 (Attendant Tilt – Heavy Duty) Mobile Shower Commode Chair (MSCC) Evaluation and Medical Justification

Name:		DOB:	D	ate:
Address:				P:
MD/PA/NP:	email:			P:
Therapist:	email:			P:
Site of Eval:				
Supplier Company:	Supplier Con	itact:		P:
Supplier Email:				
Primary Dx:		Co-morbiditie	es:	
Transfer Status				
Transfers: Number of transfers required for showering / independent min assist mod assist ma	_			2 person assist
Transfer Method: stand pivot sit / squat pivot sliding board transfer surfaces need to be same height tilt Comments:	lift / sling r required to fac	equired cilitate transfers	posterior tilt	anterior tilt
Functi	ional Use o	of MSCC		
Bowel management program: enema supposito	ory digital	l stimulation	medication	other
Comments:				
Level of independence:				
Time spent on MSCC for bladder/bowel care:			# days/week on	MSCC:
Seat access required for bowel / bladder program: F	ront Left	Right Re	ear	
Comments:			-	
Shower / Dressing / Other				
Body position during shower (tilt/recline/upright):				
Seat access opening required for bathing / shower hygier	ne program pro	ogram: Front	Left Rig	tht Rear
Comments:				
Time spent on MSCC for showering:			# days/week on	MSCC:
Dressing and other activities performed using the MSCC:				

Jnobstructed access from bedroom to Bathroom door width:	No Yes		
nough room to maneuver MSCC in ba	Comments:		
	Ē F (G)	A B C D F G H I JL JR	Floor to top of toilet bowl Floor to top of toilet seat (down) Floor to top of tank Floor to top of toilet seat (up) Wall to front of toilet Front of tank to front of bowl Wall to front of tank Width of bowl Width of tank Nearest Obstruction - Left Side Nearest Obstruction - Right Side
omments:			

other wounds:____

Sensation, Pai	n and Ski	n integrity						
Sensation:	intact	impaired	absent					
Location(s) of im	npairement	/ absence:						
Comments:								
Pressure Manag	gement: Ab	le to perform (effective weight s	shift / pressure i	elief / reperfusion o	on MSCC?	No	Yes
Can perform pre Weight shift eg.			it risk of falling)?					
Requires attenda	ant-operate	ed Tilt	Recline					
Comments:								
		·	<u> </u>		·	<u> </u>	· ·	
Skin Integrity:	intact	at risk – pr	olonged sitting	impaired	scar tissue			

current Pressure Injury PI Stage: _____ location(s) / size(s): _____

Sensation, Skin Integrity and Pain...cont'd

Hx of Pressure	Injury:	No	Yes	Comm	ents:								
Hx of Skin/Flap	Surgery:	No	Yes										
Location(s)													
Comments:													
Pain Intensity:	(no pain)	0	1	2	3	4	5	6	7	8	9	10	(worst pain possible)

Sitting Balance

Comments:

How is pain relieved?

Able to sit independently in MSCC

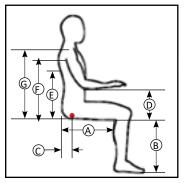
Unable to sit independently (requires tilt, laterals, anterior support, back angle adjustment, tension-adjustable upholstery, etc.)

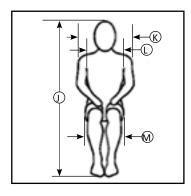
Requires support for dynamic movement in MSCC ("hooks" for support to reach perianal area or lower extremities for care)

Posture: (MAT Evaluation)

Pelvic Mobility:	Neutral	Posterior	Anterior	Flexible	to Neutral				
Pelvic Rotation:	Left Forward	d Right F	orward	Flexible	to Neutral	Change	es in support tol	erated	
Pelvic Obliquity:	Left Side Ele	evated F	Right Side El	evated					
Spinal Mobility:	Kyphosis	Lordosis	Scoliosis	Leans t	o Left Le	ans to Right	Flexible to Ne	eutral	
	Change in s	upport tolera	ted						
Tonal Influence Pelvi	is: Paral	ysis Fla	accid	Low Tone	High Ton	e Spasti	city Dysto	nia	Other
Tonal Influence Trun	k: Paral	ysis Fla	accid	Low Tone	High Ton	e Spastio	city Dysto	nia	Other
Lower Extremity: Le	g Position	Neutral	Abductio	n Addu	ction W	indswept Left	Windswept	Right	
Knee issues: Lin	nited Range (of Motion - S _l	pecify:						
Ankle issues: Pl	antar Flexior	L R	Dorsiflex	tion L	R Inversi	on L R	Eversion	L R	
Comments:									
Upper Extremity									
Hand dominance for	Requires armrest for support Requires supplimentary arm support Requires flip-up arms for transfers Hand dominance for bowel therapy and perianal hygiene access Left Right Able to propel MSCC Able to use wheel locks Requires wheel lock extensions								
Head Positioning:	Requires _l	oosterior hea	d support	Unable	to hold head	up			
Pulls to side/rotates	Left	Right F	Requires late	erally-offset l	nead support				
Blood Pressure Man wears binder	_	oression stocl	kings ι	ıses medicat	on requ	uires Tilt r	equires Recline		

Client Measurements





Height:	
Weight:	

Left	Right			
"	"	A Buttock / Thigh depth	"	J Top of head
,,	,,	B Lower leg length		K Shoulder width
<i>"</i>	<i>"</i>	C Ischial depth	,,	L Chest width
"	"	D Seat to elbow	,,	M Hip width
<i>"</i>	<i>"</i>	E Seat to Inferior Scapula	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Overall width (asymetrical width for windswept legs or scoliotic posture)
		F Axilla		willuswept legs of scollotic posture)
		G Top of shoulder		

Angular Measurements (accomodations required)

Pelvis-to-thigh (seat-to-back) angle:	Left	>90°	<90°	Righ	t >90°	<90°		
Thigh-to-calf (knee) angle:	Left	>90°	<90°	Righ	t >90°	<90°		
Ankle:	Left	>90°	<90°	Righ	t >90°	<90°		
Comments:								

The Raz Mobile Shower Commode Chair is being recommended to enhance the opportunity for participation in the following Motor-Related Activities of Daily Living (MRADL).

bowel/bladder voiding	perianal hygiene	bathing/showering	dressing/undressing	catheter application
other				



Raz-AT600 Clinical Justification Checklist

Product Model

Clinical Justification

Provide mobile chair between bedroom and toilet / shower Promote independent toileting and showering Provide support during hygiene / shower / bowel / bladder / ADL routines / programs Reduce number of transfers for hygiene / showering / bowel / bladder / ADL routines / programs	Raz-AT600 – Attendant Tilt – Heavy Duty (600-lb cap)	Provide support during hygiene / shower / bowel / bladder / ADL routines / programs Reduce number of transfers for hygiene / showering / bowel / bladder / ADL routines /
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Tilt

Posterior	40° tilt range for pressure reduction
	Minimize risk of aspiration
	Decrease respiratory distress
	Facilitate visual orientation
	Decrease pain
	Increase sitting tolerance
	Facilitate safe transfers with mechanical lift
	Manage tone / spasticity
	Assist/maintain postural alignment
	Maintain vital organ capacity
	Manage autonomic dysreflexia
	Manage orthostatic hypotension
	Blood pressure management
	Increase independence in transfers
	Change position against gravitational force on head / trunk
	Change position for pressure redistribution / cannot weight shift
	Facilitate postural control

Special Frame Configurations

Frame Width – 22"	Wider frame better accomodates client's size
Frame Width – 24"	Wider frame better accomodates client's size
Frame Width – 26"	Wider frame better accomodates client's size
Frame Width – 28"	Wider frame better accomodates client's size
Frame Width – 30"	Wider frame better accomodates client's size

Seats

IPAS (Ischial Pelvic Alignment System)	IPAS, an exclusive feature on all Raz seats, utilizes adjustable seat mounting brackets that provide 2" fore / aft adjustment. This allows the aperture to be adjusted and optimally positioned around the ITs, to minimize pressure and increase pelvic stability.	
Contoured Molded†	Stabilize pelvis Improve pressure distribution Appropriately located aperture to help manage sacral sitting Accommodate hygiene management (side cut-outs)	

[†]exclusive to Raz

Seats (cont'd)	s (cont'd) Clinical Justification	
Visco Foam Interface†	Stabilize pelvis Seat design and materials offer improved immersion, envelopment, and off-loading for optimum pressure redistribution Appropriately located aperture to help manage sacral sitting Accommodate hygiene management (side cut-outs) History of pressure injury Pressure injury present	
Seat Support Kit	Allows placement of narrower seat on a wider seat / base frame, avoiding cost of custom seat	
Custom Seat†	History of Pressure Injury Accommodate hygiene management Appropriately located aperture to help manage sacral sitting Client requires special length to accommodate client's height Client requires special width to accommodate client's width Unique aperture / seat design to accommodate selfcare Accomodates leg length discrepancy Seat design and materials offer improved immersion, envelopment, and off- loading for optimum pressure redistribution Pressure relief area under existing pressure injury Pressure relief area under site of flap surgery Raised area accommodates pelvic obliquity Accommodate multiple deformities Allows for attendant to perform perianal hygiene from side of chair (insufficient space in roll-in shower for both attendant and MSCC) Side access facilitates self-care Side access facilitates caregiver access to perianal area for hygiene management Rear access facilitates caregiver access to perianal area for hygiene management	
Access Opening Front Access	Accommodate hygiene management Allows for attendant to perform perianal hygiene	
Front Bridge	Allows client to transfer laterally without leg falling into front opening	
Left Access Right Access	Allows client to perform suppository insertion Allows client to perform digital stimulation and / or manual evacution for bowel movement Allows for to perform selfcare Accommodate hygiene management Allows for attendant to perform perianal hygiene from side of chair (insufficient space in roll in shower for both attendant and MSCC)	
Rear Access	Eliminate pressure at rear of seat to accommodate coccygeal / sacral pressure injury Eliminate pressure at rear of seat to accommodate surgical site at coccygeal / sacral area Allows for attendant to perform perianal hygiene from rear of chair	

Back Frames

Fixed Back Frame (with angle adjustability)	Back angle adjustability accomodates decreased ROM (when hip angle is greater than 90° and non-reducable) Increase sitting tolerance (with back support set at 97° and tension-adjustable upholstery optimally adjusted) Facilitate postural control (with back support set at 97° and tension-adjustable upholstery optimally adjusted) Facilitate safe transfers (with flip-up arm supports)
	Increases trunk stability (at 97° vs 90°)

[†]exclusive to Raz

Back Frames (cont'd)

Clinical Justification

back traines (cont a)	Cilifical Justification		
Adjusta-Back Frame†	Tension-adjustable upholstery accomodates client's back shape and provides moderate lateral postural support Back angle adjustability accomodates decreased ROM (when hip angle is greater than 90° and non-reducable) Increase sitting tolerance (with back support set at 97° and tension-adjustable upholstery optimally adjusted) Facilitate postural control (with back support set at 97° and tension-adjustable upholstery optimally adjusted) Facilitate safe transfers (with flip-up arm supports with user-operated arm support lock release) Increases trunk stability (at 97° vs 90°) Height-adjustable arms can be set at an optimal height for the arm supports to carry some of client's weight, thereby reducing sitting pressures Reduce shoulder subluxation Provide support with elbow at 90° Having arm supports at optimal height decreases gravitational pull on shoulder joints Having arm supports at optimal height improves postural control / trunk support Change height / angle of arm supports to facilitate ADLs		
Reclining Adjusta-Back Frame†	Back angle adjustability accomodates decreased ROM (when hip angle cannot go to 90°) Increase sitting tolerance Facilitate postural control Facilitate safe transfers (with flip-up 2-Point Arm Supports) Increases trunk stability Facilitates catheter insertion Facilitates bathing Blood pressure management Head / neck support Manage tone / spasticity Decrease respiratory distress Decrease pain Height-adjustable arms can be set at an optimal height for the arm supports to carry some of client's weight, thereby reducing sitting pressures Improve circulation Manage bowel / bladder / catheter care, intermittent catheterization, undergarment, change Pressure redistribution – cannot weight shift Maintain muscle length / joint ROM		
Back Frame Narrower than Base / Seat Frame	Positions arm supports medially, accomodates client's torso size and provides additional stability for upper body Narrower back frame and improved arm support position assists with repositioning and transfers Arm supports closer to client's trunk allows for a more upright, midline posture		
Back Frame Wider than Base / Seat Frame	Back frame that is wider than seat frame supports client's trunk width and size Eliminates the need for the more expensive option of an MSCC with a wider base frame		

Arm Supports

Arm Support Locks	Lock arms to allow stabilization for ADLs or transfers
Flat Arm Pad†	Requires additional support surface for arms
Molded Arm Trough	Requires additional support surface and positioning for arms Help prevent UE from falling off arm support

[†]exclusive to Raz

Arm Supports (cont'd)

Clinical Justification

Pivoting Arm Mount†	Provides clearance for Lateral Thoracic Supports to be swung away for transfers when Molded Arm Troughs are used Provides clearance for arm supports with Molded Arm Troughs to be flipped up for transfers and bathing
Arm Support Spacer Kit†	Accommodate the client's size or specialized arm position Provides improved access for bathing Provides clearance for Lateral Thoracic Supports
2-Point Arm Supports	Keeps Arm Supports parallel for improved positioning of client's arms throughout recline range
Anterior Postural Support Bar	Control tone / spasticity
Pivoting Hand Grips	Allows client to reposition him / herself Increases stabilization of upper body Increases stabilization of UE

Foot and Leg Supports

MFX Footrests (shorter range)	Accommodate client's leg length
Footrest Extension Tubes (longer range)	Accommodate client's leg length
Angle / Depth Adjustable Footplates	Accommodate ankle ROM Accommodate knee ROM
V-Style Foot Support†	Improved manuverability with smaller footprint Facilitates safe lateral transfers
Flip-Back Foot Support†	Improved manuverability with smaller footprint
Elevating Leg Supports	Blood pressure management Elevate with recline for showering, catheter access, dressing, or other ADLs Accomodates client's limited knee ROM Helps manage edema when combined with recline
Custom Leg / Foot Support	Accommodate client's leg length Accommodate knee ROM Accomodates windswept deformity Allow feet to go under MSCC base Provide foot support with proper pressure distribution

Foot and Leg Support Accessories

H-Strap	Prevent legs from falling rearward into frame / casters of MSCC
Calf Strap – Bodypoint Aeromesh	Prevent legs from falling rearward into frame / casters of MSCC Manage flexion contractures
Calf Panel – Bodypoint Aeromesh	Prevent legs from falling rearward into frame / casters of MSCC Manage flexion contractures
Calf Strap – Infection Control	Prevent legs from falling rearward into frame / casters of MSCC Manage flexion contractures Required for ease of cleaning
Heel Loops	Prevent legs from falling rearward into frame / casters of MSCC Manage flexion contractures

[†]exclusive to Raz

Neoprene Footplate Covers†	Cover footplates to protect feet from hard edges / pressure injuries	
	Covers foot plates to provide additional friction to keep from falling off	
Lateral / Medial Offset Foot Support Receivers†	Accomodates abduction Accomodates windswept lower extremities Accomodate foot position on wide chairs	
Forward Offset Foot / Leg Support Receivers (mounts)	Accomodates abduction Accomodates windswept lower extremities Accomodate foot position on wide chairs	
Residual Limb Support	Provides support and positioning for residual limb Pain management for residual limb Provides protection for residual limb	
Foot Support Lock	Lock footrest to prevent movement	
Positioning Pads		
Lateral Thoracic Support† (swingaway) Left Right	Decrease lateral trunk leaning Accommodate asymmetry Control of tone / spasticity Safety	
Lateral Pelvic Support† (Hip Guides) Left Right	Stabilize pelvis Decrease pelvic rotation Align pelvis over aperture	
Medial Thigh Support† (pommel / adductor)	Decrease adduction Accommodate ROM limitations Accommodate windswept deformity	
Lateral Thigh Support† (adductor) Left Right	Decrease abduction Accommodate windswept deformity Position thighs in alignment	
Lateral Extension Plate	Allows for lateral thoracic support to be positioned more medially Allows for lateral hip supports to be positioned more medially Allows for lateral thigh supports to be positioned more medially	
Head Support		
Large Pad	Support during recline Provide posterior head support Provide posterior neck support Accommodate tone / spasticity Improve visual orientation Improve respiration	
Small Pad	Support during recline Provide posterior head support Provide posterior neck support Accommodate tone / spasticity Improve visual orientation Improve respiration	

Offset Interface Plate†

(offsets headrest laterally)

Accommodate ROM limitations

Accommodate asymmetrical head position

[†]exclusive to Raz

Pelvic Belt	Clinical Justification	
Standard Pelvic Belt	Stabilize pelvis in neutral rotation Prevents sliding out of MSCC Required for safety when using chest belt	
Bodypoint Pelvic Belt	Stabilize pelvis in neutral rotation Prevents sliding out of MSCC Required for safety when using chest belt	
Infection Control Pelvic Belt	Stabilize pelvis in neutral rotation Prevents sliding out of MSCC Required for safety when using chest belt Required for ease of cleaning	
Chest Belt		
Standard Chest Belt	Provide anterior support to prevent upper body from falling	forward
Bodypoint Chest Belt	Provide anterior support to prevent upper body from falling	forward
Infection Control Chest Belt	Provide anterior support to prevent upper body from falling forward Required for ease of cleaning	
Caster Options		
Directional Caster Lock†	Assists with steering MSCC	
Anti-Tipper Options		
Rear Anti-Tippers	Prevents MSCC from tipping backward Stabilizes MSCC	
Front Anti-Tippers	Prevents MSCC from tipping forward during forward reach or placing weight on foot support Increased side and forward stability Increased stability for lateral transfers Stabilizes MSCC	
Other		
Whizard© Urine Deflector†	Assists with directing urine stream into toilet Assists with directing urine stream into commode pan	
Commode Pan Spacer†	Lowers commode pan for digital stim and hygiene with pan i	n place
[†] exclusive to Raz		
Therapist Name:	Therapist Signature:	Date:
I concur with the above findings and	d recommendations of the therapist.	
MD/PA/NP:	MD/PA/NP Signature:	Date: