

# **Raz-AT** (Attendant Tilt) Mobile Shower Commode Chair (MSCC) Evaluation and Medical Justification

| Name: DOB:   | Date:                                     |
|--|---|
| Address:   | P:  |
| MD/PA/NP: email:   | P:  |
| Therapist: email:  | P:  |
| Site of Eval:  |   |
| Supplier Company: Supplier Contact:  | P:  |
| Supplier Email:  |   |
| Primary Dx: Co-morbi   | dities:                                   |
| Transfer Status  |   |
| Transfers: Number of transfers required for showering / toileting: without MSCC independent min assist mod assist max assist dependent  Transfer Method: stand pivot sit / squat pivot sliding board lift / sling required | with MSCC 1 person assist 2 person assist |
| transfer surfaces need to be same height tilt required to facilitate transfe  Comments:  | rs posterior tilt anterior tilt           |
| Functional Use of MSCC Toileting   |   |
| Bowel management program: enema suppository digital stimulation  | medication other                          |
| Comments:  |   |
| Level of independence:   |   |
| Time spent on MSCC for bladder/bowel care:  Seat access required for bowel / bladder program: Front Left Right   | # days/week on MSCC:                      |
| Comments:  |   |
| Shower / Dressing / Other  |   |
| Body position during shower (tilt/recline/upright):  |   |
| Seat access opening required for bathing / shower hygiene program program:   | ont Left Right Rear                       |
| Comments:  |   |
| Time spent on MSCC for showering:  | # days/week on MSCC:                      |
| Dressing and other activities performed using the MSCC:  |   |

#### **Environmental Assessment for MSCC**

| Unobstructed access from bedroom to b | athroom?                   |          |                                       |                         |  |
|---------------------------------------|----------------------------|----------|---------------------------------------|-------------------------|--|
| Bathroom door width:                  | Is there a roll-in shower? | No       | Yes                                   |                         |  |
| Enough room to maneuver MSCC in bath  | nroom? No Yes              | Comments | ::                                    |                         |  |
| Comments:                             |                            | E F      | • • • • • • • • • • • • • • • • • • • | A B C D E 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 |

| Sensation. | Dain | and | Skin | Into  | zritv |
|------------|------|-----|------|-------|-------|
| sensation. | Pain | and | SKIN | ıntes | 211LV |

other wounds:\_\_\_\_

| Selisation, Pa                      | alli allu Ski      | ii iiitegrity   |                      |                   |                        |       |    |     |
|-------------------------------------|--------------------|-----------------|----------------------|-------------------|------------------------|-------|----|-----|
| Sensation:                          | intact             | impaired        | absent               |                   |                        |       |    |     |
| Location(s) of i                    | mpairement         | / absence:      |                      |                   |                        |       |    |     |
| Comments:                           |                    |                 |                      |                   |                        |       |    |     |
|                                     |                    |                 |                      |                   |                        |       |    |     |
| Pressure Mana                       | <b>igement:</b> Ab | le to perform ( | effective weight s   | hift / pressure r | elief / reperfusion on | MSCC? | No | Yes |
| Can perform perform weight shift eg |                    |                 | it risk of falling)? |                   |                        |       |    |     |
| Requires atten                      | dant-operate       | ed Tilt         | Recline              |                   |                        |       |    |     |
| Comments:                           |                    |                 |                      |                   |                        |       |    |     |
|                                     |                    |                 |                      |                   |                        |       |    |     |
| Chin hat a mile                     |                    | - # - # - I     |                      |                   |                        |       |    |     |
| <b>Skin Integrity:</b>              | intact             | at risk – þi    | rolonged 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<br>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

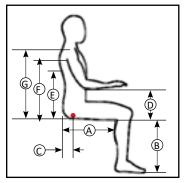
Unable to sit independently (requires tilt, laterals, anterior support, back angle adjustment, tension-adjustable upholstery, etc.)

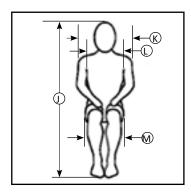
Requires support for dynamic movement in MSCC ("hooks" for support to reach perianal area or lower extremities for care)

#### Posture: (MAT Evaluation)

| Pelvic Mobility:<br>Pelvic Rotation:<br>Pelvic Obliquity:<br>Spinal Mobility: | Left Forward<br>Left Side Elevate | terior Ante<br>Right Forward<br>d Right Sid<br>ordosis Scol | Flexible<br>le Elevated            | to Neutral<br>to Neutral<br>o Left Leans |                         | support tolerated |       |
|---|-----------------------------------|---|------------------------------------|--|-------------------------|-------------------|-------|
| Spinar Wobinty.   | Change in suppo                   |   | iosis Lealis (                     | o Leit Leans                             | to Night The            | exible to Neutral |       |
| Tonal Influence Pelv  | vis: Paralysis                    | Flaccid   | Low Tone                           | High Tone                                | Spasticity              | Dystonia          | Other |
| Tonal Influence Trur  | nk: Paralysis                     | Flaccid   | Low Tone                           | High Tone                                | Spasticity              | Dystonia          | Other |
| Lower Extremity: Lo   | eg Position N                     | eutral Abdu   | uction Addu                        | ction Winds                              | wept Left V             | Vindswept Right   |       |
| Knee issues: Li   | mited Range of M                  | otion - Specify: _  |                                    |  |                         |                   |       |
| Ankle issues: P   | lantar Flexion                    | L R Dors  | iflexion L                         | R Inversion                              | L R E                   | version L R       |       |
| Comments:   |                                   |   |                                    |  |                         |                   |       |
| <b>Upper Extremity</b>  |                                   |   |                                    |  |                         |                   |       |
| Requires armrest<br>Hand dominance for<br>Able to propel M                    | bowel therapy a                   |   | ene access L                       | eft Right                                | s flip-up arms fo<br>ns | r transfers       |       |
| Head Positioning:<br>Pulls to side/rotates                                    |                                   |   | ort Unable<br>s laterally-offset I | to hold head up<br>nead support          |                         |                   |       |
| Blood Pressure Mar<br>wears binder  | •                                 | sion stockings  | uses medicat                       | ion requires                             | Tilt requir             | res Recline       |       |

#### **Client Measurements**





| Height: |  |
|---------|--|
| Weight: |  |

| Left     | Right    |                            |     |   |
|----------|----------|----------------------------|-----|---|
| "        | <i>"</i> | 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> | "        | E Seat to Inferior Scapula | ,,, | Overall width (asymetrical width for windswept legs or scoliotic posture) |
|          |          | F Axilla                   |     | wiriuswept legs of scollotic posture)                                     |
|          |          | G Top of shoulder          |     |   |

## **Angular Measurements (accomodations required)**

| Pelvis-to-thigh (seat-to-back) angle: | Left | >90° | <90° | Right | >90° | <90° |  |  |
|---------------------------------------|------|------|------|-------|------|------|--|--|
| Thigh-to-calf (knee) angle:           | Left | >90° | <90° | Right | >90° | <90° |  |  |
| Ankle:                                | Left | >90° | <90° | Right | >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-AT Clinical Justification Checklist**

## **Product Model**

## **Clinical Justification**

| Raz-AT – Attendant Tilt<br>(400-lb cap) | Required for client's safety as he / she is not a safe, functional ambulator Required for client's safety as he / she is unable to transfer or sit on bath or shower bench Required for client's safety as he / she is unable to transfer or sit on toilet |
|---|--|
|   | 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   |

## 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                                       |  |
| Anterior  | Facilitates standing pivot transfers                              |  |

# **Special Frame Configurations**

| Frame Width – 16" | Narrower frame better accomodates client's size                                      |
|-------------------|--|
| Frame Width – 20" | Wider frame better accomodates client's size   |
| Frame Width – 22" | Wider frame better accomodates client's size   |
| Frame Width – 24" | Wider frame better accomodates client's size   |
| Long Seat Frame   | Accomodates client's upper leg length  |
| Long Base Frame   | Accomodates client's upper leg length Required for stability                         |
| Low Frame         | Facilitates transfers Allows for foot propulsion between toilet / shower and bedroom |

<sup>&</sup>lt;sup>†</sup>exclusive to Raz

| Seats                                     | Clinical Justification   |
|---|--|
| IPAS (Ischial Pelvic<br>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) Longer depth accomodates taller client (19"D seat)  |
| 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 Longer depth accomodates taller client (19"D seat) Side / Rear Access Opening allows client to perform perianal hygiene / self-care Side / Rear Access Opening allows attendant to perform perianal hygiene / self-care   |
| E&J Replica†                              | Stabilize pelvis Seat design and materials offer improved immersion, envelopment, and off- loading for optimum pressure redistribution Accommodate hygiene management (deep side cut-outs) Appropriately located aperture to help manage sacral sitting Dependant on old Everest&Jennings teardrop-shaped aperture   |
| Shower Only Seat†                         | MSCC is only required for showering Prevention of wound tearing, post surgery  |
| 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 |

<sup>&</sup>lt;sup>†</sup>exclusive to Raz

| 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<br>Right Access | Allows client to perform suppository insertion Allows client to perform digital stimulation and / or manual evacution for bowel movement Allows for client 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 | Back angle adjustability accomodates decreased ROM (when hip angle is greater than 90°                          |
|------------------------------|---|
| adjustability)               | 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°)   |
| 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 som                        |
|                              | 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  |

<sup>&</sup>lt;sup>†</sup>exclusive to Raz

# **Back Frames (cont'd)**

## **Clinical Justification**

| Reclining Adjusta-Back<br>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<br>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<br>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<br>Help prevent UE from falling off arm support  |
| 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   |

<sup>&</sup>lt;sup>†</sup>exclusive to Raz

## **Foot and Leg Supports**

## **Clinical Justification**

| 0 11                                    |  |
|---|--|
| MFX Footrests (shorter range)           | Accommodate client's leg length  |
| Footrest Extension Tubes (longer range) | Accommodate client's leg length  |
| Angle / Depth Adjustable<br>Footplates  | Accommodate ankle ROM<br>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<br>Aeromesh                      | Prevent legs from falling rearward into frame / casters of MSCC Manage flexion contractures  |
| Calf Panel – Bodypoint<br>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<br>Manage flexion contractures<br>Required for ease of cleaning                |
| Heel Loops  | Prevent legs from falling rearward into frame / casters of MSCC Manage flexion contractures  |
| Neoprene Footplate Covers†                              | Cover footplates to protect feet from hard edges / pressure injuries Covers footplates to provide additional friction to keep from falling off |
| Lateral / Medial Offset Foot<br>Support Receivers†      | Accomodates abduction Accomodates windswept lower extremities Accomodate foot position on wide chairs  |
| Forward Offset Foot / Leg<br>Support Receivers (mounts) | Accomodates deeper seat Accomodates leg length discrepancy   |
| Residual Limb Support                                   | Provides support and positioning for residual limb Pain management for residual limb Provides protection for residual limb                     |
| Foot Support Lock                                       | Locks foot support to prevent movement   |

<sup>&</sup>lt;sup>†</sup>exclusive to Raz

## **Positioning Pads**

## **Clinical Justification**

| Lateral Thoracic Support† | Decrease lateral trunk leaning                                     |
|---------------------------|--|
| (swingaway)               | Accommodate asymmetry  |
| Left                      | Control of tone / spasticity                                       |
| Right                     | Safety   |
| Lateral Pelvic Support†   | Stabilize pelvis   |
| (Hip Guides)              | Decrease pelvic rotation   |
| Left                      | Align pelvis over aperture   |
| Right                     |  |
| Medial Thigh Support†     | Decrease adduction   |
| (pommel / adductor)       | Accommodate ROM limitations  |
| , ,                       | Accommodate windswept deformity                                    |
| Lateral Thigh Support†    | Decrease abduction   |
| (adductor)                | Accommodate windswept deformity                                    |
| Left                      | Position thighs in alignment                                       |
| Right                     |  |
| 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 |
|---|---|
| Offset Interface Plate†<br>(offsets headrest laterally) | Accommodate ROM limitations Accommodate asymmetrical head position  |

## **Pelvic Belt**

| 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<br>Required for ease of cleaning |

<sup>&</sup>lt;sup>†</sup>exclusive to Raz

#### **Caster Options**

## **Clinical Justification**

| Castel Options                       | Cilifical Justification  |
|--------------------------------------|--|
| 4" Caster Upgrade                    | Lowers seat height to facilitate transfers   |
| 6" Caster Upgrade                    | Increases seat height to facilitate transfers Increases seat height to clear ADA toilet  |
| Directional Caster Lock†             | Assists with steering MSCC   |
| Anti-Tipper Options                  |  |
| Rear Anti-Tippers                    | Prevents MSCC from tipping backward<br>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 in place  |
| <sup>†</sup> exclusive to Raz        |  |
| Therapist Name:                      | Therapist Signature: Date:   |
| I concur with the above findings and | d recommendations of the therapist.  |