



Raz-CAT (Compact 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-morbidities: _____

Transfer Status

| | | | | | | | |
|--|-------------------|---------------|-----------------------|---------------------------------------|-----------------|-----------------|--|
| Transfers: Number of transfers required for showering / toileting: without MSCC _____ with MSCC _____ | | | | | | | |
| independent | min assist | mod assist | max assist | dependent | 1 person assist | 2 person assist | |
| Transfer Method: | | | | | | | |
| stand pivot | sit / squat pivot | sliding board | lift / sling required | | | | |
| transfer surfaces need to be same height | | | | tilt required to facilitate transfers | posterior tilt | anterior tilt | |
| Comments: _____ | | | | | | | |

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: _____ | | | | # days/week on MSCC: _____ | |
| Seat access required for bowel / bladder program: | Front | Left | Right | Rear | |
| Comments: _____ | | | | | |

Shower / Dressing / Other

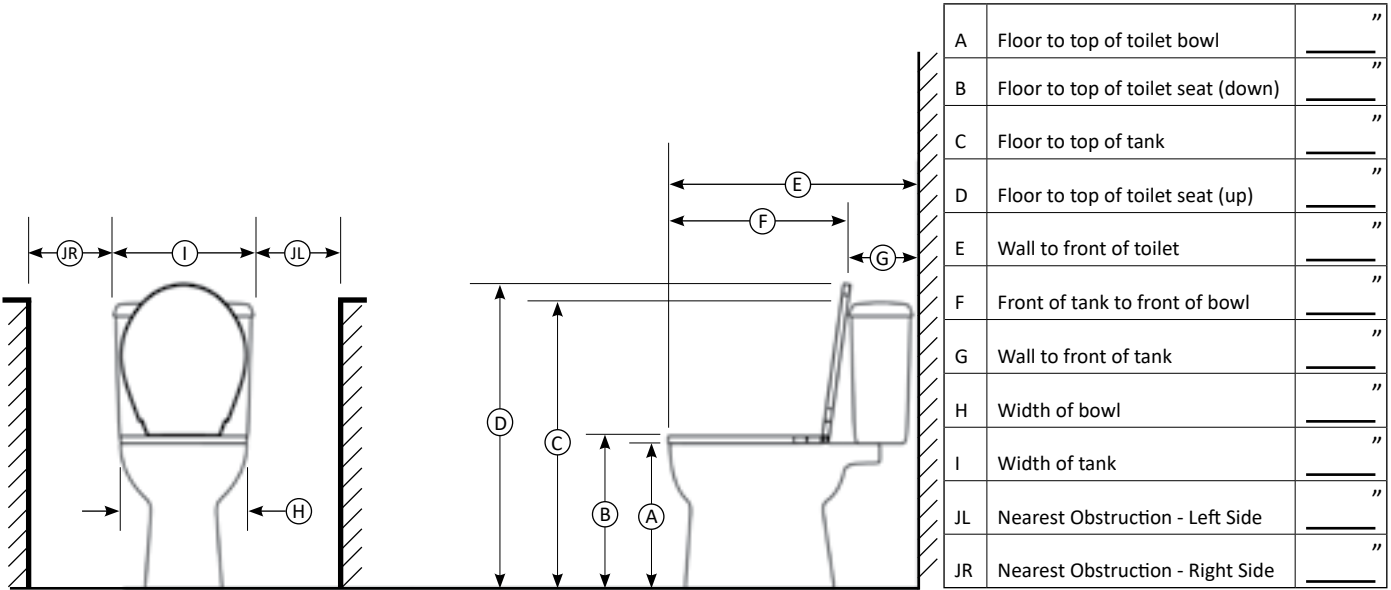
| | | | | | |
|--|-------|------|-------|----------------------------|--|
| Body position during shower (tilt/recline/upright): _____ | | | | | |
| Seat access opening required for bathing / shower hygiene program program: | Front | Left | Right | Rear | |
| Comments: _____ | | | | | |
| Time spent on MSCC for showering: _____ | | | | # days/week on MSCC: _____ | |
| Dressing and other activities performed using the MSCC: _____ | | | | | |

Environmental Assessment for MSCC

Unobstructed access from bedroom to bathroom? _____

Bathroom door width: _____ Is there a roll-in shower? No Yes

Enough room to maneuver MSCC in bathroom? No Yes Comments: _____



Comments: _____

Sensation, Pain and Skin Integrity

Sensation: intact impaired absent

Location(s) of impairment / absence: _____

Comments: _____

Pressure Management: Able to perform effective weight shift / pressure relief / reperfusion on MSCC? No Yes

Can perform pressure relief lift in chair
 Weight shift eg. Lean side-to-side (without risk of falling)?
 Requires attendant-operated Tilt Recline

Comments: _____

Skin Integrity: intact at risk – prolonged sitting impaired scar tissue

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

other wounds: _____

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

| | | | |
|---------------------------------|----|-----|-----------------|
| Hx of Pressure Injury: | No | Yes | Comments: _____ |
| _____ | | | |
| _____ | | | |
| 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) |
| How is pain relieved? _____ | | | | | | | | | | | | | |
| Comments: _____ | | | | | | | | | | | | | |

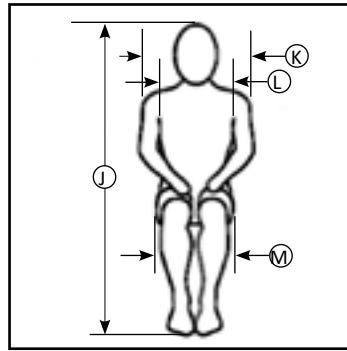
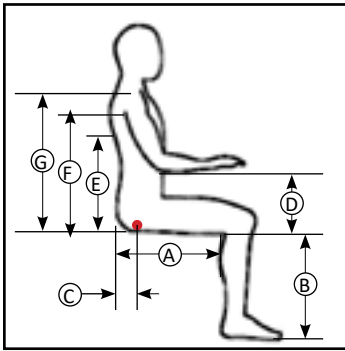
Sitting Balance

| |
|---|
| 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 | Right Forward | Flexible to Neutral | | | Changes in support tolerated | | | | | | |
| Pelvic Obliquity: | Left Side Elevated | Right Side Elevated | | | | | | | | | | |
| Spinal Mobility: | Kyphosis | Lordosis | Scoliosis | Leans to Left | Leans to Right | Flexible to Neutral | | | | | | |
| | Change in support tolerated | | | | | | | | | | | |
| Tonal Influence Pelvis: | Paralysis | Flaccid | Low Tone | High Tone | Spasticity | Dystonia | Other | | | | | |
| Tonal Influence Trunk: | Paralysis | Flaccid | Low Tone | High Tone | Spasticity | Dystonia | Other | | | | | |
| Lower Extremity: | Leg Position | Neutral | Abduction | Adduction | Windswept Left | Windswept Right | | | | | | |
| Knee issues: | Limited Range of Motion - Specify: _____ | | | | | | | | | | | |
| Ankle issues: | Plantar Flexion | L | R | Dorsiflexion | L | R | Inversion | L | R | Eversion | L | R |
| Comments: _____ | | | | | | | | | | | | |
| Upper Extremity | | | | | | | | | | | | |
| Requires armrest for support | | | Requires supplementary 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 posterior head support | | | Unable to hold head up | | | | | | | | |
| Pulls to side/rotates | | Left | Right | Requires laterally-offset head support | | | | | | | | |
| Blood Pressure Management: | | | | | | | | | | | | |
| wears binder | wears compression stockings | | uses medication | | requires Tilt | | requires Recline | | | | | |

Client Measurements



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

| Left | Right | | |
|---------|---------|----------------------------|--|
| _____ " | _____ " | A Buttock / Thigh depth | _____ " J Top of head |
| _____ " | _____ " | B Lower leg length | _____ " K Shoulder width |
| _____ " | _____ " | C Ischial depth | _____ " L Chest width |
| _____ " | _____ " | D Seat to elbow | _____ " M Hip width |
| _____ " | _____ " | E Seat to Inferior Scapula | _____ " Overall width (asymmetrical width for windswept legs or scoliotic posture) |
| _____ " | _____ " | F Axilla | |
| _____ " | _____ " | 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-CAT Clinical Justification Checklist

Product Model

Clinical Justification

| | |
|--|--|
| <p>Raz-CAT – Compact Attendant Tilt (300-lb cap)</p> | <p>Requires shorter seat depth Capable of accommodating client growth Accommodates client’s small size and capable of being used over toilet 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</p> |
|--|--|

Tilt

| | |
|------------------|---|
| <p>Posterior</p> | <p>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</p> |
| <p>Anterior</p> | <p>Facilitates standing pivot transfers</p> |

Special Frame Configurations

| | |
|--------------------------|--|
| <p>Frame Width – 16”</p> | <p>Narrower frame better accomodates client’s size</p> |
| <p>Frame Width – 20”</p> | <p>Wider frame better accomodates client’s size</p> |
| <p>Low Frame</p> | <p>Facilitates transfers Allows for foot propulsion between toilet / shower and bedroom</p> |

Seats

| | |
|---|--|
| <p>IPAS (Ischial Pelvic Alignment System)</p> | <p>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.</p> |
| <p>CAT Seat†</p> | <p>Accomodates growth</p> |

† exclusive to Raz

Seats (cont'd)**Clinical Justification**

| | |
|---------------------------------------|--|
| Contoured Molded† | <p>Stabilize pelvis</p> <p>Improve pressure distribution</p> <p>Appropriately located aperture to help manage sacral sitting</p> <p>Accommodate hygiene management (side cut-outs)</p> <p>Longer depth accomodates taller client (19"D seat)</p> |
| Visco Foam Interface† | <p>Stabilize pelvis</p> <p>Seat design and materials offer improved immersion, envelopment, and off-loading for optimum pressure redistribution</p> <p>Appropriately located aperture to help manage sacral sitting</p> <p>Accommodate hygiene management (side cut-outs)</p> <p>History of pressure injury</p> <p>Pressure injury present</p> <p>Longer depth accomodates taller client (19"D seat)</p> <p>Side / Rear Access Opening allows client to perform perianal hygiene / self-care</p> <p>Side / Rear Access Opening allows attendant to perform perianal hygiene / self-care</p> |
| Seat Support Kit | <p>Allows placement of narrower seat on a wider seat / base frame, avoiding cost of custom seat</p> |
| Custom Seat† | <p>History of Pressure Injury</p> <p>Accommodate hygiene management</p> <p>Appropriately located aperture to help manage sacral sitting</p> <p>Client requires special length to accommodate client's height</p> <p>Client requires special width to accommodate client's width</p> <p>Unique aperture / seat design to accommodate selfcare</p> <p>Accommodates leg length discrepancy</p> <p>Seat design and materials offer improved immersion, envelopment, and off- loading for optimum pressure redistribution</p> <p>Pressure relief area under existing pressure injury</p> <p>Pressure relief area under site of flap surgery</p> <p>Raised area accommodates pelvic obliquity</p> <p>Accommodate multiple deformities</p> <p>Allows for attendant to perform perianal hygiene from side of chair (insufficient space in roll-in shower for both attendant and MSCC)</p> <p>Side access facilitates self-care</p> <p>Side access facilitates caregiver access to perianal area for hygiene management</p> |
| Access Opening Front Access | <p>Accommodate hygiene management</p> <p>Allows for attendant to perform perianal hygiene</p> |
| Front Bridge | <p>Allows client to transfer laterally without leg falling into front opening</p> |
| Left Access Right Access | <p>Allows client to perform suppository insertion</p> <p>Allows client to perform digital stimulation and / or manual evacuation for bowel movement</p> <p>Allows for client to perform selfcare</p> <p>Accommodate hygiene management</p> <p>Allows for attendant to perform perianal hygiene from side of chair (insufficient space in roll-in shower for both attendant and MSCC)</p> |
| Rear Access | <p>Eliminate pressure at rear of seat to accommodate coccygeal / sacral pressure injury</p> <p>Eliminate pressure at rear of seat to accommodate surgical site at coccygeal / sacral area</p> <p>Allows for attendant to perform perianal hygiene from rear of chair</p> |

† exclusive to Raz

Back Frames

| | |
|-------------------------------|--|
| CAT Back Frame† | <p>Back frame narrower than seat frame required to accommodate over-toilet use and thin client stature</p> <p>Tension-adjustable upholstery accommodates client's back shape and provides moderate lateral postural support</p> <p>Back angle adjustability accommodates decreased ROM (when hip angle is greater than 90° and non-reducible)</p> <p>Increase sitting tolerance (with back support set at 97° and tension-adjustable upholstery optimally adjusted)</p> <p>Facilitate postural control (with back support set at 97° and tension-adjustable upholstery optimally adjusted)</p> <p>Facilitate safe transfers (with flip-up arm supports with user-operated arm support lock release)</p> <p>Increases trunk stability (at 97° vs 90°)</p> <p>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</p> <p>Reduce shoulder subluxation</p> <p>Provide support with elbow at 90°</p> <p>Having arm supports at optimal height decreases gravitational pull on shoulder joints</p> <p>Having arm supports at optimal height improves postural control / trunk support</p> <p>Change height/angle of arm supports to facilitate ADLs</p> |
| Reclining Adjusta-Back Frame† | <p>Back angle adjustability accommodates decreased ROM (when hip angle cannot go to 90°)</p> <p>Increase sitting tolerance</p> <p>Facilitate postural control</p> <p>Facilitate safe transfers (with flip-up 2-Point Arm Supports)</p> <p>Increases trunk stability</p> <p>Facilitates catheter insertion</p> <p>Facilitates bathing</p> <p>Blood pressure management</p> <p>Head / neck support</p> <p>Manage tone / spasticity</p> <p>Decrease respiratory distress</p> <p>Decrease pain</p> <p>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</p> <p>Improve circulation</p> <p>Manage bowel / bladder / catheter care, intermittent catheterization, undergarment, change</p> <p>Pressure redistribution – cannot weight shift</p> <p>Maintain muscle length / joint ROM</p> |

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 | <p>Requires additional support surface and positioning for arms</p> <p>Help prevent UE from falling off arm support</p> |
| Pivoting Arm Mount† | <p>Provides clearance for Lateral Thoracic Supports to be swung away for transfers when Molded Arm Troughs are used</p> <p>Provides clearance for arm supports with Molded Arm Troughs to be flipped up for transfers and bathing</p> |

† exclusive to Raz

Arm Supports (cont'd)**Clinical Justification**

| | |
|-------------------------------|---|
| 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 maneuverability with smaller footprint Facilitates safe lateral transfers |
| Flip-Back Foot Support† | Improved maneuverability with smaller footprint |
| Elevating Leg Supports | Blood pressure management Elevate with recline for showering, catheter access, dressing, or other ADLs Accommodates client's limited knee ROM Helps manage edema when combined with recline |
| Custom Leg / Foot Support | Accommodate client's leg length Accommodate knee ROM Accommodates 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 |
| Neoprene Footplate Covers† | Cover footplates to protect feet from hard edges / pressure injuries Covers footplates to provide additional friction to keep from falling off |

† exclusive to Raz

Foot and Leg Support Accessories (cont'd)**Clinical Justification**

| | |
|--|--|
| Lateral / Medial Offset Foot Support Receivers† | Accommodates abduction Accommodates windswept lower extremities Accommodate foot position on wide chairs |
| Forward Offset Foot / Leg Support Receivers (mounts) | Accommodates deeper seat Accommodates 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 |

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 |
| 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

| | |
|--------------------------|--|
| 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 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 |

†exclusive to Raz

Therapist Name: _____ Therapist Signature: _____ Date: _____

I concur with the above findings and recommendations of the therapist.

MD/PA/NP: _____ MD/PA/NP Signature: _____ Date: _____