

# **Züm-AP** (Attendant Propel) 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 Conta	ct:	P:
Supplier Email:		
Primary Dx:	- Co-morbidities:	
Transfer Status		
<b>Transfers:</b> Number of transfers required for showering / toileting: with	out MSCC with MSC endent 1 person assist	2 person assist
stand pivot sit / squat pivot sliding board lift / sling rec transfer surfaces need to be same height tilt required to facili Comments:		t anterior tilt
Functional Use of Toileting	MSCC	
Bowel management program: enema suppository digital st	timulation medication	other
Comments:		
Level of independence:		
Time spent on MSCC for bladder/bowel care:	# days/week c	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	ram: Front Left I	Right Rear
Comments:		
Time spent on MSCC for showering:	# days/week	on MSCC:
Dressing and other activities performed using the MSCC:		

Environmental Assessment fo							
Unobstructed access from bedroon							_
Bathroom door width:	Is there a roll-	in shower?	No	Yes			
Enough room to maneuver MSCC in	n bathroom? No	Yes	Comments	s:			_
Comments:		B A	Ē		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, Pain and Skin Integration: intact impa							
Location(s) of impairement / absen							
Comments:							<u> </u>
Pressure Management: Able to pe	rform effective weight	t shift / press	ure relief / r	reperfusio	n or	n MSCC? No Yes	
Can perform pressure relief lift in c Weight shift eg. Lean side-to-side ( Requires attendant-operated		)?					
Comments:							_

Skin Integrity:	intact	at risk – prolonged sitting	impaired	scar tissue	
current Pressu	ıre Injury	PI Stage: location(s) ,	/ size(s):		
other wounds	:				

#### 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

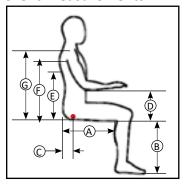
Unable to sit independently (requires tilt, laterals, anterior support, back angle adjustment, tension-adjustable upholstery, etc.)

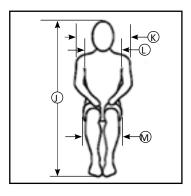
Requires support for dynamic movement in MSCC ("hooks" for support to reach perianal area or lower extremities for care)

#### Posture: (MAT Evaluation)

Pelvic Mobility: Pelvic Rotation: Pelvic Obliquity:	Neutral P Left Forward Left Side Eleva	Right Forv	Anterior vard t Side Eleva	Flexible t	o Neutral o Neutral	Changes	in support tolerated	
Spinal Mobility:	* *	_	Scoliosis	Leans to	Left Leans	to Right	Flexible to Neutral	
Tonal Influence Pelv	vis: Paralys	is Flacci	d Lov	v Tone	High Tone	Spasticit	y Dystonia	Other
Tonal Influence Trui	nk: Paralysi	is Flacci	d Low	/ Tone	High Tone	Spasticit	y Dystonia	Other
Lower Extremity: Lo	eg Position	Neutral A	Abduction	Adduct	ion Winds	wept Left	Windswept Right	
Knee issues: Li	mited Range of	Motion - Speci	fy:					
Ankle issues: P	lantar Flexion	L R I	Dorsiflexion	L R	Inversion	L R	Eversion L R	
Comments:								
Upper Extremity								
Requires armrest Hand dominance for Able to propel M	bowel therapy	•	nygiene acce	ess Le	t Right		s for transfers	
<b>Head Positioning:</b> Pulls to side/rotates			ipport uires laterall		o hold head up ad support			
Blood Pressure Mar wears binder	J	ession stocking	s uses	medicatio	n requires	Tilt red	quires Recline	

#### **Client Measurements**





Height:	
Weight:	

Left	Right			
,,	<i>"</i>	A Buttock / Thigh depth	<i>"</i>	J Top of head
	<i>"</i>	B Lower leg length	,,	K Shoulder width
	<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		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				



# **Züm-AP Clinical Justification Checklist**

#### **Product Model**

#### **Clinical Justification**

Züm-AP – Attendant Propel (350-lb cap)	Folding model required due to space limitations in client's home environment Folding model required for transport 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 /
	Reduce number of transfers for hygiene / showering / bowel / bladder / ADL routines / programs

#### **Seats**

IPAS (Ischial Pelvic	IPAS, an exclusive feature on all Raz seats, utilizes adjustable seat mounting brackets that
Alignment System)	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

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

# Seats (cont'd) Clinical Justification

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
Access Opening	Accommodate hygiene management
Front Access	Allows for attendant to perform perianal hygiene
Front Bridge	Allows client to transfer laterally without leg falling into front opening
Left Access	Allows client to perform suppository insertion
Right Access	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)

#### **Arm Supports**

**Rear Access** 

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
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
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

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

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

## **Foot and Leg Supports**

### **Clinical Justification**

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
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
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

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

#### Page 8 of 8 **Clinical Justification Positioning Pads** Lateral Thoracic Support<sup>†</sup> Decrease lateral trunk leaning (swingaway) Accommodate asymmetry Left Control of tone/spasticity Right Safety 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 **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 Provide anterior support to prevent upper body from falling forward Infection Control Chest Belt Required for ease of cleaning **Anti-Tipper Options Rear Anti-Tippers** Prevents MSCC from tipping backward 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 Signature:\_\_\_\_\_

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

MD/PA/NP:\_\_\_\_\_\_ Date:\_\_\_\_\_\_