



# Trakz-AT (Attendant Tilt) Tub Slider 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

<b>Transfers:</b> 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	
<b>Transfer Method:</b>			
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 Tub Slider

**A tub slider consists of three major components: a mobile base (MSCC), a tub base and a bridge that connects the two bases.**

### 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

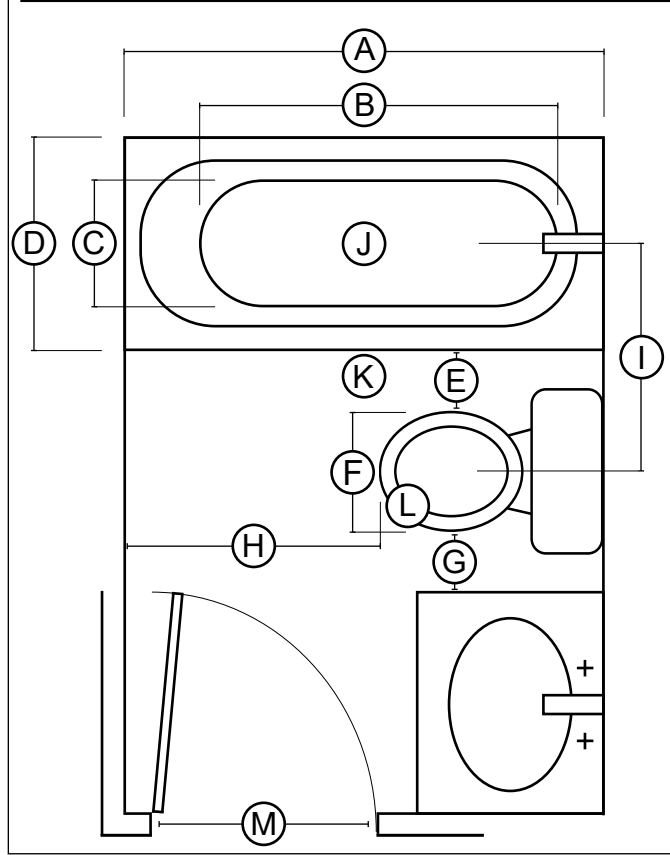
Body position during shower (tilt/upright): _____					
Seat access opening required for bathing / shower hygiene program program:	Front	Left	Right	Rear	
Comments: _____					
Time spent on MSCC for showering: _____				# days/week on MSCC: _____	
Dressing and other activities performed using the MSCC: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

### Environmental Assessment for Tub Slider

Unobstructed access from bedroom to bathroom? \_\_\_\_\_

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

Enough room to maneuver mobile base in bathroom? No Yes Comments: \_\_\_\_\_



A	Overall length of bathtub	''
B	Length of bathtub floor	''
C	Width of bathtub floor	''
D	Overall width of bathtub	''
E	Distance between bathtub and toilet bowl edge	''
F	Widest part of toilet bowl	''
G	Distance between edge of toilet and closest wall	''
H	Distance between edge of toilet and opposite wall	''
I	Distance from center of toilet bowl and center of bathtub	''
J	Distance from top edge of bathtub to bathtub floor	''
K	Distance from top edge of bathtub to bathroom floor	''
L	Distance from top of toilet bowl to bathroom floor (with seat and lid in raised position)	''
M	Width of door opening	''

### 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? No Yes

Can perform weight shift (eg. lean side-to-side without risk of falling)? No Yes

Requires attendant-operated tilting seat frame? No Yes

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**

<b>Hx of Pressure Injury:</b>	No	Yes	Comments: _____
_____			
_____			
<b>Hx of Skin/Flap Surgery:</b>	No	Yes	
Location(s)	_____		
Comments:	_____		
_____			

<b>Pain Intensity:</b>	(no pain)	0	1	2	3	4	5	6	7	8	9	10	(worst pain possible)
How is pain relieved? _____													
Comments: _____													

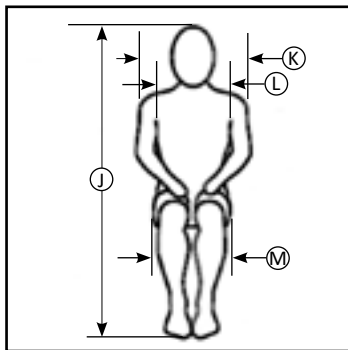
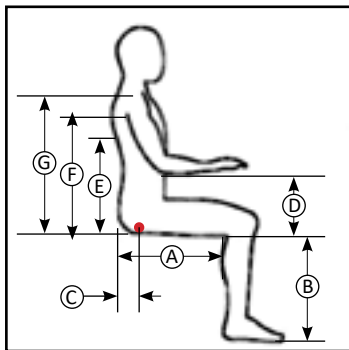
**Sitting Balance**

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)**

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

**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 (asymetrical 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 RazTub Slider 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 _____				



# Trakz-AT Clinical Justification Checklist

## Clinical Justification

### Product Model

<p>Trakz-AT – Attendant Tilt (350-lb cap)</p>	<p>Zbrilok prevents the seat moving onto the bridge unless both ends are latched. This prevents falls that result from the sliding chair portion moving onto a bridge that is not securely fastened on both ends.</p> <p>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>
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### Tilt

<p>Posterior</p>	<p>35° tilt range for pressure reduction            Facilitates transfers onto tub base because, when tilted, the foot support will clear the tub wall and the client’s legs do not need to be lifted independently            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>
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### Back Support Options

<p>Tension-Adjustable Upholstery</p>	<p>Tension-adjustable upholstery accomodates client’s back shape and provides moderate lateral postural support</p>
<p>Symphony Back</p>	<p>Promotes proper spinal alignment and posture            Provides lateral support due to its contoured design            Provides stability and support to the muscles and ligaments of the back, reducing the risk of strain and fatigue</p>

† exclusive to Raz

# Clinical Justification

## Arm Supports

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
Anterior Postural Support Bar	Control tone / spasticity

## 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
Elevating Leg Supports	Blood pressure management Accommodates client's limited knee ROM

## Foot and Leg Support Accessories

H-Strap	Prevent legs from falling rearward into frame / casters of MSCC
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
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
Residual Limb Support	Provides support and positioning for residual limb Pain management for residual limb Provides protection for residual limb

## Positioning Pads

Lateral Thoracic Support† (swingaway) Left Right	Decrease lateral trunk leaning Accommodate asymmetry Control of tone / spasticity 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

† exclusive to Raz

# Clinical Justification

## 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 Required for ease of cleaning

## Other

Whizard© Urine Deflector† SplaShield Urine Deflector†	Assists with directing urine stream into toilet Assists with directing urine stream into commode pan Reduces the risk of slips and falls by containing and directing the urine flow into a receptacle rather than allowing it to splash onto the floor Minimizes the risk of cross-contamination by creating a barrier between the user and the caregiver or surrounding surfaces Improves comfort and dignity of the user by reducing messes associated with urination Reduces the risk of skin damage and irritation by preventing contact with bodily fluids and waste in sensitive areas such as the perineum and buttocks
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Therapist Name: \_\_\_\_\_ Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

† exclusive to Raz

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