## AMBULANT MOBILITY

**Equipment that assists an individual to walk**

<table>
<thead>
<tr>
<th>Includes</th>
<th>Eligible Prescribers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 1</strong></td>
<td>Physiotherapist and Medical Specialist</td>
</tr>
<tr>
<td>Pick up frame</td>
<td></td>
</tr>
<tr>
<td>Hand-held wheeled walking frames</td>
<td></td>
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<tr>
<td>Forearm support walker</td>
<td>Note: Services may undertake education programs to train other health professionals to prescribe this equipment for non-complex consumers. See <a href="#">Professional Criteria for Prescribers Document.</a></td>
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<tr>
<td>Posterior support frame</td>
<td></td>
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</tbody>
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| **Group 2** | Medical specialist, Physiotherapist with >1 year experience |
| Bariatric forearm support frame | |
| Specialized walkers with postural support | +3 previous prescriptions for Group 2 equipment in that category |

| Excludes | |
| • Equipment related to recreational activities. | |
| • Kitchen trolleys / tray-mobile | |
| • 3-wheeled walking frames | |
| • Walking frames that can be used as transit chairs | |
| • Walking sticks | |
| • Second walking frame | |
| • Crutches | |
| • Items under $100 | |

| Contracts in place | N/A |

| Availability of funding under other services | |
| • The Home Modification & Maintenance Scheme (HMMS) and the Department of Housing may install ceiling hoist tracking. | |
| • Residential aged care facilities and EACH and EACH-D programs are responsible for the provision of transfer equipment for eligible consumers. | |

### Identification Of Need / Clinical criteria

A walking frame may be funded when:

1. Consumer is unable to walk safely without support **AND**
2. A walking aid is the consumer’s primary means of mobility **OR** consumer is a mixed mobility user (see reference for ‘mixed mobility user’).
# Equipment Decision Phase

## Consumer Factors

**Provide**
- A measurable functional goal in relation to the walking aid.
- Information from the clinical assessment of present mobility skills (including strength, endurance, tone, balance, posture, endurance) in various environments as relevant.
- Consumer’s weight.

**Confirm**
- Consumer’s primary means of mobility.
- Frequency and environments of use for each mobility device if mixed mobility is used.

**Consider**
- The activities that the consumer performs with the equipment, including transfers.
- Any relevant medical information that impacts on the consumer’s current and ongoing ability to use the walking aid, such as deterioration or improvement in condition, medications, planned surgery.
- Any other factors that will impact on the consumer’s ongoing need for equipment such as changes to size (growth, weight) or expected changes in levels of function.

## Social/carer criteria

**Consider**
- Whether all carers are able to use the equipment safely, including transfers, set up, care and trouble shooting.
- Whether provision of equipment will increase or decrease physical or other loads on carer/s.
- Whether a plan for training carer/s is required.

## Environmental and Equipment Factors

**Confirm**
- Equipment is compatible with other equipment being used or planned.
- Equipment is compatible with consumer’s mode of transport (car, taxi, bus etc).
- Consumer’s weight is compatible with equipment requested.
- Features of equipment are matched to consumer’s basic needs and function and are compatible with the environment of use i.e. types and size of castors, handles or position of brakes.

**Consider**
- Adjustability to accommodate anticipated changes in size or function.
- Storage for equipment if necessary.

**Check**
- Safety features such as brakes are easily accessible and consumer can engage and disengage them.
- There is sufficient space to use equipment in home and other environments including bathrooms and hallways.
- Access to the home and whether consumer is able to negotiate any steps or doorframes with walking aid.
- Consumer/carer is able to fold/unfold walking aid if required.
### Trial
- A trial of the recommended equipment or an equivalent model is required.
- A trial in the home and other environments of use is recommended.

### Plan for delivery and evaluation
- Please indicate if re-measure/re-assessment is required prior to ordering.
- Provide name and contact details for clinician who is required to be contacted prior to delivery.
- An Equipment Evaluation Form (EEF) is not usually required for Group 1 equipment. However an EEF should be completed when:
  - equipment has not been trialled,
  - a specialised walker with postural support has been provided,
  - if there has been modifications,
  - specifically requested by the prescriber or EnableNSW