

# Prescription and Provision Guideline



<b>AMBULANT MOBILITY</b> Equipment that assists an individual to walk	
<b>Includes</b>	<b>Eligible Prescribers</b>
Group 1 Pick up frame Hand-held wheeled walking frames Forearm support walker Posterior support frame	Physiotherapist and Medical Specialist  <i>Note: Services may undertake education programs to train other health professionals to prescribe this equipment for non-complex consumers. See Professional Criteria for Prescribers Document.</i>
Group 2 Bariatric forearm support frame Specialized walkers with postural support	Medical specialist , Physiotherapist with >1 year experience +3 previous prescriptions for Group 2 equipment in that category
<b>Excludes</b>	<ul style="list-style-type: none"> <li>Equipment related to recreational activities.</li> <li>Kitchen trolleys / tray-mobile</li> <li>3-wheeled walking frames</li> <li>Walking frames that can be used as transit chairs</li> <li>Walking sticks</li> <li>Second walking frame</li> <li>Crutches</li> <li>Items under \$100</li> </ul>
<b>Contracts in place</b>	N/A
<b>Availability of funding under other services</b>	<ul style="list-style-type: none"> <li>The Home Modification &amp; Maintenance Scheme (HMMS) and the Department of Housing may install ceiling hoist tracking.</li> <li>Residential aged care facilities and EACH and EACH-D programs are responsible for the provision of transfer equipment for eligible consumers.</li> </ul>
<b>Identification Of Need / Clinical criteria</b> A walking frame may be funded when:	
<ol style="list-style-type: none"> <li>1. Consumer is unable to walk safely without support <b>AND</b></li> <li>2. A walking aid is the consumer's primary means of mobility <b>OR</b> consumer is a mixed mobility user (see reference for 'mixed mobility user').</li> </ol>	

## 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