Reference No.

SELF-ASSESSMENT GUIDE

Qualification	ASSISTIVE REHABILITATION TECHNOLOGY SERVICES	S			
Units of Competency Covered WHEELCHAIR) NC II Receive wheelchair referral and appointment Assist the wheelchair clinician during assessment Coordinate procurement on the appropriate wheelchair size and its parts Perform wheelchair assembly and modifications Assist the wheelchair clinician in wheelchair check out and fitting Assist wheelchair clinician in user training Perform maintenance and repair on wheelchairs Instruction: Read each question and check the appropriate column to indicate your answer.					
Can I?		YES	NO		
RECEIVE WHEELCHAIR REFERRAL AND APPOINTMENT					
protocols * Determine re wheelchair in Schedule clie and institution Check compl storage proce ASSIST THE WH Assist in transtransfer techn service provis Record inform	epair services that can or cannot be provided to client's accordance with institutional protocols. ent for wheelchair assessment/modification/follow-up/repair nal protocols * leteness of filled-up forms and files forms accordance to edures * HEELCHAIR CLINICIAN DURING ASSESSMENT sferring client to assessment bed/area according to proper niques and body mechanics in accordance with wheelchair sion guidelines * nation (ex. profile, health condition and body measurements) neelchair clinician, in accordance with institutional protocols				
support, in acAssist clinicial body measure	o the most comfortable upright sitting position with minimum coordance with wheelchair service provision guidelines in by recording basic body measurements and/or additional ements that corresponds to postural support devices, in with client characteristics *				
COORDINATE PROCUREMENT ON THE APPROPRIATE WHEELCHAIR SIZE AND ITS PARTS					
institutional p	elchair parts that need modification, in accordance with rotocols heelchair type and parts needed based on the prescription				
provided by the clinician					

Schedule wheelchair assembly and maintenance in accordance with institutional protocol				
Fill-up order form based on the wheelchair prescription form*				
Check completeness, specifications and functionality of wheelchair, parts and/or materials, in accordance with order form *				
PERFORM WHEELCHAIR ASSEMBLY AND MODIFICATIONS				
 Prepare wheelchair parts, tools and/or materials for assembly, fitting and/or adjustment in accordance with institutional protocols * 				
 Check safety and functionality of equipment in accordance with manufacturer's instruction and specification 				
 Assemble wheelchair parts and/or postural support devices based on wheelchair prescription, in accordance established procedure* 				
Store excess wheelchair parts in accordance with institutional protocols				
 Perform quality check on assembled wheelchair in accordance with institutional procedures 				
 Clean store and make inventory of equipment, tools and materials, in accordance with institutional protocols * 				
Clean work area and apply proper wastes management *				
ASSIST THE WHEELCHAIR CLINICIAN IN WHEELCHAIR CHECK OUT A	ND FIT	TING		
 Assist in transferring client according to proper transfer techniques and body mechanics in accordance with wheelchair service provision guidelines * 				
 Record body measurements and special considerations relayed by wheelchair clinicians, in accordance with institutional protocols 				
 Get feedback from client regarding fit of the wheelchair in accordance with institutional protocol 				
 Get feedback from client regarding comfort of postural support devices and make appropriate adjustment 				
ASSIST WHEELCHAIR CLINICIAN IN USER TRAINING				
 Explain safety protocols to client, in accordance with standard of practice 				
 Identify potential risks and its preventive measures, for the information of the client * 				
 Identify hazards/potential hazards in the environment, for the information of the client * 				
Explain wheelchair handling, including wheelchair parts and prevention of				
pressure sore to client *				
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pressure sore to client *				
 pressure sore to client * Explain and demonstrate transfer techniques to clients * Explain rules for safe practice during mobility training according to 				

PERFORM MAINTENANCE AND REPAIR ON WHEELCHAIRS				
 Check tire's pneumatic pressure, tire splits, cracks, bulging or loss of thread breaks and performs needed adjustment/repair/ replacement 	f			
 Check wheel attachment, rear wheel's alignment, castor wheels alignment and performs needed adjustment/repair/ replacement 				
 Lock bearings, nuts, and bolts in accordance with wheelchair toes and performs needed tightening/replacement 	t l			
 Check and secure armrest/side guards, footrest and breaks and performs needed repair/replacement 	3			
 Check upholstery, fabrics and cushions and performs needed replacement 	t			
 Check compliance of wheelchair service provision to manufacturer's/institution/wheelchair user specifications)			
Perform needed repair or replacement of defective wheelchair parts				
 Check if provision of wheelchair services were compliant to institution's and wheelchair's user specification 	3			
 Check if product quality was compliant to manufacturer's, and wheelchair's user specification 	k			
Record/document quality assurance procedures				
I agree to undertake assessment with the knowledge that information gather be used for professional development purposes and can only be accessed by assessment personnel and my manager/supervisor.				
Candidate's Name and Signature	Date			
NOTE: *Critical aspects of competency				