## **Functional Impact Tool for Mobility Devices (FIT)**

Instructions
These worksheets are to help you think about the different ways a mobility device can affect:
Pain Energy Stress on your joints Positioning Independence Moving around your home Moving around your community How you feel about yourself
Please select the device you are considering below (You will complete the survey once for each device you are considering):    rigid manual wheelchair   folding manual wheelchair   manual wheelchair with power assist   power wheelchair   lightweight power wheelchair   walking aid
Bring these worksheets to your next appointment, where you and your therapist will talk about the pros/cons of the mobility device together.

#### Pain

day.

Pain can have a big impact on people who use wheelchairs. Research shows that wheelchair users with pain report they are less likely to:

be active

Is your pain worse when you use this device?

- feel good about themselves
- be employed
- be independent

Think about where you often have pain.

☐ No. My pain isn't worse when I use this device.
$\ \square$ Not really. My pain using this device is a little worse but it doesn't stop me
from doing things.
$\hfill \square$ Sort of. My pain is worse when I use this device, and I sometimes have to
take breaks or ask for help because of it.
$\ \square$ Mostly. My pain is worse when I use this device and I often have to take
breaks or ask for help because of it.

 $\square$  Yes. My pain is so much worse when I use this device that I can't use it all

## **Energy**

The mobility device you use can change how much energy you have to do things that are important to you.

People who have the energy to do what's important to them:

- feel they have more control over their lives
- report less pain
- feel less helpless
- say they are more motivated
- report better relationships

Consider doing everything you need to do in a day using the device, including self-care, work/school, caring for others. Think about the other things you want to be sure you get to do.

# Do you have the energy to do everything that is important to you using this device?

☐ Yes. I'm ready!
$\hfill \square$ Mostly. I'm a little tired when I use this device but will still do all the things
that are important to me.
$\ \square$ Sort of. I'm tired when I use this device. I might choose to rest.
$\ \square$ Not really. I'm very tired when I use this device. I will probably choose to
rest.
$\hfill \square$ No. I'm extremely tired when I use this device and will not do all the things
that are important to me.

## Stress on your joints

Using a mobility device can cause stress on your joints. That stress can cause problems over time, including pain, weakness, loss of range of motion, or numbness/tingling. These problems can make it harder to sleep, use the device without help all day, do transfers or do other activities.

wnich of your joints are st	ressea wnen you use this device? (check all tha
apply):	
☐ Neck	☐ Wrists
☐ Back	☐ Hips
$\square$ Shoulders	☐ Knees
$\square$ Elbows	$\square$ Ankles
Can you use this device w	ithout over-stressing your joints?
Yes. I can use this device	e all day without any joint problems.
$\square$ Mostly. Using this devic	e stresses my joints, but I can do everything I want
to do.	
☐ Sort of. Using this device	e stresses my joints, and I will need to take
breaks/extra time when I us	e it to avoid problems.
$\square$ Not really. Using this de	vice is very stressful to my joints and I have to ask
for help a lot when I use it to	o avoid major problems.
☐ No. Using this device st	resses my joints so much that I can't use it all day.

### **Posture**

Posture is how your body is positioned. Poor positioning using a mobility device can cause problems over time, including pressure injuries, tight joints, and pain. Your therapist will be able to talk with you about your posture.

Can you keep good posture when you use this device?	
$\square$ Yes. I have good posture using this device.	
$\ \square$ Mostly. When I use this device my posture could cause problems, b	ut l
know when I need to change my position and can do it without help.	
$\square$ Sort of. When I use this device my posture could cause problems, a	ınd l
sometimes need help with repositioning.	
$\ \square$ Not really. When I use this device my posture could cause problem	s and
rely on others to change my positioning.	
$\square$ No. When I use this device my body isn't supported safely.	

## Independence

You can be away from your caregivers for as long as you don't need help. Think about how often you need help to control your wheelchair, get to work areas, get a drink, do weight shifts, do transfers or do other things throughout the day.

What tasks do you need help with wher apply)	n you use the device? (check all that
☐ Doing weight shifts	$\square$ transferring to/from bed
$\square$ Using phone/tablet/computer/	☐ managing your bladder
remote	$\square$ transferring to/from
□ brushing your teeth/hair/ wash your face	bathroom equipment
$\square$ getting yourself food/drink	
How often do you need help when you u	use this device ?
$\ \square$ I don't need any help for a typical day	when I use this device.
$\ \square$ I need a caregiver available to help in	the morning and in the evening when I
use this device.	
$\square$ I need a caregiver available to help me	e about 3 - 4x/day when I use this
device.	
$\ \square$ I need hands-on help multiple times i	n a day, but can be without a
caregiver for two or more hours when I us	e this device.
$\square$ I need hands-on help once per hour o	r more when I use this device.

## **Moving Around Using the Device**

The mobility device you use can change how much time it takes you to get around your home/work/school settings, and how much help you need doing it. Think about the different places you spend most of your time.

WI	hich skills do you need help with using this device? (check all that apply)
	$\square$ Getting on/off an elevator
	$\square$ Going down a long hallway
	☐ Going up AND DOWN ramps
	$\square$ Managing unlevel surfaces (like uneven sidewalks, packed dirt, grass).
	☐ Managing different kinds of doors
	$\square$ Going over carpeting and thresholds
Ca	n you move around using this device?
	Yes. I have no trouble and can move around without help all day when I use
	this device.
	Mostly. Some things are harder, but I can keep up without help when I use
	this device.
	Sort of. Moving around is harder, and I sometimes need help or take extra
	time moving around with this device.
	Not really. Moving around is very hard and I need a lot of help to get around
	during the day when I use this device.
	No. I am not able to move around using this device without help.

## **Moving Around Using Transportation**

The mobility device you use can change how easy or hard it is to get out into your community. There are a lot of factors to consider, including how difficult it might be to get you and your device into and out of the vehicle, who you will have available to help you, wear and tear on your joints, and whether you want to drive a vehicle.

Have you tried the transfers/equipment loading you will need to do to use this
transportation? □Yes □No
What kind(s) of transportation might be available to you?
(check all that apply):
☐ Personal regular vehicle
$\square$ Personal regular vehicle with a hitch and carrier
$\square$ Personal accessible vehicle (with a ramp or lift)
☐ Taxi/Rideshare
☐ Public transportation (like MARTA)
☐ Paratransit (like MARTA mobility)
$\square$ Medical transportation (hired ambulance)
☐ Other
Can you move around your community when you use this device?
$\square$ Yes. I will be able to move this device around my community and do everything I want to
do.
☐ Mostly. It will be a little hard to move this device around my community, but I will still go
☐ Sort of. It will be hard to move this device around my community and I will sometimes
choose to stay home because it is easier.
☐ Not really. It will be very hard to move this device around my community and I will often
stay home because its easier.   No. I will not be able to leave my home with this device unless I have to.
into. I will not be able to leave my nome with this device unless i have to.

## **Feeling Good**

Research shows that people who feel good about themselves tend to DO more than people who don't feel good about themselves. Think about how you feel about yourself when you are using the device.

bo you leet good about yourself when you use this device:
$\square$ Yes. I feel good about myself using this device and will use it to do
everything I want to do.
$\square$ Mostly. I mostly feel good about myself using this device. I will still do
everything I want to do using it.
$\square$ Sort of. Not feeling good about myself using this device will sometimes keep
me from doing things I want to do.
$\square$ Not really. Not feeling good about myself using this device will often keep
me from doing things I want to do.
$\square$ No. I do not feel good about myself using this device and will not use it.

## **Getting the Device Paid For**

Be sure to talk with someone about how you will get the device paid for. The type of payment (funding) you use to get a mobility device can change how easy or hard it is to get the device repaired/serviced.

What fulfulling are you planning to use to get the device paid for: (Check att
that apply)
☐ Private insurance
☐ Medicare
☐ Medicaid
☐ Worker's Compensation
☐ Self-pay
☐ Other
Have you talked about the pros/cons of using this funding?
□ Yes
□ No
Can you get this device paid for?
☐ Yes. I have a way to get this device paid for.
☐ Mostly. I have a funding source for part of the cost of this device and I will be
able to cover my portion of the cost.
$\square$ Sort of. I have a funding source for part of the cost of this device, but I will
not be able to cover my portion of the cost and will need to look for help.
$\hfill\square$ Not really. I don't have a funding source for this device and will need to look
into different ways to get the equipment paid for.
$\square$ No. There is no funding for this device and there are no ways to get it paid
for