Shepherd Center

Wheelchair Functional Impact Tool (FIT)

Instructions:

These worksheets are to help you think about the different ways mobility devices 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 devices you are considering.

- ☐ Rigid Manual Wheelchair
- ☐ Folding Manual Wheelchair
- ☐ Manual Wheelchair with Power Assist
- ☐ Power Wheelchair
- ☐ Lightweight Power Wheelchair
- ☐ Scooter
- ☐ Walking Aid

If you're comparing devices, choose two that you selected above to compare. Mark one **"Device A"** and the other **"Device B"**. For each category, place a mark next to the answer that best matches for each device.

Device A

- Select Device A -

Device B

- Select Device B -

Bring these worksheets to your next appointment, where you and your therapist will talk about the pros/cons of the mobility devices together.

Pain

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

» Feel good about themselves

» Be employed

» Be independent

Think about where you often have pain.

Can you use each device without pain?

Device A		Device B
- Select Device A -		- Select Device B -
☐	**Yes.** I can use this device all day without pain.	☐
☐	**Mostly.** I have a little pain using this device is a little worse but it doesn't stop me from doing things.	☐
☐	**Sort of.** I have pain when I use this device, and I sometimes have to take breaks or ask for help because of it.	☐
☐	**Not really.** I have pain when I use this device and I often have to take breaks or ask for help because of it.	☐
☐	**No.** I have so much pain when I use this device that I can't use it all day.	☐

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 each device?

Device A		Device B
- Select Device A -		- Select Device B -
☐	**Yes.** I'm ready!	☐
☐	**Mostly.** I'm a little tired when I use this device but will still do all the things that are important to me.	☐
☐	**Sort of.** I'm tired when I use this device. I might choose to rest.	☐
☐	**Not really.** I'm very tired when I use this device. I will probably choose to rest.	☐
☐	**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.

Think about which of your joints are stressed when you use each device.

- ☐ Neck
- ☐ Shoulders
- ☐ Wrists
- ☐ Knees
- ☐ Back
- ☐ Elbows
- ☐ Hips
- ☐ Ankles

Can you use each device without over-stressing your joints?

Device A		Device B
- Select Device A -		- Select Device B -
☐	**Yes.** I can use this device all day without any joint problems.	☐
☐	**Mostly.** Using this device stresses my joints, but I can do everything I want to do.	☐
☐	**Sort of.** Using this device stresses my joints, and I will need to take breaks/extra time when I use it to avoid problems.	☐
☐	**Not really.** Using this device is very stressful to my joints and I have to ask for help a lot when I use it to avoid major problems.	☐
☐	**No.** Using this device stresses 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 each device?

Device A		Device B
- Select Device A -		- Select Device B -
☐	**Yes.** I have good posture using this device.	☐
☐	**Mostly.** When I use this device my posture could cause problems, but I know when I need to change my position and can do it without help.	☐
☐	**Sort of.** When I use this device my posture could cause problems, and I sometimes need help with repositioning.	☐
☐	**Not really.** When I use this device my posture could cause problems and I rely on others to change my positioning.	☐
☐	**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.

Think about what tasks you need help with when you use each device:

- ☐ Doing weight shifts
- ☐ Using phone/tablet/computer/remote
- ☐ Brushing your teeth/hair/wash your face
- ☐ Getting yourself food/drink
- ☐ Transferring to/from bed
- ☐ Managing your bladder
- ☐ Transferring to/from bathroom equipment

How often do you need help when you use each device?

Device A		Device B
- Select Device A -		- Select Device B -
☐	I don't need any help for a typical day when I use this device.	☐
☐	I need a caregiver available to help in the morning and in the evening when I use this device.	☐
☐	I need a caregiver available to help me about 3 - 4x/day when I use this device.	☐
☐	I need hands-on help multiple times in a day, but can be without a caregiver for two or more hours when I use this device.	☐
☐	I need hands-on help once per hour or 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.

Think about which skills you need help with using each device:

- ☐ Getting on/off an elevator
- ☐ Going down a long hallway
- ☐ Going up AND DOWN ramps
- ☐ Managing different kinds of doors
- ☐ Managing unlevel surfaces (like uneven sidewalks, packed dirt, grass).
- ☐ Going over carpeting and thresholds

How often do you need help when you use each device?

Device A		Device B
- Select Device A -		- Select Device B -
☐	**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.** Some things are harder, but I can keep up without help when I use 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

☐ Personal regular vehicle with a hitch and carrier

☐ Personal accessible vehicle (with a ramp or lift)

☐ Taxi/Rideshare

☐ Public transportation (like MARTA)

☐ Paratransit (like MARTA mobility)

☐ Medical transportation (hired ambulance)

☐ Other _____

How often do you need help when you use each device?

Device A		Device B
- Select Device A -		- Select Device B -
☐	**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 out.	☐
☐	**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 it is easier.	☐
☐	**No.** I will not be able to leave my home 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.

Do you feel good about yourself when you use each device?

Device A		Device B
- Select Device A -		- Select Device B -
☐	**Yes.** I feel good about myself using this device and will use it to do everything I want to do.	☐
☐	**Mostly.** I mostly feel good about myself using this device. I will still do everything I want to do using it.	☐
☐	**Sort of.** Not feeling good about myself using this device will sometimes keep me from doing things I want to do.	☐
☐	**Not really.** Not feeling good about myself using this device will often keep me from doing things I want to do.	☐
☐	**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 funding are you planning to use to get the device paid for? (check all 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 each device paid for?

Device A		Device B
- Select Device A -		- Select Device B -
☐	**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.	☐
☐	**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.	☐
☐	**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.	☐
☐	**No.** There is no funding for this device and there are no ways to get it paid for.	☐