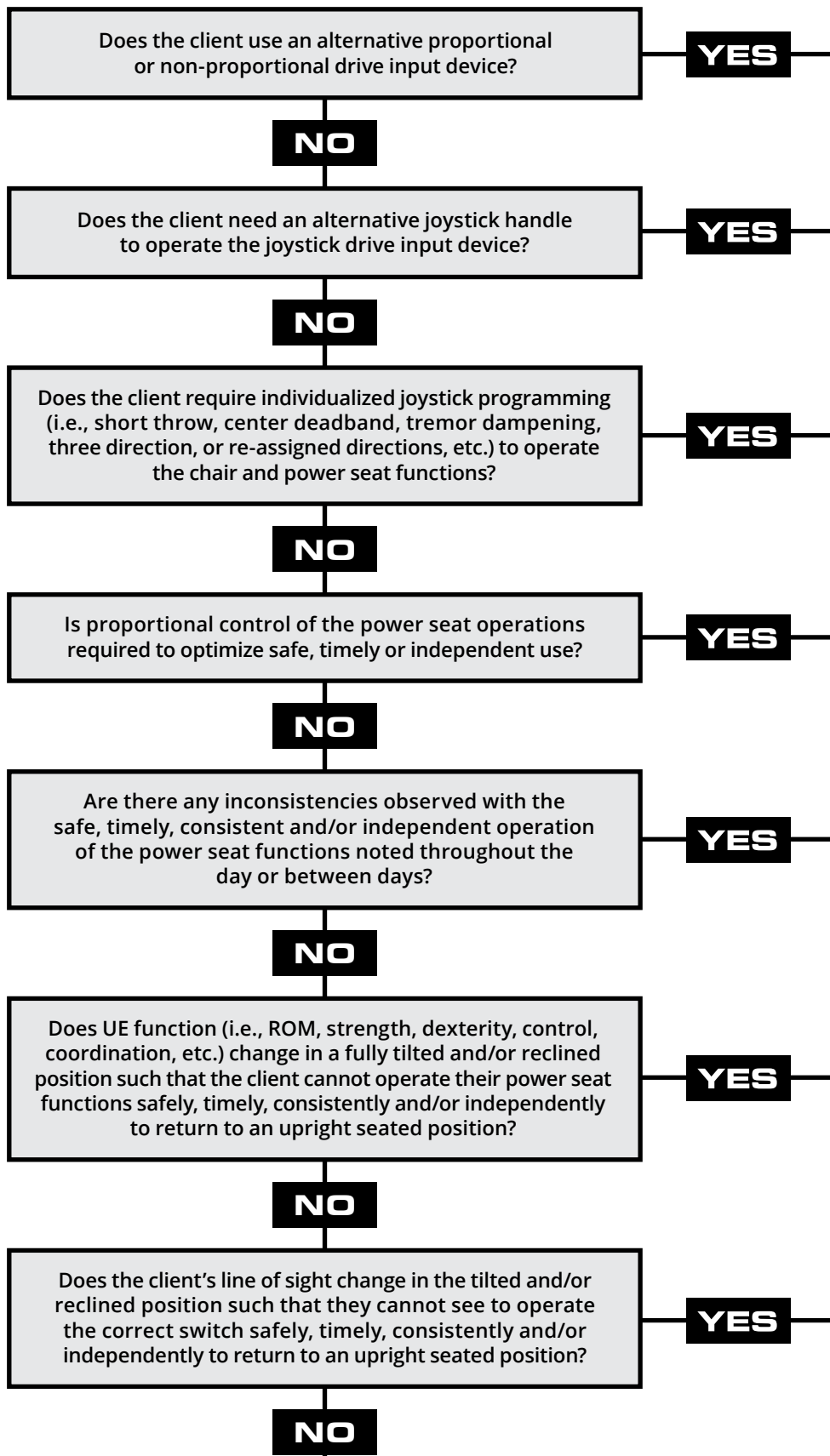


Clinical Considerations for the Operation of Power Seat Functions Through the Drive Input Device



Document the medical need to operate power tilt, power recline or a combination of power tilt and recline through the drive input device due to the identified issue(s) with switch operation.



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Additional Considerations for the Operation of Power Seat Functions Through the Drive Input Device

1. WHAT DOES THE POLICY SAY – AND HOW MAY IT APPLY?

- a. Codes E2310 and E2311 describe the electronic components that allow the beneficiary to control two or more of the following motors from a single interface (e.g., proportional joystick, touchpad, or non-proportional interface): power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing. **Note: When an alternative, coded proportional (i.e., mini-proportional joystick, compact joystick, chin control, etc.) or non-proportional (i.e., sip-n-puff, head array, etc.) drive input device is required to operate the power wheelchair it is also used to operate the power seat functions and E2310 or E2311 is deemed medically necessary to do so.**
- b. Code E2323 includes prefabricated joystick handles that have shapes other than a straight stick – (e.g., U or T shape - or that have some other nonstandard feature - e.g., flexible shaft.) **NOTE:**
 - i. Limitations in hand strength, dexterity, sensation, ROM, coordination, tone, etc.; or...
 - ii. The use of UE orthotics, prosthetics and/or UE postural support components may be a consideration for use of an alternative joystick handle and provide the necessary details as to why the client needs to use the joystick and its alternative handle configuration to operate their power seat functions.
- c. A standard proportional remote joystick requires approximately 340 grams of force to activate and has an excursion (length of throw) of approximately 25 mm from the neutral position. **Note: When advanced joystick programming changes the throw, excursion and/or “traditional” 4-way operation of the joystick is required the rationale for doing so may also provide evidence as to why the joystick must be used to operate the power seating functions.**

2. HOW MANY TIMES DO THE SWITCHES NEED TO BE ACTIVATED EACH DAY – AND CAN THE CLIENT DO SO SAFELY, TIMELY, CONSISTENTLY AND/OR INDEPENDENTLY EVERY TIME?

- a. Is the joystick placed in a specific location (i.e., midline, off-set, rotated, etc.) to drive the chair – and does the client need to use this same position to operate their power seat functions?
- b. Can the client consistently reach an alternative site (other than where the joystick handle is located) to activate a switch or switches to control their power seat functions?
- c. Does the client have a progressive condition with expected or noted changes in their capabilities and limitations within or between days?
- d. Are there any changes noted due to the client’s medications and/or medical condition within or between days that impact their ability to move from an upright to a tilted and/or recline position, and back from the tilted and/or reclined position to upright?
- e. Does vibration, impact and/or jolting forces across the environments of use effect UE position and limit or preclude contact with the switch box that may be mitigated by using the joystick to operate their medically necessary power seat functions?
- f. Could the unintended activation of a switch (i.e., leg elevation or descent) have the potential for an adverse change in the client’s seated position and contact with postural supports or switches?
- g. Could the inability to return from a tilted and/or reclined position to upright create the potential for an adverse physiological response (i.e., heart rate, blood pressure, respiration rate, oxygen saturation, etc.), affect the digestive process (i.e., chewing, swallowing, digestion, bowel and/or bladder function), or produce pressure points that should be considered?

3. WHAT OTHER FACTORS MAY NEED TO BE CONSIDERED WITH SWITCH PLACEMENT?

- a. Does the placement of a switch or switches limit the client’s ability to transfer safely/effectively?
- b. Does the placement of a switch or switches widen the chair and limit environmental access?