POWERED MOBILITY DEVICE ASSESSMENT TRAINING TOOL (PoMoDATT) ADMINISTRATION FORMS

Authors
Kathryn Townsend (B.Occ.Ther; Grad.Cert.HealthSciences)
Carolyn Unsworth (BAppSci (Occ.Ther); PhD)

<table>
<thead>
<tr>
<th>Client name:</th>
<th>Next of kin:</th>
</tr>
</thead>
<tbody>
<tr>
<td>UR:</td>
<td>Date of birth:</td>
</tr>
</tbody>
</table>

**PART A: COGNITIVE SKILLS**

MOCA score: ____________________________________________

Issues arising from MoCA:
- ______________________________________________________
- ______________________________________________________

Issues arising from Problem Solving Scenarios:
- ______________________________________________________
- ______________________________________________________
- ______________________________________________________

**PART B: PHYSICAL/PSYCHOSOCIAL SKILLS**

Issues identified which may impact on device use:

- ______________________________________________________
- ______________________________________________________
- ______________________________________________________
- ______________________________________________________

**PART C: POWERED MOBILITY DEVICE DRIVING ASSESSMENT**

Date 1. ___ / ___ / _____  2. ___ / ___ / _____  3. ___ / ___ / _____

Place: ____________________________  ____________________________  ____________________________
Centre Environment  Home/Centre Environment  Optional Centre/Home

Score: ___ / 104  ___ / 104  ___ / 104

POWERED MOBILITY DEVICE ASSESSMENT OUTCOME: Please tick

- Able to use a PMD
- Not appropriate at this time – further training required
- Supervised PMD use
- Not appropriate to use a PMD

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PART A  POWERED MOBILITY DEVICE USE: COGNITIVE SKILLS

**Assessment Date:**

Have you driven a PMD before? If yes, which type of device? (scooter, powered wheelchair)

___________________________________________________________________

MONTREAL COGNITIVE ASSESSMENT (MoCA)
Reference: www.mocatest.org

**Score:**

**Areas for consideration:**

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

**Level of schooling:** __________________________

PROBLEM SOLVING SCENARIOS RELATED TO POWERED MOBILITY DEVICE USE

**Basic road craft**

1. Are PMD users considered motorists or pedestrians?

___________________________________________________________________

2. At what speed should a PMD be driven?

___________________________________________________________________

3. Where should a PMD be used or driven?

___________________________________________________________________

4. What position on the footpath should a PMD maintain?

___________________________________________________________________

5. If you have to travel on the road, should you be facing the traffic, or should it be behind you?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

6. When approaching a road, what are three things you will need to consider before crossing?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

7. In what position should the PMD be, prior to crossing kerb?

___________________________________________________________________
8. Can you identify three potential problems or obstacles you may face on a footpath? ____________________________________________________________
__________________________________________________________
__________________________________________________________

9. How can you make yourself visible to other pedestrians and drivers?
____________________________________________________________________
____________________________________________________________________

Emergency situations

1. What would you do if your PMD did not start, and you had to go out? For example, if you had to go to a medical appointment
____________________________________________________________________
____________________________________________________________________

2. What would you do if your PMD “broke down” when you were out?
____________________________________________________________________

3. When would you call roadside assistance (for example, your local royal automobile club or motoring association)?
____________________________________________________________________
____________________________________________________________________

4. What would you do if the PMD had a flat tyre?
   a. At home: ________________________________________________________
   b. At the shops: __________________________________________________

5. What do roadside assistance need to change a tyre? _________________
____________________________________________________________________
____________________________________________________________________

6. What special precautions must you take if driving in overcast weather?
____________________________________________________________________
____________________________________________________________________
PMD storage and care

1. Where do you plan to store and charge your PMD? _____________________________
________________________________________

2. Where is power point located? _____________________________
________________________________________

3. Can you safely reach the power point to plug in or unplug the charger? _______
________________________________________

4. Is there suitable garage access? _____________________________
________________________________________

Client-specific use questions

1. Where do you plan to use your PMD? _____________________________
________________________________________

2. Describe the route you will use to drive to the shops _____________________________
________________________________________

3. Can you think of any obstacles you may encounter here? ________________
________________________________________

4. Do you use or need a walking aid? _____________________________
________________________________________

5. Do you have any medical or other conditions that may impact on your PMD use? 
________________________________________
### PART B  POWERED MOBILITY DEVICE USE: PHYSICAL/ PSYCHOSOCIAL SKILLS

<table>
<thead>
<tr>
<th>Assessment date(s):</th>
<th>___ / ___ / _____</th>
<th>___ / ___ / _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If occurs over multiple sessions, indicate which areas are assessed in each assessment)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical conditions** (chronic, progressive)

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Medication** (List medication and consider impact on PMD use)

<table>
<thead>
<tr>
<th>Upper limb function</th>
<th>strength, ROM, tone, coordination, sensation, pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lower limb function</th>
<th>strength, ROM, tone, coordination, sensation, pain, balance, falls risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
</tbody>
</table>

**Reaction time** (speed of response to call of stop; time/repetitions required)

**Transfers** (type, assistance required)

**Walking aid** (type)

**Pressure care needs**

<table>
<thead>
<tr>
<th>Trunk &amp; neck function</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain – is ROM limited?</td>
<td></td>
</tr>
<tr>
<td>Range of motion –sufficient blind spot checks</td>
<td></td>
</tr>
<tr>
<td>Compensatory techniques used/required</td>
<td></td>
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</tbody>
</table>

**Posture/Deformity**

**Balance**
Consider ability to load/unload walking aid on rear of scooter, ability to maintain sitting balance

**Endurance**
Consider sitting endurance
### PART B  POWERED MOBILITY DEVICE USE: PHYSICAL/ PSYCHOSOCIAL SKILLS

<table>
<thead>
<tr>
<th>Communication</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hearing</td>
<td></td>
</tr>
<tr>
<td>- Are hearing aids worn?</td>
<td></td>
</tr>
<tr>
<td>- Use of compensatory strategies</td>
<td></td>
</tr>
<tr>
<td>- Ability to distinguish sounds in a noisy environment</td>
<td></td>
</tr>
<tr>
<td>2. Articulates own needs</td>
<td></td>
</tr>
<tr>
<td>3. Instruction comprehension</td>
<td></td>
</tr>
</tbody>
</table>

**Vision** – When was last eye examination?

Vision screen: Acuity & Scanning

Type of glasses worn

Ability to read street signs

Ability to see oncoming cars at a distance

<table>
<thead>
<tr>
<th>Cognitive function</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>- New learning</td>
<td></td>
</tr>
<tr>
<td>- Neglect/inattention</td>
<td></td>
</tr>
<tr>
<td>- Visual-spatial abilities</td>
<td></td>
</tr>
</tbody>
</table>

**Memory** – Consider medical diagnoses & self reported issues

**Planning**

**Problem solving**

**Concentration**

**Insight**

- Error recognition

**Executive functions and behaviour**

- Confidence, Impulsiveness
- Behavioural issues

**Mood** (PTSD, anxiety, depression)

**Substance use** (alcohol, drugs)
PART C  POWERED MOBILITY DEVICE USE: DRIVING ASSESSMENT

**Overall Considerations**

Is the client able to sit with stability and reach the controls?  
Yes  
No

Is the client able to manipulate the controls?  
Yes  
No

Is the client positioned optimally in the PMD?  
Yes  
No

Is the client’s sitting tolerance adequate for assessment & intended uses?  
Yes  
No

**Powered Mobility Device Use Skills & Behaviours**

<table>
<thead>
<tr>
<th>Performance Score (1) Centre environment Date: ___ / ___ / ___</th>
<th>Performance Score (2) Home environment Date: ___ / ___ / ___</th>
<th>Performance Score (3) Optional Date: ___ / ___ / ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mount device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In a straight line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In a figure of 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. In reverse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Negotiate rough ground</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Speed control:**

| Indoor, quiet Environment | | |
| --- | --- | |
| 6. Indoor, quiet Environment | | |

| Indoor, busy Environment | | |
| --- | --- | |
| 7. Indoor, busy Environment | | |

| Outdoor, quiet Environment | | |
| --- | --- | |
| 8. Outdoor, quiet Environment | | |

| Outdoor, busy Environment | | |
| --- | --- | |
| 9. Outdoor, busy Environment | | |

**Performance Scores Rating Scale**

1. Independent & Competent
2. Developing Competence
   - A. Hesitancy or overconfidence
   - B. Knocks wall or other objects lightly
3. Verbal Prompting
   - A. Supervision required
   - B. Uses an inappropriate speed
   - C. Bumps objects – could cause harm
   - D. Incorrect positioning of device
   - E. Inconsistent driveway scanning
4. Hands-On Assistance
5. Not scored – Safety concerns
6. Not scored – Not relevant
### Powered Mobility Device Use Skills & Behaviours

<table>
<thead>
<tr>
<th>Performance Score (1)</th>
<th>Performance Score (2)</th>
<th>Performance Score (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre environment</td>
<td>Home environment</td>
<td>Optional</td>
</tr>
<tr>
<td>Date: ___ / ___ / ___</td>
<td>Date: ___ / ___ / ___</td>
<td>Date: ___ / ___ / ___</td>
</tr>
</tbody>
</table>

10. Brake use  
Kerb negotiation

11. Quiet environment

12. Busy environment

13. Timely response to environmental changes/demands

14. Maintains concentration

15. Turn device off

16. Dismount device

### Powered Mobility Device Use Tasks

<table>
<thead>
<tr>
<th>Performance Score (1)</th>
<th>Performance Score (2)</th>
<th>Performance Score (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre environment</td>
<td>Home environment</td>
<td>Optional</td>
</tr>
<tr>
<td>Date: ___ / ___ / ___</td>
<td>Date: ___ / ___ / ___</td>
<td>Date: ___ / ___ / ___</td>
</tr>
</tbody>
</table>

17. Positioning:  
Device is appropriately positioned on the footpath

Negotiating:

18. A shared road/footpath, driveway crossings, bike path

19. Narrow pathways

20. Narrow doorways

21. A lift

Crossing the road:

22. Choice of crossing point

Intersection negotiation:

23. With no traffic lights

24. Accesses pedestrian crossing button

25. With traffic lights

26. Able to “park and shut off” device

---

**Performance Scores Rating Scale**

4. Independent & Competent  
3. Developing Competence  
   a. Hesitancy or overconfidence  
   b. Knocks wall or other objects lightly  
2. Verbal Prompting  
   a. Supervision required  
   b. Uses an inappropriate speed  
   c. Bumps objects – could cause harm  
   d. Incorrect positioning of device  
   e. Inconsistent driveway scanning  
1. Hands-On Assistance  
0. Not scored – Safety concerns  
4. Not scored – Not relevant
## PoMoDATT DRIVING ASSESSMENT SUMMARY

### Performance Scores Rating Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Independent &amp; Competent Able to perform task in one attempt smoothly</td>
</tr>
<tr>
<td>3</td>
<td>Developing Competence</td>
</tr>
<tr>
<td></td>
<td>a. Hesitancy or overconfidence present when executing task</td>
</tr>
<tr>
<td></td>
<td>b. Knocks wall or other objects lightly (without causing harm)</td>
</tr>
<tr>
<td>2</td>
<td>Verbal Prompting Skill or task is executed erratically or impulsively. Several attempts required to achieve skill or task</td>
</tr>
<tr>
<td></td>
<td>a. Supervision/monitoring required for safe road crossing</td>
</tr>
<tr>
<td></td>
<td>b. Uses an inappropriate speed for conditions, does not adjust speed as necessary</td>
</tr>
<tr>
<td></td>
<td>c. Bumps objects in a manner that could cause harm</td>
</tr>
<tr>
<td></td>
<td>d. Incorrect positioning of device on gutters</td>
</tr>
<tr>
<td></td>
<td>e. Inconsistent driveway scanning</td>
</tr>
<tr>
<td>1</td>
<td>Physical Hands-On Assistance (or use of “scooter stopper” required)</td>
</tr>
<tr>
<td>0</td>
<td>Not scored – Due to safety concerns</td>
</tr>
<tr>
<td>4</td>
<td>Not scored – Not relevant in the environment</td>
</tr>
</tbody>
</table>

Overall Powered Mobility Device Driving Rating Score ________________________________
(Maximum score 104)

Recommendations: ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Areas Requiring Further Training: _______________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Intervention Plan: _______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________  ________________________________
Occupational Therapist          Occupational Therapist Signature

*Please Print Name Clearly Above*

Date: ___ / ___ / ___