I. **BACKGROUND**

VHA’s Prosthetic and Sensory Aids Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management (PCM) Program. The objectives are to coordinate the development of clinical practice recommendations for prosthetic prescriptive practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A work group with input from VA Driver Rehabilitation Specialists, a VISN Prosthetic Representative, facility Prosthetic Representatives, and National contracting staff was formed to recommend clinical practice recommendations and contract specifications for manual and power assist operated wheelchair carrier lifts and scooter lifts.

II. **POLICY**

The purpose of the clinical practice recommendations is to assist practitioners in clinical decision-making and to standardize and improve the quality of patient care.

III. **CLINICAL PRACTICE RECOMMENDATIONS/MEDICAL CRITERIA**

There are two groups of wheelchair and scooter lifts/carriers. Patients prescribed a manually-operated wheelchair lift or power-assisted wheelchair lift must be able to satisfy the following requirements:

- **Manually-Operated**
  
  a. Fold the wheelchair.
  b. Have adequate balance to load and unload the wheelchair.
  c. Have the ability to manually use strapping device to load the wheelchair into place.
  d. Have the ability to operate manual pins/buttons and tilting device of carrier.
  e. Have the ability to ambulate to the front of the vehicle.
**Power-Assist-Operated**

a. Patient cannot safely use manually operated wheelchair carrier due to medical conditions.
b. Have adequate balance to load and unload the wheelchair.
c. Have the ability to use strapping or locking device to load the wheelchair into place.
d. Have the ability to operate any pins/buttons and titling device of carrier.
e. Have the ability to ambulate to the front of the vehicle.
f. If the patient/caregiver cannot safely load/unload power wheelchair or power scooter and/or operate using post/hoist lifting system, then inside platform lift system should be considered.
g. Wheelchair Top Carriers can be used for loading and unloading manual wheelchairs. The vehicle must be able to accommodate this type of carrier and patient/caregiver must be able to fold the wheelchair and operate the carrier in a safe manner.

**IV. RESPONSIBILITIES**

The manually-operated wheelchair lift and the power-assisted wheelchair lift are prescribed for eligible veteran beneficiaries by the a PM&RS therapist. Factors included in this evaluation and assessment of the patient are:

- Patients’ physical and medical conditions (see III. above). This also includes the physical and medical condition of the caregiver (if applicable).
- Type of scooter, wheelchair (manual, power, size and shape).
- Type of vehicle the manually-operated wheelchair lift or the power-assisted wheelchair lift will be used on, e.g., vans, mini-vans, sports utility vehicles, trucks, etc.
- Accessibility issues (where the patient lives).

The scooter lift dealer who installs the manually-operated wheelchair lift or power-assisted wheelchair lift is responsible to train the veteran/family members/caregivers in the proper use of the scooter lift. The Physical Medicine and Rehabilitation Service therapist can also train the patient if needed. Driver Rehabilitation Specialists will make every effort to conduct a post-evaluation of the patient’s acclimation and operation of the manually-operated wheelchair lift or power-assisted wheelchair lift.
V. REFERENCES


2. VHA Program Guide 1173.2, Driver Rehabilitation for the Disabled Veteran.

APPROVED/DISAPPROVED: 

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Date: MAY 21 2004