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TILT WHEELCHAIR PRESCRIPTION RATIONALE

Resident Name: _____

Date: _____

A tilt wheelchair has been prescribed for this resident to improve his/her seated posture and overall positioning in a wheelchair. A tilt wheelchair has been prescribed in order to achieve the following outcomes:

Postural Support

- ☐ Gravity-assisted positioning to improve: ☐ head control ☐ Trunk control ☐ Other: _____
- ☐ Create a posterior postural tendency
- ☐ Promote stability in wheelchair
- ☐ Achieve trunk extension
- ☐ Allow for change in orientation or position without eliciting tone
- ☐ Reduce or minimize the effect of destructive postural tendencies

Pressure Redistribution

- ☐ Client is unable to reposition or weight shift independently for the purpose of pressure management
- ☐ Treatment and/or Prevention of a skin injury (pressure ulcer)

Functional Support

- ☐ Improve respiration
- ☐ Improve visual field and orientation
- ☐ Improve head and neck position for feeding/swallowing purposes and reduce risk of aspiration
- ☐ Improve sitting tolerance
- ☐ Improve communication
- ☐ Facilitate self propulsion and independent mobility
- ☐ Allow a weight shift to alleviate pain or discomfort

Other(Describe): _____