

Assessment, Fitting & User Training



ASSESSMENT DETAILS: DATE OF ASSESSMENT

DEALER DETAILS: NAME OF DEALER NAME OF STAFF MEMBER

CUSTOMER DETAILS: NAME ADDRESS

TELEPHONE D.O.B GENDER KNOWN MEDICAL CONDITIONS

WARNING: The maximum user weight limit for NuDrive is 136kg / 21 Stone / 300 lb; The Customer certifies they are below this weight

ASSESSMENT:

SUITABILITY:



USER REQUIREMENTS: BI-LATERAL ARM MOVEMENT
 LOW & ABOVE ARM STRENGTH

UNSUITABLE CONDITIONS: UNILATERAL ARM MOVEMENT LOW COGNITIVE ABILITY
 LOW COORDINATION MODERATE TO HIGH CEREBRAL PALSY

NUDRIVE IS SUITABLE FOR PATIENT

WARNING: THE USE OF NUDRIVE BY USERS WITH THESE CONDITIONS IS NOT RECOMMENDED.

COMMENTS

WHEELCHAIR USER TYPE:	i ACTIVE USER OF FOLDING OR RIGID WHEELCHAIR <input type="checkbox"/>	ii SEMI-ACTIVE USER OF FOLDING OR RIGID WHEELCHAIR <input type="checkbox"/>	iii VERY WEAK USER OF FOLDING WHEELCHAIR <input type="checkbox"/>
GRIP SELECTION:	SPORTS GRIPS <input type="checkbox"/>		NORMAL HANDLES <input type="checkbox"/>
HAND STRAP SELECTION:	i LOW HAND DEXTERITY <input type="checkbox"/>	ii REGULAR DEXTERITY <input type="checkbox"/>	iii LOW HAND DEXTERITY <input type="checkbox"/>
HAND STRAP SELECTED:	ACTIVE HANDS WRIST STRAPS (FOR USE WITH NUDRIVE SPORTS GRIPS ONLY) <input type="text" value="Y"/> <input type="text" value="N"/>	NO HAND STRAPS SELECTED <input type="text" value="Y"/> <input type="text" value="N"/>	NORMAL HAND STRAPS (FOR USE WITH NUDRIVE STANDARD HANDLES) <input type="text" value="Y"/> <input type="text" value="N"/>

FITTING: WHEELCHAIR MAKE & MODEL

WHEEL SIZE: 20" 22" 24" 25" 26" CONNECTOR TYPE SELECTED: TYPE 1 TYPE 2 TYPE 3 LEVER STOPS SELECTED: 22mm 25mm 30mm

NUDRIVE SERIAL NUMBER HANDLE HEIGHT SELECTED (NORMAL HANDLES ONLY): HIGH LOW WHEELS COMPATIBLE FOR NUDRIVE

COMMENTS

USER TRAINING

ABILITY GOOD DIFFICULT COULD NOT

1 FITTING & REMOVAL OF WHEEL ADAPTORS:

TRAINING CHECK POINTS: RELEASE OF ADAPTER ARMS; FIT ADAPTER TO WHEEL TIGHTEN ADAPTOR RELEASE ADAPTER FROM WHEEL

2 FITTING & REMOVAL OF DRIVE UNITS:

TRAINING CHECK POINTS: CLICK DRIVE UNIT SECURE RELEASE OF DRIVE UNIT

3 FORWARDS DRIVE:

TRAINING CHECK POINTS: START SLOWLY GENTLE HAND GRIP LOW PUSH STROKE FREQUENCY LONG GLIDES BETWEEN PUSHES
 ACCELERATION THROUGH STROKE INCREASED POWER AT END OF PUSH

4 CHANGING THE DRIVE RATIOS:

TRAINING CHECK POINTS: BRAKING TO A STOP BRAKING TEST (WITH RESISTANCE FROM INSTRUCTOR)

5 TURNING:

TRAINING CHECK POINTS: WIDE OPEN SPACE LEFT TURN RIGHT TURN

6 TRANSMISSION:

TRAINING CHECK POINTS: APPLY WHEELCHAIR BRAKES ONE LEVER AT A TIME BOTH LEVERS TOGETHER

7 REVERSING & MANOEUVRING:

TRAINING CHECK POINTS: USER HAS LEARNT TRANSMISSION FIRST LEVER STOPS ARE FITTED

RECOMMENDED USE RESTRICTIONS:

WITH CAUTION	ONLY WITH CARER	NOT AT ALL
OUTDOOR <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRADIENTS (INDOOR OR OUTDOOR) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDOOR (FLAT SURFACES) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY BRIEFING AND WARNINGS:

Care must be taken when travelling up inclines or applying torque with the levers so as to prevent the wheelchair from tipping backwards. The use of anti-tippers is recommended. The Customer has opted for these:

YES NO ALREADY FITTED

USER AGREEMENT:

I confirm that I have selected the Nu Drive propulsion system at my own discretion and I have received sufficient medical advice to make this decision carefully. In addition I agree that I have been suitably trained by this distributor and I am confident that I will be able to propel myself in a safe manner and will be able to operate the controls, particularly the braking, to allow for safe handling in all the environments I am likely to encounter within the recommended use.

SIGNED DATE

To be signed by the responsible dealer on completion of the assessment. One copy to be retained by the dealer, one to be given to the Customer and one copy to be sent to Pure Global.

SIGNED DATE