



## **Choosing the Mobility Device That's Right For You- Part 2- Wheeled Mobility Options Featuring: Jean Minkel, PT, Independent Care System of NY & Toni Spottswood**

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### **Toni Spottswood:**

My first wheelchair which was a um, had power boost is what it was called. It went uh faster than a manually propelled wheelchair would have. I was in that chair for maybe 5 or 7 years, 5 to 7 years. And my arms started giving out. I started losing power in my arms.

### **Jean Minkel:**

It takes a lot of energy to use a manual chair, then we introduce power mobility. And power mobility can be either a scooter or a chair that's operated by a joystick. If somebody doesn't have good trunk control, so perhaps their MS has progressed to a more involved level, then the evaluation takes more impact of what kind of supports they need. So we build the postural support system, we build the cushioning to protect their skin, and then we look at the power mobility base. Do they want to have power tilt? Do they want to have power recline? Would both power-seating options really meet their needs?

If they've never operated a power chair before, then we use power training because figuring out how to open a door while using a joystick is much like teaching somebody how to ambulate when you give them a prosthetic device. So we use a package from interviewing all the way through training and final delivery.

### **Toni Spottswood:**

That was when she recommended I get into a power chair. It does a lot of things. It goes backwards and forwards, it goes up, down, my legs go up and down. I've had it long enough now that I have figured out all of these things about where, how far to go when I want my feet above my heart and where, how far to go back when I'm not sitting up straight. Things like that.

When I was on my crutches, my apartment is fairly large and when I left the bedroom in the morning to go to the living room, that was the last time I'd see my bedroom that day because it was very far to get to on crutches.

It would take maybe 5 whole minutes to get there on my crutches and that doesn't sound like a very long time, but when you're sort of dragging your body along, and it's really heavy and you don't have the normal power to make your legs come forward that you would, that most people do.

Once I got into my little wheelchair, even, even that first one I, I had, the little 50 buck wheelchair, it basically opened up my whole apartment to me again because I could go back in the bedroom in no time and get something that I had left there by accident and come back to the living room. Maybe go back and watch TV back if someone was wanting to watch TV in the living room and I didn't want to watch that program. It really gave me my apartment back and it was, it was a really nice thing."

### **Jean Minkel:**

People with MS have really taught me about the mixing and matching of mobility devices and what people find is depending on how they feel that day, depending on where they're trying to get around, different devices work better.

So in a smaller, maybe a bathroom or a kitchen in the city, a rollator walker allows them the ability to stand and reach and move but have the security of, of being able to be supported. But once they're outside, they just don't have the endurance and a scooter can help them go to the grocery store, go to the doctor's office and if they're going to a place they don't know what the accessibility is, a manual wheelchair that's folded, that can go into the trunk

of a car gives them the ultimate flexibility providing they're traveling with someone that help push the chair.

So I often think of it as we all have different shoes. Folks with MS use different devices depending on what activities they want to be engaged in.

**Toni Spottswood:**

When I got into my first wheelchair, it gave me my independence back.

**Jean Minkel:**

There are a range of mobility devices in the wheeled mobility world from a standard manual chair to an adjustable manual chair to a scooter to a power chair to a power chair with power seating.

A standard manual chair is just that- standard. The rear wheel is fixed on the back post preventing adjustment for self-propulsion. Its advantages are it folds and can be easily put in the trunk of a car. For someone who has the upper extremity strength and endurance to self-propel, an adjustable manual chair is essential to move the rear wheel as far forward to make self-propulsion as easy as possible.

When self-propelling a manual chair isn't feasible we move to power mobility and the entry level product is a scooter, known in Medicare coverage language as a POV standing for personal operated vehicle. A scooter is 3 wheeled device. You need both your upper extremities to steer and control the speed with your fingers.

If your upper extremities fatigue and tire, and using a scooter is no longer feasible, a power chair operated with a joy stick becomes a more efficient way to get around. The placement of the drive wheels makes indoor mobility much more efficient because it's a tighter turning radius.

If the progression of MS has resulted in the trunk not being able to maintain a position against gravity we offer power seating where we can change the orientation by tilting or reclining or elevating the leg rests. Power seating can be put on most power bases.

Power mobility requires a person to safely operate a device, and it's safe for themselves and others in the environment. If because of vision or lack of motor control someone is no longer safe driving a power chair, a specialty positioning chair is indicated that we can accommodate for their postural support and provide their caregiver with an efficient mobility base.