A wheelchair clinic evaluation at an adult rehabilitation hospital typically consists of an assessment of one to three visits on an in-patient or out-patient basis followed by one or more visits for fitting and delivery once the new equipment arrives. Barriers such as transportation, medical fragility, geography, funding, concurrent home-based or out-patient therapy services may appear to prevent the consumer from receiving the visits that are needed. Bryn Mawr Rehab Hospital recognizes these barriers and has developed two programs to help lessen their effect.

**Underserved Populations**

Two underserved populations were defined as a part of this initiative. One is comprised of individuals who are truly homebound by their disability or by architectural features of their homes, for example, persons with no safe wheelchair to travel in, or persons who are bed-bound or who have an entire flight of stairs between them and the community with no way to traverse them. The second population is comprised of persons with new spinal cord injuries whose wheelchair orders were started while they were in-patients in acute rehab and who are now home or in another facility and who need to be seen in the Wheelchair Clinic for a fitting and delivery appointment.

**Homebound Persons**

Bryn Mawr Rehab Hospital has a commitment to the local community to provide specialty rehab services, and began offering an in-home evaluation service for custom wheelchairs in conjunction with the DME providers in the area. This program serves persons residing within a 10 mile radius of the main campus in Malvern, PA, a suburb of Philadelphia and the evaluation consists of a two-part evaluation process in the client’s home. Eligibility requirements include inability of the consumer to travel to the Rehab main campus, availability of funding for
out-patient therapy services, home accessibility that will allow a wheelchair to be brought into the home, and reasonable potential to use the equipment being considered.

The first visit is attended by both the evaluating therapist (OT or PT) and a representative of the DME company who is certified as an ATP, and the therapist completes a therapy evaluation including neuromuscular and functional components along with all of the typical parameters evaluated during a therapy assessment. By the end of this visit, the therapist and the DME rep have agreed upon one or two wheelchair configurations that are most likely to be appropriate. The second visit is scheduled once the DME rep has the wheelchair samples available and the DME rep and therapist meet back at the consumer’s home for equipment trials and to write specifications. The therapist completes all of the necessary documentation and once the equipment arrives, the fitting and delivery appointment is usually done at the consumer’s home as well.

On occasion, an evaluation is done at the Wheelchair Clinic and the fitting and delivery is done at home, usually because the consumer’s situation has changed in some significant way. Fairly often, this is a person with ALS or another progressive neurological disease whose disease has progressed and who is no longer able to travel safely.

Services are billed as out-patient therapy when possible. If the consumer is receiving other therapy services in the home, arrangements can often be made for BMRH to provide this specialty services and bill them to the home care agency, or to get an authorization from the insurance company to provide them concurrently. Documentation is done as for any client of the Wheelchair Clinic including a Letter of Medical Necessity and other forms as required by each insurance company.

**Spinal Cord Injury Follow up Program**

Person served by the SCI follow up program are seen at the main campus of Bryn Mawr Rehab Hospital by the physician in a follow up clinic approximately six weeks, three months, six months and twelve months after discharge as a part of the continuum of care, and wheelchair deliveries were typically done at one of these
physical visits, at no charge, by the therapists involved in this program until 2016 when the volumes became too high to support this model. At that time, this type of appointment became the responsibility of the Out Patient Dept and subject to all of the usual procedures which include obtaining a prescription and referral (if needed), verifying insurance coverage for the visit, and scheduling the wheelchair fitting visit in conjunction with the DME provider. The consumer’s health insurance is billed when possible and if not possible, alternate funding sources are explored. If the person is getting home care, it may be possible to provide the service under a letter of agreement whereby the home care agency pays the rehab hospital. Sometimes persons are discharged by the home care agency for this appointment and then readmitted. In some cases, it may not be possible to arrange payment and the service is covered under a special program to provide services for SCI patients as a part of the continuum of care.

**Conclusion**

Given these types of barriers (inability to leave the home, concurrent therapies through home care or out-patient providers, medical fragility, insurance issues, and lack of transportation), an Out-Patient Wheelchair Clinic may be able to provide services to select underserved populations who could otherwise not be served, and to be reimbursed for the services.

Susan Christie PT, ATP
Bryn Mawr Rehab Hospital
Malvern PA 19355
T 484-596-7895
christies@mlhs.org