



My Wheelchair Team: It Takes a Great Team to get the Best Wheelchair

Why do I need a wheelchair team?

Not all wheelchairs are the same, so you need to match your wheelchair to your needs. Getting the right wheelchair requires a good team, because the more minds and eyes helping, the fewer details will be missed.

Wheelchair accessories and products are designed to improve movement and independence. Your team will get to know you and help match wheelchairs' features with your wants and needs.

Who is in my wheelchair team and how will they help me?

Doctor or Physician

- This doctor may be a general practitioner (example: Primary Care Physician) or may be a specialist (examples: Physiatrist, Neurologist, or Orthopedist).
- Will give you a prescription for a wheelchair assessment and therefore become your 'ordering physician'
- Can refer you to a clinician or therapist for your wheelchair assessment, but you may choose your clinician
- May write your 'letter of medical necessity' for your insurance company

Clinician or Therapist

- Will most likely be an Occupational Therapist (OT) or Physical Therapist (PT)
- Completes your wheelchair assessment
- May write your 'letter of medical necessity' for your insurance company
- May refer you to a medical equipment supplier, but you have the right to choose your own supplier
- Works closely with your supplier to meet your needs with your wheelchair

Medical Equipment Supplier

- Oversees the ordering, billing, delivery, assembly, and repair of your wheelchair
- May be a certified Assistive Technology Professional (ATP). To find out if a supplier is certified go to this website <http://www.resna.org>.
- Works closely with the clinician to meet your needs with the correct wheelchair equipment

Consumer Organizations

- Offer with information about equipment, mobility, funding and more
- Links to some organizations are listed on the next pages of this document

Your Team Members:

Physician or Doctor

Name: _____ Contact info: _____

Clinician or Therapist

Name: _____ Contact info: _____

Medical Equipment Supplier

Name: _____ Contact info: _____

Consumer Organizations

Name: _____ Contact info: _____

Name: _____ Contact info: _____