

SUBJECT: MOBILITY SERVICES

EFFECTIVE: 12/15/2019

I. PURPOSE:

The purpose of this health services bulletin (HSB) is to provide clinical guidelines to determine the need for mobility services or devices and the instructions for issuance. Mobility services offer accommodations that assist or allow impaired and disabled inmates to maintain or approximate normal ambulation or locomotion.

Note: Inmates will not be issued devices from non-FDC sources or vendors without prior approval from the Chief Clinical Advisor or the Health Services Director.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. RELEVANT FORMS AND DOCUMENTS:

- A. DC4-701, *Chronological Record of Health Care*
- B. DC4-774, *Acknowledgment Receipt of Therapeutic Shoes*
- C. DC4-691, *Disabled Inmate Service Plan*
- D. DC4-691B, *Documentation of Personal Wheelchair*
- E. DC4-701D, *Health Slip*
- F. DC4-691D, *Wheelchair Assignment Log*
- G. Appendix A, *Mobility Screening*
- H. Appendix B, *Mobility Impaired Inmate Monthly Skin Assessment Checklist*

III. DEFINITIONS:

- A. Therapeutic shoes: Shoes that are designed or altered to provide a therapeutic benefit or accommodation of a specific foot or lower extremity disorder.
- B. Soft shoes: Shoes that are typically defined as tennis shoes, sneakers, running shoes, and athletic shoes. *Soft shoes are not to be issued by medical unless the shoes are to be used with a specific orthotic device.*
- C. Adaptive Device: a device that assists inmate with mobility needs in order to perform activities of daily living within their range of capabilities. These devices include, but are not limited to: wheelchair, walker, rollators, braces, crutches, support cane, and prosthetics.

IV. BACKGROUND

- A. Health Classification Grades related to mobility issues, Physical Impairments/Disabilities per HSB 15.03.13 *Assignment of Health Classification Grades to Inmates.*

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- P1: Minor physical impairment not to exceed three (3) months; Only minor adaptive medical devices, such as crutches, arm sling, cast, braces, cane, crutches, walker, etc to be assigned; Adaptive device to be specified in Pass comment in OBIS and is not to include wheelchairs.
- P2: Short term physical impairment not to exceed six (6) months; Adaptive devices may include limited term assignment of wheelchair, braces, cane, crutches, medical devices, walker. Length of assignment of adaptive device must be specified in Pass comment in OBIS. Adaptive devices requiring more than six months will require evaluation by physical therapy or appropriate discipline.
Exception: Canes, walkers or other adaptive devices (excluding wheelchairs) issued for ambulatory instability will be evaluated annually at periodic screening and pass issued/renewed for up to 1 year, if clinically indicated.
- PD3: DISABILITY:** A permanent physical disability such as loss of limb(s), paraplegia, quadriplegia, oxygen dependency, or other medical condition that significantly hinders their ability to perform activities of daily living and may require assignment of a permanent wheelchair or other adaptive device.

B. Impairment versus disability:

An impairment may be temporary or permanent, but does not significantly limit or hinder the inmate from completing the routine activities of daily living. An example of a mobility device for an inmate with a mobility impairment would be a cane used to provide added stability for ambulation. A disability is permanent and requires an accommodation because the disability is such that activities of daily living are significantly hindered or limited. An example of a mobility device or accommodation for an inmate with a mobility disability would be a wheelchair for a paraplegic or a prosthesis for a below the knee amputee.

Note: An inmate who is assigned a Mobility Health Classification Grade that is not designated as “disability” may still be considered disabled under the Americans with Disabilities Act and be entitled to any needed accommodations.

V. THERAPEUTIC AND SOFT SHOES:

- A. Postsurgical recuperation and recent foot trauma may require a therapeutic or soft shoe for a limited time only. The surgeon or attending clinician must describe in the order the specific type of shoes required and the timeframe it will be used for.

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- B. Significant deformities usually require a specially designed orthotic device that assists the patient in maintaining or approximating normal alignment and ambulation.
- C. Bunions, calluses, and hammer toes do not usually require a therapeutic or soft shoe. Sometimes the aggravation of these conditions is due to ill-fitting shoes. If it is determined that the inmate would benefit from better fitting shoes, a pass may be written for the inmate to be measured and issued appropriately fitting shoes from the laundry.
- D. Inmates who are suffering from symptomatic flat feet and are wearing state-issued brogans due to a job or work assignment may be issued arch supports. The clinical criteria will be described with sufficient clarity and detail to be conveyed to and understood by the inmate. The intended use of the shoes and the duration of need will also be indicated.
- E. When therapeutic or soft shoes are ordered by the Brace clinic and issued by medical, the inmate will sign "Acknowledge Receipt of Therapeutic Shoes," DC4-774 with the understanding that replacement cost will be the obligation of the inmate if such is needed in less than a year. This form must be co-signed by a witness, stamped and dated, and filed under the miscellaneous portion of the medical health record.
- F. If replacement is necessary within one (1) year following the initial receipt of the shoes and the inmate may not be able to obtain shoes at her/his own expense, the Chief Health Officer (CHO)/Institutional Medical Director will carefully evaluate the circumstances involved and may prescribe replacement shoes without cost to the inmate, as an exception to policy. In such cases, the CHO/Institutional Medical Director will properly record the conditions which warranted the exception to this Health Services Bulletin instruction on DC4-701..
- G. Soft shoes are not issued by medical unless the shoes are to be used with a specific orthotic device. Soft shoes are not indicated with arch supports.

VI. MOBILITY NEEDS SCREENING AT RECEPTION:

- A. Reception Intake Screening: At the time of inmate's arrival, a licensed nurse will conduct an initial screening of the inmate to identify any mobility needs. Any inmate identified as requiring special accommodations will be referred for further evaluation of his/her needs. Trained healthcare staff will conduct a mobility assessment and document on Appendix A, *Mobility Screening*. This screening will include identifying needs, assessing current accommodations (i.e., maintenance

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issues or repair needs), the need for further referral to appropriate specialist, and any needs and accommodations desired by the inmate, and FDC will consider the covered inmate's stated preferences.

B. Inmates who arrive at a reception center with a mobility device, such as a wheelchair, walker, cane, prosthetic, or brace, will be allowed to keep their personal device once it is determined by security and medical that it poses no compelling security, health or safety concern. DC4-691B *Documentation of Personal Wheelchair* form will be completed if an inmate is allowed to keep their personal wheelchair. The inmate may retain the personal wheelchair and maintenance of the chair will be at their personal expense.

1. If maintenance of a personal device becomes necessary, the inmate will be given the choice to:
 - a. defray expenses for repair,
 - b. send the wheelchair home at their personal expense , or
 - c. relinquish possession to the state and will be issued a state-owned chair.

If the mobility device is not cleared by security and medical staff then the inmate will be issued a replacement device by medical staff. The inmate will then be given the choice to send the device home or place it in storage. Documentation of the security, health or safety concerns should be made in the inmate's medical record.

- C. The institutional medical director or clinician will be responsible for determining the mobility needs of impaired and/or disabled inmates based on a thorough individualized assessment of the inmate at the initial intake physical and the results of the intake mobility screening, or as the condition of the inmate changes.
- D. Nursing staff shall perform a monthly skin check on all wheelchair bound inmates, inmates with prosthetics, or inmates with permanent braces, using Appendix B, *Mobility Impaired Inmate Monthly Skin Assessment Checklist*.

VII. WHEELCHAIRS, WALKERS, ROLLING WALKERS, CRUTCHES OR CANES:

NOTE: *Electric wheelchairs will not be allowed.* After identification of a mobility need and the assignment of a wheelchair, the inmate will be referred to the ADA Coordinator who will evaluate other appropriate accommodations. Refer to HSB 15.03.25 *Services for Inmates with Auditory, Mobility, or Vision Impairment and Disability*.

- B. When a wheelchair is assigned, an appropriate professional will determine the appropriate size and type of chair needed. Wheelchairs purchased by the CHCC

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will be approved by OHS prior to being issued to inmates. Measure the inmate in the following manner to determine the size of chair needed:

1. **Hip Width:**
Use this to figure seat width if it is the widest point.
 2. **Widest Point:**
Measure the widest area across the lower extremities if different from the hip width. This may influence seat width or arm style.
 3. **Chest Width:**
Measure the widest point of the thorax just below the arm pit. This measurement may influence system width or back width.
 4. **Heel to Knee:**
Use this for leg rest extensions and seat height.
 5. **SRP to Knee (Seat Reference Point to Knee):**
This will determine the seat depth.
 6. **Elbow to SRP (Elbow to Seat Reference Point):**
Measure this width with the arm in a 90-degree angle at the elbow and the shoulder in a neutral position.
 7. **Shoulder Height:**
This will determine the height and the style of the back panel or the start for a custom back.
 8. **Head Height:**
This will help determine the proper headrest height.
- E. A permanent pass will be issued for mobility devices that are determined to be for ADA accommodations. These will be defined by the ADA coordinator. Refer to HSB 15.02.16 *Inmate Medical Passes*.
- F. Quarterly inspections of mobility devices will be conducted to determine whether the device needs repairs or maintenance. This can be incorporated into the quarterly disabled inmate meeting and documented on the DC4-691 *Disabled Inmate Service Plan*. If the inmate does not attend the Quarterly Disabled Inmate Committee Meetings, documentation of the quarterly device inspection can be documented on the DC4-701.
- G. If repair or maintenance is needed, the repairs shall be completed within sixty (60) days of being reported or discovered during the inspection. During the repairs, the inmate will be provided with a “loaner” chair.
- H. State issued and personal wheelchairs and other devices will be labelled with the serial number or inmate’s name and DC number in a manner that will allow for easy identification.

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- I. The name and DC# of the inmate, the make and model of the wheelchair, and the condition of wheelchair at issuance is to be documented on the DC4-691D, *Adaptive Device Assignment Log*.
- J. Under no circumstance will an inmate who is prescribed a wheelchair be transferred from one facility to another without a wheelchair. The inmate will be transferred with the wheelchair that is assigned to him/her.
- K. Inmates who, at time of EOS, are using a state-owned chair will be allowed to retain the chair unless arrangements are made for the inmate to access a suitable chair at departure.

VII. PROSTHETIC DEVICES

- A. Inmates who are identified as having a prosthetic or brace related need, but did not have an existing device upon arrival or who have a newly discovered need, will be referred to the Brace clinic at RMC through the appropriate UM process. Refer to HSB 15.01.04 *Referral for Specialty Health Services at Reception and Medical Center*. Education on use and proper fitting will be completed at the Brace clinic
- B. After identification of a prosthetic or brace related need, the inmate will be referred to the ADA Coordinator who will evaluate other appropriate accommodations. Refer to HSB 15.03.25 *Services for Inmates with Auditory, Mobility, or Vision Impairment and Disability*.
- C. A permanent pass will be issued for prosthetic devices that are determined to be ADA accommodations. Refer to HSB 15.02.16, *Inmate Medical Passes*.
- D. Quarterly inspections of prosthetic devices or brace will be conducted to determine whether the device needs repairs or maintenance. This can be incorporated into the quarterly disabled inmate meeting and documented on the DC4-691 *Disabled Inmate Service Plan*. If the inmate does not attend the Quarterly Disabled Inmate Committee Meetings, documentation of the quarterly device inspection can be documented on the DC4-701.
- E. If repair or maintenance is needed, the repairs shall be completed within sixty (60) days of being reported or discovered during the inspection. During the repairs, the inmate will be provided with other reasonable accommodations.

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VIII. OTHER ACCOMMODATIONS

When an inmate has been determined to require a reasonable accommodation such as canes, walkers, rollators, trapeze bars, orthopedic shoes and socks, wedges, appropriate mattresses, wheelchair cushions, or wheelchair gloves, these accommodations will be provided so long as there is no compelling security concern. Only wheelchair gloves approved by security will be issued to the inmate. If repair or replacement is needed, it shall be completed within sixty (60) days of when FDC becomes aware of the need for the repair or replacement. In the interim, the inmate will be provided with an alternative reasonable accommodation.

Health Services Director

Date

This Health Services Bulletin Supersedes:

TI 15.02.06 dated 3/15/00, 4/11/03, 6/03/04
and 8/21/06. HSB 15.02.06 dated 12/5/88,
12/2/91, 1/25/95, 09/26/11, 07/22/14,
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