



**RILEY HOSPITAL FOR CHILDREN
OCCUPATIONAL THERAPY ADAPTIVE CAR SEAT
EVALUATION & PLAN OF CARE**

Date of Evaluation:		Time In/Out:		Total Time:	
Treating Diagnosis:				Date of Onset:	Since birth
Medical Diagnoses:					
Height:				Weight:	
Referring Physician:				Age:	
Subjective / Functional Limitations					
Individuals Present:					
Concerns:					
Previous Medical History:					
Present Equipment:					
School/Educational Info:					
Therapy Services:					
Systems Review					
Precautions/Contraindications:					
Pain Level:	None observed		Location:	N/A	
Action Taken:	N/A				
Skin Integrity:					
Tests and Measures					
Range of Motion:					
Strength:					
Tone:					
Braces/Splints:					
Posture/Positioning:					
Head Control:	Good	Fair	Poor		
Sitting Balance:	Good	Fair	Poor		
Gross Motor:					
Cognition/Safety:					
Activities of Daily Living/Transfers:	Feeding: Dressing: Toileting: Bathing: Transfers:				
Fine Motor:					
Sleep:	N/A				
Sensory:	N/A				
Other:	N/A				
Current Child Restraint System (CRS)					
Type of CRS?					

Seating position of child in vehicle?	Driver	FC	FR
	ML	MC	MR
	RL	RC	RR
Additional Number of Children in CRS or safety belts?	Number of Children? (mark letter of child in box above) A: D: B: E: C: F:		
Type of Vehicle?			
Year of Vehicle?			
Current Car Seat Assessment?			
Plan of Care / Occupational Therapy Goals:		Time Frame	
1. Projected type of adaptive car seat discussed with patient/caregiver.		Today	
2. Patient/Caregiver in agreement with adaptive car seat and goals.		Today	
3. To provide crash tested automotive restraint system for safe, secure transport in a motor vehicle to and from school, medical appointments and within the community.		6 months	
4. Patient fitted into equipment with detailed description of process including strap placement, strap tension, retainer clip placement, special features of the adaptive car seat and reason for use and receive owner's manual.		6 months	
5. Caregiver instructed in correct use, placement and attachment in vehicle including tether.		6 months	
6. Caregiver instructed to take vehicle to dealer for tether installation. Refer to car seat and vehicle manual for specific instructions.		6 months	
7. Patient/Caregiver will verbalize and demonstrate understanding of use and care of adaptive car seat.		6 months	
8. Patient/Caregiver will verbalize understanding of how to properly secure medical equipment during transport.		6 months	
9. Caregiver demonstrated ability to install car seat correctly.		6 months	
Assessment/Rationale for Continued Skilled Care:	Patient was evaluated today for adaptive car seat needs. He/She would benefit from the new adaptive car seat, parts and accessories as indicated below and in the Letter of Medical Necessity. It is imperative that a therapist be present at time of delivery of the adaptive car seat. This ensures proper positioning of the child in the adaptive car seat so it can continue to be safely and appropriately used and installed by the caregiver. Return visits to occupational therapy for adjustments and ongoing re-evaluation may be needed.		
Recommended Frequency of Treatment:	1x in 6 months		
Treatment Plan (CPT Codes):	Adaptive car seat fitting/adjustments – Home instruction/Self-Care (97535)-6 units		
Rehabilitation Potential:	Good		
Plan of Care Cert Dates:			
Recommended Equipment:			
DME Vendor:			
Evaluation Charge:	Occupational Profile/History-		
Total Minutes:	Assessment/Performance Deficits-		

	Clinical Decision Making- Complexity-
Timed Services	97535 -
Total Minutes:	
Justification for Recommended Equipment:	Formal LMN to follow

DRAFT