SCHOOL OF MEDICINE
DEPARTMENT OF PEDIATRICS

AUTOMOTIVE SAFETY PROGRAM
Indiana University School of Medicine

OCCUPATIONAL THERAPY
ADAPTIVE CAR SEAT
EVALUATION & PLAN OF CARE

Name:		**DOB:**		**MRN:**	
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:	Adaptive Car Seat Needs		
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:	Skin intact, no issues reported		
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 Safety Seat (CSS)			
Type of CSS?			

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Seating position of child in vehicle?	Driver	FC	FR
	ML	MC	MR
	RL	RC	RR

Additional Number of Children in CSS or safety belts?	Number of Children? (mark letter of child in box above)	
	A:	D:
	B:	E:
	C:	F:
Year/Type of Vehicle?		
Current CSS 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 adaptive car seat manual 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 adaptive 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 Complexity:	Occupational Profile/History-

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