



## FOREWORD

I feel that this text should be available in every rehabilitation hospital with a wheelchair service, rehabilitation equipment nurse, or seating and positioning clinic. Once published, I will recommend the *Journal of Rehabilitation Research and Development: Clinical Supplement No. 2, "Choosing a Wheelchair System,"* to the residents in the Physical Medicine and Rehabilitation program here at Sister Kenny Institute. I will certainly be pleased to have this volume in our library and will make certain that it is available to our Spinal Cord Injury Program group as well as our Physical Therapy department.

There are two issues that I feel are oftentimes missed when prescribing a wheelchair for an individual. One issue revolves around the fact that a newly disabled individual often requires more support in a wheelchair than he or she will require later when skills are developed and activity and mobility needs are better defined. An example of this is a spinal cord injured individual with a T5 or T6 level injury. In the beginning, this individual may feel safer in a high backed chair with arm supports and perhaps even some sort of seat or body strapping. Later on however, once he or she becomes involved in the activities of daily living on a regular basis and participates in wheelchair athletics, he may be quite interested in reducing the back height and perhaps utilizing the advanced technology of a lightweight sports chair.

Another matter that I have been concerned about, particularly from the standpoint of involving third party payors, is the issue of the multiple mobility needs of the individual. Gerald Warren alluded to it in his chapter, "Powered Mobility and Its Implications." An individual can handle a manual wheelchair for some activities but may need a powered chair for going long distances or for weight shifts if he is going to be "up" for an extended period of time. One patient I had was an excellent example of this; he had arthrogryposis multiplex congenita with a number of areas of muscle absence and hypogenesis as well as cerebral palsy of an athetoid type. He walked very short distances with support and moved a standard wheelchair with his feet, but he required a motorized chair when traveling any distance. More than one chair was required in order to meet all his needs. Multiple mobility needs and changes in wheelchair requirements over time are issues that I hope will be addressed more fully in the future.

I want to strongly endorse the concept of *Clinical Supplement No. 2*, and indicate my recommendation for this type of text to be in the hands of those in residency training programs in physical medicine and rehabilitation, rehabilitation nursing departments, and physical therapy departments, as well as in the medical staff offices of rehabilitation units.

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