**Pre-Test Assessment & Survey**

Pre-Test Assessment:

JB is a 17 year-old male with spastic quadriplegic CP. His spasticity manifests most significantly in his hamstrings, adductors, and gastroc/soleus, as well as upper extremity flexors (biceps, wrist and finger flexors). His primary means of mobility is a power wheelchair with joystick control, which he is able to maneuver around his high school during class changes. His power wheelchair also has a standing feature. He is unable to maintain full weight bearing in standing without moderate to maximal assistance, as he lacks the trunk and lower extremity strength to maintain upright alignment, causing him to sink into a crouch gait that is only sustainable for a few seconds if no outside support is given. JB requires moderate assistance of one person for transfers in and out of his wheelchair. During the transfer, he is able to maintain full weight on his feet and use both arms to securely hold onto the person transferring him. **What piece of equipment could be implemented during PT to help JB work on weight bearing and mobility? Also note any important features/accessories you would be sure to think about when ordering this adaptive equipment.** Be sure to explain your rationale for your equipment choices.

Survey I.

1. **I have an understanding of what assistive/adaptive devices are available and for which type of patient they are appropriate.**

1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **I feel comfortable making decisions regarding a child’s adaptive equipment.**

1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **I feel as though pediatric PT’s should play a significant role in assessing for and prescribing equipment.**

1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **List who you think should be involved in the equipment decision-making process.**
2. **Do you have any interests in working in a pediatric setting upon graduation? Circle one.**

Yes No Not sure yet

1. **What information or content do you need to increase your knowledge of or feel confident with adaptive equipment, assessment for equipment, and/or selection/recommendations?**
2. **Have you had any experience (including observation) assessing for or prescribing pediatric equipment? If so, explain.**