# Wheelchair stability assessment: user and market needs

Evans, J., Moody, L., Stefanov, D., Fielden, S., Magee, P., Heelis, M., Dryer, P. and Shapcott, N.

Presentation slides deposited in Curve February 2015

#### **Original citation:**

Evans, J., Moody, L., Stefanov, D., Fielden, S., Magee, P., Heelis, M., Dryer, P. and Shapcott, N. (2012) Wheelchair stability assessment: user and market needs. Coventry University: HDTI

Copyright © and Moral Rights are retained by the author(s) and/ or other copyright owners. A copy can be downloaded for personal non-commercial research or study, without prior permission or charge. This item cannot be reproduced or quoted extensively from without first obtaining permission in writing from the copyright holder(s). The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the copyright holders.

#### **CURVE is the Institutional Repository for Coventry University**

http://curve.coventry.ac.uk/open











### Wheelchair stability assessment: User and Market needs

Jill Evans – Research Assistant, HDTI Dr. Louise Moody – Reader, Coventry University Dr. Dimitar Stefanov –Principal Lecturer, Coventry University Simon Fielden – Director, HDTI Paul Magee – Senior product designer, HDTI Mike Heelis – Birmingham Community Healthcare NHS Trust Paul Dryer – Kings College NHS Foundation Trust Nigel Shapcott – Betsi Cadwaladr University Health Board



26/11/2012









Birmingham Community Healthcare

- Wheelchair stability
- Ramp tests
- Load cell tests
- The project so far
- Online survey
- Prescriber interviews
- Conclusions from research
- Requirements for a new system
- Development of a new system





### Overview



- Loss of wheelchair stability can lead to chairs tipping, potentially resulting in injury or death
- Conversely, wheelchairs can also become 'too stable', leading to propulsion difficulties
- Accidents result from loss of stability on ramps, slopes, steps, kerbs, soft ground or due to modifications (e.g. to carry ventilators) which changes the wheelchair's centre of gravity
- User fear of tips/slides is common, resulting in anxiety and reduced independence.
- Risk of tipping needs to be balanced against users' mobility goals



- Stability testing is undertaken by rehab engineers, OTs, wheelchair manufacturers and suppliers in some situations
- Prescription involves reconfiguring the chair to match:
  - User characteristics
  - User ability, competence and confidence
  - Environmental features and conditions
  - Modifications and accessories
- Tuning aims to improve the chair's performance

### How do we test stability?



- Various ways to test for wheelchair stability
- Most widely used in UK:
  - Fixed ramps
  - Variable ramps
- Load cells increasing in use
- Some services not testing at all
- Testing usually conducted in atypical chair use

- Two types of ramp test: fixed and variable
- Manual test

Ramp tests

- Pass/fail
- Demonstrates real tipping to client
- Can be physically difficult to use
- Low level of accuracy
- Can be unpleasant for clients







Ramp tests



• Most wheelchair services in the UK assess wheelchair stability (for specific cases) by using a static inclined ramp test







- Involves positioning a wheelchair and occupant on a ramp forwards, backwards and sideways to see if the chair tips.
- The test is done at 12° for attendant push wheelchairs, and 16° for self propelled and electric wheelchairs.
- Ramp weighs 7.8kg, and folds up to be carried around

- Based on car technolog
- Based on car technology
- Uses weighing plates to determine centre of gravity
- Hardware and software work together
- Can be used to model different scenarios
- Requires some technical skill
- Time consuming to set up
- Less distressing for client





### Load cell tests

### Load cell tests





- Calculates the position of the centre of gravity using 4 load cells- 1 under each wheel
- Intercomp scales for weighing cars durable and capable of weighing up 70 stone.
- An aluminium framework to hold the cells and be adjustable for a variety of wheelchair sizes



- This project aims to bring to the point of commercialisation a system that:
  - Facilitates the stability testing of wheelchairs
  - Predicts dynamic stability as well as static stability in different situations
  - Offers expert knowledge to support the wheelchair prescriber in tuning the wheelchair to an individual patient's needs
- A user-centred design approach is being adopted initially through:
  - A review of current stability testing methods
  - A survey of user and market needs



- Online survey and prescriber interviews conducted during 2012
- 98 survey participants (48 completers) from a range of sources
  - 48 engineering/tech, 27 therapeutic/medical
- 17 semi-structured interviews in Birmingham, London, Wales
  - 9 REs, 2 OTs, 6 others
- Interviews aimed to build on survey findings



Types of patients requiring stability tests

- Special seating
- Amputees
- Variable seating requirements







#### What types of patients do you see in your service? [Please select all that

#### Requiring 89.5 % (51) special seating Children -36.8 % (21) Adults -36.8 % (21) 40.4 % (23) Bariatric -54.4 % (31) Amputees -Requiring pressure 22.8 % (13) relieving cushions 31.6 % (18) 28.1 % (16) Requiring seats that have \_ variable positioning (eg... 54.4 % (31) Requiring special controls 26.3 % (15) 20 40 Ó 60

#### For which cases do you usually conduct a stability test? [Please select all that apply]

# Findings: Online survey



- Ramp tests:
  - Static stability > dynamic stability
  - Issues with manual handling and client experience
- Load cell tests:
  - Static stability > dynamic stability
  - Issues with time taken to complete test
- Large range in estimated numbers of prescriptions (6-500 per service per month)
- Factors considered during prescription:
  - Environment
  - Client ability
  - Physical attributes of chair and user
  - Centre of gravity/ stability
  - Carer needs/lifestyle

# Findings: Online survey



- Limitations of current methods:
  - Lack of dynamic stability capability
  - Lack of portability and practicality
  - Subjectivity of results
  - The client experience
- Desirable functions of a new system:
  - Providing a record of the stability assessment process
  - Capacity to educate the client/carer
  - Determining the maximum slope on which the chair is safe
  - Providing indication of tipping angles
  - Ability to model/predict the effects of different configurations on stability

# Findings: Prescriber interviews



- Cost effective but not ideal
- Unpleasant client experience
- Accuracy can be compromised
- Client can feel the 'real' angle of tip
- Manual handling issues
- Not reflective of real environment
- Not in keeping with modern equipment
- Load cell tests:
  - Not consistently or widely used
  - Seen as complex but useful
  - Lack of 'real' user experience (angles of tilt)

# Findings: Prescriber interviews



- Desirable features of a new system:
  - Improved accuracy
  - Portability
  - Ease of use
  - Ability to support record keeping
  - Cost effective/ value for money
  - Ability to support client/carer education



- Survey respondents unable to offer definitive value of a new system
- Estimated to be around £2-4k
- Interviews confirmed that the system would need to demonstrate value beyond that of current methods
- Further investigation into the market underway



## Perception of 'stability' and risk



- Stability testing not standard for all clients
- Variance in interpretation of stability
- Variance in level of training in assessment methods
- Stability vs. manoeuvrability
- 'Risk assessment' interchangeable with 'stability testing'



### Conclusions



- Survey and interviews both support development of a new system
- 'Stability' not a clearly defined concept
  - Static vs. dynamic
  - When to test for stability
  - Active use

### System specification



- Mark 1:
  - For 4 wheeled chairs
  - Hardware + software
  - PDF output
  - Supports clinical judgement
  - Portable
  - Easily stored
  - Static stability
  - Less distressing for client

- Mark 2:
  - Include 6 wheeled chairs
  - Wireless
  - Back-end data
  - Dynamic stability
  - System improvements

### Next steps

hdti

- System development underway
- Evaluation begins 2013
  - Case studies
  - Prescriber feedback
  - Technical development
- Prototype development for Mk2





- Jill Evans Research Assistant, HDTI
  - jevans@cad.coventry.ac.uk
- Dr. Louise Moody Reader, Coventry University
  - <u>L.moody@coventry.ac.uk</u>
- Dr. Dimitar Stefanov Principal Lecturer, Coventry University
- Simon Fielden Director, HDTI
- Paul Magee Senior product designer, HDTI
- Mike Heelis Birmingham Community Healthcare NHS Trust
- Paul Dryer Kings College NHS Foundation Trust
- Nigel Shapcott Betsi Cadwaladr University Health Board