

# Therapeutic Support Surface and Positioning Assessment Form

Functional Independence Measure (FIM) Scale: 7 = Independent or "I"; 6 = Independent with use of device; 5 = Supervised; 4 = 25% assistance or "Min A"; 3 = 50% assistance or "Mod A"; 2 = 75% assistance or "Max A"; 1 = totally dependent or "D"; 1A = 1 person assist/care, 2A = 2 person assist, etc.

\*This tool is not appropriate for determining therapeutic support surface during medical procedures\*

Demographics:		
<b>Client Name:</b>		<b>Date of Ax:</b> dd / mm / yyyy
<b>OHCN:</b>	<b>Phone #:</b>	<b>Assessor Name:</b>
<b>DOB:</b> dd / mm / yyyy	<b>Alt phone:</b>	
<b>Home address:</b>		<b>Referral:</b> [Agency & contact info]
<b>Current address:</b> <i>(if different from above)</i>		<b>Other:</b> [WSIB# or ODSP#]
<b>Funding:</b> <input type="checkbox"/> ODSP <input type="checkbox"/> WSIB <input type="checkbox"/> Insurance <input type="checkbox"/> Out-of-pocket <input type="checkbox"/> Agency: _____		
<b>POA/contact/caregiver:</b>		<b>Vendor:</b>
<b>Phone #:</b>		<b>Vendor rep:</b>
<b>Client's partner:</b>		<b>Rep phone #:</b>
Functional Status:		
<b>Diagnosis/Prognosis/Relevant history:</b> <i>(consider recommending lateral rotation surface if client has pulmonary congestion; consider recommending a moisture wicking or cooling surface and cover if client has obesity; reactive air surface is contraindicated for an unstable spinal fractures or spine traction).</i>		
<b>Cognition/perception:</b> <i>(consider ability to adhere to recommendations; consider cognition when assessing for bedrails/entrapment risk<sup>2</sup>)</i>		
<b>Communication</b> <i>(consider ability to communicate discomfort/need to be repositioned):</i>		
<b>Vision/hearing:</b>		
<b>Weight</b> <i>(current, history, projected):</i>		<b>Height:</b>
		<b>Greatest Width:</b>
<b>Pain and pain management:</b>		
<b>Sensory perception:</b> <i>(consider ability to feel pain/pressure related discomfort)</i>		
<b>Psychosocial status:</b> <i>(consider impact of wounds on quality of life and self-image; is the client palliative)</i>		
<b>Cultural beliefs:</b> <i>(ask about cultural preferences and beliefs re: recommendations, i.e. powered surface<sup>3</sup>)</i>		
Environment		
<input type="checkbox"/> Community ( <input type="checkbox"/> receiving PSW care)		<input type="checkbox"/> Expected future change in living arrangements

<sup>1</sup> Keith, Granger, Hamilton & Sherwin (1987). See References for full citation.

<sup>2</sup> Health Canada (2008). See References for full citation.

<sup>3</sup> Wounds Canada (2023). See References for full citation.



Assisted living    Long term care  
*\*Consider carers ability to assist or complete calibration, maintenance, and cleaning of the surface*

Alone    With spouse    With children  
 Care facility    PSW carer  
*\*Consider carers ability to assist or complete calibration, maintenance, and cleaning of the surface*

Rural    Urban  
*\*Consider accessibility to vendor if the equipment requires service*

Client or someone in home smokes indoors

*\*Consider the effects of smoke/fire hazard on the equipment being recommended. Generally trial surfaces cannot be returned if smelling of smoke.*

Risk of power outages *\*Consider the risk of power outages (or power outage solution, e.g. a generator) for powered surfaces in your recommendations.*

Client lives with pets  
*\*Consider surface risk of damage from pet nails/teeth.*

**Typical daily schedule** (list hours of sleep/wake; all surfaces used throughout 24-hours, & continuous length of time spent on each surface).  
*\*Consider bed, commode, wheelchair cushion, vehicle, dentist, bus seat, etc. and type of transfer if different from typical transfer to bed*

Light sleeper/sensitive to noise  
*\*Consider a static air or a quiet motor if recommending a powered surface.*

**Current bed system and components:**

**Performance:**

Activities:	FIM Score	In bed	Notes:
Transfer: _____		N/A	Sling type, if used: <i>*Consider friction &amp; shear risk; consider recommending a firm border and/or access to "firm" setting controls to facilitate safer transfer</i>
Mobility: _____		N/A	<input type="checkbox"/> Frequently slides in bed or wheelchair <i>*Consider friction &amp; shear risk</i>
Bed Mobility: Roll L/R, bridge, sliding up/down/L/R, sit up, sit at edge of bed		<input checked="" type="checkbox"/>	<i>*Consider friction &amp; shear risk</i>
Grooming		<input type="checkbox"/>	<input type="checkbox"/> Client excessively sweats <i>*Consider recommending a moisture wicking or cooling surface and cover.</i>
Dressing Upper Body		<input type="checkbox"/>	<i>*Consider the need for access to the "firm" setting.</i>
Dressing Lower Body		<input type="checkbox"/>	<i>*Consider the need for access to the "firm" setting.</i>
Bathing		<input type="checkbox"/>	<i>*Consider the need for access to the "firm" setting.</i>
Eating/Feeding		<input type="checkbox"/>	<input type="checkbox"/> Inadequate food intake <i>*Consider Dietitian referral re: protein intake</i> <input type="checkbox"/> Inadequate fluid intake <i>*Consider the client's <b>risk of dehydration</b> if recommending a low air loss mattress.</i>
Toileting		<input type="checkbox"/>	<input type="checkbox"/> Excessive moisture <i>*Consider whether this moisture is being managed by incontinence products; if not, consider a moisture wicking surface.</i>



Urine	<input type="checkbox"/> toilet <input type="checkbox"/> commode <input type="checkbox"/> bedside <input type="checkbox"/> over toilet <input type="checkbox"/> catheter <input type="checkbox"/> in/out <input type="checkbox"/> indwelling <input type="checkbox"/> brief <input type="checkbox"/> bedpan	<input type="checkbox"/>	<input type="checkbox"/> Incontinence pad on mattress <input type="checkbox"/> [ <input type="checkbox"/> reusable / <input type="checkbox"/> disposable ] <i>*It is recommended to have as few layers between the client and the surface as possible, as non-stretchy material negates the effects of the surfaces. Consider including practice alternatives in your recommendations such as the use of a brief and a wipeable mattress cover.</i>
Bowel	<input type="checkbox"/> toilet <input type="checkbox"/> commode ( bedside / over toilet ) <input type="checkbox"/> brief <input type="checkbox"/> bedpan	<input type="checkbox"/>	<i>*If performed in bed and using or recommending a low air loss mattress, consider <b>the infection control issues</b> that arise with bowel care while using LAL as the mattress pulls air in from the local atmosphere and pushes it back out into the air again, causing airborne bacteria.</i>
Exercise regime		<input type="checkbox"/>	<i>*Consider the friction the skin may be undergoing through the repeated movements; if this is a concern, consider reducing friction through the use of a small slider sheet under that are of the body, safety permitting.</i>
Wound care		<input type="checkbox"/>	
Intimate activities		<input type="checkbox"/>	<input type="checkbox"/> Partner sleeps in same bed <i>*Consider recommending a larger mattress with a dual surface and/or dual base bed frame in order to accommodate a partner.</i>
TV or other leisure activities		<input type="checkbox"/>	<input type="checkbox"/> Requires HOB above 30° <i>*If yes, this places the client at an increased risk of skin injury on coccyx, maximum coccygeal pressure occurs at 45°; consider the use of gel or air in your recommendations.</i> <i>*If yes, consider how often the client is raising HOB as shearing occurs every time; consider extra protection like dual layer cover and ensuring the client is not bottoming out in this position/</i>
Other		<input type="checkbox"/>	

**Skin Status**

#	Wound location	Open or Healed	Stage <sup>4</sup>	Age	Size	Recurring	Other: (undermining, tunnelling, necrotic tissue, granulation, epithelium, exudates)
1							
2							
3							
4							
5							

**Surface Selection**

For surface selection, follow Wounds Canada (2023) **Integrated Therapeutic Support Surface Selection for Pressure Injury Prevention and Management** steps 1-6 to guide surface selection. Available at: [www.woundscanada.ca/docman/public/3092-wc-product-picker-surfaces-fillable-1/file](http://www.woundscanada.ca/docman/public/3092-wc-product-picker-surfaces-fillable-1/file)

<sup>4</sup> Edsberg, et al. (2016). See References for full citation.



Physical Assessment			
	Supine on MAT/bed <i>How close to neutral alignment can be achieved?</i>	Reducible to neutral	Non-reducible to neutral
Pelvis:	<input type="checkbox"/> <b>Obliquity:</b> Higher on L / R by ___”		
	<input type="checkbox"/> <b>Rotation:</b> Forward on L / R by ___”		
	<input type="checkbox"/> <b>Tilt:</b> neutral / posterior / anterior ; mild / moderate / significant		
Trunk:	<input type="checkbox"/> <b>Rotation:</b> Posterior on L / R by ___”		
	<b>Rib hump at:</b>		
Spine:	<b>Kyphosis:</b>		
	<b>Scoliosis:</b>		
	<b>Lordosis:</b>		
Neck/Head	<input type="checkbox"/> R/L side flexion		
	<input type="checkbox"/> R/L rotation		
	<input type="checkbox"/> Excessive flexion		
	<input type="checkbox"/> Excessive extension		
<b>Tone/involuntary movements/contractures description:</b> <i>*Braden scale risk factor – friction and shear</i>			
<b>Location of boney protrusions of increased prominence:</b> <i>(consider these when choosing medium and checking for “bottoming out”)</i>			
<b>Recommended primary position:</b> <i>[How close to neutral alignment can be achieved, is tolerated <u>and comfortable</u> for the client?]</i>	[Sketch position and positioning aids]		
<b>Secondary position for off-loading:</b>			



Assessment Summary <sup>5</sup>	
Concern	Goal
1)	
2)	
3)	
4)	
5)	
Recommendations and Rationale:	
1)	
2)	
3)	
4)	
5)	
Trial notes:	
<i>(consider whether goals have been met, client comfort, onset of new symptoms such as nausea, ability to understand use/care, sleep maintenance/improvement, ability to perform activities in bed, etc.)</i> <b>Date:</b>	

<sup>5</sup>Try using the Canadian Occupational Performance Measure (COPM) if having difficulty forming goals or outcome measures; see Law, et al (1990) in References.



**Follow-up notes:**

*(method of follow up; any changes to outcomes from trial notes, new issues)*

**Date:** \_\_\_\_\_

Handwriting practice area with horizontal dashed lines.

**Additional Notes:**

Large handwriting practice area with horizontal dashed lines. A large, light blue watermark logo consisting of a rounded square frame containing the letter 'B' is centered over the page.

**Assessor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### References:

Edsberg, L. E., Black, J. M., Goldberg, M., McNichol, L., Moore, L., & Sieggreen, M. (2016). Revised National Pressure Ulcer Advisory Panel pressure injury staging system: Revised pressure injury staging system. *Journal of Wound Ostomy Continence Nursing*, 43(6), 585-597. doi:10.1097/won.0000000000000281

EPUAP, NPIAP, Pan Pacific (2019). Prevention and treatment of pressure ulcers/injuries: Clinical practice guideline. Available at: <https://internationalguideline.com/>

Health Canada (2008). Adult hospital beds: Patient entrapment hazards, side rail latching reliability, and other hazards. Available at: [www.canada.ca/content/dam/hc-sc/migration/hc-sc/dhp-mps/alt\\_formats/pdf/md-im/applic-demande/guide-ld/md\\_gd\\_beds\\_im\\_ld\\_lits-eng.pdf](http://www.canada.ca/content/dam/hc-sc/migration/hc-sc/dhp-mps/alt_formats/pdf/md-im/applic-demande/guide-ld/md_gd_beds_im_ld_lits-eng.pdf)

Keith, R. A., Granger, C. V., Hamilton, B. B., Sherwin, F. S. (1987). The functional independence measure: A new tool for rehabilitation. *Advanced Clinical Rehabilitation*, 1, 6-18.

Law M, Baptiste S, McColl M, Opzoomer A, Polatajko H, Pollock N. (1990) The Canadian occupational performance measure: an outcome measure for occupational therapy. *Canadian Journal of Occupational Therapy* Apr;57(2):82-7. doi: 10.1177/000841749005700207. PMID: 10104738. Form available at: <https://blogs.elon.edu/ptkids/files/2012/03/COPM.pdf>

Norton L, Parslow N, Johnston D, Ho C, Afalavi A, Mark M, et al. Best practice recommendations for the prevention and management of pressure injuries. In: *Foundations of Best Practice for Skin and Wound Management. A supplement of Wound Care Canada*; 2017. 64 pp. Available at: <https://www.woundscanada.ca/health-care-professional/publications/dfc-2>

Registered Nurses' Association of Ontario. (2016). Assessment and management of pressure injuries for the interprofessional team (Third Edition). Available at: <https://nao.ca/bpg/guidelines/pressure-injuries>

Wounds Canada (2023). *Integrated Therapeutic Support Surface Selection for Pressure Injury Prevention and Management*. Available at: [www.woundscanada.ca/docman/public/3092-wc-product-picker-surfaces-fillable-1/file](http://www.woundscanada.ca/docman/public/3092-wc-product-picker-surfaces-fillable-1/file)