

## WHEELCHAIR BIKING RESIDENT SELECTION CHECKLIST

**Purpose:** The Wheelchair Biking Resident Selection Checklist is used to insure that all areas of consideration for selection and safety of the patient are considered.

**Instructions:** Answer questions on checklist with either yes or no. In order to be considered for the Wheelchair Biking program, all of the questions must be answered “yes”.

<b>Does patient have depression signs and symptoms?</b> (Based on assessment instrument or observed behavior)	<b>YES</b>	<b>NO</b>
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<b>Is patient able to sit in an upright position?</b> (Conditions that might prevent this are contracture, postural considerations, decubitus ulcer, or order for leg elevation at all times)	<b>YES</b>	<b>NO</b>
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<b>Is patient medically stable?</b> (Febrile conditions, infections, and other acute conditions that would prevent patient from leaving unit and going outdoors)	<b>YES</b>	<b>NO</b>
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<b>Is patient's behavior predictable and controllable?</b> (Severe physical agitation or anxiety or other behaviors that might be exacerbated by leaving unit and going outdoors)	<b>YES</b>	<b>NO</b>
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<b>Has patient agreed to take a ride?</b> (Show patient the bike, demonstrate how it is used, ask if they would like to ride. If no, ask if they would like to watch someone else ride, then offer a ride again)	<b>YES</b>	<b>NO</b>
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*Note: You must answer yes to all of these questions for patient to be considered for the wheelchair biking program.*