

## Wheelchair Usage: Belts, Straps, AFOs etc.

Name: \_\_\_\_\_

Please indicate when and how these are to be used, as applicable.

Draw any other relevant equipment as needed.

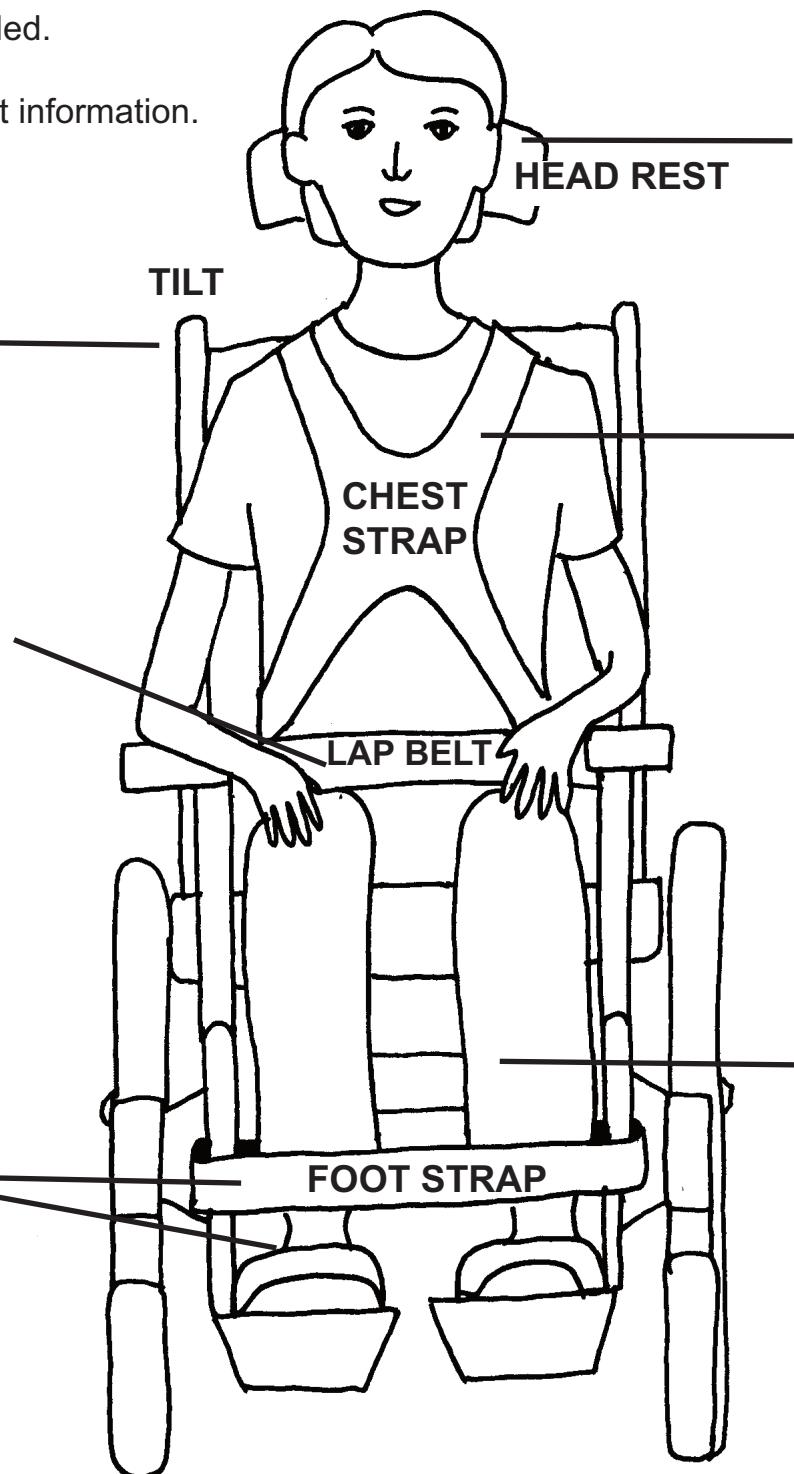
Include all pertinent information.

Please use **tilt**:  
for transfers  
for comfort  
please detail:

Please use **lap belt**:  
always  
other

Please use **tray**:  
always  
for eating  
for activities  
not applicable  
other:

Please use **ankle/foot straps**:  
etc.:  
always  
behind feet  
in front of feet  
not applicable  
other:



Please use **headrest**:  
describe:

Please use **chest strap**:  
always  
when traveling in vehicle  
when eating  
not applicable  
other:

Please use **AFOs**:  
always  
when in walker  
not applicable  
other: