

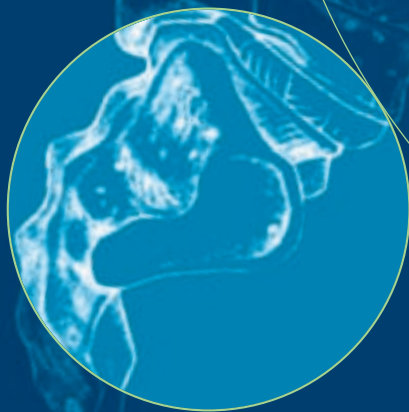


MOTOR ACCIDENTS
AUTHORITY

lifetime
care & support
authority

Guidelines for levels of attendant care for people with spinal cord injury

FOR USE IN THE
• NSW MOTOR ACCIDENTS SCHEME, AND
• LIFETIME CARE & SUPPORT SCHEME



CONTENTS

Introduction	2
Background	2
Using these Guidelines	3
Developing these Guidelines	3
Definitions	4
Factors that may change the level of attendant care required	5
Issues to consider in providing and delivering attendant care	7
Cervical 1–3 (C1–C3) Requires ventilator support	8
Cervical 4 (C4)	10
Cervical 5 (C5)	12
Cervical 6 (C6)	14
Cervical 7–8 (C7–C8)	16
Thoracic 1–4 (T1–T4)	18
Thoracic 5–9 (T5–T9)	20
Thoracic 10 – Lumbar 1 (T10–L1)	22
Lumbar 2 – Sacral 5 (L2–S5)	24
Incomplete spinal cord injury	27
Method of assessment	28
Incomplete C1–5 Minimal upper extremity function (ULMS less than 6) – Non walker	32
Incomplete C1–5 Minimal upper extremity function (ULMS less than 6) – Household walker	34
Incomplete C1–5 Minimal upper extremity function (ULMS less than 6) – Community walker	36
Incomplete C1–5 Poor upper extremity function (ULMS 6–16) – Non walker	38
Incomplete C1–5 Poor upper extremity function (ULMS 6–16) – Household walker	40
Incomplete C1–5 Poor upper extremity function (ULMS 6–16) – Community walker	42
Incomplete C1–5 Medium upper extremity function (ULMS 17 – 36) – Non walker	44
Incomplete C1–5 Medium upper extremity function (ULMS 17 – 36) – Household walker	46
Incomplete C1–5 Medium upper extremity function (ULMS 17 – 36) – Community walker	48
Incomplete C1–5 Good upper extremity function (ULMS above 36) – Non walker	50
Incomplete C1–5 Good upper extremity function (ULMS above 36) – Household walker	52
Incomplete C1–5 Good upper extremity function (ULMS above 36) – Community walker	54
Incomplete C6–8 Poor upper extremity function (ULMS 6 –16) – Non walker	56
Incomplete C6–8 Poor upper extremity function (ULMS 6 –16) – Household walker	58
Incomplete C6–8 Poor upper extremity function (ULMS 6 –16) – Community walker	60
Incomplete C6–8 Medium upper extremity function (ULMS 17 – 36) – Non walker	62
Incomplete C6–8 Medium upper extremity function (ULMS 17 – 36) – Household walker	64
Incomplete C6–8 Medium upper extremity function (ULMS 17 – 36) – Community walker	66
Incomplete C6–8 Good upper extremity function (ULMS above 36) – Non walker	68
Incomplete C6–8 Good upper extremity function (ULMS above 36) – Household walker	70
Incomplete C6–8 Good upper extremity function (ULMS above 36) – Community walker	72
Incomplete paraplegia Thoracic 1 – Sacral 5 (T1–S5) Non walker	74
Incomplete paraplegia T1–S5 Household walker	76
Incomplete paraplegia T1–S5 Community walker	78
APPENDIX 1: Equipment to consider	80
APPENDIX 2: Acknowledgements	97



INTRODUCTION

The aim of these Guidelines is to provide assistance to those assessing the needs of people who sustain a spinal cord injury in a motor accident — where the person is a participant in the Lifetime Care and Support Scheme or where they have an accepted claim with a CTP insurer. These Guidelines are designed to be used in conjunction with an individual assessment of the person to determine the level of attendant care that is “reasonable and necessary” to meet their needs and to maintain their independence.

In both schemes, what is reasonable and necessary depends on the person's specific circumstances. A number of factors are considered when making decisions about what is reasonable and necessary. These factors include:

- relationship of the service to the accident
- benefit to the claimant
- appropriateness of the service
- appropriateness of the provider
- cost considerations.

These Guidelines will assist in this decision making.

BACKGROUND

The Lifetime Care and Support Authority (LTCS) of NSW is a statutory authority established under the *Motor Accidents (Lifetime Care and Support) Act 2006*. The Authority is responsible for the administration of the Lifetime Care and Support Scheme (the Scheme).

The Scheme provides lifelong treatment, rehabilitation and attendant care for people who have a spinal cord injury, a moderate to severe brain injury, multiple amputations, serious burns or blindness from motor accidents in NSW.

The Lifetime Care and Support Scheme applies, regardless of whom was at fault, to:

- children under 16 years of age who are injured in a motor accident from 1 October 2006
- adults who are injured in a motor accident from 1 October 2007.

For accidents that occurred prior to the introduction of this Scheme, the injured person may have a claim against a Compulsory Third Party (CTP) insurer in cases where another driver is wholly or partly at fault. Once liability has been admitted on the claim, CTP insurers are obliged to pay the reasonable and necessary costs for treatment, rehabilitation and care of the injured person as they are incurred.

The costs of future care for people with a spinal cord injury remain the biggest head of damage in the CTP scheme and it is expected that care costs will far outweigh those for treatment and rehabilitation in the Lifetime Care and Support Scheme.

In 2002 the Motor Accidents Authority released *Guidelines for level of attendant care for people who have a spinal cord injury and can claim under the New South Wales Motor Accidents Scheme*. Since then, these have been used to determine care levels of people with a spinal cord injury living in the community, within the Motor Accidents Scheme.

In 2007 the Motor Accidents Authority undertook to revise these Guidelines and with the creation of the Lifetime Care and Support Scheme, the Lifetime Care and Support Authority took over this review. The result is this current handbook, *Guidelines for levels of attendant care for people with spinal cord injury*, which supersedes the 2002 version. These revised Guidelines include a new section addressing the needs of people with an incomplete spinal cord injury.

USING THESE GUIDELINES

These Guidelines do not intend to set a minimum standard of care. When assessing a person's care needs, individual circumstances will always need to be taken into account.

The level of care recommended in these Guidelines is for a "typical" person with a spinal cord injury who lives independently in the community, in an appropriately modified environment. The person may live alone or with other people. Each person will need to be assessed to determine if there are any factors that would put the person outside the range of the "typical" person with a spinal cord injury, for example, their age or any co-existing injuries. Factors that may change a person's level of attendant care are listed on page 5.

The recommendations made in this document refer to the total hours of care required by the person with

that level of injury, regardless of who provides the care. The question of who provides the care should be negotiated between all parties.

These Guidelines have been developed for use in the Lifetime Care and Support Scheme and the CTP Insurance Scheme. People who require attendant care due to a spinal cord injury or illness that is not related to a motor accident may be eligible for other government assistance. These programs operate under separate guidelines.

These Guidelines are **not** intended to be used for:

- a person living in institutional care (e.g. a nursing home)
- a person who has other significant disabilities (e.g. a brain injury)
- a child with a spinal cord injury.

DEVELOPING THESE GUIDELINES

In order to identify areas for consideration during the review, the Motor Accidents Authority conducted a survey of users of the former *Guidelines for level of attendant care for people who have a spinal cord injury and can claim under the New South Wales Motor Accidents Scheme*. CTP insurance staff, rehabilitation and care providers, and personal injury lawyers all provided responses. The survey revealed that the Guidelines have great utility when recommending and approving attendant care for people with a spinal cord injury; however the areas of incomplete spinal cord injury and equipment were identified as needing specific consideration.

A working party was then convened, with representatives from a range of organisations with wide experience in assessing the needs of people with a spinal cord injury and in the delivery of attendant care services. The role of the working party was to revise the Guidelines — including the level of attendant care that it was reasonable to expect the Lifetime Care and Support Authority and CTP insurers to consider under the Motor Accidents Scheme.

An international literature search was conducted to identify studies relevant to attendant care and spinal cord injury. While 38 articles were identified through the search, none of the articles measured levels of attendant care after spinal cord injury. Therefore, as with the previous version, the recommendations presented in these Guidelines are based on information provided by, and the consensus opinion of, the members of the working party. Over time they will be reviewed to confirm their accuracy.

The Lifetime Care and Support Authority extends thanks to Professor Ian Cameron, Dr Lisa Harvey and Dr James Middleton for developing the method used for categorising incomplete spinal cord injury.

The working party supported the use of this method, which was combined with the consensus opinion of a sub-group of the working party to develop the information on abilities and assistance and care required for people with an incomplete spinal cord injury. Ms Jenni Johnson played a key role in developing a profile of the abilities and assistance required for each level and type of incomplete spinal cord injury, for which the Authorities thank her.



DEFINITIONS

Attendant care: Involves providing assistance for people with disabilities to perform tasks they would normally be doing for themselves. Attendant care services provide assistance with everyday tasks and include, for example, personal assistance, home nursing, home maintenance and domestic services. Attendant care supports people to live independently in the community.

Autonomic dysfunction: Refers to dysfunction of the autonomic nervous system, also known as dysautonomia. The autonomic nervous system regulates unconscious body functions, including heart rate, blood pressure, temperature regulation, gastrointestinal secretion, and metabolic and endocrine responses to stress, such as the “flight or fight” syndrome. As regulating these functions involves various and multiple organ systems, dysfunction of the autonomic nervous system encompasses various and multiple disorders.¹ **Autonomic dysreflexia** is a potentially dangerous complication of spinal cord injury. A person’s blood pressure may rise to dangerous levels and if not treated can lead to stroke and possibly death. People with spinal cord injury at the T–6 level or above are at greater risk. Autonomic dysreflexia usually occurs because of a noxious stimulus below the level of the injury.² **Orthostatic hypotension** is a condition which results in a decrease in blood pressure, usually occurring in upright postures, especially on moving from supine to upright sitting / standing / head-up tilt.

Carer: Refers to the family and / or friends of the person who provide unpaid care.

Child-care services: Involves the supervision of children for the purpose of ensuring their welfare due to the absence or limitations of a parent, guardian or other suitable carer.

Community access: Includes social, recreational and other activities, and facilitation of community access through transport and mobility. Community access support is a need that is additional to personal assistance and hours should be allocated accordingly.

Domestic assistance: Includes cooking, cleaning, shopping and similar tasks that are involved in the everyday operation and maintenance of a household.

Educational support: Includes those services required to allow the person to enter and remain at school or other educational facility.

Gardening / home maintenance services: Includes the performance of routine garden / home maintenance for the purpose of upkeep and to ensure safe and easy access for the person.

Home nursing: Refers to specific clinical interventions that are required to be performed by a Registered Nurse or Enrolled Nurse in the home environment.

Inactive sleepover: Refers to a continuous period during which an attendant care worker is required to sleep at the workplace and be available to deal with any urgent situation which cannot be dealt with by another worker or be dealt with after the end of the sleepover period. It includes up to two wake-ups in an 8 hour period overnight with each wake-up being for a maximum of 30 minutes.

Personal assistance: Refers to duties that may include: assistance with personal care e.g. feeding, drinking, toileting, personal hygiene, grooming and dressing; and personal administration e.g. personal correspondence.

Respite care: Refers to a flexible short-term break from the regular care routine for the person or their family / carer. It can be provided at home or in a separate location.

ULMS: Upper limb motor score, used to assess a person’s upper extremity motor function for incomplete injuries

Vocational support: Includes those services required to assist the person gain and / or to maintain employment.

1. Answers.com Health. Viewed 10/9/07 <<http://www.answers.com/topic/autonomic-dysfunction?cat=health>>

2. National Spinal Cord Injury Association facts sheet. Viewed 10/9/07 <<http://spinalcord.org/news.php?dep=17&page=94&list=1178>>

FACTORS THAT MAY CHANGE THE LEVEL OF ATTENDANT CARE REQUIRED

A person's level of care will fluctuate. In most cases the change is not permanent and the support can return to the "typical" level indicated in these Guidelines. If there is a change in circumstances, it is important that there is an easy mechanism for reassessing the person. Any requests for changes in levels of support should be accompanied by a documented assessment substantiating the request.

Any of the factors listed below may change the level of attendant care support that a person may require. It is not possible to list all the factors that may impact on a person's life and there may be times where additional or less support will be required due to factors that are not covered here.

- The period following initial **discharge from hospital** until a home routine is established.
- The period following **hospitalisation, surgery or acute treatments**.
- At **work, school or study**, if the appropriate level of support cannot be provided by the facility.
- Being a **young adult** is a time of increased independent social activity and time spent independently away from the family.
- **Major life transitions**, e.g. loss of employment, moving from school to work, relationship difficulties, illness, loss of informal support system, death / separation / divorce or retirement.
- **Ageing** — general and specific factors related to the disability. For example, a person who has been independent in transfers and has used a manual wheelchair may over time develop early onset of arthritis or over-use syndrome because of the additional strain on their arms.
- **Age at time of injury**. An older person may have different support requirements than a younger person with the same level of injury.
- **Body weight, strength and body shape** e.g. extra personnel may be required to safely assist with transfers etc.
- **Pre-existing conditions**, including complications, co-existing complications, injury, disease or medical conditions, e.g. arthritis, obesity, depression, spasms, contractures, pressure sores, spinal syndromes, or poorly controlled neuropathic bowel dysfunction.
- Sleepover care may be required if the person has **autonomic dysreflexia** and lives alone. A person who experiences autonomic dysreflexia should have a medical assessment to determine if sleepover care or Registered Nursing care and supervision is necessary.
- **Responsibility for children**. There may be a need for greater flexibility in hours and the provision of services.
- **Living situation**. A highly modified environment or moving into a shared household where the other residents share some domestic tasks can reduce the requirement for support. Unsuitable accommodation can increase the need for support.
- **Medication**, including the administration and side effects of medication.
- **Pregnancy / parenthood**.
- **Assistive technology and modified equipment**. Internet banking and internet access can assist in the reduction of social isolation and increase choice and independence. Although a person may be independent with transfer and wheelchair loading / unloading and be able to drive, assistance with transport may still be necessary for those who do not drive and / or have access to an accessible vehicle.
- Access to all **appropriate support**, e.g. home modifications.
- **Geographical location** of the person e.g. increased travel time to specialist appointments and access to community facilities.
- **Increased independence** from rehabilitation, and adjustment over time to the injury, can decrease the level of attendant care requirements. Reassessment by the treating team every six months over the first two years and at times of changing circumstances, especially as the person ages, will ensure the current attendant care needs are being provided.
- The person's potential function should be considered against their life factors and the need to **conserve energy** for more intensive functional tasks and / or the prevention of overuse injuries. For example, a person may choose to use their energy to participate in work and therefore requires assistance with personal care on work days, despite being capable of independence in that area.
- Similarly, consideration should be given to the



potential for harm in the short term and long term when assessing a person's care need.

- Requests for changes in the level of attendant care for pre-existing and co-existing conditions need to be assessed against the **Authority / insurer's obligations** to only provide services for injuries relating to the motor vehicle accident. The person's pre-existing state of health does, however, influence their reaction to the accident. For example, a young person may only require a manual wheelchair for mobility; however an elderly person with a similar level of injury

may require a power wheelchair.

- **Individual choice.** Allowance must be made to enable a person to exercise choice. However, individual choice must be weighed against the Authority / insurer's obligation to pay for reasonable and necessary services. For example a person may choose to carry out a task with less assistance, although assistance is available, and the task takes a longer time to complete; or, a person may choose to restrict the number of agencies involved in providing their support.



ISSUES TO CONSIDER IN PROVIDING AND DELIVERING ATTENDANT CARE

Consideration should be given to issues that relate to the provision and delivery of care. While these may often differ from person to person, a number of key issues to consider have been identified. These are listed below.

- What is “**reasonable and necessary**” relates to a person and their specific circumstances and therefore varies from person to person. Factors that may be considered include the pre-injury lifestyle of the person and the availability and cost of new technology.
- Effective **case management** has the potential to reduce overall care hours by: ensuring a coordinated approach to services delivery; implementing goal-directed interventions that increase independence; and ensuring a focus on promoting health. Case management may be intermittent or ongoing.
- The category of respite care does not include **emergency care**, e.g. if there is the need to recall a personal assistant due to a fall or other unforeseen event. Emergency care should not have a limit; however, if emergency support hours are high it indicates that a reassessment may be required as support hours being provided in another category may be inadequate.
- It may be appropriate for **family or friends** to receive training should they be relied upon to provide care in an emergency.
- **Occupational Health and Safety requirements**, e.g. lifting equipment, must be provided and are considered necessary to maintain the “typical” level of care. These requirements are not factors that will decrease care hours.
- The policies of some providers impose a minimum number of hours for which an attendant care worker can be employed per shift. Aggregating care time over more than one person or grouping several smaller tasks to make up the minimum time may be appropriate. In some cases however, especially in rural areas, the **minimum award hours** may have to be allocated regardless of the assessed time for the support task.
- It is appropriate to designate the **nursing qualifications** required on a task basis, to ensure that it is understood that certain levels of training are mandated by the nature of the activity, e.g. the necessity of a Registered Nurse for some wound dressing procedures.
- There may be times when personal care duties may also include some simple household activities that can be undertaken in conjunction with personal care, e.g. soaking / washing personal clothing items. There may also be times when the person decides, for convenience or to reduce the number of attendant care workers coming into their home, to combine some personal assistance, domestic assistance and community access tasks. It cannot, however, be assumed that certain tasks will be combined. The **combining of tasks** must be negotiated between all parties.
- **Equipment** should be maintained and / or replaced according to the manufacturers’ specifications and treating therapists’ recommendations. All requests for new equipment and maintenance should be evaluated against the documented assessment of need.
- An individualised **risk management plan** should be developed for each person, outlining the identified risks directly related to their care needs and detailing how each risk will be managed.



CERVICAL 1–3 (C1–C3)

REQUIRES VENTILATOR SUPPORT

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited active head and neck movement.

Full assistance required for all transfers, including use of a hoist with 1–2 assistants, due to a range of factors, e.g. the weight of the person and spasms.

Possible ability to manoeuvre power chair with chin control or other adaptive device.

Full assistance required with transport.

Wheel-in vehicle necessary for transport.

● ACTIVITIES OF DAILY LIVING

Full assistance required for bowel / bladder management, bathing / showering, lower body dressing and upper body dressing.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Range of abilities varies from limited to good use of mouth stick for computers, keyboards, telephones, turning pages and environmental controls.

Range of assistance required varies from full assistance to independent in communication technology, depending on workstation set up and equipment availability.

Domestic

Full assistance required with all domestic duties.

● OTHER

Respiration

Respiratory muscle function impaired and respiratory capacity and endurance compromised.

Requires ventilator support; inability to clear secretions and intermittent suction required.

Ventilator is necessary; however portable ventilator will attach to back of chair.

Oxygen and humidification are also required.

Autonomic dysfunction

Vulnerable to autonomic dysreflexia and orthostatic hypotension, and has impaired thermoregulation.

Equipment

See page 82.

LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | **Minimum of 196 hours per week / 28 hours per day**

Full assistance required with personal care.

Level of care for adults is based on 24 hour active care plus additional:

- 2 hours (morning care – for bowel management, showering, grooming, transfers)
- 1 hour (afternoon – for transfers and skin integrity) and
- 1 hour (at night – transfers, skin integrity, and settling).

Total required care is 28 hours daily.

If the person is medically stable, care is generally provided under the supervision of a Registered Nurse by personal care attendants who have successfully completed competency-based training. Training is generally provided by the discharging hospital and then sustained by the service provider. Training modules required include:

- administration of medication
- autonomic dysreflexia
- bagging
- bladder management – female / male catheterisation and supra-pubic catheterisation
- bowel management
- emergency tracheostomy change
- equipment use and maintenance
- oxygen therapy
- percutaneous endoscopic gastrostomies (PEG) feeding
- respiratory function
- skin integrity
- spinal cord injuries
- suctioning
- tracheostomy care
- ventilator management and failure.

If the treating team identifies that the person is significantly medically unstable (e.g. with severe dysreflexia) this situation may best be managed with appropriately skilled Registered Nurses providing all attendant care. However, there may be some circumstances where this level of care is not available (e.g. in remote geographic areas). In all cases, access to a Registered Nurse for support and advice is required 24 hours / 7 days with all programs routinely and regularly reviewed by an appropriately skilled Registered Nurse.

Each situation requires individual assessment of needs and circumstances. Support arrangements should always be negotiated with the family as they may wish to have some family time with minimal staff disturbance.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance

| 5 to 21 hours per week

At this level of injury (assuming the person is medically stable), it is appropriate that routine daily domestic duties can be attended to by personal care attendants. These duties may include meal preparation, personal laundry, shopping (with the person) and specific household tasks. It is recommended that the person be provided with a contact system (e.g. transportable intercom / monitor) that the personal care attendant carries with them.

Gardening / home maintenance services

| 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access

| 0 to 7 hours per week

A second person is required as a driver for all community access for people who require ventilator support. The other hours are highly variable depending on the person's age, lifestyle and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to an person's circumstances and should be based on an assessment of the person's need.

● OTHER

Home nursing

| 2 to 5 hours per week

For a medically stable person (who is receiving services from personal care attendants), routine monitoring visits and clinical intervention by an appropriately skilled Registered Nurse are required. This would include (but is not limited to) catheter changes, skin integrity checks, medication review, trachea tube changes and identifying and addressing training needs.

Respite care

Not applicable as these hours are covered in personal assistance and domestic services.



CERVICAL 4 (C4)

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total paralysis of trunk and lower extremities.

No elbow, wrist or finger movement.

Can move head and neck; minimal movement of shoulders.

Full assistance required for all transfers, including use of a hoist with 1–2 assistants, due to a range of factors including the weight of the person and spasms.

Full assistance required for propelling a manual wheelchair.

Can use chin control for power wheelchair on flat ground and ramps of low gradient.

Full assistance required with transport.

Wheel-in vehicle necessary for transport.

● ACTIVITIES OF DAILY LIVING

Will require arm supports and wrist / hand splints.

Full assistance required for bowel / bladder management.

Full assistance required for bathing / showering, dressing and grooming.

Full assistance required for food / meal preparation, cutting food and eating.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Range of abilities varies from limited to good use of mouth stick for computers, keyboards, telephones, turning pages and environmental controls.

Range of assistance required varies from full assistance to independent in communication technology, depending on workstation set up and equipment availability.

Domestic

Full assistance required with domestic duties.

● OTHER

Respiration

Respiratory muscle function impaired and respiratory capacity and endurance compromised.

May require non-invasive / invasive ventilator support for part of the day. Able to breathe without a ventilator. Will require assistance to clear secretions.

Autonomic dysfunction

Vulnerable to autonomic dysreflexia and orthostatic hypotension, and has impaired thermoregulation.

Equipment

See page 83.

LEVEL OF SUPPORT REQUIRED

The upper range of personal assistance hours allows for 24 hour care when combined with domestic services and an inactive sleepover. When 24 hour care is provided, additional care hours will not be necessary for community access.



● ACTIVITIES OF DAILY LIVING

Personal assistance | 49 to 91 hours per week / 7 to 13 hours per day

Full assistance is required with personal care.

If a person is not living with someone in attendance, then the maximum level of adaptive environmental equipment is necessary including access to a personal alarm and security and environmental control systems.

The higher range of care hours should apply where the person is older; requires more regular turning, or has any of the following: spasms, postural hypertension, wound care requirements, pain, or autonomic dysreflexia.

Inactive sleeper | 56 hours per week / 8 hours per day

Sleepover means a continuous period during which an attendant care worker is required to sleep at the workplace and be available to deal with any urgent situation which cannot be dealt with by another worker or be dealt with after the end of the sleepover period.

Some people may prefer not to have an inactive sleepover. If so, a personal alarm system, full environmental control for lights / TV, air conditioning, etc. would need to be fully operational and the person able to independently access a drinking system overnight.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 18 to 21 hours per week

The range at this level includes total assistance with washing and ironing, shopping etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit; although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour a day for transport, including medical and other personal appointments, e.g. hairdresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs. For example, if 8 hours educational / vocational support is required at an education facility or work, then it is likely there may be a reduced need for domestic meal preparation during the day.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care

Respite is generally not applicable as hours are covered in personal assistance and domestic services. Where 24 hour care is not being provided, respite hours may be required.



CERVICAL 5 (C5)

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total paralysis of trunk and lower extremities.

Limited movement in elbow and forearm.

No wrist or finger movement.

Can move head and neck with moderate shoulder control.

Full assistance required for all transfers, including use of a hoist with 1–2 assistants, due to a range of factors including the weight of the person and spasms.

Range of assistance required varies from full assistance with manual chair with capstans, pushing uphill, downhill, on rough surfaces and outdoors.

Able to use power wheelchair with hand control.

Rarely able to drive motor vehicle but possible with appropriately modified vehicle, adaptive equipment and assistance with transfer and positioning chair.

Full to moderate assistance required with transport.

● ACTIVITIES OF DAILY LIVING

Splints or palmar bands will be needed for any activity needing hand or digital grip.

Full assistance required for bowel / bladder management, bathing / showering, lower body dressing and upper body dressing.

Range of assistance required varies from full to minimal assistance for grooming with adapted equipment.

Full assistance required with bed / wheelchair transfers and assistance in positioning with equipment.

Full assistance required for food / meal preparation and cutting food.

Range of assistance required varies from full assistance to moderate in eating with equipment / splints.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Range of assistance required varies from full assistance to independent in communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full assistance required with all domestic duties.

● OTHER

Respiration

Respiratory muscle function impaired and respiratory capacity and endurance compromised.

Will require assistance to clear secretions.

Autonomic dysfunction

Vulnerable to autonomic dysreflexia and orthostatic hypotension, and has impaired thermoregulation.

Equipment

See page 84.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 42 to 49 hours per week / 6 to 7 hours per day

Full assistance required with personal care.

If the person is not living with someone in attendance, the maximum level of adaptive environmental equipment is necessary, including access to a personal alarm system and environmental control systems.

The higher range of care hours should be applied where the person is older; requires more regular turning or has any of the following: spasms, postural hypertension, wound care requirements, pain, or autonomic dysreflexia or physique which requires 2 attendants for transfers e.g. extreme obesity.

Inactive sleeper | 56 hours per week / 8 hours per day

Sleepover means a continuous period during which an employee is required to sleep at the workplace and be available to deal with any urgent situation which cannot be dealt with by another worker or be dealt with after the end of the sleepover period.

Some people may prefer not to have an inactive sleepover. If so a personal alarm, full environmental control for lights / TV, air conditioning, etc. would need to be fully operational and the person able to independently access a drinking system overnight.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 18 to 21 hours per week

The range at this level includes full assistance with tasks such as washing, ironing, shopping, etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hair dresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs. For example, if 8 hours educational / vocational support is required at an education facility or work then it is likely there may be a reduced need for domestic meal preparation during the day.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



CERVICAL 6 (C6)

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total paralysis of trunk and lower extremities.

Minimal movement in elbow, forearm and wrist.

Can move head and neck with moderate shoulder control.

Full assistance required for floor to chair transfer:

Range of assistance required varies from moderate assistance to independent with wheelchair to bed and bed to commode transfer.

Minimal to moderate assistance required with other transfers depending on a range of factors including age, strength, upper torso mobility, size, other disability, hand function, upper limb length and current well-being.

Independent using manual wheelchair on even surfaces. (Sometimes requires capstans on hand rims).

Range of assistance required varies from full to moderate assistance with manual wheelchair outdoors. Independent with standard hand-control power wheelchair on all surfaces.

May choose to use a power wheelchair with hand control for long distance travel.

Can drive an appropriately modified vehicle using hand controls but may require assistance with transfer in / out vehicle, clamping / unclamping and loading / unloading chair.

● ACTIVITIES OF DAILY LIVING

Minimal assistance may be required with applying adaptive bands although this may not be necessary when using appropriately engineered bands.

Palmar bands needed for writing, typing, grooming, feeding etc.

Full to moderate assistance required with bowel management.

Range of assistance required varies from full to moderate assistance with bladder management. Emptying own leg bag may be possible but usually requires assistance.

Range of assistance required varies from full to moderate assistance with lower body bathing and lower body dressing.

Range of assistance required varies from minimal assistance to independent with bathing upper body and grooming using adaptive equipment.

Moderate assistance required with upper body dressing.

Full assistance needed with cutting food and independent eating with adaptive equipment.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Independent in communication technology, depending on workstation set up and equipment availability.

Domestic

Can prepare basic meals using adaptive equipment. Requires assistance with complex meal preparation.

Moderate to full assistance required with all other house-cleaning and domestic duties.

Full assistance required with home maintenance.



● OTHER

Respiration

Respiratory muscle function impaired and respiratory capacity and endurance compromised.

May require assistance to clear secretions.

Autonomic dysfunction

Vulnerable to autonomic dysreflexia and orthostatic hypotension, and has impaired thermoregulation.

Equipment

See page 85.

LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 28 to 35 hours per week / 4 to 5 hours per day

On average, 4 hours per day is usual; however there are some circumstance where the upper range will be necessary – for example where assistance with bladder management does not fit into a 4 hour per day routine.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 18 to 21 hours per week

A breakdown of the hours could be interpreted as 2 hours per day meal preparation, 3 hours week shopping, 4 hours cleaning, washing, ironing and other domestic duties a week.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hairdresser, dentist etc. If a person has a fully modified vehicle that they can access and drive independently, then transport hours would be reduced. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs. For example, if 8 hours educational / vocational support is required at an education facility or work then it is likely there may be a reduced need for domestic meal preparation during the day.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



CERVICAL 7–8 (C7–C8)

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total paralysis of trunk and lower extremities.

Full elbow movement.

Moderate arm, wrist and finger control. A person with an injury at C7 has movement in thumbs and gross grip.

Can move head and neck, with good shoulder control.

Moderate assistance to independent with floor-to-chair transfers.

Usually independent in transferring to and from level surface with aid of transfer board. May require moderate to minimal assistance with uneven transfers.

Independent using manual wheelchair on indoor surfaces and level outdoor terrain.

Range of assistance required with manual wheelchair on uneven surfaces.

Independent using power wheelchair on outdoor surfaces. May choose to use a power wheelchair with hand control for long distance travel.

Can drive an appropriately modified vehicle. Independent with transport if able to transfer; load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Some people may require assistance with transfer; clamping / unclamping and loading / unloading wheelchair.

● ACTIVITIES OF DAILY LIVING

Moderate assistance to independent for bowel / bladder management.

Independent in upper body, showering / bathing and dressing; may require assistance in lower body showering/dressing.

Independent in grooming.

Range of assistance required varies from moderate to minimal assistance with complex meal preparation.

Independent with light meal preparation and eating.

Independent in most other activities with minimal use of adaptive equipment.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Independent with light house duties. Full assistance with heavy housework and home maintenance.

Other domestic duties possible if living in an appropriately modified house.

● OTHER

Respiration

Respiratory muscle function impaired and respiratory capacity and endurance compromised.

Rarely requires assistance to clear secretions.

Autonomic dysfunction

Vulnerable to autonomic dysreflexia and orthostatic hypotension, and has impaired thermoregulation.

Equipment

See page 86.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 14 to 21 hours per week / 2 to 3 hours per day

Generally requires 2 hours assistance in the morning and 1 hour in the evening; this may vary depending on individual needs.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 7 to 21 hours per week

A break down of the hours could be interpreted as 2 hours per day meal preparation (assuming breakfast is independent), 3 hours shopping and 4 hours cleaning, washing, ironing and other domestic duties a week. Less than 2 hours meal preparation may be required on some days if lunch is prepared beforehand or purchased while out.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 10 hours per week

The lower range only applies to people who are independent in transfer:

This figure includes transport assistance. Although some people may be independent with transfer and wheelchair loading / unloading and be able to drive an appropriately modified vehicle, there is still an allowance of 7 hours per week assistance with transport. Assistance with transport will still be necessary for those who do not have a licence and / or do not have access to an accessible vehicle. A reduction in transport assistance would be justified if the person had an accessible vehicle and was an independent driver. The other hours are highly variable depending on a person's age, past social habits and interests, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs. For example, if 8 hours educational / vocational support is required at an education facility or work then it is likely there may be a reduced need for domestic meal preparation during the day.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

An allocation of 0.5 to 1 hour per week could be interpreted as 26 to 52 hours per year.



THORACIC 1–4 (T1–T4)

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total paralysis of the lower trunk and lower extremities.

Limited upper trunk stability. Impaired sitting balance.

Full control of upper limbs. A person with an injury at the T1–2 level may not have fine hand control.

May require assistance with floor-to-chair transfer due to a range of factors including age, strength, upper torso mobility, size, other disability, hand function, upper limb length and current well-being.

Independent in transfer with or without equipment on level surface. Minimal assistance with uneven transfers.

Independent using manual wheelchair. May choose to use a power wheelchair hand control for long distance travel.

Can drive an appropriately modified vehicle. Independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Some people may require assistance with transfer, clamping / unclamping and loading / unloading wheelchair.

● ACTIVITIES OF DAILY LIVING

Minimal support in all personal care is required if the person has no other complicating factors, e.g. health, weight, or other disability and living in an appropriately modified environment.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Will need assistance with heavy housework and home maintenance.

Other domestic duties are possible if the person lives in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function impaired. Compromised respiratory capacity and endurance.

Autonomic dysfunction

Vulnerable to autonomic dysreflexia and orthostatic hypotension, and has impaired thermoregulation.

Equipment

See page 87.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 14 hours per week

There is a wide variation in the level of personal assistance required for this level of injury. Generally, the higher level of support hours refers to the higher level of injury.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 5 to 14 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 14 hours per week would be required if the person had poor trunk control, balance, or hand control.

Domestic assistance required, including shopping, cleaning, washing and ironing. If assistance with shopping was required then the upper level of support hours would be necessary.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

This figure reflects transport assistance. Although some people may be independent with transfer and wheelchair loading / unloading and able to drive there is still an allowance of 7 hours per week assistance with transport. Assistance with transport is still necessary for those who do not have a licence and / or do not have access to an accessible vehicle. No transport assistance may be justified if the person had an accessible vehicle and is an independent driver.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 to 1 hour per week

An allocation of 0 to 1 hour per week is not an indication that respite will be used each week; rather up to 52 support hours per year can be used on an as-needed basis.



THORACIC 5–9 (T5–T9)

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total paralysis of the lower trunk and lower extremities.

Moderate upper trunk stability. Moderately impaired sitting balance.

Full control of upper limbs.

Full control of shoulder, elbow, wrist and hand.

May require assistance with floor-to-chair transfer due to a range of factors including age, strength, upper torso mobility, size, other disability, upper limb length and current well-being.

Independent in transfers on level surface. Minimal assistance to independent with uneven transfers.

Independent using manual wheelchair on indoor and outdoor surfaces.

Can drive an appropriately modified vehicle. Independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

● ACTIVITIES OF DAILY LIVING

Minimal support is required with personal care if the person lives in an appropriate accessible environment and has no other complicating factors, e.g. health, weight, or other disability.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Will need assistance with heavy housework or home maintenance.

Other domestic duties are possible if the person lives in an appropriately modified environment.

● OTHER

Respiration

Compromised respiratory capacity and endurance.

Autonomic dysfunction

People with spinal cord lesions at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and have impaired thermoregulation.

Equipment

See page 87.

LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 10 hours per week

There is a wide variation in the level of personal assistance required for this level of injury. Generally, the higher level of support hours refers to the higher level of injury.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 5 to 10 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 10 hours per week would be required if the person had poor trunk control and needed greater assistance with heavy domestic duties e.g. pushing and loading a shopping trolley, carrying and hanging washing etc.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

Assistance with transport would not usually be required at this level of injury. The upper range may be required for assistance with transport where the person is unable to transfer, clamp and unclamp the wheelchair in the vehicle, or load and unload the wheelchair.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 to 1 hour per week

An allocation of 0 to 1 hour per week is not an indication that respite will be used each week; rather up to 52 support hours per year can be used on an as-needed basis.



THORACIC 10 – LUMBAR 1 (T10–L1)

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Partial paralysis of lower trunk.

Total paralysis of lower extremities.

Minimally impaired balance in sitting.

Full control of upper limbs.

Full control of shoulder, elbow, wrist and hand.

May require assistance with floor-to-chair transfer due to a range of factors including age, strength, upper torso mobility, size, other disability, upper limb length and current well-being.

Independent in all other transfers with or without equipment.

Independent using manual wheelchair on indoor and outdoor surfaces.

Independent in driving an appropriately modified vehicle including loading and unloading wheelchair. However, a car hoist may be required to facilitate this.

● ACTIVITIES OF DAILY LIVING

Minimal support is required with all personal care if the person lives in an appropriate accessible environment and has no other complicating factors, e.g. health, weight, or other disability.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Will need assistance with heavy housework and home maintenance. Other domestic duties are possible if the person lives in an appropriately modified environment.

● OTHER

Respiration

Minimal compromise to respiratory capacity and endurance.

Equipment

See page 88.

LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 7 hours per week

At this level the person is usually independent but may require up to 1 hour per day personal assistance, e.g. bowel / bladder management.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 10 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 10 hours per week would be required if the person had poor trunk control / balance and needed greater assistance with heavy domestic duties e.g. pushing and loading a shopping trolley, carrying and hanging washing etc.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

Assistance with transport would not usually be required at this level of injury. The upper range may be required for assistance with transport where the person is unable to transfer, clamp and unclamp the wheelchair in the vehicle, or load and unload the wheelchair.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 to 1 hour per week

Although no figure has been allocated, respite support would be necessary if the person is not independent with transport. This support would be only for the time they are away from home and the number of respite hours additional to their existing personal and domestic assistance hours would be low.



LUMBAR 2 – SACRAL 5 (L2–S5)

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Good trunk stability

Moderate to good control of the lower extremities. Unimpaired sitting balance.

Variable hip, knee, ankle control and foot movement, may use option of knee-ankle-foot orthoses.

Full control of upper limbs.

Full control of shoulder, elbow, wrist and hand.

May require assistance with floor-to-chair transfer.

Independent in other transfers with or without equipment. May be independent in standing.

May require moderate assistance to independent in walking with aids.

Independent in using a manual wheelchair on all surfaces.

Independent in driving an appropriately modified vehicle, including loading and unloading wheelchair.

There is a broad range of abilities at this level, from completely wheelchair dependent to being independent in walking. Even if the person can walk they may still have difficulty walking quickly and need assistance with lifting objects.

● ACTIVITIES OF DAILY LIVING

Minimal support is required with all personal care if the person lives in an appropriate accessible environment and has no other complicating factors, e.g. health, weight, or other disability.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

May need assistance with heavy housework and home maintenance. Other domestic duties possible if lives in an appropriately modified environment.

● OTHER

Respiration

Intact function.

Equipment

See page 89.

LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 7 hours per week

At this level the person is usually independent but may require up to 1 hour per day personal assistance, e.g. bowel / bladder management.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 10 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 10 hours per week would be required if the person requires mobility aids or has impaired balance e.g. for pushing and loading the shopping trolley and carrying and hanging washing.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 hours

Assistance with transport would not be required at this level of injury.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0 to 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 hours

Although no figure has been allocated to respite, some people may require respite hours if the person takes respite in an environment that is less accessible than their home and needs personal / domestic assistance. Respite support would also be necessary if the person is not independent with transport. This support would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.



Incomplete spinal cord injury

If there is some function below the level of injury extending for more than three segments, the injury is considered “incomplete” for the purpose of these Guidelines.

In general, the level of attendant care recommended for incomplete spinal cord injury is a maximum. For some people the actual requirement will be less, e.g. if bladder and bowel function is preserved. The range of care hours is broader for incomplete spinal cord injuries than for the complete levels. This is reflective of the variability in levels of function inherent to incomplete spinal injury.

ACKNOWLEDGEMENT AND SPECIAL THANKS

The Lifetime Care and Support Authority would like to thank Professor Ian Cameron, Dr Lisa Harvey and Dr James Middleton for developing the method for categorising incomplete injuries. The working party supported the use of this method which was combined with the consensus opinion of a sub-group of the working party to develop the information on abilities and assistance and care required for people with an incomplete spinal cord injury.

Special thanks go to Ms Jenni Johnson who played a key role in developing the list of the abilities and assistance required for each level and type of incomplete spinal cord injury, and who has worked tirelessly throughout the review of these Guidelines.

The Lifetime Care and Support Authority would also like to thank the American Spinal Injury Association for the use of the “Standard Neurological Classification of Spinal Cord Injury” scale.



METHOD OF ASSESSMENT

The recommended care level for people with an incomplete spinal cord injury relies on a combination of:

- the neurological level of injury
- an assessment of the person's upper extremity motor function and related motor scores using the American Spinal Association Standard Neurological Classification of Spinal Cord Injury³ (ASIA Scale). (Refer to pages 28 to 29.)
- an assessment of the person's ability to ambulate.

As noted previously, individual circumstances will need to be taken into account when assessing a person's care needs. For example spasticity may severely reduce function and increase the care requirements.

Assessment of the person's upper extremity motor function

Each of the key muscles for the upper limbs should be scored using the rating scale provided. All of the scores for individual muscles should then be added together to provide an upper limb motor score (ULMS).

The ULMS should then be related to one of the following categories of upper extremity motor function.

The upper limb motor score (ULMS) is calculated by assessing the motor (muscle) function in the five upper limb groups for each side of the body, as shown in Figure 1. The scores for each muscle group in the upper limbs are added together to give the ULMS. (See fig. 1)

ULMS	Classification of upper extremity motor function
ULMS less than 6	Minimal upper extremity motor function
ULMS 6–16	Poor upper extremity motor function
ULMS 17–36	Medium upper extremity motor function
ULMS above 36	Good upper extremity motor function

It would be unusual for a person with an injury at the C6–8 levels to have a ULMS less than 6, unless other contributing factors are present (e.g. a brachial plexus lesion). Similarly, where the incomplete injury is at the T1 level or lower, a ULMS score of 36 or less is unlikely, unless other contributing factors are present.

Assessment of the person's ability to ambulate

An assessment of the person's ability to ambulate within different environments needs to be made and classed using the modified Hoffer classification of ambulation, summarised below. The person's respiratory capacity and trunk stability should be taken into account when classifying ambulation – not just their lower limb muscle strength.

CLASSIFICATION OF AMBULATION (MODIFIED FROM THE HOFFER CLASSIFICATION OF AMBULATION)

Non walker

People who use a wheelchair only. For the purpose of these Guidelines, this group also includes people who walk in therapy but are unable to perform functional ambulation.

Household walker

People who can walk indoors only, usually with an apparatus. A household walker is able to get in and out of a chair and bed with little if any assistance. They may use a wheelchair for some indoor activities at home, work and school, and for all activities in the community.

Community walker

People who walk indoors and outdoors for most of their activities and may need crutches or braces, or both. They may use a wheelchair only for long trips.

	R	L	
C2	<input type="checkbox"/>	<input type="checkbox"/>	
C3	<input type="checkbox"/>	<input type="checkbox"/>	
C4	<input type="checkbox"/>	<input type="checkbox"/>	
C5	<input type="checkbox"/>	<input type="checkbox"/>	Elbow flexors
C6	<input type="checkbox"/>	<input type="checkbox"/>	Wrist flexors
C7	<input type="checkbox"/>	<input type="checkbox"/>	Elbow extensors
C8	<input type="checkbox"/>	<input type="checkbox"/>	Finger flexors (distal phalanx of middle finger)
T1	<input type="checkbox"/>	<input type="checkbox"/>	Finger abductors (little fingers)
T2	<input type="checkbox"/>	<input type="checkbox"/>	
T3	<input type="checkbox"/>	<input type="checkbox"/>	
T4	<input type="checkbox"/>	<input type="checkbox"/>	
T5	<input type="checkbox"/>	<input type="checkbox"/>	
T6	<input type="checkbox"/>	<input type="checkbox"/>	
T7	<input type="checkbox"/>	<input type="checkbox"/>	
T8	<input type="checkbox"/>	<input type="checkbox"/>	
T9	<input type="checkbox"/>	<input type="checkbox"/>	
T10	<input type="checkbox"/>	<input type="checkbox"/>	
T11	<input type="checkbox"/>	<input type="checkbox"/>	
T12	<input type="checkbox"/>	<input type="checkbox"/>	
L1	<input type="checkbox"/>	<input type="checkbox"/>	
L2	<input type="checkbox"/>	<input type="checkbox"/>	Hip flexors
L3	<input type="checkbox"/>	<input type="checkbox"/>	Knee extensors
L4	<input type="checkbox"/>	<input type="checkbox"/>	Ankle dorsiflexors
L5	<input type="checkbox"/>	<input type="checkbox"/>	Long toe flexors
S1	<input type="checkbox"/>	<input type="checkbox"/>	Ankle plantar flexors
S2	<input type="checkbox"/>	<input type="checkbox"/>	
S3	<input type="checkbox"/>	<input type="checkbox"/>	
S4-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Voluntary anal contraction (Yes/No)

0 = total paralysis
 1 = palpable or visible contraction
 2 = active movement against gravity eliminated
 3 = active movement against gravity
 4 = active movement against gravity some resistance
 5 = active movement against gravity full resistance
 NT = not testable

Figure 1: Upper and lower limb motor function assessment

MUSCLE GRADING

- 0 total paralysis
 - 1 palpable or visible contraction
 - 2 active movement, full range of motion, gravity eliminated
 - 3 active movement, full range of motion, against gravity
 - 4 active movement, full range of motion, against gravity and provides some resistance
 - 5 active movement, full range of motion, against gravity and provides normal resistance
 - 5* muscle able to exert, in examiner's judgement, sufficient resistance to be considered normal if identifiable inhibiting factors were not present
- NT not testable. Patient unable to reliably exert effort or muscle unavailable for testing due to factors such as immobilization, pain on effort or contracture.

ASIA IMPAIRMENT SCALE

- A = Complete:** No motor or sensory function is preserved in the sacral segments S4-S5.
- B = Incomplete:** Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5.
- C = Incomplete:** Motor function is preserved below the neurological level, and more than half of key muscles below the neurological level have a muscle grade less than 3.
- D = Incomplete:** Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade of 3 or more.
- E = Normal:** Motor and sensory function are normal.

CLINICAL SYNDROMES (OPTIONAL)

- Central Cord
- Brown-Sequard
- Anterior Cord
- Conus Medullaris
- Cauda Equina

STEPS IN CLASSIFICATION

The following order is recommended in determining the classification of individuals with SCI.

1. Determine sensory levels for right and left sides.
2. Determine motor levels for right and left sides.
Note: in regions where there is no myotome to test, the motor level is presumed to be the same as the sensory level.
3. Determine the single neurological level.
This is the lowest segment where motor and sensory function is normal on both sides, and is the most cephalad of the sensory and motor levels determined in steps 1 and 2.
4. Determine whether the injury is Complete or Incomplete (sacral sparing).

If voluntary anal contraction = No AND all S4-5 sensory scores = 0 AND any anal sensation = No, then injury is COMPLETE. Otherwise injury is incomplete.

5. Determine ASIA Impairment Scale (AIS) Grade:

Is injury Complete? If YES, AIS=A Record ZPP

NO ↓
(For ZPP record lowest dermatome or myotome on each side with some (non-zero score) preservation)

Is injury motor incomplete?

YES ↓
(Yes=voluntary anal contraction OR motor function more than three levels below the motor level on a given side.)

If NO, AIS=B

Are at least half of the key muscles below the (single) neurological level graded 3 or better?

NO ↓

YES ↓

AIS=C

AIS=D

If sensation and motor function is normal in all segments, AIS=E

Note: AIS E is used in follow up testing when an individual with a documented SCI has recovered normal function. If at initial testing no deficits are found, the individual is neurologically intact; the ASIA Impairment Scale does not apply.



INCOMPLETE CI-5

Minimal upper extremity function (ULMS less than 6) Non walker

ABILITIES AND ASSISTANCE

● MOBILITY

Mobility / movement

Total to limited paralysis of trunk. Impaired sitting balance.

No control to limited control of lower extremities.

No control to limited control of upper limbs.

May have impaired head and neck control.

Full assistance required for all transfers, including use of a hoist with 1–2 assistants, due to a range of factors.

Full assistance required for manual wheelchair or may operate chin controlled or sip-and-puff power chair.

Full assistance required with transport. Unable to drive modified motor vehicle.

Hoist necessary for positioning in a vehicle or may be wheeled directly into modified vehicle (e.g. a van).

● ACTIVITIES OF DAILY LIVING

Will require arm and wrist supports, splints and palmar bands.

Full assistance required for bowel / bladder management.

Full assistance required for bathing / showering, dressing and grooming.

Full assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May require full assistance or be independent in use of communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full assistance required with domestic duties.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

May require ventilator support.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 90.

LEVEL OF SUPPORT REQUIRED

Refer to the level of support required for a complete CI-3 spinal cord injury on pages 82-83 where the person's injury is at the CI-3 level, their ULMS is less than 6 and they require ventilator support.



● ACTIVITIES OF DAILY LIVING

Personal assistance | 49 to 91 hours per week

Full assistance is required with personal care. The upper range allows for 24 hour care when combined with domestic services and an inactive sleepover. When 24 hour care is provided, additional care hours will not be necessary for community access.

If they are not living with someone in attendance, then the maximum level of adaptive environmental equipment is necessary, including access to a personal alarm and environmental control systems.

Inactive sleepover | 0 to 56 hours per week

Sleepover means a continuous period during which an employee is required to sleep at the workplace and be available to deal with any urgent situation which cannot be dealt with by another worker or be dealt with after the end of the sleepover period.

Some people may prefer not to have an inactive sleepover. If so, a personal alarm, full environmental control for lights / TV, air conditioning, etc. would need to be fully operational and the person able to independently access a drinking system overnight.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 16 to 21 hours per week

The range of assistance required at this level includes full assistance with washing and ironing, shopping etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hair dresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends. Community access hours will only be necessary if 24 hour care is not provided by other categories.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs. For example, if 8 hours educational / vocational support is required at an education facility or work then it is likely there may be a reduced need for domestic meal preparation during the day.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care

Not applicable as hours are covered in personal assistance and domestic services.



INCOMPLETE C1–5

Minimal upper extremity function (ULMS less than 6) Household walker

ABILITIES AND ASSISTANCE

● MOBILITY

Mobility / movement

Limited paralysis of trunk and moderate control of lower extremities. The lower the level of injury, the better the balance.

No control to limited control of upper limbs.

May have impaired head and neck control.

Full to moderate assistance required for floor-to-chair transfers, with hoist and possibly two personal care assistants.

Minimal assistance to supervision required for all other transfers due to decreased upper limb function.

Full assistance required for manual wheelchair or may operate chin or sip and puff controlled power chair.

Unable to drive modified motor vehicle. Moderate to full assistance required with transport.

May have difficulty walking quickly.

May need full assistance with lifting and carrying objects.

Likely to need a wheelchair for all activities in the community.

● ACTIVITIES OF DAILY LIVING

Will require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May require full assistance or be independent in use of communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full assistance required with domestic duties.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised. Ventilator support may be required.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 90.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 35 to 49 hours per week

Full to moderate assistance required with personal care. A person with this level of injury may live with someone in attendance. However, if they do, the maximum level of adaptive environmental equipment is necessary, including access to a personal alarm and environmental control systems.

Inactive sleepover | 0 to 56 hours per week

Sleepover means a continuous period during which an employee is required to sleep at the workplace and be available to deal with any urgent situation which cannot be dealt with by another worker or be dealt with after the end of the sleepover period.

Some people may prefer not to have an inactive sleepover. If so, a personal alarm, full environmental control for lights / TV, air conditioning, etc. would need to be operational and the person able to independently access a drinking system overnight.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 16 to 18 hours per week

The range at this level includes full assistance with washing and ironing, shopping etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for home maintenance due to limited upper limb function.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hair dresser, dentist. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends. Community access hours will only be necessary if 24-hour care is not provided by other categories.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs. For example, if 8 hours educational / vocational support is required at an education facility or work, then it is likely there may be a reduced need for domestic meal preparation during the day.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care

Not applicable as hours covered in personal assistance and domestic services.



INCOMPLETE CI-5

Minimal upper extremity function (ULMS less than 6) Community walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited to no paralysis of trunk and good control of lower extremities. The lower the level of injury, the better the balance.

No control to limited control of upper limbs.

May have impaired head and neck control.

Full to moderate assistance required for floor-to-chair transfers, with hoist and possibly two personal care assistants.

Minimal assistance to supervision required for all other transfers due to decreased upper limb function.

Full assistance required for manual wheelchair or may operate chin controlled power chair.

Unable to drive modified motor vehicle. Moderate to full assistance required with transport.

May have difficulty walking quickly.

May need full assistance with lifting and carrying objects.

May need a wheelchair for some activities in the community.

● ACTIVITIES OF DAILY LIVING

Will require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Range of assistance required varies from full assistance to independent in communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full domestic assistance required.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 90.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 35 to 49 hours per week

Full to moderate assistance required with all personal care. A person with this level of injury may live with someone in attendance. However, if they do not, the maximum level of adaptive environmental equipment is necessary, including access to a personal alarm and environmental control systems.

Inactive sleepover | 0 to 56 hours per week

Sleepover means a continuous period during which an employee is required to sleep at the workplace and be available to deal with any urgent situation which cannot be dealt with by another worker or be dealt with after the end of the sleepover period.

Some people may prefer not to have an inactive sleepover. If so a personal alarm, full environmental control for lights / TV, air conditioning, etc. would need to be fully operational and the person able to independently access a drinking system overnight.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 16 to 18 hours per week

The range at this level includes full assistance with tasks such as washing, ironing and shopping, etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for home maintenance.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hair dresser, dentist. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



INCOMPLETE CI-5

Poor upper extremity function (ULMS 6–16) Non walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total to limited paralysis of trunk. Impaired sitting balance.

No control to limited control of lower extremities.

Limited upper limbs.

May have impaired head and neck control.

Full assistance required for all transfers, including use of a hoist with 1–2 assistants, due to a range of factors.

Full to moderate assistance required for manual wheelchair or may operate chin or hand controlled power chair.

Full assistance required with transport. Rarely able to drive modified motor vehicle.

Hoist necessary for positioning in a vehicle or may be wheeled directly into modified vehicle (e.g. a van).

● ACTIVITIES OF DAILY LIVING

Will require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May require full assistance or be independent in use of communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full assistance required with domestic duties.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

May require ventilator support.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 90.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 42 to 77 hours per week

Assistance is required with all personal care. If the person is not living with someone in attendance, then the maximum level of adaptive environmental equipment is necessary, including access to a personal alarm and environmental control systems.

Inactive sleepover | 0 to 56 hours per week

Sleepover means a continuous period during which an employee is required to sleep at the workplace and be available to deal with any urgent situation which cannot be dealt with by another worker or be dealt with after the end of the sleepover period.

Some people may prefer not to have an inactive sleepover. If so, a personal alarm, full environmental control for lights / TV, air conditioning, etc. would need to be fully operational and the person able to independently access a drinking system overnight.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 16 to 18 hours per week

The range at this level includes full assistance with washing and ironing, shopping etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hair dresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends. Community access hours will only be necessary if 24 hour care is not provided by other categories.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs. For example, if 8 hours educational / vocational support is required at an education facility or work, then it is likely there may be a reduced need for domestic meal preparation during the day.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care

Not applicable as hours covered in personal assistance and domestic services.



INCOMPLETE CI-5

Poor upper extremity function (ULMS 6-16) Household walker

LEVEL OF SUPPORT REQUIRED

● MOBILITY

Mobility / movement

Limited paralysis of trunk and moderate control of lower extremities. The lower the level of injury, the better the balance.

Limited control of upper limbs.

May have impaired head and neck control.

May require assistance, including use of hoist, for floor-to-chair transfers.

Minimal assistance to supervision required for all other transfers.

May require moderate assistance for manual wheelchair depending on terrain and surface.

Independent in hand or chin controlled power chair.

May be able to drive modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

May have difficulty walking quickly.

May need full assistance with lifting and carrying objects.

Likely to need a wheelchair for all activities in the community.

● ACTIVITIES OF DAILY LIVING

Will require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May require full assistance or be independent in use of communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full assistance required for heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

May require ventilator support.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 91.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 35 to 49 hours per week

Full to moderate assistance is required with all personal care. If the person is not living with someone in attendance then the maximum level of adaptive environmental equipment is necessary, including access to a personal alarm and environmental control systems.

Inactive sleepover | 0 to 56 hours per week

Sleepover means a continuous period during which an employee is required to sleep at the workplace and be available to deal with any urgent situation which cannot be dealt with by another worker or be dealt with after the end of the sleepover period.

Some people may prefer not to have an inactive sleepover. If so, a personal alarm, full environmental control for lights / TV, air conditioning, etc. would need to be fully operational and the person able to independently access a drinking system overnight.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 16 to 18 hours per week

The range of assistance required at this level includes full assistance with washing and ironing, shopping etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hairdresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends. Community access hours will only be necessary if 24 hour care is not provided by other categories.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs. For example, if 8 hours educational / vocational support is required at an education facility or work, then it is likely there may be a reduced need for domestic meal preparation during the day.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care

Not applicable as hours covered in personal assistance and domestic services.



INCOMPLETE CI-5

Poor upper extremity function (ULMS 6-16) Community walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited to no paralysis of trunk and good control of lower extremities. The lower the level of injury, the better the balance.

Limited control of upper limbs.

May have impaired head and neck control.

May require assistance, including use of hoist, for floor-to-chair transfers.

Minimal assistance to supervision required for all other transfers.

May require moderate assistance for manual wheelchair depending on terrain and surface.

Independent in hand or chin controlled power chair.

May be able to drive modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

May need a wheelchair for some activities in the community.

● ACTIVITIES OF DAILY LIVING

Will require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Range of assistance required varies from full assistance to independent in communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full assistance required for heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 91.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance

| 35 to 49 hours per week

Full to moderate assistance is required with all personal care. If the person is not living with someone in attendance then the maximum level of adaptive environmental equipment is necessary, including access to a personal alarm and environmental control systems.

Inactive sleepover

| 0 to 56 hours per week

Sleepover means a continuous period during which an employee is required to sleep at the workplace and be available to deal with any urgent situation which cannot be dealt with by another worker or be dealt with after the end of the sleepover period.

Some people may prefer not to have an inactive sleepover. If so a personal alarm, full environmental control for lights / TV, air conditioning, etc. would need to be fully operational and the person able to independently access a drinking system overnight.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance

| 16 to 18 hours per week

The range of assistance required at this level includes full assistance with tasks such as washing, ironing and shopping, etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services

| 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for home maintenance.

● PARTICIPATION

Community access

| 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hairdresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

For example, if 8 hours educational / vocational support is required at an education facility or work, then it is likely there will be a reduced need for domestic meal preparation during the day when lunch is bought or taken as a packed lunch. A reduction in domestic hours could then be made for when the person is assisted with meal breaks at the education facility or work.

● OTHER

Home nursing

| 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care

| 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



INCOMPLETE CI-5

Medium upper extremity function (ULMS 17-36)

Non walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total to limited paralysis of trunk. Impaired sitting balance.

No control to limited control of lower limbs.

Limited to moderate control of upper limbs.

Full to moderate assistance required for floor-to-chair transfers, including use of a hoist and possibly 2 assistants.

Full assistance or may be independent for all other transfers.

Moderate assistance or may be independent with manual wheelchair, depending on terrain and surface.

Independent in operating a power wheelchair.

May be able to drive a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Moderate assistance required for bowel / bladder management.

Moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

May be independent in use of communication technology, depending on workstation set up and equipment availability

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Moderate assistance required all domestic duties

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with spinal cord lesions at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and have impaired thermoregulation.

Equipment

See page 92.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance

| 21 to 49 hours per week

Moderate assistance is required with all personal care. Generally, the higher level of support hours refers to the higher level of injury.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance

| 14 to 18 hours per week

The range at this level includes full assistance with tasks such as washing, ironing and shopping, etc., and moderate assistance with other home duties.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services

| 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for home maintenance.

● PARTICIPATION

Community access

| 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hairdresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing

| 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care

| 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



INCOMPLETE CI-5

Medium upper extremity function (ULMS 17-36) Household walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited paralysis of trunk and moderate control of lower extremities. The lower the level of injury, the better the balance.

Limited to moderate control of upper limbs.

May require assistance with floor-to-chair transfers, including use of hoist.

Minimal assistance to supervision required for all other transfers.

May require moderate assistance or be independent with manual wheelchair depending on terrain and surface.

Independent in operating a power wheelchair.

May be able to drive a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

Likely to need a wheelchair for activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

May be independent in use of communication technology, depending on workstation set up and equipment availability.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Full to moderate assistance required with heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with spinal cord lesions at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and have impaired thermoregulation.

Equipment

See page 92.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 14 to 35 hours per week

This range allows for full to moderate assistance with all personal care. Generally, the higher level of support hours refers to the higher level of injury.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 5 to 14 hours per week

The range at this level includes full assistance with tasks such as washing, ironing and shopping, etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for home maintenance.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hairdresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

For example, if 8 hours educational / vocational support is required at an education facility or work, then it is likely there will be a reduced need for domestic meal preparation during the day when lunch is bought or taken as a packed lunch. A reduction in domestic hours could then be made for when the person is assisted with meal breaks at the education facility or work.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



INCOMPLETE CI-5

Medium upper extremity function (ULMS 17-36) Community walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited to no paralysis of trunk and good control of lower limbs. The lower the level of injury, the better the balance.

Limited to moderate control of upper limbs.

May require assistance with floor-to-chair transfers.

Independent in most other transfers.

May require moderate assistance or may be independent with manual chair depending on terrain and surface.

Independent in operating a power wheelchair.

May be able to drive a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

May need a wheelchair for some activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

May be independent in use of communication technology, depending on workstation set up and equipment availability.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Full assistance required with heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with spinal cord lesions at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and have impaired thermoregulation.

Equipment

See page 92.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 14 to 35 hours per week

This range allows for full to moderate assistance with all personal care. Generally, the higher level of support hours refers to the higher level of injury.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 5 to 10 hours per week

The range at this level includes full assistance with tasks such as washing, ironing and shopping, etc.

There may be negotiated times between the person and their personal, domestic and community access assistants where there is some sharing of tasks to allow a more flexible routine or to limit the number of support staff coming into their home.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

The 7 hour upper range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hairdresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



INCOMPLETE C1–5

Good upper extremity function (ULMS above 36) Non walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total to limited paralysis of trunk.

Impaired sitting balance.

No control to limited control of lower extremities.

Moderate to good control of upper limbs.

Moderate assistance required for floor-to-chair transfers.

May require supervision or be independent in all other transfers with sliding board or other aids.

Independent in using a manual wheelchair.

May be able to drive a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair. Hoist may be necessary for positioning in vehicle.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Minimal assistance required for bowel / bladder management.

Minimal assistance required for bathing / showering, dressing and grooming.

Minimal assistance to independent in food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

Independent in use of communication technology, depending on workstation set up and equipment availability.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Assistance required with heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with spinal cord lesions at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and have impaired thermoregulation.

Equipment

See page 93.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 28 hours per week

This range allows for minimal assistance with personal care. However, the amount of care may vary on a day-to-day basis with some days requiring more, e.g. bowel management days, and others less.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 7 hours per week

The range at this level includes assistance with tasks such as washing, ironing and shopping, etc.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

The 7 hour upper range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hairdresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



INCOMPLETE CI-5

Good upper extremity function (ULMS above 36) Household walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited paralysis of trunk and moderate control of lower limbs.

Moderate to good control of upper limbs.

Minimal assistance required for floor-to-chair transfers.

Independent with all other transfers.

Independent in using a manual wheelchair on indoor and outdoor surfaces.

Independent in using a power wheelchair.

May be able to drive a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

Likely to need a wheelchair for activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Minimal assistance to independent in bowel / bladder management.

Minimal assistance to independent in bathing / showering, dressing and grooming.

Minimal assistance to independent in food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

Independent in use of communication technology.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Assistance required with heavy housework and home maintenance. Independent in other domestic duties.

● OTHER

Respiration

Minimal compromise of respiratory muscle function.

Autonomic dysfunction

People with spinal cord lesions at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and have impaired thermoregulation.

Equipment

See page 93.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 14 hours per week

This range allows for minimal assistance with personal care. However, the amount of care may vary on a day-to-day basis with some days requiring more, e.g. bowel management days, and others less.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 7 hours per week

The range at this level includes assistance with tasks such as washing, ironing and shopping, etc.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

The 7 hour upper range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hairdresser, dentist etc. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



INCOMPLETE CI-5

Good upper extremity function (ULMS above 36) Community walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited to no paralysis of trunk and good control of lower extremities. The lower the level of injury, the better the balance.

Moderate to good control of upper limbs.

Minimal assistance required for floor-to-chair transfers.

Independent with all other transfers.

Independent in using a manual wheelchair on indoor and outdoor surfaces.

Independent in operating a power wheelchair.

Independent in driving a modified motor vehicle. Independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van).

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

May need a wheelchair for some activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Minimal assistance to independent in bowel / bladder management.

Minimal assistance to independent in bathing / showering, dressing and grooming.

Minimal assistance to independent in food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

Independent in use of communication technology.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic

Assistance required with heavy housework and home maintenance. Independent in other domestic duties.

● OTHER

Respiration

Minimal compromise of respiratory muscle function.

Autonomic dysfunction

People with spinal cord lesions at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and have impaired thermoregulation.

Equipment

See page 93.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 7 hours per week

At this level the person is usually independent but may require up to 1 hour per day personal assistance.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 7 hours per week

The range at this level includes assistance with tasks such as washing, ironing and shopping, etc.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends, and transport.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



INCOMPLETE C6–8

Poor upper extremity function (ULMS 6–16) Non walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total to limited paralysis of trunk.

No control to limited of lower extremities. Impaired sitting balance.

Limited control of upper limbs.

Full assistance required for all transfers, including use of a hoist with 1–2 assistants, due to a range of factors.

Full to moderate assistance with use of manual wheelchair depending on terrain and surface.

Independent in hand / chin controlled power wheelchair.

Full assistance required for all transport. Rarely able to drive a modified vehicle.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May require full assistance or be independent in use of communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full assistance required with all domestic duties.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 91.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 14 to 35 hours per week

The care required by a person with an incomplete injury at this level could fall anywhere within this range.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 16 to 18 hours per week

A break down of the hours could be interpreted as 2 hours per day meal preparation (assuming breakfast is independent), 2 hours shopping, 2 hours cleaning, washing, ironing and other domestic duties a week.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 7 to 10 hours per week

The 7 hour lower range can be interpreted as an hour per day for transport including medical and other personal appointments, e.g. hairdresser, dentist etc. If a person has a fully modified vehicle that they can access and drive independently then transport hours would be reduced. The other hours are highly variable depending on the person's age, past social habits and the amount of support the activity requires, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

For example, if 8 hours educational / vocational support is required at an education facility or work, then it is likely there will be a reduced need for domestic meal preparation during the day when lunch is bought or taken as a packed lunch. A reduction in domestic hours could then be made for when the person is assisted with meal breaks at the education facility or work.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week is not an indication that respite will be used each week; rather it is a range of 26–52 support hours per year that can be used on an as-needed basis.



INCOMPLETE C6–8

Poor upper extremity function (ULMS 6–16) Household walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited paralysis of trunk and moderate control of lower extremities. The lower the level of injury, the better the balance.

Limited control of upper limbs.

May require assistance, including use of hoist, with floor-to-chair transfers.

Moderate assistance to supervision required with all other transfers.

Full to moderate assistance required with a manual wheelchair depending on terrain and surface.

Independent using chin / hand controlled power wheelchair.

May be able to drive a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

Likely to need a wheelchair for activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May require full assistance or be independent in use of communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full assistance required for heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 91.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 14 to 28 hours per week

Although 1 hour in the morning and 1 hour in the afternoon has been allocated, this may vary on a day-to-day basis with some days requiring more, e.g. bowel management days, and others less.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 14 to 18 hours per week

A break down of the hours could be interpreted as 2 hours per day meal preparation (assuming breakfast is independent), 2 hours shopping, 2 hours cleaning, washing and ironing a week.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 10 hours per week

The lower range only applies to people who are independent in transfer:

This figure includes transport assistance. Although some people may be independent with transfer and wheelchair loading / unloading and able to drive an appropriately modified vehicle there is still an allowance of 10 hours per week assistance with transport. Assistance with transport will still be necessary for those who do not have a licence and / or do not have access to an accessible vehicle. A reduction in transport assistance would be justified if the person has an accessible vehicle and is an independent driver.

The other hours are highly variable depending on a person's age, past social habits and interests, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

For example, if educational and vocational support hours are required at an education facility or work then it is likely there will be a reduced need for domestic meal preparation during the day when lunch is bought or taken as a packed lunch. A reduction in domestic hours could then be made for when the person is assisted with meal breaks at the education facility or work.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic, or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week could be interpreted as 26 to 52 hours per year.



INCOMPLETE C6–8

Poor upper extremity function (ULMS 6–16) Community walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited to no paralysis of trunk and good control of lower extremities. The lower the level of injury, the better the balance.

Limited control of upper limbs.

May require assistance, including use of hoist, with floor-to-chair transfers.

Independent to minimal assistance required with all other transfers.

Full to moderate assistance required with a manual wheelchair, depending on terrain and surface.

Independent in a hand / chin controlled power wheelchair.

May be able to drive a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

May need a wheelchair for some activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May require full assistance or be independent in use of communication technology, depending on workstation set up and equipment availability.

Can turn pages and use computers, keyboards, telephones and environmental controls with adaptive equipment / devices.

Domestic

Full assistance required for heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 92.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 21 hours per week

There is a wide variation in the level of personal assistance required for this level of injury. Generally, the higher level of support hours refers to the higher level of injury.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 5 to 18 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 18 hours per week may be required if the person has poor trunk control and poor balance.

Domestic services may include washing shopping and ironing. If assistance with shopping was required then the upper level of support hours may be necessary.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

This figure reflects transport assistance. Although some people may be independent with transfer and wheelchair loading / unloading and able to drive there is still an allowance of 7 hours per week assistance with transport. Assistance with transport is still necessary for those who do not have a licence and / or do not have access to an accessible vehicle. No transport assistance may be justified if the person has an accessible vehicle and is an independent driver.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0 to 1 hour per week is not an indication that respite will be used each week; rather up to 52 support hours per year can be used on an as-needed basis.



INCOMPLETE C6–8

Medium upper extremity function (ULMS 17–36) Non walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total to limited paralysis of trunk. The lower the level of injury, the better the balance.

No control to limited control of lower extremities.

Limited to moderate control of upper limbs.

Full to moderate assistance required for floor-to-chair transfers, including use of a hoist and possibly 2 assistants.

May require moderate assistance or be independent for all other transfers.

May be require moderate assistance or be independent in use of a manual wheelchair depending on terrain and surface.

Independent using a power wheelchair.

May be able to drive a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair. Hoist may be necessary for positioning in the vehicle.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May be independent in use of communication technology, depending on workstation set up and equipment availability.

Domestic

Full to moderate assistance is required with heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 92.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 21 hours per week

Although 2 hours in the morning and 1 hour in the afternoon has been allocated, this may vary on a day-to-day basis with some days requiring more, e.g. bowel management days and others less.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 5 to 18 hours per week

A break down of the hours could be interpreted as 2 hours per day meal preparation, 2 hours shopping and 2 hours cleaning, washing, ironing and other domestic duties a week.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

The lower range only applies to people who are independent in transfer and bladder management.

This figure includes transport assistance. Although some people may be independent with transfer and wheelchair loading / unloading and able to drive an appropriately modified vehicle, there is still an allowance of 7 hours per week assistance with transport. Assistance with transport will still be necessary for those who do not have a licence and / or do not have access to an accessible vehicle. A reduction in transport assistance would be justified if the person has an accessible vehicle and is an independent driver.

The other hours are highly variable depending on a person's age, past social habits and interests, e.g. playing cards, fishing, going to the movies, socialising with friends.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

For example, if educational and vocational support hours are required at an education facility or work then it is likely there will be a reduced need for domestic meal preparation during the day when lunch is bought or taken as a packed lunch. A reduction in domestic hours could then be made for when the person is assisted with meal breaks at the education facility or work.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0.5 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic, or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0.5 to 1 hour per week could be interpreted as 26 to 52 hours per year.



INCOMPLETE C6–8

Medium upper extremity function (ULMS 17–36) Household walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited paralysis of trunk and moderate control of lower extremities. The lower the level of injury, the better the balance.

Limited to moderate control of upper limbs.

May require assistance with floor-to-chair transfer due to limited upper limb control.

Minimal assistance to supervision with all other transfers.

May require moderate assistance or be independent using a manual wheelchair depending on terrain and surface.

Independent in operating a power wheelchair.

May be able to drive modified a motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

Likely to need a wheelchair for activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May be independent in use of communication technology, depending on workstation set up and equipment availability.

Domestic

Full to moderate assistance is required with heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 92.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 14 hours per week

There is a wide variation in the level of personal assistance required for this level of injury. Generally, the higher level of support hours refers to the higher level of injury.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 5 to 10 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 10 hours per week may be required if the person had poor trunk control and poor balance.

Domestic services include shopping. If assistance with shopping was required then the upper level of support hours may be necessary.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

This figure reflects transport assistance. Although some people may be independent with transfer and wheelchair loading / unloading and able to drive there is still an allowance of 7 hours per week assistance with transport. Assistance with transport is still necessary for those who do not have a licence and / or do not have access to an accessible vehicle. No transport assistance may be justified if the person has an accessible vehicle and is an independent driver.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0 to 1 hour per week is not an indication that respite will be used each week; rather up to 52 support hours per year can be used on an as-needed basis.



INCOMPLETE C6–8

Medium upper extremity function (ULMS 17–36) Community walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited to no paralysis of trunk and good control of lower extremities. The lower the level of injury, the better the balance.

Limited to moderate control of upper limbs.

May require assistance with floor-to-chair transfers due to limited balance and upper limb control.

Independent in all other transfers.

May require moderate assistance or be independent with a manual wheelchair depending on terrain and surface.

Independent in operation of a power wheelchair.

May be able to drive a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van). Assistance may be required for clamping and unclamping of the wheelchair in the vehicle. Some people may require assistance with transfer and loading / unloading wheelchair.

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

May need a wheelchair for some activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Full to moderate assistance required for bowel / bladder management.

Full to moderate assistance required for bathing / showering, dressing and grooming.

Full to moderate assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

May be independent in use of communication technology, depending on workstation set up and equipment availability.

Domestic

Full to moderate assistance is required with heavy housework and home maintenance. Independence in other domestic duties may be possible if the person is living in an appropriately modified environment.

● OTHER

Respiration

Respiratory muscle function may be impaired and respiratory capacity and endurance compromised.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 92.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 14 hours per week

There is a wide variation in the level of personal assistance required for this level of injury. Generally the higher the level of support refers to the higher the level of injury.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 5 to 10 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 10 hours per week may be required if the person has poor trunk control and needed greater assistance with, e.g. heavy domestic duties and pushing and loading a shopping trolley.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

It was considered that assistance with transport would not be required at this level of injury. However, if the person could not transfer independently and either pull their wheelchair apart or use a car hoist then transport assistance may be required.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as-needed basis up to approximately 26 hours per year.

Respite care | 0 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal / domestic / community access assistance. Respite support would also be necessary if the person is not independent with transport. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0 to 1 hour per week is not an indication that respite will be used each week; rather up to 52 support hours per year can be used on an as-needed basis.



INCOMPLETE C6–8

Good upper extremity function (ULMS above 36) Non walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total to limited paralysis of the trunk.

No control to limited control of the lower extremities. The lower the level of injury, the better the balance.

Moderate to good upper limb control.

Moderate assistance required with floor-to-chair transfer due to balance limitations.

May require supervision or be independent in transfer with sliding board or other aids.

Independent using a manual wheelchair.

Independent in operation of a power wheelchair.

Independent in driving a modified motor vehicle. May be independent with transport if able to transfer; load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van).

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Minimal assistance required for bowel / bladder management.

Minimal assistance required for bathing / showering, dressing and grooming.

Minimal assistance required for food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Independent in use of communication technology.

Domestic

Assistance required with heavy housework and home maintenance. Independent in other domestic duties if the person is living in an appropriately modified environment.

● OTHER

Respiration

Some respiratory impairment may be evident.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 93.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 14 hours per week

There is a wide variation in the level of personal assistance required for this level of injury. Generally, the higher level of support hours refers to the higher level of injury.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 10 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 7 hours per week may be required if the person had poor trunk control and poor balance.

Domestic services include shopping. If assistance with shopping is required then the upper level of support hours may be necessary.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

This figure reflects transport assistance. Although some people may be independent with transfer and wheelchair loading / unloading and able to drive, there is still an allowance of 7 hours per week assistance with transport. Assistance with transport is still necessary for those who do not have a licence and / or do not have access to an accessible vehicle. No transport assistance may be justified if the person has an accessible vehicle and is an independent driver.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 to 1 hour per week

Respite care may be required if the person takes respite in an environment that is less accessible than their home and needs personal, domestic or community access assistance. This would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.

An allocation of 0 to 1 hour per week is not an indication that respite will be used each week; rather up to 52 support hours per year can be used on an as-needed basis.



INCOMPLETE C6–8

Good upper extremity function (ULMS above 36) Household walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited paralysis of trunk and moderate control of lower extremities. The lower the level of injury, the better the balance.

Moderate to good control of upper limbs.

May require assistance with floor-to-chair transfer due to upper limb impairments.

Independent in all other transfers.

Independent using a manual wheelchair on indoor and outdoor surfaces.

Independent in operating a power wheelchair.

Independent in driving a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van).

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

Likely to need a wheelchair for activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Minimal assistance to independent in bowel / bladder management.

Minimal assistance to independent in bathing / showering, dressing and grooming.

Minimal assistance to independent in food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Independent in use of communication technology.

Domestic

Assistance required with heavy housework and home maintenance. Independent in other domestic duties if the person is living in an appropriately modified environment.

● OTHER

Respiration

Limited compromise of respiratory function.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 93.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 14 hours per week

At this level the person is usually independent but may require up to 2 hours a day personal assistance, e.g. bowel / bladder management

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 7 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 7 hours per week may be required if the person has poor trunk control / balance and needs greater assistance with shopping, e.g. pushing and loading the shopping trolley and carrying and hanging washing.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

Assistance with transport would not usually be required at this level of injury.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 hours

Although no figure has been allocated to respite, some people may require respite hours if the person takes respite in an environment that is less accessible than their home and needs personal / domestic assistance. Respite support would also be necessary if the person is not independent with transport. This support would be only for the time they are away from home and the number of respite hours additional to their existing personal and domestic assistance hours would be low.



INCOMPLETE C6–8

Good upper extremity function (ULMS above 36) Community walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited to no paralysis of trunk and good control of the lower extremities. The lower the level of injury, the better the balance.

Moderate to good control of upper limbs.

May require assistance with floor-to-chair transfer due to limited upper body balance and movement.

Independent in all other transfers.

Independent using a manual wheelchair on all surfaces.

Independent in operating a power wheelchair.

Independent in driving a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van).

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

May to need a wheelchair for some activities in the community.

● ACTIVITIES OF DAILY LIVING

May require arm and wrist supports, splints and palmar bands.

Minimal assistance to independent in bowel / bladder management.

Minimal assistance to independent in bathing / showering, dressing and grooming.

Minimal assistance to independent in food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Independent in use of communication technology.

Domestic

Assistance required with heavy housework and home maintenance. Independent in other domestic duties if the person is living in an appropriately modified environment.

● OTHER

Respiration

Limited compromise of respiratory function.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 93.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 7 hours per week

At this level the person is usually independent but may require up to 1 hour per day personal assistance.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 7 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 7 hours per week may be required if the person has poor trunk control / balance and needs greater assistance with shopping, e.g. pushing and loading the shopping trolley and carrying and hanging washing.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

Assistance with transport would not usually be required at this level of injury.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0 to 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 hours

Although no figure has been allocated to respite, some people may require respite hours if the person takes respite in an environment that is less accessible than their home and needs personal / domestic assistance. Respite support would also be necessary if the person is not independent with transport. This support would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.



INCOMPLETE PARAPLEGIA

Thoracic 1 – Sacral 5 (T1–S5) Non walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Total to limited paralysis of trunk. The lower the level of injury, the better the balance.

No control to limited control of the lower extremities.

Full control of upper limbs. A person with injury at T1–2 level may not have fine hand control.

May require assistance with floor-to-chair transfer due to limited upper body balance and movement.

Independent in all other transfers with or without equipment.

Independent using a manual wheelchair on all surfaces.

Independent in operating a power wheelchair.

Independent in driving a modified motor vehicle. May be independent with transport if able to transfer; load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van).

● ACTIVITIES OF DAILY LIVING

Minimal assistance to independent in bowel / bladder management.

Minimal assistance to independent in bathing / showering, dressing and grooming.

Minimal assistance to independent in food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Independent in use of communication technology.

Domestic

Assistance required with heavy housework and home maintenance. Independent in other domestic duties if the person is living in an appropriately modified environment.

● OTHER

Respiration

Limited compromise of respiratory function.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 93.



LEVEL OF SUPPORT REQUIRED

The recommended level of care for a person with incomplete paraplegia who is a non walker is equivalent to that for a complete spinal cord injury at the same level. For example, the recommended level of care for a person who is a non walker with an incomplete spinal cord lesion at T9 is the same as the level of care for a person with a complete T9 injury. See pages 18-25.



INCOMPLETE PARAPLEGIA

Thoracic 1 – Sacral 5 (T1–S5) Household walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited paralysis of trunk and moderate control of lower extremities. The lower the level of injury, the better the balance.

Full control of upper limbs. A person with injury at T1–2 level may not have fine hand control.

Minimal assistance to independent with floor-to-chair transfer.

Independent in all other transfers with or without equipment.

Independent using a manual wheelchair on all surfaces.

Independent in operating a power wheelchair.

Independent in driving a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van).

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

Likely to need a wheelchair for activities in the community.

● ACTIVITIES OF DAILY LIVING

Minimal assistance to independent in bowel / bladder management.

Minimal assistance to independent in bathing / showering, dressing and grooming.

Minimal assistance to independent in food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Independent in use of communication technology.

Domestic

Assistance required with heavy housework and home maintenance. Independent in other domestic duties if the person is living in an appropriately modified environment.

● OTHER

Respiration

Minimal impairment to respiratory muscle function and compromise to respiratory capacity and endurance.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 93.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 7 hours per week

At this level the person is usually independent but may require up to 1 hour per day personal assistance, e.g. bowel / bladder management.

A person with an incomplete paraplegia who is a household walker has been allocated a range of 0 to 7 hours per week of personal care support. If the person has poorly controlled neuropathic bowel dysfunction or limited hand function, the upper level of 7 hours for personal care may be inadequate.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 7 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 7 hours per week would be required if the person has poor trunk control / balance and needs greater assistance with shopping, e.g. pushing and loading the shopping trolley and carrying and hanging washing.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

Assistance with transport would not usually be required at this level of injury.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0 to 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 hours

Although no figure has been allocated for respite, some people may require respite hours if the person takes respite in an environment that is less accessible than their home and needs personal / domestic assistance. Respite support would also be necessary if the person is not independent with transport. This support would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.



INCOMPLETE PARAPLEGIA

Thoracic 1 – Sacral 5 (T1–S5) Community walker

ABILITIES AND ASSISTANCE REQUIRED

● MOBILITY

Mobility / movement

Limited to no paralysis of trunk and moderate to good control of lower extremities. The lower the level of injury, the better the balance.

Full control of upper limbs. A person with injury at T1–2 level may not have fine hand control.

Independent in all transfers.

Independent using a manual wheelchair on all surfaces.

Independent in operating a power wheelchair.

Independent in driving a modified motor vehicle. May be independent with transport if able to transfer, load and unload wheelchair or able to wheel directly into an appropriately modified vehicle (e.g. a van).

May have difficulty walking quickly.

May need assistance with lifting and carrying objects.

May need a wheelchair for some activities in the community.

● ACTIVITIES OF DAILY LIVING

Independent in bowel / bladder management.

Independent in bathing / showering, dressing and grooming.

Independent in food / meal preparation, cutting food and eating.

Adaptive equipment may be required.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Independent in use of communication technology.

Domestic

Assistance required with heavy housework and home maintenance. Independent in other domestic duties.

● OTHER

Respiration

Minimal impairment to respiratory muscle function and compromise to respiratory capacity and endurance.

Autonomic dysfunction

People with incomplete spinal cord injuries at T6 and above are vulnerable to autonomic dysreflexia and orthostatic hypotension, and may have impaired thermoregulation.

Equipment

See page 94.



LEVEL OF SUPPORT REQUIRED

● ACTIVITIES OF DAILY LIVING

Personal assistance | 0 to 7 hours per week

At this level the person is usually independent but may require up to 1 hour per day personal assistance, e.g. bowel / bladder management.

● INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Domestic assistance | 3 to 7 hours per week

The range of support hours is due to the large variance in function at this level of injury. The 7 hours per week may be required if the person has poor trunk control / balance and needs greater assistance with shopping, e.g. pushing and loading the shopping trolley and carrying and hanging washing.

Gardening / home maintenance services | 0.5 to 2 hours per week

The lower range of hours may be expected for a person living in a home unit. Although they will not require hours for gardening, there would still be the need for minor home maintenance.

● PARTICIPATION

Community access | 0 to 7 hours per week

Assistance with transport would not usually be required at this level of injury.

Child-care services, educational support and vocational support

The categories of child-care services, educational support and vocational support have not been allocated a range of support hours. The support requirements in these categories are very specific to the person's circumstances and should be based on an assessment of the person's needs.

● OTHER

Home nursing | 0 to 0.5 hours per week

The allocation of 0.5 hours per week is not an indication that home nursing will be required weekly; rather it is to allow home nursing on an as needed basis up to approximately 26 hours per year.

Respite care | 0 hours

Although no figure has been allocated to respite, some people may require respite hours if the person takes respite in an environment that is less accessible than their home and needs personal / domestic assistance. Respite support would also be necessary if the person is not independent with transport. This support would be only for the time they are away from home and the number of respite hours additional to their existing personal assistance, domestic assistance and community access hours would be low.



Equipment to consider

The equipment list for each level of spinal cord injury is indicative of the equipment which may be required; however it is not comprehensive and should be taken as a guide only. A person's functional capacity will vary within and between levels; therefore other equipment and products as recommended by a documented assessment may be necessary. Any requests for equipment should be based on a detailed and comprehensive assessment, as well as choice of the person. What is considered reasonable and necessary will vary depending on individual circumstances. For example, it would be reasonable to expect that most people would have an existing home / land line and this would not necessarily relate to the injuries sustained in the motor accident. Documented clinical or other appropriate rationale and recommendations will be required for any equipment requests, whether or not it is on this list.

The **Disposable item** lists are designed as a general guide of potential items only, and an individual nursing or other assessment would be required for specific individual needs and requirements.

Equipment should be trialled in situ wherever possible, with adequate training provided to any person using the equipment. Additional costs may be involved in the set-up, training and maintenance of equipment. Equipment should be maintained and / or replaced according to the manufacturers' specifications and treating therapists' recommendations.

Where available, prescriber guidelines should be used for all equipment prescriptions and requests.

Prescribers should be able to substantiate and report their clinical recommendations and provide adequate documentation, and or feedback, on the equipment choices.

Factors that may change equipment requirements

It is not possible to list all the factors that may impact on a person's life and there may be instances where additional or less equipment will be required due to factors that are not listed below. If there is a change in circumstances, it is important that there is an easy mechanism for reassessment of the person's requirements. Temporary or short-term needs may be better met by the hire of equipment where this is possible and practical. Factors that may change a person's equipment requirements include:

- Period following **initial discharge from hospital** until established in a home routine.
- Periods following **hospitalisation, surgery or post acute** treatments.
- **At work, school or study** if the appropriate level of support or modifications cannot be provided by the facility.
- **Major life transition**, e.g. loss of informal support systems; being a young adult with increasing needs for social independence and time spent away from family.
- **Ageing** — general and specific factors related to the disability. For example, a person who has been independent in transfers and has used a manual wheelchair may, over time, develop early onset of arthritis, or upper-limb overuse syndromes.
- **Age at time of injury**. An older person who is injured may have different equipment requirements than a younger person with the same level of injury.
- **Gender**. Women and men with the same level of injury may still have different equipment needs due to a variety of factors.
- **Body weight** outside “normal” range or lack of strength, body shape and type, e.g. extra assistance or equipment may be needed for transfers etc.
- **Pre-existing conditions**, complications, co-existing complications, injury, disease or medical condition, e.g. arthritis, obesity, depression, spasms, contractures, pressure sores, spinal syndromes, or pain. Requests for equipment related to pre-existing and co-existing conditions need to be assessed against the authority / insurer's obligation to only provide services for injuries relating to the motor vehicle accident. The person's pre-existing state of health does, however, influence their reaction to the accident. Therefore a young person may require a manual wheelchair for mobility, while an elderly person with a similar level of injury may require a power wheelchair.
- **Responsibility for children**, e.g. modified equipment to care for children.
- **Living situation**. A highly modified environment may reduce the need for other equipment.
- **Medication**, and the side effects of medication, may affect balance, coordination etc.
- **Pregnancy / parenthood**.
- **Individual choice**. Allowance must be made to enable a person to express choice. However, individual choice must be weighed against the authority / insurer's obligation to pay for reasonable and necessary services.
- **Assistive technology** availability. The rapid development of technologies means that equipment needs may change depending on these advances.
- **Other interventions** as indicated. For example, in some instances pacing of the diaphragm may be considered following appropriate neurophysiologic, respiratory and spinal rehabilitation evaluation.
- Access to **appropriate support**.
- Geographical **location**, topographical situation and weather extremes. For example, someone who lives on a rural property may require a 4x4 power wheelchair for outside use or longer distances.
- The person's **potential function** should be considered against their life choices and their need to conserve energy for more intensive functional tasks and / or the prevention of overuse injuries.



Equipment for complete spinal cord injury

COMPLETE C1–C3 REQUIRES VENTILATOR SUPPORT⁵

The list for C1–C3 where ventilator support is required is not inclusive of all the equipment / products a person may require. It is a guide only, and does not include details of replacement frequency of items. Other equipment or products may be recommended depending on individual circumstances. For example, all equipment requests should be based on a documented assessment including recommendations and clinical or other appropriate reasoning.

- Motorised, height adjustable bed, with features including: sip / puff controls, bolsters, footboard, trendelenburg, head and foot raise, side / grab rails, linked to ECU or voice activation system. Partner-bed to be supplied where appropriate.
- Alternating air pressure mattress.
- Overnight drinking system accessible from bed.
- Foam overlay mattress (e.g. egg crate) for portable / emergency use.
- Power wheelchair with features that include: head / chin / breath control, postural support devices, power recline, tilt in space, and leg raise if required. May include attendant control system, and ECU system. Should include wheelchair drinking system.
- Battery charger (for use with power wheelchair).
- 2 pressure relief wheelchair cushions.
- Manual wheelchair; can include tilt in space component.
- Electric hoist; ceiling, and portable electric hoist; and charger with 2 batteries. 2 sets slings, wet and dry.
- Shower commode chair with high back, tilt and custom seat; extra features as prescribed. Pressure relieving commode cushion, if required.
- Portable shower hose.
- Over bed table, height adjustable.
- Set of lightweight portable ramps.
- Sliding board.
- Vehicle modification for attendant-operated accessible wheel-in vehicle (including lifts, automatic tie downs, air conditioning, etc.)
- Head support. For use during transportation in motor vehicle. Postural support and head control devices.
- Voice activated or independently activated environmental control unit, including door opener. Intercom or call buzzer / monitor system. Back-to-base personal alarm system that can be accessed independently if 24 hour care not provided.
- Reverse cycle air-conditioning, covering living area and bedroom at a minimum.
- Computer with mouth stick or voice activated access, including software and hardware, when need is demonstrated and it increases participation and / or independence.
- Adjustable computer desk.
- Physiotherapy equipment to maintain / increase muscle strength and fitness in a home program, as prescribed.
- Hand splints as prescribed. May be custom made or commercial.
- Mobile phone with hands free feature and accessories.
- Home / land line phone with voice activation and speaker phone.
- 2 ventilators as prescribed.
- Battery packs, for use in emergency power failure.
- 3 ventilator breathing circuits (specific to ordered ventilator).
- Portable ventilator for use in shower. May also be used in an emergency if all other sources of ventilation fail.
- 13 m hosing for use with portable ventilator.
- AirViva resuscitator.
- Mains operated suction unit for use in the home.
- Portable suction unit, battery operated.
- Cuff pressure gauge.
- Nurse's stethoscope.
- 4 oxygen cylinders.
- Oxygen trolley.
- 4 air cylinders.
- 2 breathing circuits as indicated for use with oxygen and air cylinders.
- Portable sphygmomanometer. Hand held.
- 1 oral thermometer.
- Sheepskin booties.
- Abdominal binders as indicated.
- Anti-embolic stockings, or compression stockings.
- Oedema gloves.
- Slide sheets.
- Medical sheepskins.
- Adaptive leisure equipment as prescribed / recommended.

Additional equipment may be needed for social

participation, recreation and leisure pursuits. These would reflect the persons' individual tastes and lifestyle choices, and the inclusion of specialist adaptations and equipment to return a person to their pre-injury activities or substitute. This may include items such as a sports or recreational wheelchair, adapted sports equipment, adapted computer hardware and software or games, club or other memberships, etc. Hire and trial of equipment could be considered.

Disposable items

- Antimicrobial filters suitable for use with ventilator as ordered.
- Humid vents.
- Tracheostomy care suction catheters 12 Fr / 30.5cm length with double swivel elbow.
- Re-usable blue swivel connectors.
- Fifty 15mm x 22mm connectors.
- 1 box nebuliser with T piece mouthpiece and connecting bush.
- Tracheostomy tubes (identical size as patient currently has in situ and one size smaller than patient currently has in situ). Check with ward staff and / or physiotherapist for exact type (i.e. LPC, cuff less, fenestrated / non fenestrated) prior to ordering.
- 100 ft Blue flex tubing lengths.
- Urinary catheters (identical to current catheter being used by patient).
- Disposable Foley adaptors.
- Urocare quick drain taps.
- 50ml syringes.
- Large dressing packs.
- 10ml ampoules normal saline.
- Xylocaine pre-loaded syringes.
- Sterile pipe cleaners.
- Cotton and velcro tracheostomy tapes.
- Normal saline sterile sachets.
- Non-sterile gloves (large).
- Incontinence sheets.
- Plastic disposable aprons.
- Alcohol wipes.
- Disinfectant hand-wash lotion.
- Disposable Yanker sucker.
- Sterile lubricant gel tubes.
- Female urinary catheters. For use during bowel care; gender irrelevant.
- Gauze squares.
- Hydrogen peroxide ampoules 10mls.
- Sterile gloves, size 7.5 or 8.
- Sterile H₂O nebs
- Urinary drainage 750ml long tube leg bags.
- 4 Simpla 45cm catheter leg straps.
- Night bottle – 4 litre.
- Urinalysis dipsticks.
- 1 inch micropore tape.
- Keyhole drain sponges.

COMPLETE C4

The list for C4 is a guide only and does not include details of replacement frequency of items. Different equipment and products, as recommended by a documented assessment, may be necessary.

- Motorised, height adjustable bed, with appropriate controls and equipment, e.g. sip / puff controls, bolsters, footboard, trendelenburg, head and foot, side / grab rails, linked to an environmental control unit or voice activation system. Partner-bed to be supplied where appropriate.
- Alternating air pressure mattress.
- Overnight drinking system accessible from bed.
- Foam overlay mattress (e.g. egg crate) for portable use.
- Power wheelchair with features that include head / chin / breath control, postural support devices, power recline, tilt in space, and leg raise if required. Battery charger (for use with power wheelchair). May include an environmental control unit and wheelchair drinking system.
- 2 pressure relief wheelchair cushions.
- Mobile arm supports.
- Manual wheelchair with tilt-in-space component.
- Electric hoists, ceiling and portable, including 2 sets slings, wet and dry.
- Shower commode chair with high back, tilt and custom seat, extra features as prescribed. Additional pressure relieving commode cushion, if required.
- Portable shower hose.
- Over bed table, height adjustable.
- Portable lightweight ramps.
- Sliding board.
- Sheepskin sliding mat, boots and backrest, medical grade sheepskins.



- Vehicle modifications for attendant-operated accessible wheel-in vehicle (including lifts, automatic tie downs, air conditioning, etc.)
- Voice or independently activated environmental control unit and door opener; intercom or call buzzer / monitor system. Personal alarm system that can be accessed independently, if 24 hour care not provided.
- Reverse cycle air-conditioning, covering living area and bedroom at a minimum.
- Computer with mouth stick / voice activated access, including software and hardware, when need is demonstrated and it increases participation and / or independence.
- Adjustable computer desk.
- Physiotherapy equipment to maintain / increase muscle strength and fitness in a home program, as prescribed, or external physio / exercise program, e.g. gym membership.
- Splints as indicated. (This may include either commercial or custom made varieties.)
- Adaptive devices as needed for personal use, page turning, writing, etc.
- Long handled skin-inspection mirror.
- Mobile phone with hands-free features and accessories.
- Home / land line phone with voice activation and speaker phone.
- Portable sphygmomanometer: Hand held.
- Abdominal binders, if indicated.
- Anti-embolic, or compression stockings.
- Oedema gloves.
- Non invasive ventilator; if sleep apnoea diagnosed, as required.
- Slide sheets.
- Adaptive leisure equipment as prescribed / recommended.

Additional equipment may be needed for social participation, recreation and leisure pursuits. These would reflect the persons' individual tastes and lifestyle choices, and the inclusion of specialist adaptations and equipment to return a person to their pre-injury activities or substitute. This may include items such as a sports or recreational wheelchair, adapted sports equipment, adapted computer hardware and software or games, club or other memberships, etc. Hire and trial of equipment could be considered.

COMPLETE C5

The list for C5 is a guide only and does not include details of replacement frequency of items. Different equipment and products, as recommended by a documented assessment, may be necessary.

- Motorised height adjustable bed with appropriate controls and equipment, e.g. switch controls, bolsters, footboard, trendelenburg, head and foot raise, side / grab rails, linked to an environmental control unit. Partner bed to be supplied where appropriate.
- Alternating air pressure mattress.
- Overnight drinking system accessible from bed.
- Foam overlay mattress (e.g. egg crate for portable use).
- Power wheelchair with power recline and / or tilt-in-space, and leg raiser if required; adapted controls for arm drive, postural support devices, arm supports. Battery charger (for use with power chair). May include an environmental control unit and wheelchair drinking system.
- 2 pressure relief wheelchair cushions.
- Mobile arm supports if required.
- Ultra-light / lightweight manual wheelchair with appropriate push rim adaptations / capstan rims. Could include power assist functions.
- 2 sets push mitts.
- Electric hoist, ceiling and mobile, including 2 sets slings, wet and dry.
- Shower commode chair with high back and padded seat; tilt may be required; extra features as prescribed. Additional pressure-relieving commode cushion, if required.
- Portable shower hoses.
- Over bed table, height adjustable.
- Portable lightweight ramps.
- Sliding board.
- Sheepskin sliding mat, boots and backrest; medical grade sheepskins.
- Vehicle modifications for attendant-operated accessible wheel-in vehicle (including lifts, auto tie downs, air conditioning); or self-drive vehicle with appropriate adaptations.
- Driving cushion if transferring into vehicle.
- Voice or independently activated environmental control unit, and door opener. Intercom or monitor system. Personal alarm system that can be accessed independently.
- Reverse cycle air-conditioning, covering living area and bedroom at a minimum.
- Computer with mouth stick or trackball / voice activated access, including software and hardware, when need is demonstrated and it increases participation and / or independence.
- Adjustable computer desk.
- Adaptive devices as needed for personal care (e.g. feeding, grooming, showering, dressing), domestic tasks (page turning, writing, etc.) and clothing adaptations.

- Long-handled skin inspection mirror.
- Physiotherapy equipment to maintain / increase muscle strength and fitness in a home program, as prescribed, or external physio / exercise program, e.g. gym membership.
- Splints as indicated, functional and / or resting. (This may include either commercial or custom- made varieties.)
- Mobile phone with hands-free features and accessories.
- Home / land line phone with voice activation and speaker phone.
- Portable sphygmomanometer. Hand held.
- Abdominal binders if indicated.
- Anti-embolic stockings, or compression stockings.
- Oedema gloves.
- Non invasive ventilator if sleep apnoea diagnosed, as required.
- Slide sheets.
- Adaptive leisure equipment as prescribed / recommended.

Additional equipment may be needed for social participation, recreation and leisure pursuits. These would reflect the persons' individual tastes and lifestyle choices, and the inclusion of specialist adaptations and equipment to return a person to their pre-injury activities or substitute. This may include items such as a sports or recreational wheelchair, adapted sports equipment, adapted computer hardware and software or games, club or other memberships, etc. Hire and trial of equipment could be considered.

COMPLETE C6

The list for C6 is a guide only and does not include details of replacement frequency of items. Different equipment and products, as recommended by a documented assessment, may be necessary.

- Motorised bed with appropriate controls and equipment, e.g. switch controls, bolsters, footboard, trendelenburg, head and foot raise, and side / grab rails, linked to an environmental control unit. Partner bed where appropriate. An ensemble or commercially available bed may be indicated in some circumstances.
- Bed pressure mattress (alternating air or foam mattress replacement or other).
- Power wheelchair with features that may include tilt-in-space, power recline, arm / hand control. Battery charger (for use with power wheelchair). Or manual wheelchair; if do not require power wheelchair, could include power assist .
- 2 pressure relief wheelchair cushions.
- Manual wheelchair (ultra-light / lightweight rigid or folding frame) with appropriate push rim adaptations. Could include power assist functions
- Postural support devices if required.
- Electric hoist, ceiling and / or portable, including 2 sets slings, wet and dry.
- Shower commode chair with padded seat; self propelled may be an option. Additional pressure relieving commode cushion, where required.
- Portable shower hoses.
- Over bed table, height adjustable.
- Portable lightweight ramps.
- Sliding board.
- Sheepskin sliding mat, boots and backrest; medical grade sheepskins.
- Appropriate vehicle modifications. (This may include a self-drive vehicle with appropriate modifications, e.g. wheel-in van with automatic tie-downs, or vehicle with assistive car transfer device.)
- Car roof mounted wheelchair hoist, if required.
- Pressure relief driving / car cushion
- Environmental control unit with door openers and Intercom. Personal alarm system that can be accessed independently.
- Reverse cycle air-conditioning, covering living area and bedroom at a minimum.
- Computer with trackball or mouse / voice activated access, including software and hardware, when need is demonstrated and it increases participation and / or independence.
- Adjustable computer desk.
- Adaptive devices as needed for personal care (e.g. feeding, dressing, grooming, showering) and domestic tasks (page turning, writing etc) and clothing adaptations.
- Long-handled skin inspection mirror.
- Physiotherapy equipment to maintain / increase muscle strength and fitness in a home program, as prescribed, or external physio / exercise program, e.g. gym membership.
- Splints as indicated, functional and / or resting. (This may include either commercial or custom-made varieties.)
- 2 pairs push mitts.
- Mobile phone.
- Home / land line phone with hands-free / speaker option.
- Abdominal binders as indicated.
- Anti-embolic stockings, or compression stockings.
- Non invasive ventilator or similar if sleep apnoea diagnosed, as required.
- Slide sheets.
- Adaptive leisure equipment as prescribed / recommended



Additional equipment may be needed for social participation, recreation and leisure pursuits. These would reflect the persons' individual tastes and lifestyle choices, and the inclusion of specialist adaptations and equipment to return a person to their pre-injury activities or substitute. This may include items such as a sports or recreational wheelchair, adapted sports equipment, adapted computer hardware and software or games, club or other memberships, etc. Hire and trial of equipment could be considered.

COMPLETE C7–C8

The list for C7–C8 is a guide only and does not include replacement frequency of items. Different equipment and products, as recommended by a documented assessment, may be necessary.

- Motorised bed with appropriate controls and equipment. Partner bed where appropriate. Or an ensemble or commercially available bed as indicated. Other bed equipment as required, i.e. bed rails, bed cradle, rope ladders etc.
- Bed pressure mattress (alternating air or foam mattress replacement or other).
- Power wheelchair for outdoor use, or manual wheelchair if power wheelchair not required — could include power assist.
- Battery charger (for use with power wheelchair).
- 2 pressure relief wheelchair cushions.
- Manual wheelchair (ultra-light / lightweight rigid or folding frame), could include power assist.
- Electric hoist; ceiling or portable with 2 slings. (May be required for some transfers.)
- Showering seat as prescribed, e.g. self propelling commode chair, or shower chair with cushion or tub transfer bench.
- Portable shower hoses.
- Adaptive devices as needed for personal care (e.g. feeding, dressing, grooming, showering), and domestic tasks (e.g. writing, cooking etc.) and clothing adaptations.
- Long-handled skin inspection mirror.
- Over bed table, height adjustable.
- Portable lightweight ramps.
- Sliding boards.
- Sheepskin boots.
- Appropriately modified vehicle or self-drive van with automatic tie-downs, or vehicle which may include assistive car transfer device.
- Car roof mounted wheelchair hoist, if required.
- Pressure relief driving / car cushion.
- Environmental control unit if indicated.
- Reverse cycle air-conditioning, covering living area and bedroom at a minimum.
- Computer with trackball or mouse / voice activated access, including adaptive software and hardware, when need is demonstrated and it increases participation and / or independence
- Adjustable computer desk.
- Physiotherapy equipment to maintain / increase muscle strength and fitness in a home program, as prescribed, or external physio / exercise program, e.g. gym membership.
- Splints as indicated, including resting and / or functional. (This may include either commercial or custom-made varieties.)
- 2 pairs push mitts.
- Personal alarm system that can be accessed independently, if indicated.
- Intercom.
- Mobile phone.
- Home / land line phone with hands-free / speaker option.
- Abdominal binders as indicated.
- Anti-embolic stockings, or compression stockings.
- Non invasive ventilator if sleep apnoea diagnosed, as required.
- Slide sheets if required.
- Adaptive leisure equipment as prescribed / recommended.

Additional equipment may be needed for social participation, recreation and leisure pursuits. These would reflect the persons' individual tastes and lifestyle choices, and the inclusion of specialist adaptations and equipment to return a person to their pre-injury activities or substitute. This may include items such as a sports or recreational wheelchair, adapted sports equipment, adapted computer hardware and software or games, club or other memberships, etc. Hire and trial of equipment could be considered.

COMPLETE T1–T4

The list for T1–T4 is a guide only and does not include details of replacement frequency of items. Different equipment and products, as recommended by a documented assessment, may be necessary.

- Motorised high-low bed, with partner bed if appropriate; or ensemble or commercially available bed. Other bed equipment as required, i.e. bed rails, bed cradle, rope ladder etc.
- Pressure relief mattress (foam replacement or other) as indicated.
- Manual rigid or folding ultra-light / lightweight wheelchair x 2 (or 1 manual wheelchair and 1 power or power-assist wheelchair for outdoor use).
- 2 pressure relief wheelchair cushions.
- Hoist: transverse ceiling and / or portable, if required.
- Showering seat, e.g. self propelled commode chair; or shower chair with cushion or tub transfer bench as prescribed. Padded toilet seat or raised padded toilet seat.
- Portable shower hoses.
- Adaptive devices as needed for personal care (e.g. dressing, grooming, showering), and domestic tasks, cooking, laundry etc.
- Long-handled skin inspection mirror.
- Over bed table, height adjustable.
- Portable lightweight ramps.
- Sliding board if required.
- Appropriately modified vehicle, may require assistive car transfer device, or self-drive van if indicated.
- Car roof-mounted wheelchair hoist, if required.
- Pressure relief driving / car cushion.
- Reverse cycle air-conditioning, covering living area and bedroom at a minimum.
- Computer, including adaptive hardware and software, when need is demonstrated and it increases participation and / or independence.
- Adjustable computer desk.
- Physiotherapy equipment to maintain / increase muscle strength and fitness in a home program, as prescribed, or external physio / exercise program, e.g. gym membership.
- Splints as indicated, functional and / or resting. (This may include either commercial or custom made varieties.)
- Mobile phone.
- Home / land line phone with hands-free option.
- Abdominal binders as indicated.
- Sheepskin boots, mat, and backrest if required.
- Compression garments as prescribed.
- Non invasive ventilator if sleep apnoea diagnosed, as required.
- Adaptive leisure equipment as prescribed / recommended.

Additional equipment may be needed for social participation, recreation and leisure pursuits. These would reflect the persons' individual tastes and lifestyle choices, and the inclusion of specialist adaptations and equipment to return a person to their pre-injury activities or substitute. This may include items such as a sports or recreational wheelchair; adapted sports equipment, adapted computer hardware and software or games, club or other memberships, etc. Hire and trial of equipment could be considered.

COMPLETE T5–T9

The list for T5–T9 is a guide only and does not include details of replacement frequency of items. Different equipment and products as recommended by a documented assessment may be necessary.

- Motorised high-low bed, with partner bed if appropriate, or ensemble or commercially available bed. Other bed equipment as required, i.e. bed rails, bed cradle, rope ladders etc.
- Pressure relief mattress (foam replacement or other) as indicated.
- Manual rigid or folding ultra-light / lightweight wheelchair x 2 (or 1 manual wheelchair and 1 power or power-assist wheelchair for outdoor use.)
- 2 pressure relief wheelchair cushions.
- Hoist: transverse ceiling and / or portable, if required.
- Showering and toileting equipment: showering seat, e.g. self propelled commode chair; shower chair with cushion, bath board, tub transfer bench. Padded toilet seat.
- Portable shower hoses.
- Adaptive devices as needed for personal care (e.g. dressing, grooming, showering), and domestic tasks, cooking, laundry etc.
- Skin inspection mirror.
- Lightweight portable ramps.
- Sliding board if required.
- Over bed table, height adjustable.
- Appropriately modified vehicle; may require assistive car transfer device.
- Car roof-mounted wheelchair hoist, if required.
- Pressure relief driving / car cushion.
- *Reverse cycle air conditioning for people with lesions at or above T6 level (due to impaired thermoregulation), or below if clinically indicated.



- Computer equipment including adaptive software and hardware, when need is demonstrated and it increases participation and / or independence.
- Adjustable computer desk.
- Physiotherapy equipment to maintain/increase muscle strength and fitness in a home program, as prescribed, or external physio/exercise program, e.g. gym membership.
- Mobile phone.
- Home / land line phone with hands-free option.
- Abdominal binders as indicated.
- Sheepskin boots, mat and backrest if required.
- Compression garments as indicated.
- Non invasive ventilator if sleep apnoea diagnosed, as required.
- Adaptive leisure equipment as prescribed / recommended.

Additional equipment may be needed for social participation, recreation and leisure pursuits. These would reflect the persons' individual tastes and lifestyle choices, and the inclusion of specialist adaptations and equipment to return a person to their pre-injury activities or substitute. This may include items such as a sports or recreational wheelchair, adapted sports equipment, adapted computer hardware and software or games, club or other memberships, etc. Hire and trial of equipment could be considered.

COMPLETE T10-L1

The list for T10-L1 is a guide only and does not include details of replacement frequency of items. Different equipment and products, as recommended by a documented assessment, may be necessary.

- Motorised high-low bed, with partner bed if appropriate, or ensemble bed. Other bed equipment as required, i.e. bed rails, bed cradle, rope ladders etc.
- Pressure relief (foam replacement or other) or standard mattress as indicated.
- Manual rigid or folding ultra-light / lightweight wheelchair x 2. (Or 1 manual wheelchair and 1 power or power assist wheelchair for outdoor use.)
- 2 pressure relief wheelchair cushions.
- Hoist: transverse ceiling and / or portable, if required.
- Showering seat e.g. self propelled commode chair; shower chair with cushion, bath board, tub transfer bench.
- Lightweight portable ramps.
- Sliding board, if required.
- Padded toilet seat.
- Portable shower hoses.
- Adaptive devices as needed for personal care (e.g. dressing, grooming, showering), and domestic tasks, cooking, laundry etc.
- Skin inspection mirror.
- Over bed table, height adjustable.
- Appropriately modified vehicle, may require assistive car transfer device.
- Car roof-mounted wheelchair hoist, if required.
- Pressure relief driving / car cushion.
- Computer equipment including adaptive hardware and software, when need is demonstrated and it increases participation and / or independence.
- Adjustable computer desk.
- Physiotherapy equipment to maintain / increase muscle strength and fitness in a home program, as prescribed, or external physio / exercise program, e.g. gym membership.
- Mobile phone.
- Home / land line home with hands-free option.
- Specialist walking aids and orthotic devices, if walking, as prescribed.
- Non invasive ventilator if sleep apnoea diagnosed, as required.
- Adaptive leisure equipment as prescribed / recommended.

Additional equipment may be needed for social participation, recreation and leisure pursuits. These would reflect the persons' individual tastes and lifestyle choices, and the inclusion of specialist adaptations and equipment to return a person to their pre-injury activities or substitute. This may include items such as a sports or recreational wheelchair, adapted sports equipment, adapted computer hardware and software or games, club or other memberships, etc. Hire and trial of equipment could be considered.

COMPLETE L2–S5

The list for L2–S5 is a guide only and does not include replacement frequency of items. Different equipment and products, as recommended by a documented assessment, may be necessary.

- Motorised high-low bed, with partner bed if appropriate, or ensemble bed. Other bed equipment as required, i.e. bed rails, bed cradle, rope ladders etc.
- Pressure relief (foam replacement or other) or standard mattress as indicated.
- Manual rigid or folding ultra-light / lightweight wheelchair x 2. (Or 1 manual wheelchair and 1 power or power-assist wheelchair for outdoor use.)
- 2 pressure relief wheelchair cushions.
- Hoist: portable if required.
- Showering seat e.g. shower chair with cushion, bath board, tub transfer bench.
- Lightweight portable ramps.
- Sliding board if required.
- Padded toilet seat.
- Portable shower hoses.
- Adaptive devices as needed for personal care (e.g. dressing, grooming, showering), and domestic tasks, cooking, laundry etc.
- Over bed table, height adjustable.
- Appropriately modified vehicle, may require assistive car transfer device.
- Car roof-mounted wheelchair hoist, if required.
- Pressure relief driving / car cushion.
- Computer equipment including hardware and software, when need is demonstrated and it increases participation and / or independence.
- Adjustable computer desk; ergonomic chair if walking.
- Physiotherapy equipment to maintain / increase muscle strength and fitness in a home program, as prescribed, or external physio / exercise program, e.g. gym membership.
- Mobile phone.
- Home / land line phone with hands-free option.
- Specialist walking aids and orthotic devices, if walking, as prescribed.
- Adaptive leisure equipment as prescribed / recommended.

Additional equipment may be needed for social participation, recreation and leisure pursuits. These would reflect the persons' individual tastes and lifestyle choices, and the inclusion of specialist adaptations and equipment to return a person to their pre-injury activities or substitute. This may include items such as a sports or recreational wheelchair; adapted sports equipment, adapted computer hardware and software or games, club or other memberships, etc. Hire and trial of equipment could be considered.



Equipment for incomplete spinal cord injury

In general, the equipment list for each level of spinal cord injury is not comprehensive and should be taken as a guide only. A person's functional capacity may vary greatly within and between levels, therefore other equipment and products, as recommended by a documented assessment, may be necessary. Refer to page 28 for the method of assessment for incomplete spinal cord injury.

INCOMPLETE C1-5

Minimal upper extremity function (ULMS less than 6) — Non walker

REQUIRES VENTILATOR SUPPORT

People whose injury is in this category would generally be considered to need the same equipment as those with a C1-C3 level complete injury, if they require ventilator support. Please refer to page 82 for equipment list. Anyone who requires ventilator support regardless of their level of function will need to look at the C1-C3 Disposable items list.

INCOMPLETE C1-5

Minimal upper extremity function (ULMS less than 6) — Non walker

DOES NOT REQUIRE VENTILATOR SUPPORT

People whose injury is in this category would generally require the same equipment as those of the same neurological level in the complete list. For example C4 incomplete ULMS less than 6 and a non walker would correspond to C4 complete injury level. Refer to pages 83-5.

INCOMPLETE C1-5

Minimal upper extremity function (ULMS less than 6) — Household walker

People whose injury is in this category would generally require the same equipment as those of the same neurological level in the complete list. For example, C4 incomplete ULMS less than 6 and a household walker would correspond to C4 complete injury level. Refer to pages 83-5. The exceptions to this may include:

- Environmental control unit as indicated.
- May require orthotic devices for walking.
- May require mobility and walking aides around home.
- May require hoist or a standing hoist.
- May require assist-a-lift reclining chair.
- Mobile arm supports.
- Assistive devices for toileting e.g. bidet attachment.
- Adaptive clothing.

INCOMPLETE C1-5

Minimal upper extremity function (ULMS less than 6) — Community walker

People whose injury is in this category would generally require the same equipment as those of the same neurological level in the complete list. For example, C4 incomplete ULMS less than 6 and a community walker would correspond to C4 complete injury level. Refer to pages 83-5. The exceptions to this may include:

- Environmental control unit as indicated.
- May require orthotic devices for walking.
- May require mobility and walking aids around home.
- May require assist-a-lift reclining chair.
- Assistive devices for toileting e.g. bidet attachments.
- Adaptive clothing.
- May only require wheelchair for long distances.
- May not require highest level of pressure relieving devices, e.g. cushion and mattress.

INCOMPLETE C1-5

Poor upper extremity function (ULMS 6-16) — Non walker

People whose injury is in this category would generally require the same equipment as those of the same neurological level in the complete list. For example, C4 incomplete ULMS 6-16 and a non walker would correspond to C4 complete injury level. Refer to pages 83-5. The exceptions to this may include:

- Mobile arm supports.
- Adaptive computer accessories and equipment if indicated.
- Assistive devices for toileting e.g. bidet attachment.
- Adaptive clothing.
- Hoist as indicated.
- May be able to drive appropriately modified vehicle.

INCOMPLETE CI-5

Poor upper extremity function (ULMS 6–16) — Household walker

People whose injury is in this category would generally require the same equipment as those of the same level in the complete list. For example, C4 incomplete ULMS 6–16 and a household walker would correspond to C4 complete level injury level. Refer to pages 83-5. The exceptions to this may include:

- Environmental control unit as indicated.
- May require orthotic devices for walking.
- May require mobility and walking aides around home.
- May require hoist or a standing hoist.
- May require assist-a-lift reclining chair.
- Assistive devices for toileting e.g. bidet attachment.
- Adaptive clothing.
- Adaptive computer accessories and equipment if indicated – ergonomic chair or back rest for pain relief.
- May be able to drive appropriately modified vehicle.

INCOMPLETE CI-5

Poor upper extremity function (ULMS 6–16) — Community walker

People whose injury is in this category would generally require the same equipment as those of the same level in the complete list. For example, C4 incomplete ULMS 6–16 and a community walker would correspond to C4 complete level injury level. Refer to pages 83-5. The exceptions to this may include:

- Environmental control unit as indicated.
- May require orthotic devices for walking.
- May require mobility and walking aids around home and community
- May require assist-a-lift reclining chair.
- Assistive devices for toileting e.g. bidet attachments.
- Adaptive clothing.
- May only require wheelchair for long distances.
- May not require highest level of pressure relieving devices, e.g. cushion and mattress.
- Adaptive computer accessories and equipment if indicated — ergonomic chair or back rest for pain relief.
- May be able to drive appropriately modified vehicle.

INCOMPLETE C6–8

Minimal upper extremity function (ULMS less than 6)

This category would generally not be present in the population unless there are other injuries or co-morbidities, as C6–C8 would be expected to have an ULMS of above 6.

INCOMPLETE C6–8

Poor upper extremity function (ULMS 6–16) — Non walker

People whose injury is in this category would generally require the same equipment as those with complete level injuries of the corresponding level. For example, C6 incomplete ULMS 6–16 and non walker would correspond to C6 complete injury level. Refer to pages 85-6.

INCOMPLETE C6–8

Poor upper extremity function (ULMS 6–16) — Household walker

People whose injury is in this category would generally require the same equipment as those with complete level injuries of the corresponding level. For example, C6 incomplete ULMS 6–16 and household walker would correspond to C6 complete injury level. Refer to pages 85-6. The exceptions to this may include:

- Environmental control unit as indicated.
- May not require the highest level of pressure relieving devices, e.g. pressure mattresses, cushion.
- May require hoist or a standing hoist.
- May require orthotic devices for walking.
- May require mobility and walking aids around home.
- May require an assist-a-lift recliner chair.
- Portable ramps as indicated.
- Mobile arm supports.
- Adaptive clothing.



INCOMPLETE C6–8

Poor upper extremity function (ULMS 6–16) — Community walker

People whose injury is in this category would generally require the same equipment as those with complete level injuries of the corresponding level. For example, C6 ULMS 6–16 and community walker would correspond to C6 complete injury level. Refer to pages 85–6. The exceptions to this may include:

- May not require a motorised high-low bed.
- May require lower level pressure care devices, e.g. mattress and cushions.
- May require a shower seat, and padded raised toilet seat, instead of commode chair.
- May require orthotic devices, walking aides.
- Appropriately modified vehicle, unlikely to require wheel-in van.
- Unlikely to require sliding board.
- May require an assist-a-lift recliner chair.
- Adaptive clothing.
- Portable ramps if indicated.
- Mobile arm supports.
- May only require wheelchair for long distances.

INCOMPLETE C1–8

Medium upper extremity function (ULMS 17–36) — Non walker

People whose injury is in this category would generally require the same equipment as those with complete level injuries of the corresponding level. For example, C6 ULMS 16–36 and a non walker would correspond to C6 complete injury level. Refer to pages 83–6. The exceptions to this may include:

- Environmental control unit as indicated.
- Adaptive computer accessories and equipment if indicated.
- Hoists as indicated.
- Adaptive clothing.

INCOMPLETE C1–8

Medium upper extremity function (ULMS 17–36) — Household walker

People whose injury is in this category would generally require the same equipment as those with complete level injuries of the corresponding level. For example, C6 ULMS 16–36 and household walker would correspond to C6 complete injury level. Refer to pages 83–6. The exceptions to this may include:

- Environmental control unit as indicated.
- Adaptive computer accessories and equipment if indicated.
- Adjustable computer desk as indicated, and ergonomic chairs.
- Appropriately modified vehicle.
- Hoist or standing hoist as indicated.
- Lower level of pressure care devices, e.g. cushions and mattress.
- Walking aides and orthotic devices, and mobility aids for home.
- May require assist-a-lift reclining chair.
- Adaptive clothing.
- May require a shower seat, and padded raised toilet seat, instead of a commode chair.

INCOMPLETE C1–8

Medium upper extremity function (ULMS 17–36) — Community walker

People whose injury is in this category would generally require the same equipment as those with complete level injuries of the corresponding level. For example, C6 ULMS 16–36 and a community walker would correspond to C6 complete injury level. Refer to pages 83–6. The exceptions to this may include:

- Environmental control unit as indicated.
- Adaptive computer accessories and equipment if indicated.
- Low level of pressure care devices, e.g. cushions and mattress.
- Walking aides and orthotic devices, and mobility aids for home.
- Adaptive clothing.
- May require a shower seat, and padded raised toilet seat.
- Appropriately modified vehicle; unlikely to require wheel-in van.
- Unlikely to require sliding board.
- Adjustable computer desk as indicated, and ergonomic chair.
- Unlikely to require portable ramps.
- May only require wheelchair for longer trips.

INCOMPLETE CI-8

Good upper extremity function (ULMS above 36) — Non walker

People whose injury is in this category would generally require the same equipment as those with C7–C8 complete level injuries. Refer to pages 83–6. The exceptions to this may include:

- Hoist if indicated.
- Environmental control unit as indicated.
- Adaptive computer accessories and equipment as indicated.
- Adaptive clothing.

INCOMPLETE CI-8

Good upper extremity function (ULMS above 36) — Household walker

People whose injury is in this category would generally require the same equipment as those with C7–C8 complete level injuries. Refer pages 83–6. The exceptions to this may include:

- Environmental control unit as indicated.
- Adaptive computer accessories and equipment if indicated.
- Adjustable computer desk as indicated, and ergonomic chair.
- Lower level of pressure care devices, e.g. cushions and mattress.
- Walking aides and orthotic devices, and mobility aids for home.
- Hoist or standing hoist if indicated.
- Adaptive clothing.
- May require a shower seat, and padded raised toilet seat, instead of commode chair.
- Appropriately modified vehicle; unlikely to require wheel-in van.
- Unlikely to need abdominal binders.
- Unlikely to need anti-embolic stockings.

INCOMPLETE CI-8

Good upper extremity function (ULMS above 36) — Community walker

People whose injury is in this category would generally require the same equipment as those with C7–C8 complete level injuries. Refer to pages 83–6. The exceptions to this may include:

- Low level of pressure-care devices, e.g. cushions and mattress.
- Hoist if indicated.
- May require a shower seat, and padded raised toilet seat.
- Unlikely to require sliding board.
- Commercially available bed; unlikely to require motorised high-low bed.
- Adaptive computer accessories and equipment if indicated.
- Walking aides and orthotic devices, and mobility aids for home.
- Adjustable computer desk as indicated, and ergonomic chair.
- Adaptive clothing.
- Appropriately modified vehicle, unlikely to require wheel-in van.
- Unlikely to need abdominal binders.
- Unlikely to need anti-embolic stockings.
- Unlikely to require portable ramps.
- May only require wheelchair for longer distances.

INCOMPLETE TI-S5

Non walker

The recommended equipment for a person with incomplete paraplegia who is a non walker is equivalent to that for a complete spinal cord injury at the same level. Refer to pages 87–9. For example, the recommended equipment for a person who is a non walker with an incomplete spinal cord lesion at T9 is the same as for that of a complete level T9 injury.

INCOMPLETE TI-S5

Household walker

People whose injury is in this category would generally require the same equipment as those with a comparable level complete injury. Refer to pages 87–9. The exceptions to this may include:

- Adaptive computer accessories and equipment if indicated.
- Appropriately modified vehicle.
- Lower level pressure care devices, e.g. cushions and mattresses.
- Hoist or standing hoist if indicated.
- May require a shower seat, and padded raised toilet seat.
- Walking aides and orthotic devices, and mobility aids for home.
- May require assist-a-lift reclining chair.
- Adjustable computer desk as indicated, and ergonomic chairs.



INCOMPLETE TI–S5

Community walker

People whose injury is in this category would generally require the same equipment as those with a comparable level complete injury. Refer to pages 87–9. The exceptions to this may include:

- Low level pressure relieving devices, e.g. cushions and mattress.
- Commercially available bed; unlikely to require high-low bed.
- May require a shower seat, and padded raised toilet seat.
- Walking aides and orthotic devices, if required.
- Unlikely to require hoist.
- Adjustable computer desk as indicated, and ergonomic chair.
- Unlikely to require portable ramps.
- Appropriately modified vehicle, or standard vehicle if indicated.
- Unlikely to need abdominal binders.
- Unlikely to need anti-embolic stockings.
- May only require wheelchair for long distances.

COMPLETE AND INCOMPLETE⁶ C4–S5

Disposable Items

The disposable item list is designed as a general guide only, and an individual nursing or other assessment would be necessary for individual needs and requirements. This list details all possible equipment that may be required for these injury levels and is not designed to replace an individual assessment. Different disposable equipment may be required. The disposable item list for C1–3 Requires ventilator support is on page 83.

BLADDER MANAGEMENT EQUIPMENT

Catheters – Foley type – in-dwelling catheter or super-pubic catheter

Silicone catheter – male length

Silicone catheter – female length

Catheter accessories

Catheter valve

Connector

Spiggot

Catheter thigh strap

Adhesive catheter anchor

Catheter introduction set

Normal saline ampoules

Normal saline sachets

10ml syringe

Split gauze / drain sponge

Alcohol swabs

Multigate catheter procedure set no. 4

Dale catheter strap

Catheters for intermittent catheterisation

Nelaton type – male length – single wrapped

Nelaton type – female length – single wrapped

Nelaton type – male length – double wrapped

Nelaton type – female length – double wrapped

Nelaton type – male length – lubricated

Nelaton type – female length – lubricated

Compact female catheter

Silicone intermittent catheter – male length

Silicone intermittent catheter – female length

Silicone intermittent catheter kit – female

Silicone intermittent catheter – male

Cliny catheter sets

Intermittent catheterisation accessories

Clothing hook

Splint

Mirror

Extension tubing

Glycerine

Baby wipes

Plastic bags

External condom drainage (Uridome)

Latex one piece – self adhesive

Latex two piece

Non latex one piece – self adhesive

Non latex two piece

Silicone one piece – self adhesive

Non lubricated condom

External drainage accessories

Double sided tape

Single sided foam tape

Adhesive wipes / brush on / dab on

Adhesive remove wipes

Drainage bags / bottles

PVC leg bag – long tube

PVC leg bag – short tube

PVC leg bag – adjustable tube

Latex leg bag

Night bottle

Night bag – drainable

Night bag – non drainable

Drainage bag accessories

Leg straps

Night bottle connector / tubing

Night bag holder / stand

Leg bag holder

Rubber / silicone tubing

Quick drain valve

Milton tabs

Milton liquid

Continence pads

Disposable pads

Washable pads

Washable pants

Disposable bed pads (Blueys)

Male continence slips

Mattress protector

Sundry items

Portable urinal

6 Adapted from a list provided from the Royal Rehabilitation Centre, Moorong Spinal Unit, Nursing Department, 2006.

BOWEL MANAGEMENT EQUIPMENT

MicroLax micro enema
Bisalax micro enema
Glycerine suppository
DuroLax (Bisacodyl) suppository
Lubricant gel sachets
Lubricant gel tube
Latex or hypoallergenic gloves
Female length Nelaton catheter
10 ml syringe
Disposable bed pads (Blueys)

SKIN CARE EQUIPMENT

Wound management (all appropriate to size of wound)

Basic dressing packs
Hydrocolloid dressing
Foam dressing
Hydrogel tube
Alginate dressing
Film dressing
Non adherent dressing
Gauze swabs
Combine dressing
Saline sachets
Retention tape

Skin care

Anti-sweat powder
Moisturising lotion
Barrier cream
Skin cleanser lotion / wipes
Medical sheepskin
Adhesive wipes / brush on / dab on
Adhesive remove wipes

Miscellaneous items

Flexible straws
Antibacterial hand wash
Antibacterial hand gel / lotion
Air freshener spray



APPENDIX 2: ACKNOWLEDGEMENTS

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USEFUL PUBLICATIONS

Other MAA publications that may be useful with this document include:

- *Matching client needs and support worker skills in the New South Wales Motor Accidents Scheme*
- *Who needs 24 hour care in the CTP scheme?*
- *Neuropsychological assessment for adults with mild traumatic brain injury*
- *Neuropsychological assessment for adults with moderate to severe traumatic brain injury*

All are available on the MAA website: www.maa.nsw.gov.au

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