

**Special Wheelchair Committee Worksheet for Offender Refusing to Walk**

Offender: \_\_\_\_\_

TDCJ#: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Unit: \_\_\_\_\_

Custody level: \_\_\_\_\_

Meeting date and time: \_\_\_\_\_

Committee Members:

- 1. PM&R physician (Chair) \_\_\_\_\_
- 2. Unit Medical Director \_\_\_\_\_
- 3. Nurse Manager \_\_\_\_\_
- 4. Unit Warden \_\_\_\_\_
- 5. ADS Case manager \_\_\_\_\_

- 6. Psychiatrist \_\_\_\_\_
- 7. Psychologist \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_

Treatment Plan Consultants:

- 1. Regional or Senior Medical Director \_\_\_\_\_
- 2. TDCJ Health Services physician representative \_\_\_\_\_
- 3. TDCJ Health Services Liaison representative \_\_\_\_\_
- 4. TDCJ Correctional Institutions division director representative \_\_\_\_\_
- 5. Classification and Records Office representative \_\_\_\_\_

Offender's current medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offender's alleged reason for not walking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Significant findings (exams, radiographs, other relevant testing, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Recommendations (check all that apply)

**I.** Additional consultations, diagnostic tests, or treatments recommended

1. Specialty referrals

- Psychiatrist (annually)
- Other specialty referrals: \_\_\_\_\_
- Other: \_\_\_\_\_

2. Additional tests and/or treatments required by the Committee: \_\_\_\_\_  
\_\_\_\_\_

**II.** Recommended housing

- General population
- Low bunk, low row
- Single cell (clinical reason: \_\_\_\_\_)
- Wheelchair dorm

G-51.9 Attachment A

Effective: 5/2016

Reviewed: 04/2018

- Infirmary
- Mental health inpatient
- Other: \_\_\_\_\_

III. HSM-18 Work & Activity Restrictions (see HSM-18 form)

IV. Offender will be allowed the following assistive devices for ambulation:

- None
- Cane
- Crutches
- Walker
- Other: \_\_\_\_\_

V. Wheelchair use will only be allowed for the following reasons and only if the offender refuses to ambulate

- None
- To showers (if not available in cell)
- To medically necessary appointments or emergent/urgent services
- To accommodate security necessary movement
- To court hearings and attorney meetings
- Other: \_\_\_\_\_

VI. Locomotion and accessing services

- 1. Offender will be required to obtain all desired services on his own. Aberrant locomotion (i.e. crawling, scooting, or dragging oneself) will be allowed, if preferred by the offender over ambulation with prescribed assistive devices. NOTE: The committee must require frequent skin assessments by both nursing and provider in Section I if aberrant locomotion is allowed.
- 2. Offender will be allowed to obtain desired services on his own only if ambulating with or without prescribed assistive devices. Aberrant locomotion will not be allowed outside the offender's immediate personal housing area. NOTE: The committee must also select one of the following four directions if aberrant locomotion is not allowed:
  - A. No services will be provided that the offender elects to not access. NOTE: The committee must require frequent assessments by both nursing and provider in Section I. If the offender does not maintain basic activities of daily living such as feeding, toileting, bathing, and medicating, unit staff must initiate one of the other three directions below to ensure the offender's health and safety are not jeopardized (i.e. substantial weight loss, grossly inadequate personal hygiene, failing to comply with critical medications prescribed for serious medical conditions.
  - B. Necessary services, such as meals and medications, will be provided in cell. Other services, such as commissary, library, and recreation will not be provided if the offender elects not to access. (Meals need not be the same as those served in chow hall but will meet nutritional standards)
  - C. All services desired by offender will be provided in cell or accessed by convenience wheelchair.
  - D. All services desired by offender will be provided in the same manner as other offenders confined to their housing area.

VII. Unit nursing and medical exams:

1. Patient will be seen by unit nursing staff at least
  - Daily
  - Every other day
  - Weekly
  - Monthly
  
2. Patient will be assessed by unit nursing at least
  - Daily
  - Every other day
  - Weekly
  - Monthly
  
3. Unit nursing assessments will include
  - Vital signs, including weight
  - Focused physical assessment
  - Skin assessment for breakdown in areas indicated by patient's behavior (i.e. pressure ulceration due to lack of movement, repetitive trauma to body parts not intended for locomotion)
  - Other: \_\_\_\_\_
  
4. Patient will be evaluated by unit medical provider at least
  - Weekly
  - Monthly
  - Quarterly
  
5. Unit medical provider evaluations will include
  - Vital signs, including weight
  - General physical assessment
  - Evaluation of reflexes, sensation, and strength
  - Documentation of presence or absence of muscle atrophy
  - Skin assessment for breakdown in areas indicated by patient's behavior (i.e. pressure ulceration due to lack of movement, repetitive trauma to body parts not intended for locomotion)
  - Other: \_\_\_\_\_