

**HEALTH SERVICES FOR COMMUNITY LIVING**  
**SPECIALIZED SEATING CONSULTATION SERVICE PROTOCOLS**  
**REVISED FEBRUARY 2025**

A specialized seating consultation service for adults with Developmental Disabilities who receive services from Health Services for Community Living (HSCL) has been available since August 2000. These revised protocols take the place of previous protocols. The service is provided under a provincial contract and is available to all BC health regions. The Capital Regional District (Vancouver Island south of Duncan) is exempt from this contract. Specialized seating consultation services are covered through the provincial contract and there is no additional cost to clients or health regions.

### **DESCRIPTION OF SERVICE**

Access Community Therapists Ltd. (Access) is contracted to provide specialized seating consultation services for adults with Developmental Disabilities who are supported by Community Living BC (CLBC) and the Health Services for Community Living (HSCL) programs. These services are intended to augment locally available supports provided by HSCL or Home & Community Care Therapists (i.e., Occupational Therapist, Physiotherapist). The expectation is that the referring clinicians provide wheelchair seating and mobility interventions to the extent of their skill and experience. The referring clinician determines when to request seating consultation. See [Appendix A](#) for information on the types of seating clients that might be referred to.

Access seating consultants provide services in the Lower Mainland (Greater Vancouver, Fraser Valley) and on an outreach basis to BC communities served outside of this region except for the Capital Regional District of Vancouver Island due to historical exemption.

### **REFERRALS**

The community clinician makes referrals to the Specialized Seating Consultation Service. Where there is no identified HSCL clinician, a referral from a Home & Community Care clinician is accepted. See [Appendix B](#) for further referral guidelines. A referring clinician may contact the Access seating consultant or the Seating program manager directly for discussion about a client or to determine the need for a seating referral.

The completed HSCL Request for Specialized Services form ([Appendix C](#)) is faxed or emailed with encryption to:

**Access Community Therapists Ltd.**  
**Fax: 604-736-7019**  
**Email: [info@accesstherapists.com](mailto:info@accesstherapists.com)**

Access will confirm receipt of the referral to the referral source by email within three working days. If confirmation is not received within this time frame the referral source is asked to call Access at (604) 736-7009.

New and/or urgent client information regarding a change in health status affecting seating interventions should be directed to Access at the above contact. Access will ensure the appropriate seating consultant receives the information in a timely manner.

### **Urgent Referrals**

An urgent referral can be indicated in the space provided on the referral form. Examples of indicators for an urgent seating consultation may include:

- Pressure injuries
- Other immediate health or safety risks

Urgent referrals will be responded to by phone call or email from the seating consultant to both the client and referring clinician within two working days of receipt. Immediate management strategies may be suggested and an appointment for an initial assessment will be scheduled. The appointment may be in-person or virtual.

### **Re-referrals**

If a client has been discharged, or the client has not been seen within the year, a new referral is required.

### **DESCRIPTION OF THE SEATING CONSULTATION PROCESS**

1. The community clinician generates the seating referral and faxes to (604) 736-7019 or emails it with encryption to [info@accesstherapists.com](mailto:info@accesstherapists.com) to the Access office.
2. Access office confirms receipt of the referral to the referral source and forwards the referral to the assigned seating consultant.
3. The assigned seating consultant contacts the referring clinician to discuss desired level of the consultant's involvement and to make an appointment for a joint initial assessment. For example, the referring clinician may choose to attend all appointments or may only attend assessment and final fitting appointments either virtually or in person.
4. The joint initial assessment usually occurs at the client's home with both the seating consultant and the referring clinician in attendance. Consent is obtained from the client or substitute decision maker. Key caregivers/family members may also attend this appointment.
5. Subsequent seating consultation appointments may occur at the client's home or at the medical equipment vendor/seating technician's shop.

6. Equipment is specified by the seating consultant and equipment quotes are provided by the vendor/technician to the seating consultant.
7. The seating report with recommendations is generated by the seating consultant and forwarded to the referring clinician with equipment quotes and other relevant information attached.
8. The expectation is that the referring clinician pursues funding using the seating report to justify equipment. By exception, the seating consultant may be asked to pursue funding. The seating consultant or is best equipped to field questions from the Ministry of Social Development and Poverty Reduction (MSDPR).
9. When the funding has been approved (approval letter received by client and seating consultant) and the equipment is ready to be supplied, the first fitting appointment is set, and any additional fittings are booked as needed.
10. The follow-up/final visit is ideally a joint visit by the seating consultant and referring clinician so that they fully understand what is being prescribed and can follow-up appropriately. If specific positioning guidelines and/or formal training of caregivers is required, this can be done by either the referring clinician or seating consultant as agreed on jointly.
11. The referring clinician is responsible for long-term follow-up with the client (monitoring fit and function of the prescribed seating system and ensuring that continuing to meet needs). They may consult by phone with the seating consultant as required and can request further joint follow-up visits as needed at any time.
12. The seating consultant can continue to consult on the referred client for up to a year from the date of the discharge. One year after final contact a new referral is required.
13. Client files with high complexity seating needs may remain open with ongoing contact with the client, vendor, and home.

For further information or clarification for use of HSCCL Seating Service Protocols please contact the Access Office at 604-736-7009 or [info@accesstherapists.com](mailto:info@accesstherapists.com).

Submitted By;

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## APPENDIX A: LEVELS OF SEATING COMPLEXITY WITH CLIENT EXAMPLES TO GUIDE REFERRALS

The scenarios below provide examples which illustrate how the HSCL Specialized Seating Consultation Service can be used by the referring clinician within the overall intent of the service, as described in the protocols.

### Seating can be divided into three levels of complexity

#### 1. Low Complexity seating needs clients:

- can sit independently or with basic seating
- do not have complex health needs such as seizure disorders, pressure wounds or dysphagia
- use a basic manual or power wheelchair, full or part-time

*Expectation is that these clients would not be referred for specialized seating services*

#### 2. Medium Complexity seating needs clients:

- have moderately complex health needs, for example may have skin concerns.
- require postural support and correction
- require commercial seating systems
- require more than a basic wheelchair – for example rigid manual or tilt in space

*Expectation is that some of these clients would be referred for specialized seating services*

#### 3. High Complexity seating needs clients:

- have two or more complicating health issues
- require custom molded seating
- require at least a tilt in space mobility base, power or manual

*Expectation is that all these clients would be referred for specialized seating services*

### Example of HSCL Client with **Low Complexity** Seating Needs:

**Client Description:** Client with a developmental disability and no orthopedic deformities lives in a group home. Client has been ambulatory with a walker however the group home has made a referral to the HSCL therapist as they are finding that the client tires on outings. This client requires a manual wheelchair, primarily for community outings.

**Clinical Requirements:** This client require a seating assessment in the home and wheelchair and commercial seating (cushion and backrest) trials prior to letter of justification, fitting and follow-up in the home with the new system.

**Use of Contract: NO REFERRAL MADE:** his client would be managed by the HSCL clinician and not referred to the Specialized Seating Consultation Service.

### Example of HSCL Client with **Moderate Complexity** Seating Needs:

**Client Description:** 28-year-old client with Cerebral Palsy, (lower extremities mainly affected), living in a shared family home. Client has had lower extremity orthopedic surgeries to promote walking as a child. The last seating assessment and prescription was done by the Child Development Center OT at time of transition to adulthood. Client self-propels their manual wheelchair and can transfer independently. The support society has made a referral requesting replacement of the manual wheelchair due to wear (chair 10 years old) and due to client complaint of general discomfort and left shoulder pain.

**Clinical Requirements:** This client requires a comprehensive seating assessment, including full physical mat assessment, skin check, review of current wheelchair and seating components and file review. This client would generally require commercial seating components, however, depending on any deformity present may require some customization. Wheelchair set-up to optimize self-propulsion is a critical component to maintain independence and reduce shoulder pain.

**Potential Use of Contract:**

- A. **NO REFERRAL MADE:** HSCCL clinicians experienced with assessment and provision of seating and wheelchairs may feel comfortable proceeding through the seating process without making a referral to the Specialized Seating Consultation Service
- B. **REFERRAL MADE:** HSCCL clinician may make referral to the Specialized Seating Consultation Service and request initial assessment be done with the seating consultant and then may continue to complete the process with or without support from the consultant (virtual or in person).
- C. **REFERRAL MADE:** HSCCL clinician refers to the Specialized Seating Consultation Service for consultation on this client as per the contract protocols (see Seating Consultation Process) and the seating consultant performs all aspects of the process with the referring clinician, participating to the level they choose (see protocols)

Example of HSCCL Client with **High Complexity** Seating Needs:

**Client Description:** This client is a 21-year-old young woman living with her parents and fully dependent for all her care. Client has Cerebral Palsy with spastic quadriplegia (extensor tone), seizure disorder, stage two pressure injury on right ischial tuberosity (sit bone) and dysphagia. She is G-tube fed and is on continuous feeding while up in her wheelchair. She is usually dependent for mobility but has in the past used a power wheelchair with head controls at school only. She has a severe scoliosis (90-degree curve) and has had spinal fusion but the rods have failed and she presents with a severe curvature of spine. Her wheelchair seating (fully custom using foam in box technology) has previously been done by Sunny Hill Positioning and Mobility Team. She has an alternate communication device on her chair. The client's parents have made a request to the HSCCL clinician for a new wheelchair and seating system as she is no longer comfortable in her chair.

**Clinical Requirements:** This client requires a comprehensive seating assessment, including full physical mat assessment, description of orthopedic deformities (fixed or flexible), observation and description of pressure injury, review of current wheelchair and seating components and file review. Ideally the

last Sunny Hill Seating Report should be reviewed. This client would generally require full custom seating with postural correction due to flexible scoliosis, pressure offloading or redistribution seating surface, hardware to support communication devices. Power mobility assessment to determine if this is still viable.

**Use of Contract: REFERRAL MADE** This client should be referred to the Specialized Seating Consultation Service. This contract was designed to meet the needs of clients with high complexity seating needs. Typically, clients who have received custom seating via Sunny Hill will continue to require this level of seating expertise as adults. As per the protocols, the referring therapist can decide on their level of participation in this process, but this would generally include involvement at the initial seating assessment, and the final fitting.

## **APPENDIX B: TYPES OF REFERRALS ACCEPTED IN THE HSCL SEATING CONTRACT**

Access Community Therapists Ltd has been providing a specialty seating consultation service for adults with Developmental Disabilities who receive services from Health Services for Community Living since August 2000. Please refer to the HSCL Specialized Seating Contract Protocols (2025) for further information.

### **Purpose:**

Clarification of the type of referrals accepted under this contract. The HSCL or Home and Community Care therapists provide wheelchair seating and mobility interventions to the extent of their skill and comfort level. A seating consultation is generally requested when the client's seating needs exceed what the therapist feels they have the experience to provide. See Low, Medium and High Complexity seating examples in the contract protocols.

### **Referrals can be made for:**

- Wheelchair seating - commercial or custom
- Manual wheelchair frames
- Power wheelchair bases
- Alternative driving controls
- Alternative seating/positioning such as Comfy Chairs
- Custom seating on shower commode mobility devices
- Complex bed positioning and sidelyers
- Other types of seating such as for recreational equipment

### **Referrals which do not meet Contract Guidelines**

- Standing frames
- Gait aids such as canes, walkers, specialty walkers
- Beds and Mattresses
- Standard bathroom equipment
- Lifting devices
- Orthotics and prosthetics except when they are part of the seating system
- Movement programs or other physical management requests not related to seating and positioning

If you are not sure if your referral request fits the criteria, do not hesitate to contact Access Community Therapists at 604-736-7009 or at [info@accesstherapists.com](mailto:info@accesstherapists.com). The HSCL Seating Contract Protocols can be downloaded from the Access website (under Services/HSCL Resources) at [www.AccessTherapists.com](http://www.AccessTherapists.com).

Fax this referral to 604-736-7019



**ACCESS**  
COMMUNITY THERAPISTS LTD

**HSCL Specialized Seating or Dysphagia Consultation Referral Form**

**Please ensure referral and addendum are complete. Incomplete referrals will be returned.**

(Refer to February 2025 HSCL Protocols for Access Seating and Dysphagia Consultation Services for more information)

DATE OF REFERRAL  URGENT REFERRAL

Specialized Seating and Mobility Services  Specialized Dysphagia Services

Dietitian Involved Yes  No

Dental Hygienist Involved Yes  No

Consultation Requested By HSCL/Home Health: Nurse <input type="checkbox"/> Rehab Therapist <input type="checkbox"/> Other <input type="checkbox"/>	
Name	Email
Phone Number	Health Unit / Title

Consultation Requested For:				
Legal Last Name	Legal First Name	Initial	Name client goes by	Pronouns
Address		City		Postal Code
Personal Health Number	Date of Birth (yyyy/mm/dd)	Phone Number		
Primary Contact Person	Service Provider Agency	Phone Number		

Other Contacts	Aware of Referral	Phone	Email
Family Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Physician(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Decision Maker Self <input type="checkbox"/> Other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Diagnosis:

Relevant Medical History:

Reason for Referral:

Will you attend the appointments: Yes  No  Details for booking:

\*\*Please also complete the  Complex Seating or  Dysphagia Symptom Checklist addendum (attached)

Access Community Therapists Ltd is contracted to provide services for HSCL clients throughout BC. As required by this contract, Access Community Therapists follows the provisions of the Freedom of Information and Protection of Privacy Act. Under this legislation, health authority staff and Access Community Therapists can share personal client information to support continuity and safety of care. Form revised Sept 2025.

Fax this referral to 604-736-7019



**ACCESS**  
COMMUNITY THERAPISTS LTD

**HSCL-S Seating Referral Addendum – please include with all seating referrals**

<b>BACKGROUND INFORMATION</b>	
<b>Client's legal name</b>	<b>Date</b>
<b>Funding information</b>	
<b>Current wheelchair and seating (include age, provider, issues)</b>	
<b>Vendor of choice for new equipment</b>	
<b>Safety issues</b>	
<b>Skin concerns including pressure injuries (history, location, stage of injury if known)</b>	
<b>Goal(s) of referral</b>	
<b>Interventions trialed so far to address goal</b>	
<b>Additional information</b>	



Fax this referral to 604-736-7019

**HSCL-D Dysphagia Referral Symptom Checklist Addendum – please include with all dysphagia referrals**

**Client's legal name:**

**Date of checklist completion:**

**Health/medical red flags:**

- Recent hospitalization for pneumonia
- Choking episodes/High risk for choking
- Chronic respiratory problems/chest infections/bronchitis
- History of pneumonia, asthma, respiratory or food-related allergies
- Recent CVA, TIA → eating difficulty
- Change in level of alertness (increased anxiety/agitation or reduced alertness)
- Sudden change in eating/drinking pattern
- Symptoms of dehydration (e.g. concentrated urine, constipation)
- Sudden/unexplained weight loss (>5% of usual weight in 1 month)
- Recurrent vomiting
- History of reflux/chronic symptoms of heartburn

**Before the meal:**

- Drooling (not during eating or drinking)
- Gurgly, wet vocal sounds (before eating or drinking)
- Problems with getting food from plate to mouth
- Negative reaction to spoon/cup near mouth
- Refusal to eat/drink
- Poor posture at meals

**During the meal:**

- Discomfort or distress
- Loss of food or liquid from mouth (during eating or drinking)
- Difficulty, excessive or no chewing
- Problems moving food/drink in mouth
- Problems moving tongue
- Extended mealtimes (more than 45 minutes per meal)

**Managing food/liquid:**

- Coughing during or after taking food, drink or medication
- Gagging while eating/drinking
- Multiple swallows per mouthful
- Effortful or audible swallow
- Food or drink coming out of nose during meals
- Food residue in mouth after swallow
- Gurgly, wet vocal sounds (after eating or drinking)
- Change in breathing pattern, increased congestion while eating/drinking

**Problems with mouth or teeth:**

- Poor jaw movement
- Abnormal structures affecting eating/drinking (e.g. swelling, sores, etc.)
- No teeth/missing teeth/poor fitting dentures
- Dental decay/poor dental hygiene