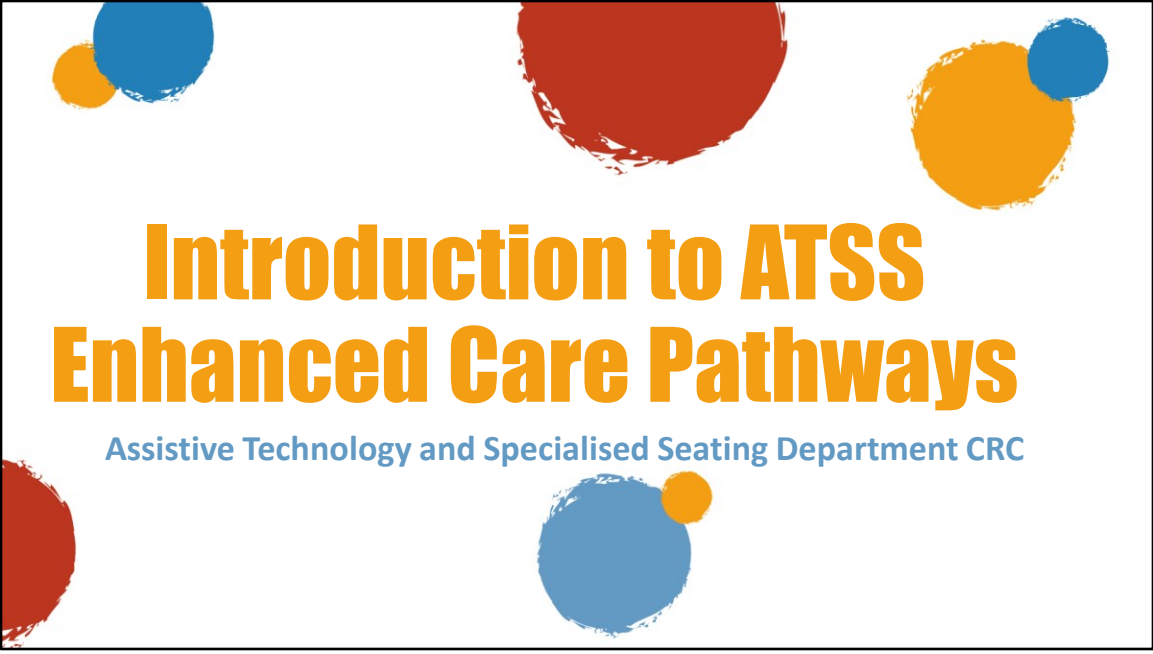


A decorative graphic featuring several overlapping circles in blue, red, and orange, some with a textured, hand-painted appearance, arranged around the central text.

Introduction to ATSS Enhanced Care Pathways

Assistive Technology and Specialised Seating Department CRC

My name is Ruth Hanley and this is Sinead Frawley. We are senior occupational therapists in the specialised seating and assistive technology department in the CRC.

Feel free to ask questions throughout the presentation. You can put these into the chat section. We will also have an opportunity for questions at the end of the presentation.



Aims

1. Introduction to Assistive Technology and Specialised Seating Department
2. What is specialised seating?
3. What is assistive technology?
4. Introduction to the Enhanced Care Pathways
5. Research, Development and Outcome measures
6. Introduction to the training series and learning needs questionnaire



Today's presentation aims to give you an introduction to the ATSS service and give you an overview of specialising seating and assistive technology.

We will introduce you to our enhanced care pathways, the research our department is covering and an introduction to this training series and our learning needs questionnaire.

Introduction to ATSS

ATSS is a national service offering assessment, recommendation, and advice of assistive technology and procurement and supply of specialised seating systems.

Our focus is on client-centred solutions, based on the person's needs and ability, not their disability and aimed at improving participation in functional activities of daily life.

The overarching goal of rehabilitation is that a person with a disability should be as independent as possible and be able to take part in society in a meaningful way.

ATSS is a national service offering assessment, recommendation, and advice of assistive technology and procurement and supply of specialised seating systems.

ATSS looks for integrative solutions in the home and local environment, the community, in education and employment and for leisure & recreation.

The overarching goal of rehabilitation is that a person with a disability should be as independent as possible and be able to take part in society in a meaningful way.

Our focus is on client-centred solutions, based on the person's needs and ability, not their disability and aimed at improving participation in functional activities of daily life.



Introduction to ATSS

ATSS are specialist partners to primary care and provides advice, support and services for children and adult with physical disabilities.

Our care model is clinically integrated, meaning that we bring together experts from many areas to address the client's needs and to achieve the best possible outcome.

ATSS has a multidisciplinary team of engineers, therapists and technicians who work with our clients, their families and support teams to provide the best results.

ATSS provides specialised support to community therapists in the form of advise, support or collaborative working for an episode of care. We offer services to children and adults with physical disabilities.

Our service model is structured around the client and we aim to bring together experts from a variety of backgrounds to address the client's needs so that the best possible outcome can be achieved.

ATSS has a multidisciplinary team of engineers, occupational therapists, physiotherapists along with seating and assistive technology technicians. We are supported by a strong team of administrators who assist with the day to day running and coordination of each clinic.

Where are we based?

ATSS is a national outpatient service that supports primary care, disability and acute services

Bases in Dublin, Limerick and Waterford

Outreach services – Portlaoise, Mullingar, Trim

“An outreach service is delivered at a centre as locally as possible for the child and family, with Children’s Disability Network Team or Primary Care services members attending alongside the children and families with whom they work”
(Guidance Doc on Specialist Supports 2016)

(Guidance Doc on Specialist Supports 2016)



We are a national outpatient service who work collaboratively and support primary care, disability and acute services.

We have bases in Dublin, Limerick and Waterford with outreach services in Portlaoise, Mullingar and Trim.

One of the areas we are developing is our outreach services. We aim to deliver our service as locally as possible for our clients. This can also support primary therapists to attend appointments alongside the child or adult. Providing a local service is in line with the recommendation for specialised services. This is detailed by the HSE in their guidance document for specialised supports for progressing disabilities services.

Outreach Service Benefits

Client/Family

- Reduced travel time – reduce stress
- Reduce fatigue
- Familiar location
- Support key local therapist

Local Team

- Collaborative assessment with specialist team
- Support client post supply of equipment
- Support key workers of client(school/Day service) regarding correct positioning and use of equipment

ATSS

- Client /family more relaxed
- Assessment process benefits from the local knowledge of team re: home, school, day service environment
- Collaborative approach - local team more invested in end product solution and can support client, family and key workers supporting the client

Providing services in an outreach model has a lot of benefits for all those involved.

For the client and family, travel time is reduced which in turn reduces stress and fatigue. We are finding this is very helpful in the assessment process as the client has more energy for the appointment. Providing the service in a familiar location, supported by a familiar therapist, helps to alleviate a lot of anxiety and stress that may be associated with attending a new location with new faces.

For the local team, we have received feedback on our outreach appointments that are currently running. They reported that the assessment was more collaborative. Key members of a client's team could attend and go through positioning in the equipment and support post supply was easier for families to access.

For us in ATSS we found that families and clients are more relaxed in their own environment. We have really benefited from the local knowledge of funding routes, school and day service environments and the collaborative way of working has meant that the product solution works for clients, families, therapists and key workers.

What is specialised seating?

Specialised Seating is a term that describes the postural system or components that are designed to be used in conjunction with a seating base to promote good posture while at the same time facilitating a person's function and participation in everyday activities.

Benefits:

Reduction in hip subluxation

Improved upper limb function

Improvements in respiration and feeding

- Improved personal interaction

- Better opportunities in education and employment

Specialised Wheelchair Seating National Clinical Guidelines British Society of Rehabilitation Medicine, 2004

SINEAD

Specialised wheelchair Seating National Clinical Guidelines from the British Society of Rehabilitation Medicine 2004 describes Specialised Seating as the postural system or components that are designed to be used in conjunction with a seating base to promote good posture while at the same time facilitating a person's function and participation in everyday activities.

There is evidence to show that specialised seating can contribute to a reduction in hip subluxation, improved upper limb function, improved respiration and feeding and can contribute to good skin health.

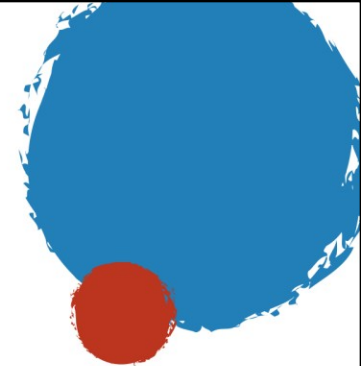
It has also been shown to improve interactions and providing better opportunities in education and employment. In addition, there is anecdotal evidence to suggest that specialised wheelchair seating also contributes to comfort, dignity and psychological well being.

The majority of clients who access our department for specialised seating would have a diagnosis of cerebral palsy GMFCS level 4 or 5, muscular dystrophy, spina bifida or

genetic conditions.

A wide variety of adult clients access our services, including persons with lifelong disabilities such as CP and neurological conditions such as MND and MS.

So what are we aiming to achieve?



- To support postural alignment
 - Provide balance
 - Provide adequate base of support
 - Slow down or correct flexible deformity
 - Accommodate fixed deformity
 - Manage tone
- To facilitate function
 - Mobility (manual or power)
 - Activity related function i.e., ADL's
 - Physiological function
- To protect the integrity of the skin
- To provide comfort

Specialised Wheelchair Seating National Clinical Guidelines British Society of Rehabilitation Medicine, 2004

SINEAD

Firstly, seating aims to support the body's postural alignment. This includes providing balance and an adequate base of support, correcting flexible deformities and accommodating fixed deformities. Seating and positioning can also help in the management of tone. For example, you can compensate for a child who has decreased tone or inhibit non-functional or dynamic tone as appropriate.

Specialised seating also aims to facilitate function, primarily mobility either through manual and powered wheelchairs, activity related function such as feeding and communication, and preserve and promote physiological functions such as respiration, digestion and cardiovascular.

Finally, seating aims to protect the integrity of the skin and to provide comfort.

Specialised seating is a type of assistive technology designed to help people sit safely, comfortably, and in a way that supports their body properly.

What is Assistive Technology?



Assistive technology is any item, piece of equipment, software program, or product system used by individuals in order to perform functions that they may find difficult or impossible.

It can be any piece of equipment or system, whether acquired commercially, modified or customised, that is used to increase, maintain, or improve functional capabilities of a person with disabilities.



SINEAD

Assistive technology is any item, piece of equipment, software program, or product system used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. It provides practical solutions to everyday life activities using specialised and mainstream products for computer access, alternative communication systems and environmental controls.

Assistive technology means any tool, device, or equipment that helps a person do something that would otherwise be difficult because of a disability.

Aims:

- Participate to the best of their ability in home, work and their community
- Increase opportunities for social interactions
- To empower students to become independent learners
- Improve equality of access across the curriculum
- Integration with their peers in terms of course or project work
- Increase their potential for employment

Assistive Technology is identified by the United Nation Convention on the Rights of Persons with Disabilities as a human right obligation.



www.parentcenterhub.org

Sinead

What are the aims of Assistive technology?

Overall, assistive technology aims to allow people with disabilities to "participate more fully in all aspects of life (home, work, and community)" and increases their opportunities for "education, social interactions, and their potential for meaningful employment." It creates greater independence and control for people with disabilities.

AT enables people with difficulties in functioning to live healthy, productive, independent, and dignified lives, taking part in education, work and social life.

It can reduce the need for formal health and support services, long-term care, and the burden on carers. Without assistive technology, people with disabilities are often excluded, isolated, and the burden of morbidity and disability increases

Assistive technology (AT) is identified by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) as human rights obligation. It is seen as the first step towards equal opportunities.

It also identified that One billion people globally need assistive technology to lead healthy, productive and dignified lives but only one in 10 has access.

Referrals

Referrals

CRC Central Remedial Clinic

Assistive Technology & Specialised Seating (ATSS)
ATSS Referral Form

REFERRAL CRITERIA

SCAN ME

Section 1: Client Details Please complete all required fields marked with an asterisk (*)

1.1 Client's Personal Details:

Surname:* First name:* DOB:*
Address:* Eircode:*
Phone #1: Phone #2: Email:
Medical Card No. / Long-Term Illness (LTI) No.:* Expiry Date:
Has client given consent for this referral?* ☐ Yes ☐ No 1st language: English
Interpreter required? ☐ Yes ☒ No

1.2 Key Contact Person / Guardian / Next of Kin:

Surname: First name: Relationship: Please select
Address: Eircode:
Phone #1: Phone #2: Email:

RUTH

In order to access ATSS services, the primary therapists needs to complete a referral form for the client which is shown on this screen. This gives us information on their current equipment, their goals, diagnosis and needs. You can get a copy of the referral form on the CRC website.

Once complete, the referral goes to our referral committee for prioritisation. If appropriate and accepted, the client is put on the correct waitlist for the location and clinic type appropriate to their needs.

If a home visit or school visit is needed, the reasons should be highlighted in the referral form for consideration. If approved, this is noted on the waitlist.

When an appointment is allocated, the primary therapist will be contacted and asked to attend. We encourage primary therapists to attend where possible, or provide information on the client and their needs as their insight into the child's holistic care is invaluable.



Referrals

Any person with:

a primary complex physical disability,
dual diagnosis (physical and intellectual disability),
a complex neurological and/or neuromuscular disorder

Who requires:

specialised postural support and mobility to optimise function within their daily lives,

and/or

technology for communication, alternative access to electronic assistive technology
solutions for education, employment, mobility, leisure or community-based activities.



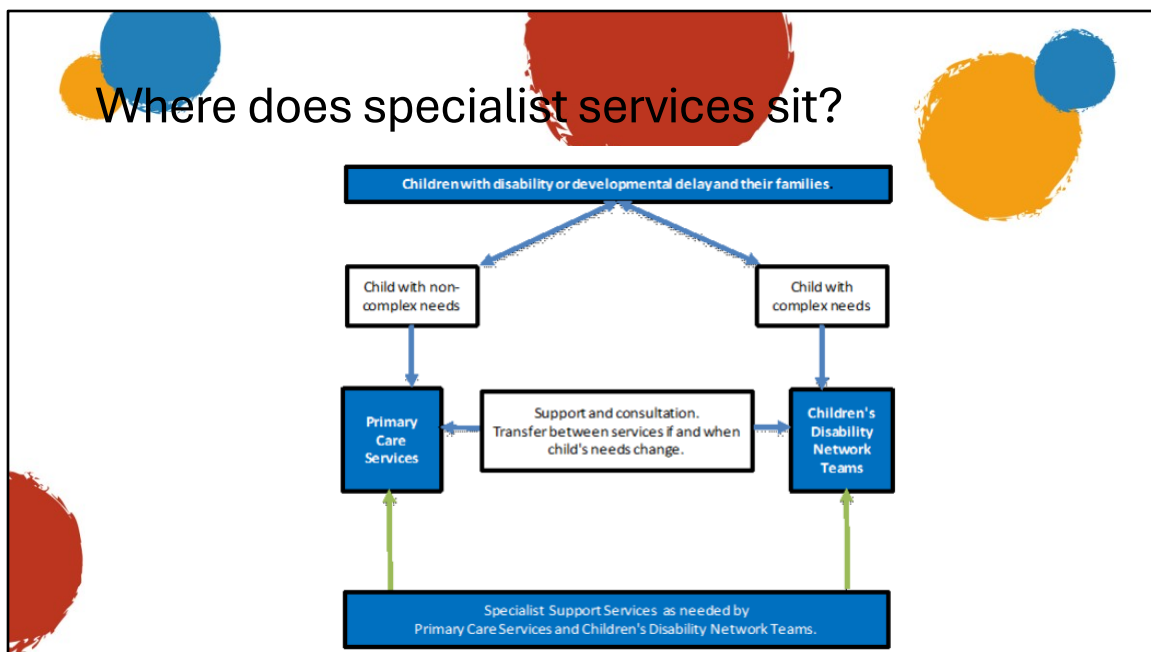
In the national assistive technology service we accept referrals for any person who has a primary physical disabilities, GMFCS level IV/V or equivalent. So this would be someone who is fully reliant on their wheelchair for mobility. A dual diagnosis of physical or intellectual disability or a neurological or neuromuscular disorder are also accepted.

In terms of assistive technology, our service users require high tech assistive technology solutions which may need to be integrated into their wheelchair for access. Clients we see may require complex access solutions such as switch or eye gaze technology.

In terms of who we don't see. We don't accept referrals for standard equipment for non-complex AT needs or general handwriting difficulties such as laptops without the need for alternative access.

For specialised seating referrals, our service users would generally use high specification manual or powered wheelchairs and may require customised adaptations to meet their needs.

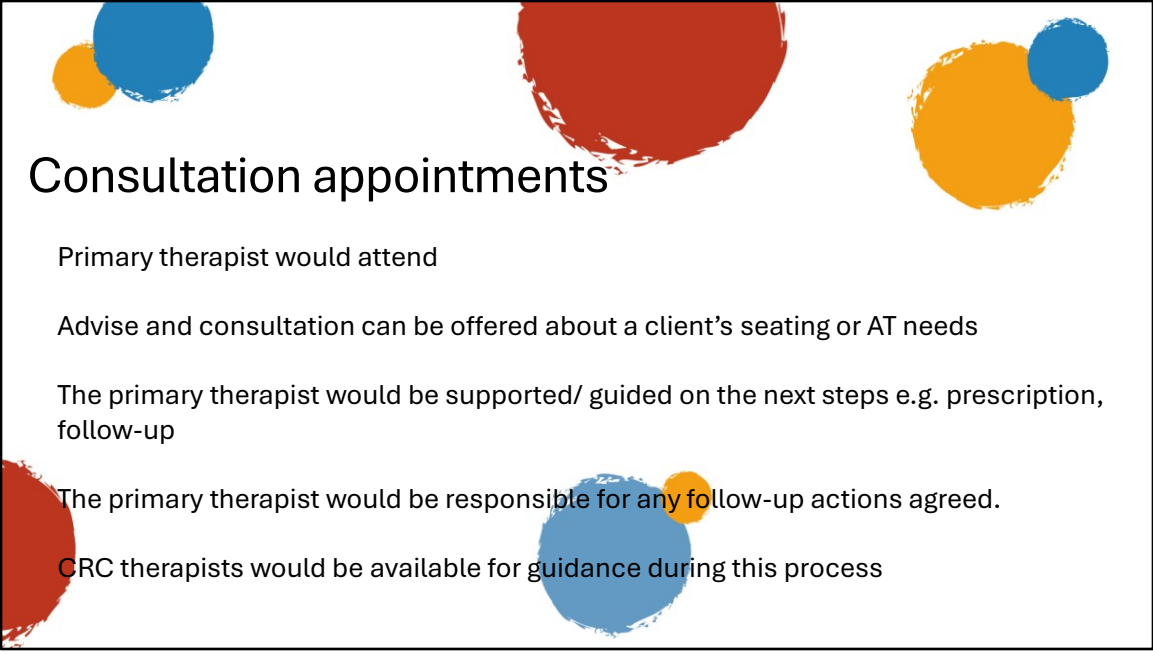
Where does specialist services sit?



Lets take a look at where the Assistive Technology and Specialised Seating Department fits within the HSE. In terms of paediatrics, [Progressing Disability Services \(PDS\)](#) is a [national programme](#) to reorganise children's disability services. Each child with a disability is assigned to a Children's Disability Network Team based on their home address. Those with less complex needs would attend a primary care service.

This visual is taken from the national PDS policy on access to services for children and young people with disabilities and developmental delay.

ATSS would be considered a specialist support service which should be accessed as needed by primary care services and children's disability network teams. We aim to provide support and consultations in line with the PDS aims to collaboratively meet the client's goals. Throughout our intervention with the child, their disability network team therapists would remain their primary therapists. We are there to address a specific episode of care or need.



Consultation appointments

Primary therapist would attend

Advise and consultation can be offered about a client's seating or AT needs

The primary therapist would be supported/ guided on the next steps e.g. prescription, follow-up

The primary therapist would be responsible for any follow-up actions agreed.

CRC therapists would be available for guidance during this process

We also offer consultation appointment. This means that we offer advice to the primary therapists around the client's seating or AT needs.

The primary therapist would be supported on the next steps in the process such as equipment options to trial, prescription etc with the primary therapist responsible for any follow-up actions agreed.

The CRC therapists would be available for guidance during the process.

Pathway

Direct Pathway

Each clinic follows a standardised process from receipt to discharge:

1. Referral receipt, triage and prioritisation
2. Pre-clinic preparation and information gathering
3. Assessment (in-person or virtual)
4. Trial (where needed)
5. Prescription / intervention
6. Supply of prescribed equipment incl. training for client and their family / supports

What happens next:

7. Technical support for supplied equipment
8. Review and follow-up
9. Discharge or step-down to local services



Enhanced complex care pathways are structured healthcare programs that provide coordinated, multi-disciplinary assessments and treatments for clients with severe, high-need, or multi-layered medical conditions and disabilities. Our Enhanced Complex Care pathways deliver specialist, multidisciplinary assessments, and interventions nationally for children and adults with complex disabilities where specific needs require expertise not solely available through local services.

Direct Pathway

Each clinic follows a standardised process from referral receipt to discharge:

1. Referral receipt, triage and prioritisation
2. Pre-clinic preparation and information gathering by the ATSS team
3. the client would then attend for Assessment (in-person or virtual- where appropriate)
4. They would then attend for Trial (where needed)
5. A Prescription would be completed for the recommended equipment
6. And a Supply appointment would be offered to set up the prescribed equipment. This includes training for the client and their family / supports

What happens next:

7. We also offer Technical support for supplied equipment such as assistive technology devices
8. A Review by phone is completed and follow-up appointment scheduled if required
9. Complete the episode of care and step-down to local services

Enhanced care pathways in ATSS



1. Complex Customised Moulded Seating
2. Specialist Manual Mobility
3. Specialist Access Power mobility and Assistive Technology
4. Technical Appointment ATSS Engineering

In ATSS we follow 4 enhanced care pathway routes which we are going to discuss in the upcoming slides. They cover custom moulded seating, manual mobility, power mobility and assistive technology

1 Custom Complex Moulded Seating Service



The 1st pathway relates to complex custom moulded seating.

Custom moulded seating (CMS) is recommended for children and adults with significant motor and functional impairments. These clients are referred to ATSS services when modular or 'off the shelf' seating does not meet their complex postural support needs. CMS is designed based on an impression taken of the user's body resulting in a bespoke seat matching the contours of their shape. CMS is secured onto manual and powered wheelchairs, and custom moulded comfort seats are also provided for those with limited sitting tolerance. CMS provides more corrective postural support than modular seating, counteracting pathological postural tendencies caused by abnormal muscle tone. The close contact support provided by CMS increases overall pressure distribution, enhancing comfort and reducing pressure over weightbearing areas of the body. CMS can slow the progression of musculoskeletal deformities such as hip dislocation and scoliosis when used as part of 24hr posture care programme. As well as this CMS provides enhanced postural stability which facilitates users' functional performance and participation in activities of daily life.

Following an initial assessment a report is sent by ATSS clinicians to the HSE

applying for funding for a CMS and if required manual and/or powered wheelchair that best meets the user's needs. Once funding is approved, CMS provision involves three stages generally 4 weeks apart: shape capture, followed by a CMS 'midfit' then CMS supply.

Clinics operate weekly across the four ATSS hubs (Clontarf, Clondalkin, Waterford, Limerick). Frequency and staffing are determined by local demand and capacity.

We currently have PhD research being completed in our department on custom moulded seating for children and young people. Our clinicians have published articles in relation to CMS and can be found in the Disability and Rehabilitation: Assistive Technology Journal.

Case study: Chloe



Chloe is a 3 year old girl with a diagnosis of epileptic (EN-CEPH-E-LOP-OTHY) encephalopathy. She is PEG fed and uses a suction machine. She had a Tom Streeter buggy and Lecky be me activity chair and attends preschool on a part time basis. Her family and primary therapy team had concerns about a progressing S shaped scoliosis and safety concerns due to sliding in her seat.

Physically she presented with rotation of the pelvis and obliquity which can both be corrected with support. She has a c shaped kyphosis from pelvis to head and flat lumbar spine. Her head drops without support. She presents with extensor tone. She has tight hamstrings and tightness was observed in hip abduction. As you can see from the photos, she tends to windsweep her legs to the right. She presents with an S shaped fixed scoliosis.

She attended for an initial assessment, in which a kimba home and kimba buggy base were chosen. Due to the complexity of her physical presentation, a custom moulded seat was chosen. As part of the custom moulded seating assessment we completed a detail history and physical assessment. She was then placed into the moulded bags, which you can see in these photos which captured her shape.

Our goal was to correct her pelvic position, create a ramp in the seat to reduce the risk of sliding. A pommel was added medially to optimally position her hips. Support her spine laterally with mild lumbar support was also integrated to support an upright sitting position. We went with a custom moulded head support for optimal head positioning.

The next steps in the process is a midfit appointment which involves the seat coming back in foam and changes made as required. She will then attend for supply of the new seat and this seat can go back and forth between her buggy and activity chair bases using a quick release interface.

2. Specialist Manual Mobility



SINEAD

Our second pathway is specialist manual mobility

Many people may require a manual chair to support with mobility, whether this is just for short term mobility needs or full time use. In many cases these needs can be met with a standard manual chair. However, there is a cohort of people who require a **specialist manual wheelchair** when a standard wheelchair does not adequately meet their mobility, posture, comfort, or independence needs.

Common situations include:

1. Long-term wheelchair use

People who use a wheelchair for many hours every day often need a specialist chair that is: Lightweight and easier to propel, More energy-efficient to reduce strain on the arms and shoulders And Custom-fitted to their body measurements For Examples, people with Spinal cord injury, Cerebral palsy, MS, Muscular dystrophy and spina bifida

2. Complex postural needs

Some people cannot maintain a safe or comfortable sitting position in a standard wheelchair. A specialist wheelchair may include: Custom seating, positional

supports such as Lateral supports, Headrests

They may have pressure issues and require Pressure-relieving cushions or features such as Tilt or recline to manage pressure and postural needs

This is common for people with: Cerebral palsy, Neurological conditions, Severe scoliosis or Muscle weakness

3. Active and independent users

Individuals who self-propel regularly may benefit from an active-user wheelchair that:

Is much lighter than standard models

Has adjustable wheels and seating positions

Improves mobility at home, work, education, and in the community

4. If there is Pressure sore risk

People at risk of skin breakdown or pressure ulcers often require specialist seating systems and cushions to redistribute pressure and protect skin integrity.

5. Growth or changing medical needs

Children and people with progressive conditions may need specialist wheelchairs that can be adjusted over time as their size, posture, or functional abilities change.

6. Specific lifestyle requirements

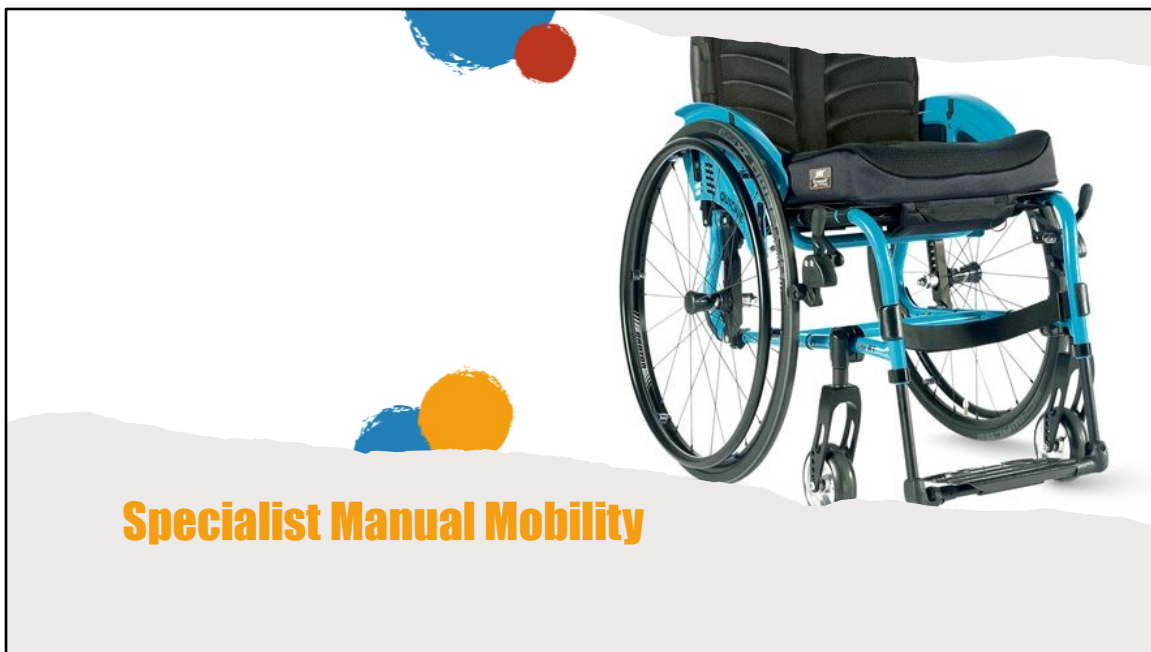
A specialist wheelchair may be needed to:

Access work or school environments

Participate in sports or leisure activities

Improve transport and community access

Manage challenging terrain



SINEAD

The pathway follows a similar flow from referral, through assessment, trial, prescription to supply and review.

In ATSS, we take a collaborative approach to wheelchair prescription including clients, family members, carers, Primary therapists and product specialists involved the process. We assess mobility, posture, physical condition, daily activities, and long-term health needs before recommending the most appropriate wheelchair. Within this category we consider folding vs rigid options, attendant vs self propelled with tilt in space options also considered. This can vary based on variety of factors including

It is always important to consider an individual's unique needs when it comes to [manual mobility](#) and to recommend what will ultimately work best in their situation. The client is the key player in the process.

What are their goals? A thorough [evaluation](#), including day-to-day routines of the individual, the clinical picture, and a trial of equipment options guides the end user to an appropriate solution.

A wheelchair that fits them and fits their lifestyle

The base is first selected and then this can be enhanced with the most appropriate seating solution to support postural needs which can be custom moulded or modular depending on presentation



Case study: David

David is a 19 year old with a dx of spina bifida. He is using his manual wheelchair on a permanent basis. He is an active user and enjoys the freedom it brings him. He enjoys wheelchair sports.

He is very concerned about what the chair looks like. There has been a concern about weight and that he is growing out of his chair quite quickly. He has been linked in with a dietician, but it has been a continued problem and weight is fluctuating. He does not want a chair that has growth in it as he feels it is too heavy. He is keen to explore driving as he is starting a college course. Has a history of pressure on his left gluteal fold

Physical presentation:

Pelvis is oblique left side lower approx. 2" which is partially correctable. Pelvis is rotated forward on the right and associated trunk rotation. Leg length discrepancy shorter on the left and longer on the right. Left hip subluxed and awaiting surgery. Scoliosis concave to the right

He attended in his helium manual chair with ADI carbon fibre backrest and flotech cushion. had numerous repair issues with his helium and preference was for a chair that would be more durable.

A lightweight rigid frame chair was identified as the most appropriate chair. This could be custom spec'd to clients needs. It has a minimalistic design making it more efficient for propelling and suitable for cross body transfers for driving.

It was decided that the seating components needed to be removable, to make the chair lighter and more compact for cross body transfers and for transportation.

Following assessment of his physical presentation a discussion was had with the client in relation to custom vs off the shelf seating. Given his changing profile and weight, at this time a decision to go with a more adjustable backrest was made following a trial within the clinic. This backrest has adjustment built in which will better accommodate the postural asymmetries. An air cushion was indicated given his pressure. The cushion chosen was a mix of air pouches at the back with a firmer foam at the front. The air segment could be adjusted to accommodate the obliquity and the firm foam provided stability to maintain independent transfers to and from the chair.

3 Specialist Power Mobility and Access



Ruth The third pathway is Specialist Power mobility and Access

This service supports clients whose requirements exceed modular or standard driving systems, integrating clinical expertise and technical precision to optimise posture, comfort, and functional outcomes.

This pathway follows a similar format to the other clinics discussed but may require further alternative access trials and involvement of technical staff. Home trials and completion of the PME HSE documentation may be required also. These would be facilitated by the primary therapists on the clients local team.

Similar to the manual wheelchair pathway, It is always important to consider an individual's unique needs and to recommend what will ultimately work best in their situation. The client is the key player in the process.

Clinics operate weekly across the four ATSS hubs (Clontarf, Clondalkin, Waterford, Limerick), supported by satellite outreach and virtual assessments.

Case study

Client: Luke, aged 60

Dx: Spinal cord injury t12 and osteoporosis

Concerns: shoulder pain, difficulty transferring, increased isolation and postural deterioration

Current equipment: RGK with flotech cushion and smart drive



Luke is a 60 year old man with a diagnosis of spinal cord injury, t12. The image on this slide is a stock image.

Luke has been a full time manual wheelchair user for 20 years. He uses an RGK wheelchair with a flotech cushion and smart drive power assist device. He is a very active manual wheelchair user, transfers independently via side transfer. He has a history of pressure injuries and broke his leg a number of years ago. He also has a previous rotator cuff injury.

He drives independently and transfers his chair cross body.

Luke is finding it increasingly difficult to transfer and is experiencing shoulder pain when self propelling. He is finding this is impacting his daily activities, ability to go out with his family and engage with his friends. He is finding himself increase isolated as he cannot use his MWC over long distances. He is also increasingly leaning to the side in his chair.

We broached the subject of a PWC with Luke. He was open to the idea of power mobility as he is aware that his pain has increased and transferring has become more difficult. This was a move he was reluctant to make as he felt like it was

‘giving in’ in quotation marks. We took time to listen to his concerns and spoke about the PWC being used in combination with the MWC, depending on his needs.

During the assessment, we had Luke sit into a PWC and drive around our centre indoors and outdoors. He was presently surprised by the comfort, speed and ability to get from A to B with ease. We could go with a higher back support as we do not need to keep the scapula free for self propelling. This meant that we could increase the postural support in his backrest and this, in combination with tilt, was a great help for him.

One area that came up for Luke was driving. He will be looking at a new vehicle soon so the PWC can be pre-drilled for a docking station to allow him to remain seated in the PWC when he drives. His car is also set up for hand controls with pulling back used as a motion for driving. We programmed his own PWC so that pulling back was for forward acceleration to allow for ease of transition from driving the car to driving the PWC.

Luke will have both a MWC and PWC available to him and will choose when to use a PWC and MWC depending on his daily needs and environments access. Using a PWC can help to maintain function for transfers at times that he needs to use his MWC.

4. Assistive Technology and AT technical



SINEAD

Our final pathway is the Assistive technology and AT technical pathway. Within this pathway we look at the Provision of Assistive Technology, setup, configuration, and maintenance including items such as Communication Aids, Environmental Controls, Alternative Access, Integration & Mounting. This service provides technical intervention & consultation to individuals with complex access needs.

This clinic manages the most clinically complex functional presentations within ATSS,. It requires close collaboration between clinical and technical teams to complete in depth assessment, facilitate trials to ensure safety and long-term success.

Clinics operate across the four ATSS hubs (Clontarf, Clondalkin, Waterford, Limerick), supported by satellite outreach and virtual assessments. Frequency and staffing are determined by local demand and capacity data.



Information gathering is of high importance prior to appointments as this can determine whether assessments may happen in person or in a virtual manner. In addition to this we can operate on a consultancy level with primary therapists working closely with clients to collaboratively identify suitable solutions for clients.

This then supports the decision making in relation to prescription of a suitable option.

25

therapists are supported through the initial set up with training on use of the equipment.

Technical support is available where appropriate.

As standard a post supply review is completed and depending on the outcome a follow up is arranged or the episode of care is closed

Each clinic follows a standardised process from referral receipt to discharge:

1. Triage and prioritisation
2. Pre-clinic preparation and information gathering
3. Assessment (in-person or virtual)
4. Prescription / intervention
5. Review and follow-up
6. Discharge or step-down to local services

Case study: Joe



So I am just going to quickly run through an example of a solution for one of our complex clients.

Joe is a young boy with a diagnosis of SCI secondary to C2 transverse myelitis which is a condition that affects the spinal cord. He presents with significant physical difficulties and complex postural and medical needs. He is a full time power chair user and has developed independent mobility through power mobility. Joe presents with low proximal and distal tone. He has motor and sensory loss. Joe has reduced upper limb control however can operate a joystick via direct access once supported in his custom moulded seat.

Referred to us for AT assessment in relation to environmental controls. During the information gathering it was identified that this was more specifically for use of the TV which he is dependent on someone to operate on his behalf.

He has a grid pad with eye gaze which he uses at school to access his education but this is not brought home and He is conscious about having the device mounted on his chair all the time when not required.

During the assessment it was identified that the easiest and most direct form of access would be through a joystick with infrared and Bluetooth compatibility. IR control comes as a standard feature on the CJS2 model. It uses a built-in IR transmitter and receiver. This was recommended with buddy buttons and fit to his chair.

The joystick was then programmed to connect to his TV and allowed him remote access so he could independently access the TV and apps of his preference.

Research and Development

Sláintecare – Technical Support Vehicle

Wheelchair Skills. Development of Manual wheelchair skills programme

Why Sit if you can stand development of a specialised clinic

On Time Mobility – Infant/toddler powered mobility.

RUTH

So im going to touch on some of the research we are focusing on in our department.

ATSS provides national education and clinical shadowing opportunities to CDNTs, Primary Care teams, and students.

During Covid-19, the way that ATSS operated changed. Clients were seen at home by Mobile Technical and therapy teams. The benefit of this project was to increase capacity within the system, improve waiting times, provide local services to clients and community teams and continue service during this period. This project entitled “Mobile Technical and Therapy Teams: delivering Assistive Technology at home” reached the finals in the Improving Patient Experience category in the Health Service Excellence Awards. The vans continue to support our outreach clinics today.

The manual wheelchair skills programme involves teaching clients the techniques to propel their wheelchair safely and effectively. The benefits include reducing injuries, improving a sense of wellbeing, reduced carer burden and greater independence. We have also run training courses for clients and courses to upskill community therapists

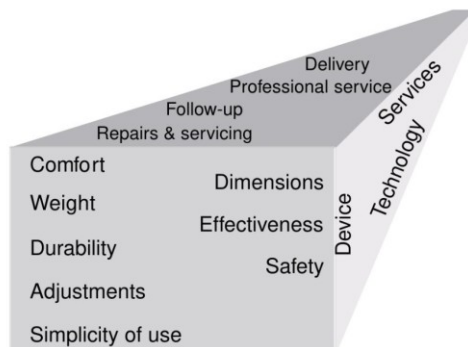
on manual wheelchair skills and have presented at conferences such as the European Seating Symposium and the Association of Occupational Therapists study day.

The 'Why Sit if You can Stand' Project involved completing a research project on sit to stand equipment, evaluating what is on the market and assessing their capabilities. The findings were presented at the International Seating Symposium in Vancouver. A standing wheelchair clinic was developed. Children and adults were seen for assessment and trial for standing manual wheelchairs, power wheelchairs and activity chairs.

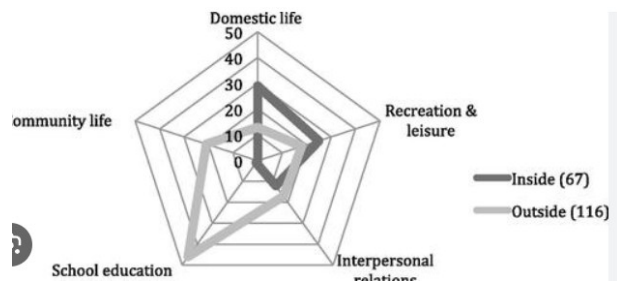
On Time Mobility– initially started as a pilot project in 2022 to introducing powered mobility to infants and toddlers with significant delays in physical development. It was not only successful for improving independence and participation in meaningful daily activities, but also showed a positive influence on child development. Since the pilot project, we have presented nationally and internationally, on our results, partnered with Belmont University Nashville, and in 2026 received CREATE project funding through the NCPPD. We are happy to be supporting CDNTs with adopting this valuable approach to enhancing child development.

Outcome measures

Quebec User Evaluation of Satisfaction with Assistive Technology (Quest)



Wheelchair Outcome Measure (WhOM)



Outcome data is collected for clinics including functional goals achieved, user satisfaction, and equipment performance. Outcome measures include WhOM, QUEST, and service metrics.

The quest: [Quebec User Evaluation of Satisfaction with Assistive Technology](#) is a standardized 12-item questionnaire that measures a user's satisfaction with a specific assistive device and its related services. A 5 point Likert scale is used to score satisfaction. It can be self administered or completed via interview.

The WhOM is a semi-structured interview/assessment focused on participation outcomes as identified by the participants. In Part I, participants identify their outcome goals (i.e. specific things that they want to do and achieve) at home and in the community, and they then rate the importance of the goals and satisfaction with their performance. Part II consists of structured questions about their comfort, satisfaction with positioning, and skin breakdown. This information is intended to be re-tested to compare pre and post intervention.

ATSS lecture series

OCTOBER 15TH		TRAINING SERIES 2 Introduction to custom moulded seating 🕒 12:30–1:30pm
OCTOBER 21ST		TRAINING SERIES 3 Introduction to manual wheelchairs 🕒 12:30–1:30pm
OCTOBER 28TH		TRAINING SERIES 4 Introduction to power mobility and alternative access 🕒 12:30–1:30pm
NOVEMBER 4TH		TRAINING SERIES 5 Introduction to assistive Technology 🕒 12:30–1:30pm
ALL SESSIONS ARE HELD 12:30–1:30PM Mark your calendar and join us for each session! VENUE: ONLINE Join from the comfort of your home or workplace.		
 ORGANISED BY: ATSS DEPARTMENT, CENTRAL REMEDIAL CLINIC		

SINEAD

Over the next 4 weeks the team in ATSS are going to do an online session on each of the pathways to provide an insight into the service provided by ATSS. These sessions provide an excellent opportunity for healthcare professionals to increase awareness and understanding of the work we do within and the clients we see.

You can register for these on Eventbrite and they are approximately 1 hour long.

Learning needs questionnaire on website



SINEAD

The ATSS department is keen to provide future training opportunities as required. On screen there is a QR which links to a training needs survey. I would encourage attendees to scan this code and complete the questionnaire identifying areas of topics that they would like further training or information on.

Any Questions



ATSS TRAINING LECTURE SERIES

Specialised Seating and Assistive Technology

Building knowledge. Enhancing care. Empowering better outcomes.



A 5-PART TRAINING SERIES DESIGNED TO SUPPORT YOUR KNOWLEDGE AND PRACTICE IN ASSISTIVE TECHNOLOGY

OCTOBER 15 TH		TRAINING SERIES 2 Introduction to custom moulded seating ⌚ 12:30–1:30pm
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Add QR code for training needs questionnaire