

### **Motorised Mobility Devices**

Fact sheet for GP practices

### **Motorised Mobility Devices**

Each year, over 1,000 Australians are admitted to hospital due to incidents involving mobility scooters. Almost all injuries occur to device users, but due to increasing use, there are concerns about wider community safety.

- GPs and other practice staff often discuss community mobility options with people who have disabilities or need to transition from driving.
- Motorised mobility devices (including scooters and powered wheelchairs) can only legally be used by people who are unable to walk or have difficulty walking.
- They are therapeutic devices: device choice and ongoing use should be guided by health professionals. Road Safety Victoria (Department of Transport) and OT Australia, together with other stakeholders have developed resources to support safe community use of motorised scooters and powered wheelchairs.
- This fact sheet helps you/your team to direct patients/carers to:
  - information about choosing and using a motorised mobility device
  - appropriate assessment and training through an occupational therapist.

# Rules regarding motorised mobility devices

A person can only legally use a motorised mobility device if they have a need to use it. That is, if they have difficulty walking, have a disability or are injured. Under the Road Rules and the Road Safety Act 1986, anyone without such a disability is not permitted to use these devices on a footpath or road.

### Mobility scooter or wheelchair?

Mobility scooters are good for people who can walk short distances. If they can't walk, a powered wheelchair is a better choice. Mobility scooters are generally designed for use outdoors.

## Establishing safe use – the role of health professionals

As for driving a car, a person needs certain physical and mental attributes to use a motorised mobility device safely:

- Adequate vision e.g. for environment scanning and avoiding hazards, like pedestrians and vehicles.
- Cognitive capacity e.g. concentration, clear thinking, planning, problem-solving, ability to learn new tasks, and react in a timely way to traffic situations.
- Physical capacity e.g. upper limb strength, hand function to operate controls, sitting balance, neck range of movement, ability to get on and off the device.
- Ability to communicate in some way with other pedestrians/public transport staff etc.
- Well controlled medical conditions (given interactions with pedestrians/vehicles) e.g. stable diabetes (hypoglycaemic awareness), controlled seizures

### The role of occupational therapists

Comprehensive assessment prior to purchase/procurement of the device is important for user and public safety.<sup>2</sup> Occupational therapists conduct assessments for suitability, guide choice of appropriate devices (consulting with user/family and suppliers), advise about funding, provide training and review capacities and skills over time.

# The role of medical practitioners and medical practices

Medical practitioners help guide patients to receive appropriate assessment and expert advice before motorised mobility device purchase and use. This may include a referral to an occupational therapist or other appropriate health professional for assessment and expert advice.

Resources on VicRoads' website can facilitate discussions with patients/carers. The comprehensive 'Choosing and Using a Mobility Scooter or Powered Wheelchair' guide (with checklists also available as separate fact sheets) may be incorporated into consultations e.g. 75 Plus health checks. Visit: vicroads.vic.gov.au/safety-and-road-rules/pedestrian-safety/motorised-mobility-devices

<sup>2 2</sup>Guidelines for the prescription of a seated wheelchair or mobility scooter for people with a traumatic brain injury or spinal cord injury EnableNSW and Lifetime Care & Support Authority http://www.enable.health.nsw.gov.au/about/publications





<sup>1</sup> Australian Institute of Health and Welfare, McKenna K, Tovel A and Pointer S (2019). Mobility scooter-related injuries and deaths. Injury research and statistics series no. 121. Canberra, AlHW Available from: aihw.gov.au/getmedia/61abe614-d7b8-41c3-ba9a-0215f77a7c89/aihw-injcat-201.pdf.aspx?inline=true

### GP or other health professional

Referral to occupational therapist or appointment requested by client/family

Medical practitioners have an important role in advising about medical conditions that may impact on or preclude use of these devices.

### Occupational therapist assessment

A three-step process:

- a Establishes client goals and expectations
- **b** Clinical assessment of vision, physical and cognitive capacity required for MMD use
- c On-device assessment to confirm capacity to operate the device

## **Suitable** for MMD use

#### Device recommendations: the OT

- Identifies suitable devices based on assessment
- Arranges trial of preferred device in conjunction with supplier
- Advises regarding funding and submits application if applicable

### User education & training

OT provides comprehensive education and training.

### Health professional communication

OT communicates assessment outcome to GP, other relevant health professionals and funding bodies.

#### Monitoring & review

OT recommends monitoring and review based on the client's needs and stability of medical conditions.

## **Unsuitable** for MMD use

### Client/family communication

OT discusses alternative mobility options

### Health professional communication

OT communicates assessment outcome to GP and other relevant health professionals, including recommendations for monitoring. Alternative mobility options discussed if appropriate.

This resource has been produced in collaboration with Road Safety Victoria, Department of Transport to support MMD user road safety and enhance clinical practice (2020).

