



AUGUST 2025 |

SAOT PRESCRIBING POWERED MOBILITY AIDS PRACTICE GUIDELINES FOR OCCUPATIONAL THERAPISTS IN SINGAPORE (2018)

Executive Summary





I. ROLES OF THE OCCUPATIONAL THERAPIST

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| ASSESSOR | Evaluate the client's physical, cognitive, sensory, perceptual, and psycho-affective capacities. |
| TRAINER | Provide skills training and recommend appropriate device modifications. |
| FACILITATOR | Enhance client's independence and participation in meaningful activities. |
| GATEKEEPER | Ensure safe and justified use of Powered Mobility Aids (PMAs), and appropriate utilization of funding sources such as the Senior Mobility Fund (SMF) or Assistive Technology Fund (ATF). |
| ADVOCATE | Promote mobility as a fundamental right. |
| NEGOTIATOR | Explore alternatives when a PMA is not suitable. |

II. WHEN TO PRESCRIBE A PMA?

A CLIENT MAY BE SUITABLE IF THEY:

- Have a condition that affects mobility despite medical treatment or rehabilitation.
- Are at risk of strain or injury from using a manual wheelchair.
- Have a progressive condition that is expected to worsen within a year.
- Demonstrate physical limitations (e.g., reduced strength or endurance) through objective assessment.
- Possess sufficient cognitive, judgment, and perceptual abilities to operate a PMA safely.
- Live in or can access an environment that is suitable or modifiable for PMA use.
- Have completed a trial in a real-life or simulated environment that reflects intended usage.

A CLIENT MAY NOT BE SUITABLE IF THEY:

- Have significant cognitive, visual, or perceptual impairments.
- Experience active seizures without medical clearance.
- Have a history of unsafe or reckless use of mobility devices.
- Encounter environmental barriers at home or in the community that cannot be reasonably addressed.
- Are unable to complete training despite appropriate support.

III. ASSESSMENT & TRAINING FRAMEWORK

PHASE 1: EVALUATION

1

- Review referrals and obtain consent.
- Conduct functional and occupational needs assessments.
- Assess home and community environments.

PHASE 2: FAMILIARIZATION & TRAINING

2

- Modify the device as needed.
- Train the client and monitor safety.
- Cease training if three or more incidents occur per session on a consistent basis.

PHASE 3: COMPLETION

3

- Conduct a skills evaluation.
- Brief the client on relevant Guidelines by Land Transport Authority (LTA) and sign indemnity forms.
- Document the process, initiate procurement, and plan follow-up.

IV. ESSENTIAL CAPACITIES FOR PMA USE

VISION Minimum 6/12 visual acuity (with corrective lenses) on Snellen's Chart; no visual field impairment.

HEARING Able to hear conversational speech at a distance of 1.5 metres.

COGNITION & PERCEPTION No significant impairment in memory, attention, executive function, or visual perception.

MOTOR & SENSORY FUNCTION Adequate range of motion in extremities, trunk and neck, strength, coordination, sensation, balance and ambulation or transfer ability.

PSYCHO-AFFECTIVE STABILITY Absence of behaviours such as impulsivity, frustration, aggression, agitation, and anxiety that could compromise personal safety or the safety of others.

MEDICAL CONSIDERATIONS No unmanaged medical conditions or symptoms (e.g., impaired judgement or drowsiness, instability due to neurological, musculoskeletal, psychiatric, cardiac, or respiratory issues) that may compromise safe PMA use.

Note: Functional assessments provide valuable insights into a client's capacity for powered mobility. Such trials should proceed only when the client's abilities suggest a reasonable chance of safe participation. Where significant impairments exist—such as severe cognitive deficits, uncontrolled seizures, or a history of unsafe use—therapists should conduct a thorough risk-benefit analysis. Clinical judgement, interdisciplinary input, and alternative assessment pathways should be considered to enable participation where possible, while ensuring safety of both the client and others remains the priority.



V. SELECTING THE RIGHT PMA

| Consideration | Scooter | Powered Wheelchair |
|---------------------|--|---|
| Primary Use | Outdoor/community mobility | Indoor and outdoor use |
| Transfer Ability | Suitable for clients who can perform transfers independently | Suitable for clients requiring assistance for transfers |
| Postural Needs | Minimal | Complex (e.g., recline, tilt, specialty seating) |
| Environment Fit | Suitable for open or spacious environments | Suitable for tight or constrained indoor spaces |
| Controls | Basic tiller-based steering controls | Customizable control options for complex needs (e.g., joystick, sip-and-puff) |
| Medical Condition/s | Suitable for clients with stable or mild conditions | Suitable for clients with progressive or complex needs |

VI. SERVICE & FOLLOW-UP RECOMMENDATIONS

- Schedule follow-ups at 1, 3, 6, and 12 months.
- Provide financial counseling related to PMA costs.
- Coordinate with HDB or Town Councils for ramps and storage solutions.
- Educate clients and caregivers on safety, maintenance, and fire risk management.
- Monitor for functional decline and reassess when needed.
- Encourage vendors to provide routine maintenance servicing, transport services for PMA repair and device modifications.

VII. RECOMMENDED OUTCOME MEASURES

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| Assessment of Life Habits (LIFE-H) | Canadian Occupational Performance Measure (COPM) |
| Impact on Participation and Autonomy (IPA) | Psychosocial Impact of Assistive Devices (PIADS) |

Note: The outcome measures listed above are not exhaustive.



More information is available in the full *SAOT Prescribing Powered Mobility Aids Practice Guidelines for Occupational Therapists in Singapore (2018)*.

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