PRIDE MOBILITY®

Educational Clinical Evaluation and Documentation Resource for Scooters

Important Notice to Health Care Professionals and Providers Regarding this Resource's Educational Purpose and the Independence of Clinical Judgment

This resource is provided solely for general educational and informational purposes. It does not recommend treatment for any individual patient, prescribe or direct the use of any particular device or modality, establish a standard of care, dictate documentation, or in any way steer, control, influence, or substitute for the independent clinical judgment of any physician, occupational therapist, physical therapist, provider, or other licensed health care professional. Nothing in this resource is intended to direct, steer, or improperly influence any clinician's independent patient assessment, diagnosis, treatment recommendation, coverage determination, or medical-necessity determination. Each clinician remains solely responsible for independently evaluating each patient, for determining whether and to what extent any assistive device is clinically appropriate based on his or her own professional judgment, for documenting only findings that accurately reflect the clinician's own examination, and for complying with all applicable payer requirements and professional standards.

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1. Purpose

This clinical evaluation and documentation resource is intended to provide educational information that may assist health care professionals in considering whether a mobility scooter, an FDA Class II regulated power mobility device, may be relevant to, or may support, a patient's functional walking limitations and access to daily activities, subject always to the health care professional's independent, individualized evaluation and assessment of each patient. Selection depends on the person's abilities, goals, environment, and demonstrated ability to use the selected scooter safely. [1–6]

2. Illustrative Clinical Documentation Examples (Examples Only)

The following examples are provided for illustrative and educational purposes only. They are not templates, model language, required language, or suggested chart entries, and they must never be copied verbatim into a patient's medical record. All documentation must reflect the clinician's own independent evaluation, examination, trial results, professional judgment, and patient-specific findings, and nothing in these examples is intended to recommend, direct, steer, or otherwise influence any clinician's assessment, diagnosis, treatment recommendation, or medical-necessity determination.

> ***Example:*** *Following individualized evaluation, a clinician identifies knee pain and limited walking endurance that prevent the patient from completing routine shopping. During a supervised trial, the patient transfers onto the scooter, maintains seated posture, operates the tiller, and navigates the intended route. The clinician may determine that a scooter supports access to these activities when used within the assessed environment and the model's instructions. [1; 3; 4]*

Product Feature	Potential Clinical Relevance (subject to independent clinical evaluation)
Powered mobility	Pride Mobility scooters use a silent, zero-emission electric drivetrain and a compact frame suited to indoor use, which may support travel beyond the distance a person can functionally walk and improve access to everyday activities. It does not establish improved walking capacity or treatment of the underlying disease. [1; 2; 4]
Tiller and drive controls	The adjustable tiller and clearly visible, easily reached controls are designed to accommodate persons disabled by mobility impairment; the throttle control lever can be operated by pushing one side while the remaining fingers grasp the tiller, which may assist users with limited hand function. Assess reach, hand function, steering, speed selection, stopping, vision, and judgment in a trial of the actual device. The CER emphasizes matching functional capacity to device use and providing training. [CER Stage 3; 3]
Seat and transfer access	The adjustable armrests and seating and the 360° rotating seat platform are designed to make getting on and off the scooter easier and to help users reposition, which may assist persons disabled by mobility impairment during transfers. Evaluate seat dimensions, seated balance, armrest use, and transfer method. Availability of adjustments, the swivel seat platform, or other seating functions must be confirmed for the selected model. [CER Stage 3]
Base size and maneuverability	A compact indoor-oriented frame, a front deck area providing a wide space between the tiller and the rear for persons with limited mobility, reduced-width silent wheels, and anti-tip wheels are designed to support safe, practical maneuvering. Match turning space, doorway access, routes, surfaces, and storage to the selected model. A device that suits community travel may not fit the home. [CER Stage 3; 3]
Battery and transport arrangements	A frame lock-up system allows the scooter to be disassembled for transport quickly and easily, even with one hand, and the compact batteries keep the frame small. Consider charging access, ability to manage components, trip demands, storage, and transportation. Training addresses the knowledge gaps described in the CER literature. [3]
Optional features	Attachable accessories designed for persons disabled by mobility impairment, such as an oxygen tank holder, crutch holder, or walker holder, can be added to the seat, and the latching and braking system is designed to allow a smooth, complete stop and to block the scooter against unintended movement. The CER discusses features such as enhanced maneuverability and elevation. Availability and permitted use are model specific; benefits must be evaluated in the actual configuration. [CER Stage 3]

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Clinical Circumstances in Which a Scooter May Be Relevant

A. Arthritis Associated Walking Limitations

- A scooter may be relevant where the clinician, following an independent and individualized evaluation, determines that a patient with knee osteoarthritis or rheumatoid arthritis has walking limitations that restrict access to routine activities despite remaining ambulatory. [1]
- Clinical consideration of a scooter may be appropriate where the clinician identifies and documents diagnosis, pain during walking, functional distance, rest breaks, current walking aid, transfer ability, and scooter trial performance. [1]

Example: *Following evaluation, the clinician determines that the patient can walk short distances but knee pain prevents completion of shopping. A supervised scooter trial permits travel through the store with safe steering and stopping, and the clinician may identify the scooter as an aid for these longer routes. [1]*

B. Restricted Access to Daily Destinations

- A scooter may be relevant where the clinician, following an independent and individualized evaluation, determines that a patient's limited walking ability reduces access to appointments, shops, or other routinely used destinations. [2; 4; 6]
- Clinical consideration of a scooter may be appropriate where the clinician identifies and documents the destinations missed or requiring assistance, the distances and surfaces involved, access barriers, and the change observed during a trial. [2; 4; 6]

Example: *Following evaluation, the clinician determines that the patient needs another person to provide mobility assistance during community errands. After assessment and training, the patient completes an appropriate route using a scooter with less mobility assistance. [2; 4]*

C. Reduced Participation Due to Limited Endurance

- A scooter may be relevant where the clinician, following an independent and individualized evaluation, determines that fatigue and walking restrictions limit a patient's mobility and daily participation; a scooter may reduce walking demands during selected activities but should not be described as improving endurance without evidence. [CER Stage 3; 5; 6]
- Clinical consideration of a scooter may be appropriate where the clinician identifies and documents activity duration, fatigue pattern, rest needs, tasks left incomplete, and whether scooter use changes task completion. [CER Stage 3; 5; 6]

Example: *Following evaluation, the clinician determines that the patient stops an outing early because of walking-related fatigue. During a scooter trial, the patient reaches the planned destinations and reports less need for walking rest breaks, and the finding supports consideration for that activity. [5; 6]*

D. Reduced Independence and Social Participation

- A scooter may be relevant where the clinician, following an independent and individualized evaluation, determines that reduced walking ability has limited the patient's independence and participation in social activities, consistent with CER associations between powered mobility and easier participation, greater independence, and access to social activities, subject always to the suitability of the individual and the environment. [2; 4–6]
- Clinical consideration of a scooter may be appropriate where the clinician identifies and documents the activities the patient wishes to resume, current reliance on others, route accessibility, the patient's confidence, and demonstrated safe use of the device. [2; 4–6]

Example: *Following evaluation, the clinician determines that the patient has stopped visiting a nearby community venue because the walk is too demanding. After evaluating scooter access and driving performance, the clinician may conclude that the device supports resumption of that activity when used within the assessed environment. [4; 5; 6]*

E. Device Mismatch or Unmet Training Needs

- A scooter, a change in configuration, or additional training may be relevant where the clinician, following an independent and individualized evaluation, determines that the patient has difficulty using an existing device because of fit, control, seating, or environmental barriers, consistent with the CER's description of environmental barriers and gaps in scooter knowledge. [3]
- Clinical consideration of a scooter or an alternative mobility solution may be appropriate where the clinician identifies and documents specific control errors, transfer problems, inaccessible routes, seating limitations, and the effect of training or equipment changes. [3; CER Stage 3]

Example: *Following evaluation, the clinician determines that the patient has difficulty turning an existing scooter within the intended setting. A trial identifies whether a different configuration—such as an adjustable tiller, repositioned armrests, or a more maneuverable base—or another mobility device better matches the route and the patient's abilities. [CER Stage 3; 3]*

F. Evidence Boundaries

- The scooter literature in the CER includes scooter-specific studies and studies combining scooters with powered wheelchairs. Mixed-device results do not establish the same effect for every scooter or patient. Reported improvements in participation and independence should not be converted into promises or guarantees of fewer falls, improved strength, treatment of the underlying disease, or a specific reduction in caregiver injury. [1–6]
- Any such consideration remains subject to the clinician's independent, individualized evaluation of each patient and the selected scooter configuration. A successful trial in one setting does not establish suitability in every environment. [1–6]

Example: *The clinician documents the actual activities, routes, surfaces, transfer method, trial performance, and remaining limitations rather than treating published scooter evidence as a guarantee of safety, strength, endurance, or participation outcome for the individual patient. [1–6]*

G. Safe Use and Training

- These educational considerations, subject always to the clinician's independent, individualized evaluation and not offered as directives, include transfer performance, seated stability, control access, route negotiation, and response to hazards. [CER Stage 3; 3]
- Confirm model-specific limits and instructions for slopes, obstacles, loading, charging, and transport. Training and reassessment may be appropriate where the patient, environment, support plan, or device configuration changes. [CER Stage 3; 3]

> ***Example:*** *Following evaluation, the clinician records transfer performance, seated stability, tiller operation, route hazards, charging access, training needs, and whether the selected model can be used within the intended environment and instructions. [CER Stage 3; 3]*

Deficit Identification and Documentation Considerations

When identified and properly documented by a clinician, the following patient evaluation-based findings may be relevant to a clinician's independent consideration of whether a mobility scooter is appropriate, subject always to individualized professional evaluation. Findings must always be based upon a clinician's independent evaluation of the patient. The following are not intended to prescribe treatment and should not be copied verbatim.

Element	Relevant Findings if Identified Through Independent Evaluation
Condition and symptoms	Diagnosed condition and its actual effect on walking, pain, fatigue, balance, or function. [1; CER Stage 3]
Functional limitation	Walking distance, pace, rest breaks, aid used, assistance required, and tasks not completed. [1; 2]
Activities and MRADL impact	Specific household or community destinations and activities. Distinguish the setting assessed from other potential uses. [2; 4–6]
Transfers and sitting	Transfer method, assistance level, seat fit, postural stability, and ability to remain positioned during operation. [CER Stage 3]
Control and driving ability	Tiller reach, steering, stopping, vision, judgment, and observed hazard response, together with cognition and hand function, including the ability to operate the throttle lever by pushing one side while grasping the tiller and to reach the circuit breaker, free-wheel lever, and battery charger. Confirm whether the patient can safely operate the controls independently or has an appropriate caregiver setup, and record any training and supervision plan. [CER Stage 3; 3]
Environment	Doorway and turning access, surfaces, route length, charging, storage, and transport feasibility. [CER Stage 3; 3]
Alternatives considered	Actual performance with walking aids, seating/rest strategies, manual mobility, or other powered mobility as relevant. Explain why the selected option fits the findings. [CER Stage 3]
Trial results	Tasks completed, assistance needed, errors, comfort, fatigue, and remaining limitations with the selected scooter. [CER Stage 3]
Follow through	Training provided, charging and maintenance arrangements, support available, and reassessment needs. [3]

Condition Based Evaluation: The following examples of conditions illustrate certain types of patient-specific findings that may correlate to a clinician's post-evaluation determination that a scooter may be appropriate to assist in addressing certain mobility impairments. The condition references below are illustrative only and are not intended to influence or interfere with a clinician's independent evaluation and conclusions, nor are they intended to prescribe a specific form of treatment or documentation, and must not be copied verbatim.

Condition-Based Examples

Condition/ presentation	Example clinical wording
Element	Diagnosed condition and its actual effect on walking, pain, fatigue, balance, or function. [1; CER Stage 3]
Condition and symptoms	Walking distance, pace, rest breaks, aid used, assistance required, and tasks not completed. [1; 2]
Functional limitation	Specific household or community destinations and activities. Distinguish the setting assessed from other potential uses. [2; 4–6]
Activities and MRADL impact	Transfer method, assistance level, seat fit, postural stability, and ability to remain positioned during operation. [CER Stage 3]
Transfers and sitting	Tiller reach, steering, stopping, vision, judgment, and observed hazard response, together with cognition and hand function, including the ability to operate the throttle lever by pushing one side while grasping the tiller and to reach the circuit breaker, free-wheel lever, and battery charger. Confirm whether the patient can safely operate the controls independently or has an appropriate caregiver setup, and record any training and supervision plan. [CER Stage 3; 3]
Control and driving ability	Doorway and turning access, surfaces, route length, charging, storage, and transport feasibility. [CER Stage 3; 3]
Environment	Actual performance with walking aids, seating/rest strategies, manual mobility, or other powered mobility as relevant. Explain why the selected option fits the findings. [CER Stage 3]
Alternatives considered	Tasks completed, assistance needed, errors, comfort, fatigue, and remaining limitations with the selected scooter. [CER Stage 3]
Trial results	Training provided, charging and maintenance arrangements, support available, and reassessment needs. [3]
Follow through	Training provided, charging and maintenance arrangements, support available, and reassessment needs. [3]

Source Links

- Supplied Scooter Clinical Evaluation Report, Rev. E, particularly Stage 3 and References Literature
- Applicable scooter owner's manual and instructions for use for the selected model
- Selected model specifications, operating limits, and safety instructions

Article References

[1] Hoenig H et al., Effect of Motorized Scooters on Physical Performance and Mobility A Randomized Clinical Trial, Archives of Physical Medicine and Rehabilitation, 2007, https://www.archives-pmr.org/article/S0003-9993(06)01530-9/fulltext

[2] Auger C et al., Life-Space Mobility of Middle-Aged and Older Adults at Various Stages of Usage of Power Mobility Devices, Archives of Physical Medicine and Rehabilitation, 2010, https://www.archives-pmr.org/article/S0003-9993(10)00088-2/fulltext

[3] Fomiatti R et al., The Experience of Being a Motorised Mobility Scooter User, Disability and Rehabilitation Assistive Technology, 2014, https://pubmed.ncbi.nlm.nih.gov/23802129/

[4] Löfqvist C et al., Mobility and Mobility-Related Participation Outcomes of Powered Wheelchair and Scooter Interventions after 4-Months and 1-Year Use, Disability and Rehabilitation Assistive Technology, 2012, https://pubmed.ncbi.nlm.nih.gov/21980966/

[5] Pettersson I et al., The Effect of Powered Scooters on Activity Participation and Quality of Life in Elderly Users, Disability and Rehabilitation Assistive Technology, 2016, https://pubmed.ncbi.nlm.nih.gov/25799878/

[6] Sund T et al., Effectiveness of Powered Mobility Devices in Enabling Community Mobility-Related Participation A Prospective Study Among People With Mobility Restrictions, PM&R, 2015, https://pubmed.ncbi.nlm.nih.gov/25677008/

- CER Stage 3 citations refer to the manufacturer's synthesis and device-selection discussion rather than a separate clinical study. The CER describes multiple models; features and intended environments must be checked against the selected model's current instructions for use.

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