

Positioning Checklist for the Rifton TRAM

Use this Positioning Checklist as a convenient way to ensure optimal use of the TRAM. Write notes to customize your instructions for each individual.

INDIVIDUAL'S NAME _____

STAFF NAME _____

DATE _____

THIS POSITIONING CHECKLIST IS INTENDED FOR CONSISTENT USE OF ADAPTIVE EQUIPMENT FOLLOWING ASSESSMENT BY A HEALTH PROFESSIONAL. THE CHECKLIST DOES NOT REPLACE AN INITIAL CLINICAL EVALUATION FOR CORRECT SIZING, COMPONENT SELECTION, AND APPROPRIATE THERAPEUTIC POSITIONING FOR THE INDIVIDUAL. SOME COMPONENT SIZING IS DEPENDENT ON THE BASE MODEL SIZE.



Frame

- Standard frame
- Low Base frame

Client uses hand grips on frame

- Yes No



Scale

_____ Individual's weight

_____ Target partial weight-bearing amount (in lbs)

Body Support System



- Snug to trunk
- Loosely around trunk

Height (in sitting position prior to transfer)



_____ (Specify the number 1-10)

Height (for standing position)



_____ (Specify the number 1-10)

Forearm Support Holder



Forearm Support Mounting Bracket

- Longer end downward
- Longer end upward

Low Position



Left

- Low and forward
- Low and backward

Height:

- ½ notch visible below
- no notches visible
- ½ notch visible above
- 1½ notches visible above
- 2½ notches visible above

Right

- Low and forward
- Low and backward

Height:

- ½ notch visible below
- no notches visible
- ½ notch visible above
- 1½ notches visible above
- 2½ notches visible above

High Position



Left

- High and forward
- High and backward

Height:

- 2½ notches visible below
- 1½ notches visible below
- ½ notches visible below
- no notches visible
- ½ notch visible above

Right

- High and forward
- High and backward

Height:

- 2½ notches visible below
- 1½ notches visible below
- ½ notches visible below
- no notches visible
- ½ notch visible above

Arm Prompts



Left

Angle up Angle down Straight

_____ Rotation position

(specify as o'clock when positioned in TRAM)

Right

Angle up Angle down Straight

_____ Rotation position

(specify as o'clock when positioned in TRAM)

Arm Platforms



Left

Attachment position with platform FORWARD

Attachment position with platform BEHIND

Angle up Angle down Straight

_____ Rotation position

(specify as o'clock when positioned in TRAM)

Right

Attachment position with platform FORWARD

Attachment position with platform BEHIND

Angle up Angle down Straight

_____ Rotation position

(specify as o'clock when positioned in TRAM)

Used for Transfer

Thigh Straps



- Narrow Wide
- Use third seat strap Narrow Wide

Position in TRAM

- Client faces caregiver handle
- Client faces away from caregiver handle

Left

- Front "O" ring
Yellow (recommended) Other: _____
- Back "O" ring
 Red White Blue Black

Right

- Front "O" ring
Yellow (Recommended) Other: _____
- Back "O" ring
 Red White Blue Black

Used for Mobility

Pelvic Support Small Medium Large



Color-coded Clips

- | | |
|--|---|
| Left front strap
<input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Black | Right front strap
<input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Black |
| Left back strap
<input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Black | Right back strap
<input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Black |

Hip Positioner Small Large | with pad without pad



Color-coded Clips

- | | |
|--|---|
| Left front strap
Yellow (recommended), Other: _____ | Right front strap
Yellow (recommended), Other: _____ |
| Left back strap
Black (recommended), Other: _____ | Right back strap
Black (recommended), Other: _____ |

Directional Locks



Direction Lock Location: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Caster near caregiver handle, on caregiver's right | <input type="checkbox"/> Up <input type="checkbox"/> Down |
| <input type="checkbox"/> Caster near caregiver handle, on caregiver's left | <input type="checkbox"/> Up <input type="checkbox"/> Down |
| <input type="checkbox"/> Caster located at frame end, on client's right | <input type="checkbox"/> Up <input type="checkbox"/> Down |
| <input type="checkbox"/> Caster located at frame end, on client's left | <input type="checkbox"/> Up <input type="checkbox"/> Down |