

Power Wheelchairs and Accessories

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Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

A **power wheelchair (PWC)** is medically necessary when **all** the following criteria are met:

- The individual must use a power wheelchair in the home to take care of their daily needs.
- The individual is unable to use walkers and other less restrictive assistive devices because they are not supportive enough to enable them to take care of their daily needs.
- The individual or caregiver is unable to safely and effectively use a manual wheelchair to take care of their daily needs.
- The individual or caregiver can manage the power wheelchair safely and effectively.
- The individual's home environment supports use of the power wheelchair.
- The individual is unable to use a Power Operated Vehicle (POV) (scooter) due to **any** of the following:
 - The individual is unable to independently transfer to and from a POV.
 - The individual is unable to maintain postural stability and safe positioning while operating a POV.
 - The individual is unable to safely operate a POV.
 - The individual's home environment does not support a POV.

- The treating practitioner provides clinical documentation to support a medical need for the power wheelchair.

Coverage criteria applicable to specific types of power wheelchairs include the following:

- A **Group 1 PWC** (HCPCS K0813, K0814, K0815, K0816) or **Group 2 PWC** without a power option (HCPCS K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829) is indicated when general coverage criteria for a power wheelchair is met and the power wheelchair is appropriate for the individual's weight (see Additional Criteria).
- A **Group 2 PWC with a power option** and **both** of the following:
 - The individual had a power wheelchair evaluation performed by a medical professional with specific training and expertise in wheelchair assessments.
 - Clinical documentation supports medical necessity for **one** of the following:
 - **Single power options** (HCPCS K0835, K0836, K0837, K0838, K0839, K0840), as indicated by any of the following:
 - The individual needs a power tilt or power recline seating system.
 - The individual needs drive control other than hand or chin-operated standard proportional joystick (examples include, but are not limited to, head control, sip and puff, switch control).
 - Multiple power options (HCPCS K0841, K0842, K0843), as indicated by **any** of the following:
 - The individual needs a power tilt or power recline seating system.
 - The individual needs drive control other than hand or chin-operated standard proportional joystick (examples include, but are not limited to, head control, sip and puff, switch control).
 - The individual uses a ventilator that is mounted on a power wheelchair.
- **Group 3 PWC with a power option** and **all** the following:
 - Clinical documentation supports medical necessity for one of the following:
 - **No power option** (HCPCS K0848, K0849, K0850, K0851, K0852, K0853, K0854, and K0855).
 - **Single power option** (HCPCS K0856, K0857, K0858, K0859, K0860), as indicated by **any** of the following:
 - The individual needs a power tilt or power recline seating system.
 - The individual needs drive control other than hand or chin-operated standard proportional joystick (examples include, but are not limited to, head control, sip and puff, switch control).
 - **Multiple power options** (HCPCS K0861, K0862, K0863, K0864), as indicated by **any** of the following:
 - The individual needs a power tilt or power recline seating system.

- The individual needs drive control other than hand or chin-operated standard proportional joystick (examples include, but are not limited to, head control, sip and puff, switch control).
- The individual uses a ventilator that is mounted on a power wheelchair.
- The individual has a limitation in mobility due to nerve, muscle, or bone disease.
- The individual had a power wheelchair evaluation performed by a medical professional with specific training and expertise in wheelchair assessments.
- **Group 4 PWC** with enhanced features for use outside the home (HCPCS K0868-K0871, K0877–K0880, K0884–K0886) when **all** the following apply:
 - Group 3 PWC with multiple power option criteria are met.
 - The individual has a limitation in mobility due to nerve, muscle, or bone disease.
 - Extra features are needed for the individual to participate in daily needs in school and/or work environment.
- **Group 5 (pediatric) PWC** and **all** the following:
 - The individual is expected to grow in height.
 - Clinical documentation supports medical necessity for **one** of the following:
 - **Single power option** (HCPCS K0890), as indicated by **any** of the following:
 - The individual needs a power tilt or power recline seating system.
 - The individual needs drive control other than hand or chin-operated standard proportional joystick (examples include, but are not limited to, head control, sip and puff, switch control).
 - **Multiple power options** (HCPCS K0891), as indicated by **any** of the following:
 - The individual meets coverage criteria for power tilt or power recline seating system and system is being used on wheelchair.
 - The individual needs drive control other than hand or chin-operated standard proportional joystick (examples include, but are not limited to, head control, sip and puff, switch control).
 - The individual uses a ventilator that is mounted on a wheelchair.
 - The individual had a power wheelchair evaluation performed by a medical professional with specific training and expertise in wheelchair assessments.
- **A custom motorized/power wheelchair base** (HCPCS K0013) is covered when the individual meets criteria for a power wheelchair and both of the following:
 - The duration of need is greater than three months.
 - The specific needs of the individual are not able to be met using wheelchair cushions, or options or accessories (prefabricated or custom fabricated), which may be added to another power wheelchair base.

Power Wheelchair Options and Accessories:

- When medical necessity for a power wheelchair (as above) is met, power wheelchair accessories are indicated when required for the individual to function successfully in the home for care of their daily needs.
- The following items are typically included in the basic equipment package for a PWC. No separate billing/payment is allowed at the time of initial issue:
 - single mode battery charger
 - non-expandable controller
 - standard proportional joystick
 - casters and tires
 - any seat width and depth (see Additional Criteria for exceptions including Group 3 and Group 4 PWC)
 - fixed or swing away detachable, non-elevating leg rests or foot platform without angle adjustment (Note: Angle adjustable footplates are not included in the base package for Group 3, 4 and 5 PWC)
 - fixed or swing away detachable, non-adjustable arm rests with arm pad
 - weight-specific seat and back upholstery and components (see Additional Criteria)

Adjustable Height Arm Rest

- An adjustable height arm rest (HCPCS E0973, K0017, K0018, K0020) is medically necessary when the individual has documentation of a medical condition that necessitates an adjustable arm rest.

Arm Trough With or Without Hand Support

- An arm trough (HCPCS E2209) is medically necessary when there is documentation of any of the following:
 - The individual has severe muscle weakness or paralysis.
 - The individual requires support for their upper extremity.

Batteries/Chargers

- The maximum quantity of batteries for a power wheelchair (HCPCS E2359, E2361, E2363, E2365, E2371, and K0733) at any one time is two.
- The usual maximum frequency of replacement for a lithium-based battery (HCPCS E2397) is one every three years.
- Only one lithium battery is allowed at any one time.

Elevating Leg Rests

An elevating leg rest (HCPCS E0990, K0053, and K0195) is medically necessary when there is documentation of any of the following:

- The individual has swelling in their legs.
- The individual cannot bend their knee(s) all the way.

- The individual is post-amputation and needs support of a residual limb(s).

Nonstandard Seat Frame

A nonstandard seat frame (HCPCS E2340, E2341, E2342, and E2343) is medically necessary when there is documentation that the individual is unable to use a standard power wheelchair seat frame.

Power Tilt and/or Recline Power Seating System

A tilt or recline only, or combination tilt and recline power seating system, with or without power elevating leg rests (HCPCS E1002–E1010, E1012) is medically necessary if the individual meets the medical necessity criteria for a PWC outlined above and any of the following criteria is met:

- The individual has a medical condition that puts them at high risk to develop a pressure sore where their body touches the seat.
- The individual needs to perform intermittent catheterization while in the power wheelchair.
- The individual needs the power seating system to manage increased muscle tone.

Headrest

A headrest (HCPCS E0955) is medically necessary when there is documentation of any of the following:

- The individual needs head and/or neck support due to a medical condition.
- The individual has a power tilt and/or reclining seating system.

Positioning Accessories

A positioning device (HCPCS E0953, E0956, E0957, E0960, E0978, and E0980) is medically necessary when the individual needs to keep their spine or pelvis stable due to any of the following:

- The individual has weak trunk muscles.
- The individual has asymmetry in their sitting position.
- The individual has increased muscle tone.

Wheelchair Tray (Standard or Ventilator)

A wheelchair tray (HCPCS E0950, E1029, and E1030) is medically necessary when there is documentation an individual requires a wheelchair tray (standard or ventilator) due to their medical condition.

Crutch or Cane Holder

A crutch or cane holder (HCPCS E2207) is medically necessary for individuals who use a crutch or cane to ambulate for short distances.

Power Seat Elevation System

A power seat elevation system (HCPCS E2298, K0830, and K0831) is medically necessary when an individual meets medical necessity criteria for a PWC and all of the following:

- The individual had a power wheelchair evaluation performed by a medical professional with specific training and expertise in wheelchair assessments that confirms the ability to operate the power seat elevation equipment in the home.
- The individual performs transfers to/from the PWC while in the home, using either their upper extremities during a non-level (uneven) sitting transfer, and/or their lower extremities during a sit to stand transfer.
- The individual performs reaching from the PWC to complete one or more mobility-related activities of daily living (MRADLs, daily needs) within the home.

Note: Transfers and MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive devices. Note:

PWC Attendant Control System

An attendant control (HCPCS E2331) is medically necessary when the individual meets medical necessity criteria for a PWC and all the following:

- The attendant control is used instead of a patient-operated drive control system.
- The individual is unable to operate a manual or power wheelchair.
- The individual has a caregiver who is unable to operate a manual wheelchair but can operate a power wheelchair.

Electronic Interface for Operation of a Speech-Generating Device

An electronic interface (HCPCS E2351) is medically necessary when the individual meets criteria for a PWC and has a medically necessary speech-generating device.

- The individual's weight should be less than or equal to the weight capacity of the equipment provided and greater than or equal to 95% of the weight capacity of the next lower weight.
- The following are reference weight capacities for PWC:
 - A standard duty power wheelchair (PWC) is covered for an individual weighing 300 pounds (lbs.) or less.
 - A heavy duty PWC is covered for an individual weighing 285 to 450 lbs.
 - A very heavy duty PWC is covered for an individual weighing 428 to 600 lbs.
 - An extra heavy duty PWC is covered for an individual weighing 570 lbs. or more.
- For Group 3 and Group 4 PWCs with a sling/solid seat/back, the following may be billed separately:
 - For standard duty, seat width and/or depth or back width greater than 20 inches.

- For heavy duty, seat width and/or depth or back width greater than 22 inches.
- For very heavy duty, seat width and/or depth or back width greater than 24 inches.
 - For extra heavy duty, no separate billing is allowed.

Not Covered

The following items are not covered as they are considered not medically necessary, not primarily medical in nature, and/or convenience items:

- A PWC for use only outside the home.
- Rental or purchase of more than one wheelchair/POV at a time. Backup wheelchairs/POV are not covered.
- An option/accessory for a power wheelchair that is used to perform leisure or recreational activities (e.g., baskets, backpacks, bags).
- Stair climbing wheelchairs.
- Commode seat, wheelchair (HCPCS E0968).
- Powered wheelchair seat cushions (HCPCS E2610).
- A non-sealed battery (HCPCS E2358, E2360, E2362, E2364, E2372).
- A power standing feature or standing wheelchair (HCPCS E2301).
- If a power wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power standing feature, it is considered not medically necessary and not covered.

A wheelchair-mounted assistive robotic device (e.g., Kinova® Jaco® Assistive Robotic Arm) is considered experimental, investigational, or unproven (EIU).

Note:

For information related to EIU procedures or services, see Guidelines Definitions document.

Repair and Replacement of Power Wheelchairs

- Same or Similar Durable Medical Equipment
- Request for a same or similar power wheelchair is not medically necessary.

Definitions

- Mobility refers to the ability to move about in one's environment.
- Mobility-related activities of daily living (MRADLs, daily needs) are activities required for personal care including toileting, feeding, dressing, grooming, and bathing in customary locations within the home.

- A Power Mobility Device (PMD) includes both integral frame and modular construction type power wheelchairs (PWCs) and power-operated vehicles (POVs).
- A Power Wheelchair (PWC) is a chair-like battery powered mobility device for people with mobility limitations due to an illness or disability.
- PWCs have specific HCPCS codes and grouping levels of 1 through 5 based on performance and durability testing, options and accessories, and weight capacity.
 - Group 1 PWCs (HCPCS K0813, K0814, K0815, K0816) and Group 2 PWCs with no power options (HCPCS (K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829) include standard integrated or remote proportional joystick control and a non-expandable controller. Non-powered options and seating systems (e.g., manual elevating leg rests) can be placed on these wheelchairs if the seating system is not a Captain's chair.
 - Group 2 seat elevator PWCs (HCPCS K0830, K0831) include standard integrated or remote proportional joystick control and a non-expandable controller. These wheelchairs may accommodate only a power seat elevating system.
- Single Power Option is a category of PWCs with the capability to accept and operate a power tilt, power recline, or power standing system. Groups 3, 4, and 5 PWCs have the capability to accept a power seat elevation system.
- Multiple Power Options is a category of PWCs with the capability to accept and operate power elevating leg rests, a power seat elevator, and power standing system and/or a combination power tilt and recline seating system.
- An actuator is a motor that operates a specific function of a power seating system (i.e., tilt, back recline, power sliding back, elevating legrest(s), seat elevation, or standing).
- A controller is the microprocessor and other related electronics that receive and interpret input from the joystick (or other drive control interface) and convert that input into power output which controls speed and direction. HCPCS E2310 and E2311 describe the electronic components that allow the patient to control two or more motors from a single interface.
- A Non-Expandable Controller is an electronic system that controls the speed and direction of the power wheelchair drive mechanism. Only a standard proportional joystick (used for hand or chin control) can be used as the input device. This system may be in the form of an integral controller or a remotely placed controller. The non-expandable controller:
 - May have the ability to control up to two power seating actuators through the drive control.
 - May allow for the incorporation of an attendant control.
- An Expandable Controller is an electronic system that is capable of accommodating any of the following additional functions/devices:
 - Proportional input devices (e.g., mini, compact, or short throw joysticks, touchpads, chin control, head control, etc.).

- Non-proportional input devices (e.g., sip and puff, head array, etc.).
- Operate three or more powered seating actuators through the drive control.
- A separate display.
- Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control).
- An attendant control.
- A harness (HCPCS E2313) describes all the wires, fuse boxes, fuses, circuits, switches, and other components that are required for the operation of an expandable controller (HCPCS E2377) as well as necessary fasteners, connectors, and mounting hardware.
- A Proportional Control Input Device transforms a user's drive command (a physical action initiated by the wheelchair user) into a corresponding and comparative movement, both in direction and in speed, of the wheelchair. The input device shall be considered proportional if it allows for both a non-discrete directional command and a non-discrete speed command from a single drive command movement.
- A Non-Proportional Control Input Device transforms a user's discrete drive command (a physical action initiated by the wheelchair user, such as activation of a switch) into perceptually discrete changes in the wheelchair's speed, direction, or both.
- An Alternative Control Device transforms a user's drive commands by physical actions initiated by the user that replaces a standard proportional joystick (includes mini-proportional, compact, or short throw joysticks, head arrays, sip and puff and other types of different input control devices).
- An Integral Control System is a non-expandable wheelchair control system where the joystick is housed in the same box as the controller. The entire unit is located and mounted near the hand of the user. A direct electrical connection is made from the Integral Control box to the motors and batteries through a high power wire harness.
- An attendant control allows a caregiver to drive the wheelchair instead of the individual. Code E2331 is used when an attendant control is provided in addition to a beneficiary-operated drive control interface.
- A Remotely Placed Controller is a non-expandable or expandable wheelchair control system where the joystick (or alternative control device) and the controller box are housed in separate locations. The joystick (or alternative control device) is connected to the controller through a low power wire harness. The separate controller connects directly to the motors and batteries through a high power wire harness.
- A Captain's chair is a one or two-piece automotive-style seat with rigid frame and cushioning material in both seat and back sections. The Captain's chair is designed to serve as a complete seating, support, and cushioning system for the user. It may accommodate armrests that can be fixed, swingaway, or detachable.
- Swingaway, retractable, or removable hardware are wheelchair accessories used to move a component out of the way.

- HCPCS E1028: "Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other"
 - swing-away or flip-down hardware for head control interfaces described by HCPCS E2327, E2328, E2329, or E2330.
 - swing-away hardware for an indicator display box that is related to the multi-motor electronic connection codes E2310 or E2311
- HCPCS E1032: "Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface"
- HCPCS E1033: "Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type"
- HCPCS E1034: "Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type"
- A complex rehabilitative power wheelchair accessory, power seat elevation system is a type of equipment that raises and lowers the seat of the power wheelchair.

Codes

Codes addressed in this guideline

Codes included in the allowance for the primary device when provided at the same time.

Column I	Column II
Power Wheelchair Base Groups 1 and 2 (K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098

Column I	Column II
Power Wheelchair Base Groups 3, 4, and 5 (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856 K0857, K0858, K0859, K0860, K0861 K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010, E1012	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E0973	K0017, K0018, K0019
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
E0950	E1028
E0954	E1028
E1020	E1028
E2325	E1032
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

Evidence Discussion

Powered wheelchairs may be used to help restore mobility-related activities of daily living to prevent falls, increase safety, improve quality of life, and preserve energy and strength. As compared with manual wheelchairs and scooters, powered wheelchairs offer greater independent control over positioning and postural support. Powered wheelchairs have been shown to improve activities of daily living for adult patients

who are severely disabled from conditions such as multiple sclerosis, frailty, and quadriplegia.¹² Additionally, the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) recommends their use for young children as a way to build independence and self-confidence as well as cognitive and social development.³

4 5

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