

## **Assessment of the Patient with a Disability Checklist**

### **Overview of Assessment**

- 1)\_\_\_\_\_ Identify disability as identified by the patient  
(It is essential to address the patient’s disability in the health history and physical assessment. You will not upset the patient by asking about a disability; the patient is usually very aware of the disability and very knowledgeable about it, and likely will be distressed if you don’t consider the disability when you obtain a health history and complete a physical assessment. Examples of questions or probes to use to ask about patient’s disability: “Would it be okay if I ask you a few questions about your disability?” “Please tell me about your disability.”)
  
- 2)\_\_\_\_\_ Assess patient's ability to communicate and participate in health history and physical assessment  
(Assume that the patient is able to participate in discussion and conversation rather than assuming that he or she is unable to do so because of the disability. Communicate directly with the person with a disability rather than to a family member or caregiver who is with the patient.)
  
- 3)\_\_\_\_\_ Identify accommodations and modifications (e.g., signing, large print, other, etc.) needed by person with a disability to participation in health history and assessment.  
(Determine what assistance is needed to transfer the patient safely from a wheelchair to an exam table so that a complete assessment, including pelvic or testicular and rectal exam can be conducted, if indicated. Arrange for an interpreter if needed [it is not appropriate for a patient’s family member or other accompanying person to serve as an interpreter].)
  
- 4)\_\_\_\_\_ Include all aspects of health history and physical assessment that would be included for all patients  
(The health history and physical assessment should address the same issues that would be addressed with a person without a disability. For example, the health history should include sexuality, sexual function, reproductive health issues, preventive health care practices, and lifestyle behaviors. Assume that a person with a disability participates in the same activities and behaviors as those without a disability.)
  
- 5)\_\_\_\_\_ Use “person-first language” in interactions with and about persons with disabilities.  
(Although some disability groups [e.g., the Deaf community] prefer to be identified by their disability [“the Deaf person”], most prefer **NOT** to be identified by their disability. Language that refers to the person first [“person with a disability”] rather than their disability is more acceptable.)

### **Disability-specific Issues**

- 1)\_\_\_\_\_ Assess the effect of a patient’s disability on his/her ability to obtain health care.  
(Assessment should address the interaction of person’s disability and health care, manage self-care activities, follow health care recommendations, and obtain preventive health screening and follow-up care.)
  
- 2)\_\_\_\_\_ Assess patient for abuse or risk for abuse (physical, emotional, financial, and sexual) by others (family, paid care providers, strangers).  
(Questions should be asked privately when no one else, including family and care providers, is in the room. Questions specific to abuse of persons with disability include: prevented from using wheelchair, cane, respirator, or other assistive device; been refused help for important personal needs [taking medications, getting to BR, getting out of bed, getting dressed, getting food or drink]. If abuse is detected, assess patient’s access to accessible information, resources, shelters, and hotlines.)

- 3)\_\_\_\_\_ Assess the patient for risk of falls  
(Ask about previous falls and injuries due to falls. Ask about impaired balance, muscle weakness, changes in gait, changes in vision, confusion.)
- 4)\_\_\_\_\_ Assess patient for depression.  
(Do not assume that depression is “normal” because a person has a disability; depression, if present treatment should be offered just as any other patient would have treatment offered.)
- 5)\_\_\_\_\_ Assess patient for secondary conditions or risk for secondary conditions.  
(Secondary conditions are those conditions are as a result of having a disability or result from treatment of a disability [e.g., pressure ulcers, injuries]. Identify barriers to health care that may increase risk of secondary conditions [e.g., lack of transportation, nonparticipation in health promotion activities].)
- 6)\_\_\_\_\_ Assess what accommodations the patient has at home or needs at home to encourage or permit self-care and independence.  
(Accommodations may range from use of assistive devices or simple rearrangement of the home to structural modifications to enable the person with a disability to remain in the home and to participate safely in preferred setting. Home care nurses and therapists [occupational or physical therapists] can be helpful in assessing the home environment and suggesting modifications that would increase the ability of individuals with a disability to function safely in their own home. Determine if patient has or requires a bladder or bowel maintenance program, uses alternative approaches to eating and drinking fluids, or has had a procedure to make management of their bowel, bladder and nutrition possible [e.g. self- catheterization, urinary diversion, insertion of a PEG tube, etc.]
- 7)\_\_\_\_\_ Determine what preparation and accommodations are needed during hospital stays, emergency room or clinic visits, acute illness or injury, and other health care encounters to enable a patient with disability to be as independent as he or she prefers.  
(Determine if facility staff members are informed about the activities of daily living for which the patient will require assistance? Determine if accommodations are in place and readily available to enable the patient to use his or her assistive devices (hearing/visual aids, prostheses, limb support devices, ventilators, service animals). Determine what plans or strategies are in place to ensure to minimize consequences of immobility because of surgery, illness, injury, or treatments.)
- 8)\_\_\_\_\_ Assess what accommodations and alternative formats of instructional materials (large print, Braille, visual materials, audiotapes, interpreter) are needed by the patient with a disability.  
(Determine if patient instruction materials are consistent with modifications [e.g., use of assistive devices] needed by patients with disabilities to enable them to adhere to recommendations. Determine if the modifications made in educational strategies to address learning needs, cognitive changes, and communication impairment.
- 9)\_\_\_\_\_ Assess engagement of patient with disabilities in health promotion strategies the patient’s awareness of their potential benefits (e.g., improved quality of life, prevention of secondary conditions).  
(Assess patient’s awareness of accessible community-based facilities (e.g., health care facilities, imaging centers, public exercise settings, transportation) to enable them to participate in health promotion.)

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