



WHEELCHAIR

SERVICE TRAINING OF TRAINERS PACKAGE

ToT Handbook

BASIC LEVEL



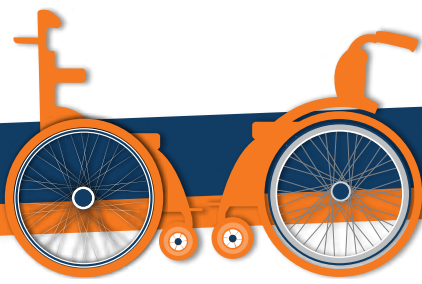
WHEELCHAIR

SERVICE TRAINING OF TRAINERS PACKAGE

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Wheelchair service training of trainers package

Contents: Trainer's manual basic level – Trainer's manual intermediate level – Trainer's manual managers and stakeholders – ToT handbook basic level – ToT handbook intermediate level – ToT handbook managers and stakeholders

ISBN 978-92-4-151239-8

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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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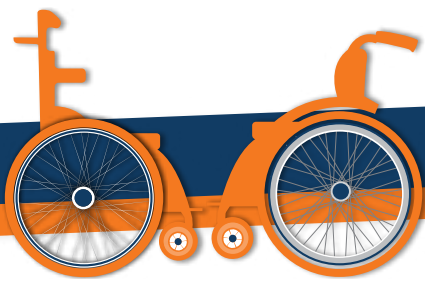
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- Financial support:** US Agency for International Development



Terminology

The following terms used throughout the WSTPtot are defined below.

| | |
|-------------------------|--|
| ToT trainer | Person delivering the WSTPtot |
| Trainees | All participants attending the WSTPtot |
| Lead trainees | Trainees leading the delivery of an assigned WSTPb/i/m/s session |
| Support trainees | Trainees assigned to support the lead trainee in specific WSTPb/i/m/s sessions |
| ToT participants | Trainees who are in the role of the WSTPb/i/m/s participants during practice delivery sessions |
| Participants | People who are attending the WSTPb/i/m/s |
| ToT Handbook | Combined reference manual and workbook for ToT trainees |

Acronyms

The following acronyms used throughout the WSTPtot are defined below.

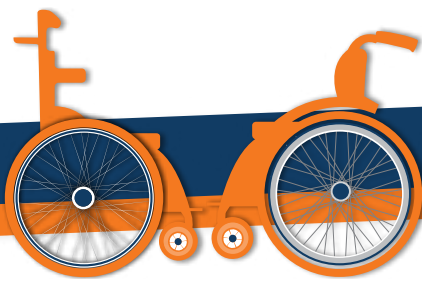
| | |
|----------------------|--|
| ASIS | Anterior superior iliac spine |
| AV equipment | Audio-visual equipment |
| CBR | Community-Based Rehabilitation |
| CRPD | United Nations Convention on the Rights of Persons with Disabilities |
| DPO | Disabled People's Organization |
| INGO | International Non-governmental Organization |
| ISO standards | International Organization for Standardization standards |
| ISPO | International Society of Prosthetics and Orthotics |
| ISWP | International Society of Wheelchair Professionals |
| ITs | Ischial tuberosities (seat bones) |
| NGO | Non-governmental Organization |
| OPD | Organization of Persons/People with Disabilities |
| PPT/s | PowerPoint Presentation/s or slides |
| PSD | Postural Support Device |
| PSIS | Posterior superior iliac spine |
| PWDs | Persons with disabilities |
| SDGs | Sustainable Development Goals |
| ToT | Training of Trainers |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

| | |
|----------------|--|
| WSTP | Wheelchair Service Training Package |
| WSTPb | Wheelchair Service Training Package – Basic Level |
| WSTPi | Wheelchair Service Training Package – Intermediate Level |
| WSTPm | Wheelchair Service Training Package for Managers |
| WSTPs | Wheelchair Service Training Package for Stakeholders |
| WSTPtot | Wheelchair Service Training of Trainers Package |

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About the Wheelchair Service Training of Trainers Package

Introduction

Following the release of its *Guidelines on the provision of manual wheelchairs in less-resourced settings*¹ in 2008, the World Health Organization (WHO) in partnership with the United States Agency for International Development (USAID) developed a series of four training packages to increase wheelchair access in developing countries. The *Wheelchair Service Training of Trainers Package* (WSTPtot) is the latest in this series and focuses on developing trainers to deliver the existing packages.

The need for wheelchair personnel, and therefore trainers of wheelchair personnel, is universal. With the launch of the WSTPtot, WHO expects the numbers of trained wheelchair personnel to increase substantially, enabling many more people to access an appropriate wheelchair and fulfil their potential.

The WSTPtot comprises a *Core training skills* module and one package-specific module from the existing four packages: the *Wheelchair Service Training Package – Basic Level* (WSTPb) 2012; the *Wheelchair Service Training Package – Intermediate Level* (WSTPi) 2013; the *Wheelchair Service Training Package for Managers* (WSTPm) 2015; and the *Wheelchair Service Training Package for Stakeholders* (WSTPs) published in 2015. The WSTPm and WSTPs have been combined into one package-specific module within the WSTPtot.

The WSTPtot can be delivered in 40 hours, but this period may be extended or reduced depending on the specific needs and resources available in each context. On completion of the WSTPtot, you will go forward to deliver the training packages alongside experienced trainers, allowing you to gain the skills and experience to then train independently.

1 *Guidelines on the provision of manual wheelchairs in less-resourced settings*. Geneva: World Health Organization; 2008 (<http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/>).

How to use the *ToT Handbook*

This *ToT Handbook* provides a step-by-step guide to the WSTPtot including information on how to deliver the package-specific modules. It has been developed for you to use during the WSTPtot programme itself and to keep as a reference when planning and delivering the WSTP in the future.

Target audience

The WSTPtot is made up of four modules:

- *Core training skills* – two days
- *Basic Level (WSTPb)* – three days
- *Intermediate Level (WSTPi)* – three days
- *Managers and Stakeholders (WSTPm/s)* – three days.

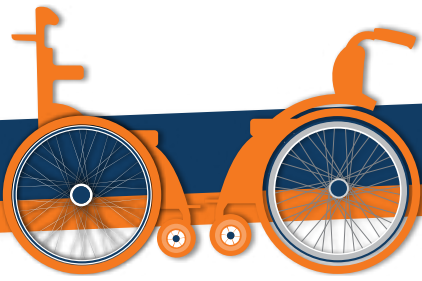
You should complete the *Core training skills* module followed by one of the package-specific modules, which will be chosen based on your training goals:

- **The WSTPtot Basic Level** module is targeted at trainers who plan to deliver the WSTPb. Previous experience providing basic-level wheelchairs is essential; the WSTPtot has been designed assuming that trainees are able to demonstrate the competencies taught in the WSTPb.
- **The WSTPtot Intermediate Level** module is targeted at trainers who plan to deliver the WSTPi. Previous experience providing intermediate-level wheelchairs is essential; the WSTPtot has been designed assuming that trainees are able to demonstrate the competencies taught in the WSTPi.
- **The WSTPtot Managers and Stakeholders** module is targeted at trainers who plan to deliver the WSTPm and WSTPs. Previous experience implementing, managing or evaluating wheelchair services; or working to raise awareness among stakeholders of the need, benefit or development of wheelchair services is essential for trainees to gain the most from the *Managers and Stakeholders* module.

You should have access to co-training opportunities within three months of completing the WSTPtot in order to consolidate and practise newly acquired skills.

Assignment of practice deliveries

After completing the *Core Training Skills* module, you will go on to the second part of the WSTPtot where you will practise the skills you have learnt by delivering sessions from your WSTP.



You will be allocated sessions on the first day of the *Core training skills* module, during ToT.3 *Practice delivery sessions*. You will also be assigned a ToT trainer as a mentor at this time. Time is included within the training programme to prepare for your session and consult with your ToT trainer mentor. The practice delivery session is followed by feedback and discussion, and the whole process allows the ToT trainer to observe and assess your skills.

To enable you to prepare well for the WSTPtot, you will be sent the package-specific materials in advance. You should arrive prepared to deliver any session.

Note:

Some practice delivery sessions have been adapted for the WSTPtot, by either shortening the time allocated or not delivering parts of the session. These changes are for the purposes of the WSTPtot only and should not be followed when delivering the WSTP.

Guidelines for preparing practice delivery sessions

Lead trainee

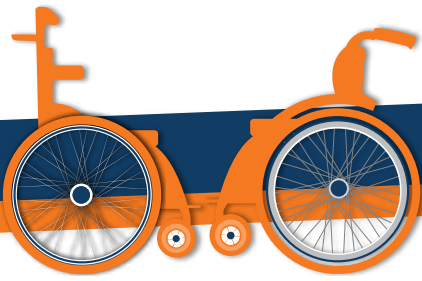
- Read the session plan assigned to you in your *WSTP Trainer's Manual* and make sure you understand all the material. Try out the activities yourself to make sure you know what your participants will be expected to do. Only prepare for the specific sections/sessions allocated to you.
- Read the relevant sections of the *WSTPb/i/m Reference Manual for Participants and Participant's Workbook* (not available for the WSTPs).
- Read the relevant section of the *ToT Handbook* for your session/s including the *Key considerations for teaching this session*.
- There are some known errors in the WSTP materials that are listed in this handbook; check your session to see if it has errors and make the recommended changes.
- Edit the PPT slides as appropriate.
- Incorporate your own knowledge and experience, including case studies if appropriate.
- Practise your delivery, including timing.
- Meet with your support trainers and plan how to work as a team:
 - assign roles, such as timekeeping or writing on the board
 - for group activities involving practical skills, practise together and discuss which errors to look out for and how to correct them.

Support trainee/s

- Read the session plan in your *Trainer's Manual*.
- Support the lead trainee as requested.

Before the session starts

- Upload your PPT slides onto the training laptop before the start of the training day.
- Set up the room and training materials as needed.
- Check that the audio-visual equipment is set up and working correctly.



Co-training

After completing the WSTPtot, you should continue to develop your skills by co-training alongside experienced trainers. The recommended ratio for co-training is one mentor trainer to two-to-four co-trainers.

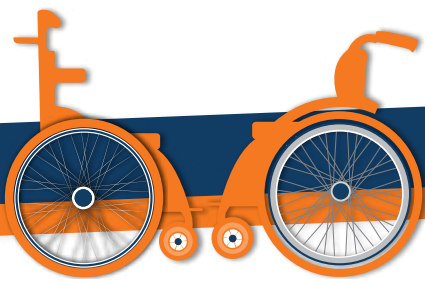
In some cases, ToT trainers may recommend that trainees develop stronger clinical or technical knowledge or skills before co-training. This information will be recorded in the *Feedback sheet for WSTPtot practice delivery sessions* and shared with the trainee.

Mentoring and peer support

You are encouraged to keep in contact with your ToT trainer/s after the WSTPtot to update them on progress and to consult them for advice. You can also get valuable ongoing support from your peers, which will help to develop your skills and confidence. You may benefit from joining or creating a group on a social media platform, to ask questions and share learning experiences.

Core training skills module





ToT.I Introduction to the Wheelchair Service Training of Trainers Package (WSTPtot)

Structure of the WSTPtot

The ToT programme consists of a two-day *Core training skills* module followed by a three-day module chosen from the basic (WSTPb), intermediate (WSTPi) or managers (WSTPm) and stakeholders (WSTPs) series. This package-specific module provides practical opportunities to develop your skills and confidence as a WSTP trainer. It will also highlight some of the common challenges that can come up when delivering the WSTP and will offer solutions.

Overview of the WSTPtot process

After the completion of the ToT programme, you should co-train until you are confident and competent to be an independent trainer. The number of co-trainings will vary from person to person. ToT trainers and trainers who mentor you while co-training will support you to decide whether you should continue co-training or train independently.



If you are not able to co-train with a more experienced trainer after the in-person ToT, WHO encourages you to seek virtual support and coaching from a ToT trainer and to connect with other ToT trainees to support each other through the planning, preparation and delivery of the WSTP.

Feedback and self-assessment

During practice deliveries in the package-specific modules, you will use the *Feedback sheet for WSTPtot practice delivery sessions*, including a list of trainee skills, to reflect on your performance. The ToT trainer will provide written feedback on this form at the end of the ToT programme, which will help you to continue to improve your training skills moving forward. This form can be found in the annexes of this manual.

ToT.2 Wheelchair service training packages

Background

The WSTP have their origins in the *Consensus Conference on Wheelchairs for Developing Countries* held in Bangalore, India, in November 2006.¹

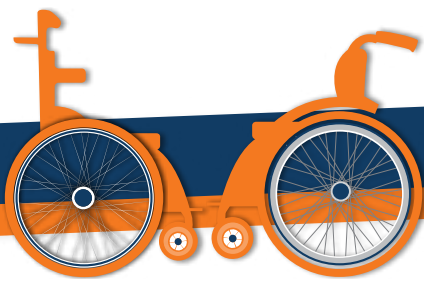
The consensus conference laid the foundation for the development of the *WHO Guidelines on the provision of manual wheelchairs in less-resourced settings*,² which were published by WHO in partnership with the International Society for Prosthetics and Orthotics (ISPO) and the US Agency for International Development (USAID) in 2008.



The wheelchair is one of the most commonly used assistive devices for enabling personal mobility, but there were very few training opportunities for service providers to ensure that wheelchair users could attain personal mobility with the greatest possible independence, be productive and enjoy a high quality of life.

The WSTP Basic and Intermediate Level were developed to implement the *Wheelchair Guidelines*, by training wheelchair service personnel in less-resourced settings in comprehensive wheelchair service provision, which enables increasing numbers of adults and children to receive a wheelchair which meets their needs.

-
- 1 Sheldon S, Jacobs NA, editors. Report of a Consensus Conference on Wheelchairs for Developing Countries, Bengaluru, India, 6–11 Nov 2006. Geneva: World Health Organization; 2006 (<http://www.who.int/disabilities/technology/WCGconsensusconf/en/>).
 - 2 Guidelines on the provision of manual wheelchairs in less-resourced settings. Geneva: World Health Organization; 2008 (<http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/>).



The four WSTP

*The Wheelchair Service Training Package – Basic Level*³ (WSTPb) supports the training of personnel to provide an appropriate manual wheelchair and cushion for adults and children who have mobility impairments but can sit upright without additional postural support.



*The Wheelchair Service Training Package – Intermediate Level*⁴ (WSTPi) supports the training of personnel to provide an appropriate manual wheelchair and cushion for adults and children who need additional postural support to sit upright.



Both WSTPb and WSTPi are designed to be delivered in a minimum of five days. However, the actual time required for each session will vary. Additional time will be needed if you:

- Add material to session plans
- Include additional sessions relevant for the context or skill level of participants
- Increase the number of practical sessions with wheelchair users
- Require translation
- Provide more preparation time for products used during the training
- Reduce the length of the training days to fit local contexts
- Are teaching participants with limited experience or formal qualifications.

3 *Wheelchair Service Training Package – Basic Level*. Geneva: World Health Organization; 2012 (<http://www.who.int/disabilities/technology/wheelchairpackage/en/>).

4 *Wheelchair Service Training Package – Intermediate Level*. Geneva: World Health Organization; 2013 (<http://www.who.int/disabilities/technology/wheelchairpackage/wstpintermediate/en/>).

If you would like to add sessions to the training timetable, The International Society for Wheelchair Professionals (ISWP) has a website which contains some additional resources. Please see: <http://wheelchairnet.org/resources>.

The *Wheelchair Service Training Package for Managers*⁵ (WSTPm) is designed to guide managers to effectively support appropriate wheelchair provision. This includes promoting the involvement of managers and stakeholders in establishing appropriate wheelchair provision. It can be delivered in a minimum of two days.



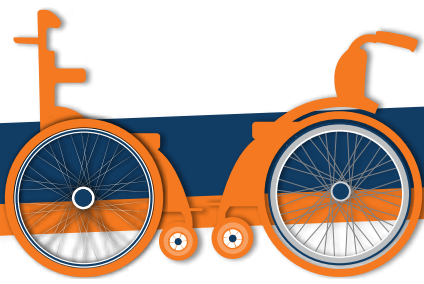
The *Wheelchair Service Training Package for Stakeholders*⁶ (WSTPs) is designed to create awareness and develop the skills and knowledge of all stakeholders in establishing appropriate wheelchair provision in their country/region. It can be delivered in a minimum of four hours.



Both packages can be delivered over a longer period allowing time for translation, more detailed discussion and planning, or to combine with other sessions relevant to the local context, such as a stakeholder action-planning meeting.

5 Wheelchair Service Training Package for Managers. Geneva: World Health Organization; 2015 (http://www.who.int/phi/implementation/assistive_technology/wheelchair_train-pack_managers/en/).

6 Wheelchair Service Training Package for Stakeholders. Geneva: World Health Organization; 2015 (http://www.who.int/phi/implementation/assistive_technology/wheelchair_train-pack_managers/en/).



Guiding principles

The WSTP has been developed following a set of guiding principles:

- user-centred and rights-based approach, which sets the wheelchair user at the centre of the wheelchair service.
- following available evidence-based, international best practice.
- a focus on less-resourced settings, with products and training appropriate for the setting.
- inclusion of wheelchair users as trainers and participants in all training packages.
- use of accessible, non-medical language and terminology so that:
 - participants without clinical or technical qualifications can be trained
 - service personnel can use terms that are easily understood by wheelchair users.

WSTP components

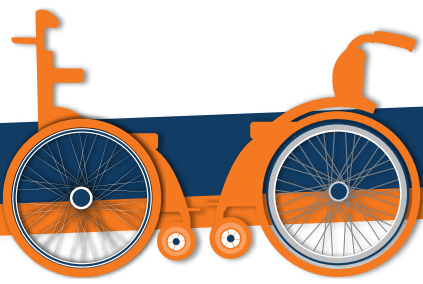
Each package contains a range of resources.

| | WSTPb, WSTPi | WSTPm | WSTPs |
|--|-----------------|------------------|------------------|
| <i>Trainer's Manual</i> | ✓ | ✓ | ✓ |
| PowerPoint presentations | ✓ | ✓ | ✓ |
| Videos | ✓ | ✓ | ✓ |
| Set of posters | ✓ | selected posters | selected posters |
| Supplementary resources: <i>Wheelchair Guidelines, CRPD</i> | ✓ | ✓ | ✓ |
| Reference Manual for participants | ✓ | combined | |
| Participant Workbook | ✓ | | |
| Forms and checklists | ✓ | – | |
| Additional Resources: including tools, equipment, and forms | – | ✓ | |

Activity 1: Getting to know the *Trainer's Manual*

Working together in your group, use your *Trainer's Manual* to answer the questions below. Write your answers next to the question.

| Question | | Answer |
|----------|--|--------|
| 1. | Where can you see a list of everything included in the <i>Trainer's Manual</i> ? | |
| 2. | How are group activities shown in the sessions? | |
| 3. | Where can you find the overall aim or purpose of the training package? | |
| 4. | How does the session plan indicate when the trainer should show a PowerPoint slide? | |
| 5. | Where can you find out what facilities, resources and equipment are needed to run the training sessions? | |



How to use the **WSTP Trainer's Manual**

Manual

Each *Trainer's Manual* gives an overview of the relevant package and provides specific guidance notes for trainers. Each section should be reviewed carefully before preparing to deliver the WSTP.

Annexes

Annexes with supporting information can be found in the back of the Trainers' Manuals for WSTPb, WSTPi and WSTPs; they include copies of forms and checklists.

Session plans

Individual session plans work like a recipe to guide trainers through the session. Following the session plans will help you to:

- stay focused on the learning objectives
- keep to time
- focus group activities, discussions and questions on relevant topics.

Video boxes

When a video needs to be shown, a video box is included in the *Trainer's Manual* along with one of the video icons.

- It is important for you to be familiar with the content, relevance and timing of all the videos.



Trainer's notes

Trainer's notes are included throughout the WSTP, including:

- most important answers to questions
- guidance about group activities or
- additional information that can assist trainers to answer questions from participants.

Activity boxes

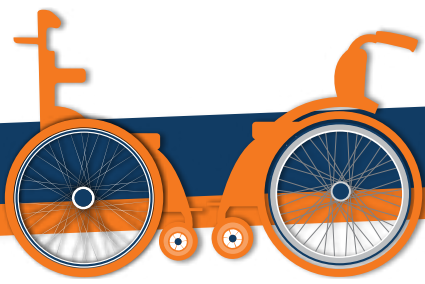
Activity boxes guide trainers by providing the following information:

- **Groups:** how to split the whole group for the activity.
- **Instructions:** how the activity should be carried out, what to say to participants.
- **Monitor:** how to monitor groups during activities to ensure they are doing the right thing.
- **Time:** gives the duration of the activity and any time for feedback at the end.
- **Feedback:** questions to ask, key points to cover and how to draw out participants' thoughts and feelings.

| Activity | |
|--------------|--|
| Groups | Divide participants into three groups. |
| Instructions | <p>Read the example of national policy-making on wheelchair provision (Worksheet page 92).</p> <p>Consider what policy already exists in your country.</p> <p>Discuss how well the policy's likely to work in your country and consider where the policy would fit within your government structure.</p> |
| Monitor | Monitor the groups, and assist as needed. |
| Time | Allow 45 minutes and 15 minutes for discussion. |
| Feedback | <p>Ask each group to feedback to the whole group.</p> <p>Record answers on the whiteboard.</p> <p>Note if the policy on wheelchair provision already exists within the country and who are the main policy/strategy responsible for wheelchair provision.</p> <p>Note any suggested improvements based on the example of South Africa.</p> |

Key point summary

Each session ends with a *Key point summary* or *Actions for Managers* in the case of the WSTPm.



ToT.3 Practice delivery sessions

Introduction

Record how confident you feel to deliver the WSTP package/s you are here to learn, on a scale of one to 10:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Not confident

Very confident

Structure and aims of the package-specific modules

Package-specific modules include opportunities for you to deliver sessions from the WSTP you have chosen to learn.

The aim is to enable you to:

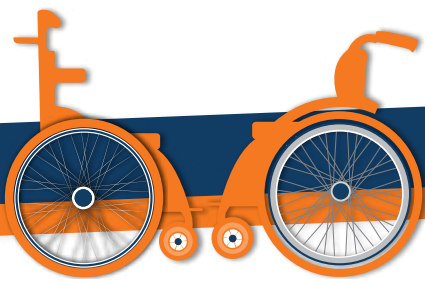
- practise using the WSTP training materials
- practise delivering sessions to your peers
- clarify your understanding of the WSTP theory, principles, skills and methodology
- learn about the common challenges that can occur when training and find ways to manage them
- develop your trainee skills (see the list in the *Feedback sheet for WSTPtot practice delivery sessions* in the Annexes of your *ToT Handbook*).

Roles of lead and support trainers and ToT participants

- You will have the opportunity to be both a lead trainer and a support trainer.
- When two or more lead trainers are allocated to the same session, one will automatically assume the support trainer role when they are not presenting.
- If there is only one lead trainer for a session, he/she may request help from any of the other ToT participants.
- For some practical sessions, the support trainer may have a specific role identified and assigned.

Activity 1: Lead and support trainers

| What are the roles of the lead trainer? | What are the roles of the support trainer? |
|---|--|
| | |



| What are the roles of the lead trainer? | What are the roles of the support trainer? |
|--|--|
| <ul style="list-style-type: none"> • delivering the session • preparing demonstration and practical equipment • keeping to time • coordinating support trainees. | <ul style="list-style-type: none"> • writing answers on the board during participatory sessions • adding any missing or supporting information • helping to keep to time • facilitating group activities • giving feedback about participants to the lead trainer • contributing to the overall feedback/ reflection on the session delivery • assisting with demonstration equipment during the session • turning lights on/off and opening/closing blinds as needed when videos are shown. |

Teamwork

Trainees will need to work together as a team to deliver their sessions. This includes supporting each other to:

- prepare for the session
- set up the training room
- prepare demonstration equipment
- tidy training areas
- manage session time
- clarify errors during the session delivery
- answer questions from participants
- manage disruptions and interruptions.

Trainers as role models

Trainers should set positive examples of professional behaviour and practice. Model the behaviour you want to see from participants by:

- being on time and well prepared
- problem solving and finding solutions for challenging situations
- providing positive and constructive feedback
- managing yourself well: this includes balancing preparation with getting adequate sleep and good nutrition to help you to manage stress.

Remember, being a good trainer and role model does not mean you always need to know the answers to questions.

If asked questions you do not know the answer to, do not pretend to know the answer. Instead you can:

- Ask support trainers if they know the answer
- Ask participants if they know the answer
- Agree to find out the answer before the training programme finishes (add to Car Park).

Reflection and feedback

Learning to reflect on your own delivery is an important skill for a trainer. It is also important that trainers are able to give constructive, guiding feedback to training participants.

This is why reflection and feedback skills are incorporated into the ToT programme.

At the end of each practice delivery session the lead trainer/s will be asked to reflect on:

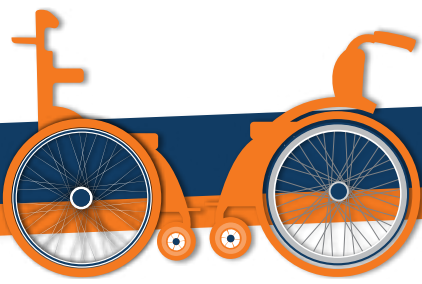
- what was good and what went well
- what can be improved.

The ToT trainer will then facilitate brief feedback from ToT participants, and finally the ToT trainer will add anything not already mentioned by the lead trainer or ToT participants.

Preparing for practice delivery sessions

Your preparation for a practice delivery should include the following:

- Read the session plan in your *Trainer's Manual* and make sure you understand all the material.
- Read the relevant sections of the participant's *Reference Manual* and *Workbook* (available for all but WSTPs).
- Make any relevant changes/additions to the PPT.
- Incorporate your own knowledge and experience and use your own case studies if appropriate.
- Practice your delivery, including timing.
- Work as a team with your support trainer.
- Prepare the resources you need for the session.



If your session includes a demonstration by the ToT trainer, discuss with them how they will manage their part of the session.

Known errors

There are some known errors in the *WSTP Trainer's Manual, Participant Workbooks* and PPTs.

- Known errors are listed in your *ToT Handbook*.
- When preparing for your session, check if your session has errors, and make the necessary changes.
- Do not discuss the errors with ToT participants, but present the session as if you are training on a standard WSTP.

Confidence in presenting

- You may feel nervous during your first session deliveries in front of your peers and ToT trainers. This is normal!
- You will grow in skills and confidence as you deliver more sessions.
- You will be required to present feedback from group activities during the *Core training skills* module – use this as an opportunity to practise presenting to your peers.

PPT presentations

- The standard PPT for each session will be available on the training laptop with the video already embedded.
- If you make any changes to your PPT such as adding slides, you will need to upload it onto the training laptop before your practice delivery.

Time limits for session delivery

- Time will be strictly monitored during practice deliveries.
- If you go over your time, the ToT trainers will stop you and move onto the next trainer, or end the session.

ToT.4 Preparing for diversity

WSTP trainers often encounter diversity and must understand how to manage a diverse training group. People often feel powerful and confident when they are in a majority. They can feel isolated and marginalized when they are in a minority. Groups can be separated or brought together by culture or by diversity.

Culture and diversity

Culture – the things that make us the same:

- a shared or common system of values, attitudes, morals, traditions, beliefs
- a shared understanding of appropriate behaviour.

Diversity – the things that make us different:

- ethnicity, gender, gender identity, age, physical abilities
- religious or spiritual beliefs, political beliefs
- professions.

Remember that we all belong to more than one cultural group and we are all diverse in many ways.

Cultural competence

Cultural competence is an active process through which individuals learn how to effectively and respectfully engage with a culture that is different from their own.

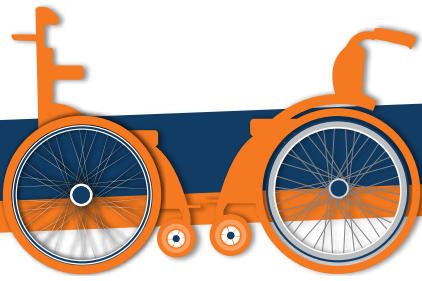
It can relate to individuals, groups or organizations and it can be learned.

Cultural competency typically involves:

- awareness of your own cultural practices
- knowledge of different cultural practices
- a positive attitude towards cultural differences
- understanding how culture impacts on interactions.

Cultural competence for trainers

You must ensure they have the required knowledge, skills and attitudes to understand and appreciate cultural differences; this includes respecting and accommodating other people's cultural beliefs, behaviour and needs.



If differences in culture are not understood and respected by WSTP trainers, these differences can lead to misunderstandings, disappointments, confusion, embarrassment, anger or insult.

Potential cultural considerations

- **Physical contact:** It may be culturally inappropriate for a female trainer or participant to assess a male wheelchair user, or for a male trainer or participant to assess a female wheelchair user.
- **Clothing:** You must ensure that your dress is culturally appropriate.
- **Communication:** In some cultures participants may not answer questions unless they are asked directly.
- **Eye contact:** It may be impolite to look at someone directly when you are speaking to them.
- **Feedback:** Be aware of what is acceptable for participants when giving and receiving constructive criticism/feedback in their society.
- **Gender:** In some cultures it will not be appropriate for men and women to be paired together for activities, or to eat together; this may affect the organization of group work and refreshment breaks.
- **Religious beliefs:** Longer break times, or different start/finish times, may be needed to fit in with local religious practices such as festivals, fasting or prayer.

Activity 2: Cultural competence

Think about and write down examples of when you experienced a culture different from your own.

What was it like?

How did you feel?

What did you learn from the experience?

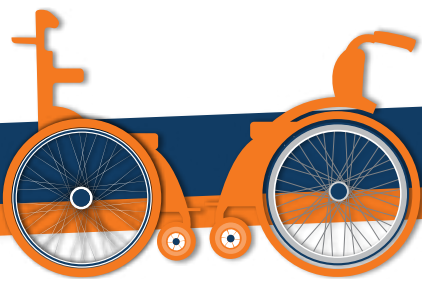
Including wheelchair users and people with disabilities in the WSTP

The WSTP promotes the inclusion of wheelchair users in training teams and as participants. This is important because:

- Wheelchair users are able to draw on their own first-hand experiences and perspectives to communicate the learning objectives of the WSTP.
- Being taught by a wheelchair user will reinforce the central role of wheelchair users in wheelchair services.



The inclusion and participation of wheelchair users can help to shift perspectives of what people with disabilities are capable of, combat stigma, and reinforce the principles of the *CRPD*.



Barriers preventing the full inclusion of people with disabilities, including wheelchair users, into society

To include wheelchair users and other people with disabilities in the WSTP, WSTP trainers must understand what might prevent people with disabilities from being included in society.

Perceptions

People are often not familiar with disability and have incorrect assumptions about people with disabilities.

- Many people think that persons with disabilities do not have, or are not able to achieve the same goals and dreams related to family, work, leisure, social and personal lives.
- They think that because someone has a physical disability they also have a cognitive impairment and treat the person like a child, talking slowly and loudly, or they address the person accompanying the person with a disability.

Attitudes

Negative attitudes towards people with disabilities can include:

- A view that people with disabilities have less value in society because of their impairments.
- Patronizing people with disabilities as objects of charity.
- Avoidance of people with disabilities because they are unfamiliar with them, or because they are afraid to say the wrong thing.
- Low value put on educating children with disabilities by families, community leaders and institutions such as schools. People with disabilities have limited opportunities without an education.

Beliefs

Beliefs are closely related to attitudes and can also create barriers. For instance, believing that someone's impairment will prevent them from accomplishing tasks that they are in fact able to do.

Culture

Cultural beliefs, norms and values may also create barriers. In some cultures, it is believed that people with disabilities are cursed so they are excluded from their families and communities; sometimes they will isolate themselves and hide away.

Stereotypes

These are negative views that do not recognize people with disabilities as individuals with their own interests and skills who can contribute to society.

Legislation and policies

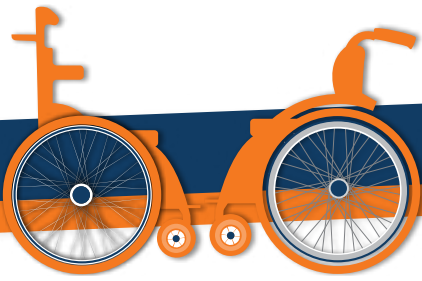
Legislation and policies protecting the rights of people with disabilities often exist but are not enforced. For example, some countries have employment legislation that includes a requirement to employ a quota of people with disabilities, or that stipulates reasonable accommodation be provided to employees. Without enforcement, such laws and policies are ineffective.

Environmental barriers

Physical barriers can limit the participation and integration of people with disabilities. In outdoor life these include gradients, sand, grass and rivers; while mobility and independence indoors can be hampered by stairs, narrow doorways, furniture and carpets.

Lack of assistive devices

This is a major barrier to inclusion and the WSTP is one initiative to help improve the availability of appropriate wheelchairs in line with the *CRPD*.



ToT.5 Adult learning

To be an effective trainer it is important to understand how adults learn best and to know about the different styles of learning.

Activity 1: Principles of adult learning

Think about positive learning experiences you have had and write down in what way the experiences were positive.

Use the space below to record your reflections during the activity.

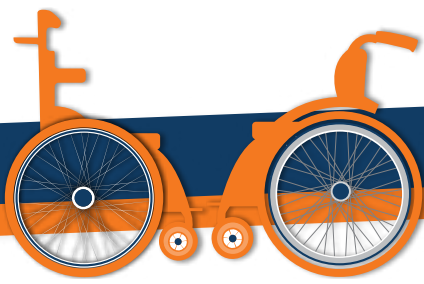
Positive learning experiences

| |
|--|
| |
|--|

Activity 2: Determining your preferred learning style

Circle the statements that reflect how you learn

- A. By following instructions step-by-step
- B. By experiencing new things
- C. By making mistakes
- D. By reasoning
- E. By understanding the theory of what is being taught
- F. By applying what I learned
- G. By drawing on my own experience
- H. By watching a video
- I. By evaluating options
- J. By relying on my feelings
- K. By interacting with people
- L. By watching someone demonstrate something
- M. By reflecting on something
- N. By seeing the big picture
- O. By staying on the side and watching
- P. By listening to someone describe how to do something
- Q. By studying what others have written about the topic
- R. By engaging with others
- S. By trying out what I am learning
- T. By understanding the general principles of something
- U. By attending a lecture
- V. Through hands-on experience
- W. By relying on my observations
- X. By being personally involved in something
- Y. By exploring how I feel about something
- Z. By being active
- AA. By observing the trainer
- BB. By experimenting



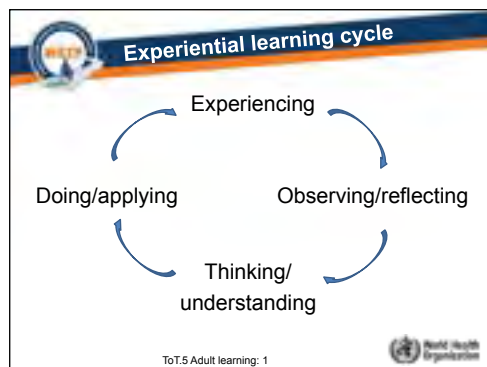
Scoring sheet for preferred learning styles

Now circle the same letters on the list. Whichever column has the most letters circled represents your preferred learning style.

If two or more have the same number it means you do not have a strong preference.

| Learning by experiencing | Learning by observing | Learning by thinking | Learning by doing |
|--------------------------|-----------------------|----------------------|-------------------|
| B | H | D | A |
| G | L | E | C |
| J | M | I | F |
| K | O | N | S |
| R | P | Q | V |
| X | W | T | Z |
| Y | AA | U | BB |
| Total: | Total: | Total: | Total: |

Experiential learning cycle



The four preferred styles of learning are:

1. Learning by experiencing
2. Learning by observing/reflecting
3. Learning by thinking/understanding
4. Learning by doing/applying.

The four learning styles match the experiential learning cycle.

While we all have different styles, learning new knowledge and skills is most effective when we go through each of the four stages.

In the WSTP, each of the four stages or types of learning are included so that all participants are involved.

- Role plays and simulations are most appropriate for those who learn best from experiencing.
- Those who learn best by observing and reflecting will benefit most from demonstrations, videos, and watching the trainer and wheelchair users.
- Presentations or reading materials that discuss concepts, provide frameworks, definitions or theories, are helpful to those who learn by thinking and understanding the big picture.
- Practical sessions with wheelchair users (as in WSTPb and WSTPi), that apply what was explained in theory, are most appropriate for those who learn by doing.

Group discussions, case studies, question-and-answer sessions, workbook assignments and feedback sessions are all teaching methods that can appeal to different learning styles; you will need to think about their purpose and how they are used to ensure they are adapted to each situation.

You also have your own preferred style. It is important to be aware of this and to take care not to neglect a particular approach.

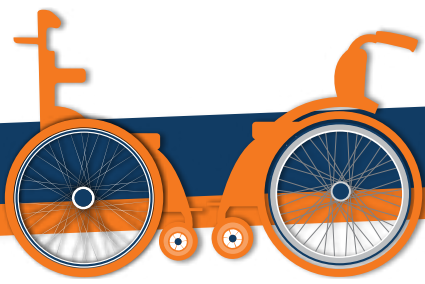
Do not skip a phase!

What would happen if we missed out the experience part? The learning will not have a connection with the person's life; it will not be anchored in the participant's personal experience – it would be abstract.

What would happen if we missed out the observation part? The learner would not be able to explore or see how his or her personal experience connects to the larger abstract concept or framework.

What would happen if we missed out the thinking part? The learner would go from one experience to another without being able to see how they link together. He or she would not be able to benefit from a framework that would help organize the experiences in a meaningful way.

What would happen if we missed out the doing (practice) part? The learner would not find out how to apply the theory or framework in the workplace or in his or her own life.



Activity 3: Matching activities with learning preferences

Put an 'x' under the name of the person who would find the training activity most effective given their learning style. Fill in the last column with your own style as a comparison.

- Carlos learns best by doing
- Miriam learns best by observing
- Sita learns best by experiencing
- Ahmad learns best by understanding the big picture.

| | Carlos | Miriam | Sita | Ahmad | Self |
|---|---------------|---------------|-------------|--------------|-------------|
| 1. Using a role play to practise wheelchair user training | | | | | |
| 2. Watching the trainer show how to measure a new wheelchair user | | | | | |
| 3. Attending a presentation by a government official about laws and regulations regarding wheelchair services in his or her country | | | | | |
| 4. Watching people in wheelchairs doing the things they want to do | | | | | |
| 5. Learning about the key documents that are relevant to wheelchair services | | | | | |
| 6. Discussing with other participants the advantages and disadvantages of follow-up in the user's home | | | | | |
| 7. Listening to the trainer reviewing the most important articles in the <i>CRPD</i> | | | | | |
| 8. Making a pressure-relief cushion | | | | | |
| 9. Riding a wheelchair to get a feel for the obstacles a wheelchair user might experience | | | | | |
| 10. Observing the trainer conduct an assessment | | | | | |
| 11. Doing an assessment interview with a new user | | | | | |
| 12. Calculating the cost-savings of adding a wheelchair service to existing rehabilitation services | | | | | |

Supporting adult learning

While we all have preferred learning styles, there are some common factors that relate to all adult learners.

Adult learners are self-directed and responsible for their own learning. Support them by encouraging active participation.

Adult learners bring their own knowledge and experience to learning. Encourage them to share their experience with others and learn from others.

Adult learners need learning to be relevant and practical, and they want to apply what they learn. Support them by having clear learning objectives with practical applications to their roles.

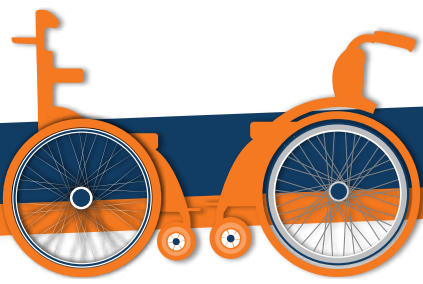


Activity 4: Problem solving

Problem solving is the process of finding the best solution to a challenge.

It is an important part of adult learning and an important skill in wheelchair service provision.

How can we help participants to problem solve and find their own solutions?



Help participants problem solve

- **Ask open ended questions** – Open-ended questions cannot be answered with a simple ‘yes’ or ‘no’. They require participants to think more deeply about something, or explore their own experience and think for themselves, rather than guessing the answer you expect.
- **Ask rather than tell** – Ask participants what they think the solution should or could be, rather than telling them. Help them work it out for themselves.
- **Invite others in the group to come up with a response** – ‘does anyone have a different idea?’
- **Encourage case discussion** – talk to participants about individual users who come to the training for assessment, fitting and user training.
- **Don’t take ‘I don’t know’ for an answer** – help participants consider what they do know about a subject and support them in considering possible answers.
- **Be patient** – developing problem-solving skills takes time.
- **One step at a time** – assist participants by breaking down the task into individual steps and asking questions/facilitating problem solving step-by-step.
- **Encourage** participants to be creative and to think laterally.
- **Encourage** participants to work together – teamwork and good communication helps to solve problems.

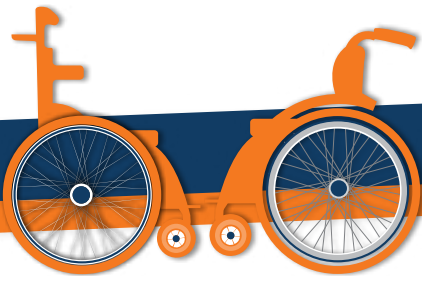
Remember

- When training participants to provide wheelchairs (WSTPb, WSTPi) there may be no simple answers.
- In the clinical context, some prescriptions, modifications or postural support devices may provide a good technical solution, but they may also create functional barriers or limitations.
- Acknowledge that often there is not one perfect solution. Wheelchair service provision requires compromise between what a client needs and the range of products available.

ToT.6 Preparation time

Preparation time has been included in the ToT timetable. This time will be used for:

- Answering car park questions.
- Meeting ToT trainers:
 - asking questions
 - receiving feedback.
- Preparing for your practice delivery sessions:
 - coordinating with co-trainers
 - preparing demonstration materials and AV equipment.



ToT.7 Presenting and facilitating

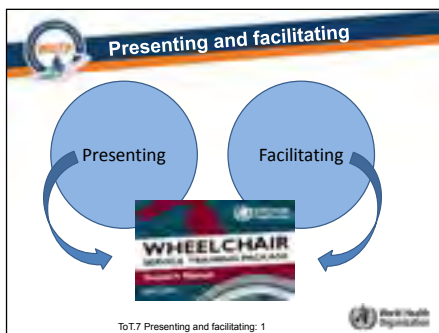
Activity I: Trainer behaviour

Think about people who have trained you in the past and identify who you consider to have been an effective trainer. In other words, people who enabled you to learn what you needed to and who gave you positive and worthwhile experiences.

Reflect on your experience in the space below.

What was effective in their behaviour?

Presenting and facilitating



Presenting is a one-way process where participants are given information. Presentations are used to provide information, facts and figures, and correct misinformation. When we present facts, theories or frameworks, we assume people don't know the information or they need to be reminded. Thus we treat all participants in the same way even if some may know the information already.

Facilitating means 'making things easier'. When we facilitate we make it easier for participants to:

- see the connection between theoretical concepts and real life challenges or tasks
- reflect on their own experience
- connect their own experience or views with new information.

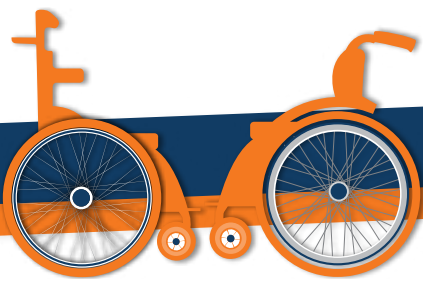
Good practice for presenting and facilitating

Presenting:

- Vary the pace and tone of speech.
- Be aware of your position in the room and vary it.
- Ask questions and encourage contributions from the group.
- Follow the instructions in the *WSTP Trainer's Manual* as these have been tested and timed.
- Make sure the slide shown corresponds with what you are saying. Keep the slide synchronized with the *Trainer's Manual*.
- Do not turn your back to the group when reading from a slide.

Facilitating:

- Try the activity out before the session so you understand its purpose.
- Give people time and space to think for themselves. Be comfortable with silence.
- Refer participants' questions to the group before answering yourself.
- Give clear instructions to participants, and make sure you understand them yourself before the session.
- Monitor participants to ensure they are learning the key points for the session.



Energizers⁷

There are times during any training when energy levels start to drop. Hot weather, stuffy rooms, a big lunch or tiredness from a long day of training can cause attention to wander and group energy to falter.

The best way to deal with this is to inject some activity and fun into the training room by creating an opportunity for people to move and interact in a light-hearted way.

This can be achieved either as part of the training or as a one-off activity to liven things up. Here are a few ideas.

As part of the training:

- Ask frequent questions to the whole group, picking a specific person to answer.
- Ask participants to face their neighbour to discuss the answer to a question or topic, or to explore a different opinion to the one just expressed.
- Ask participants to stand up and come to look at something (a wheelchair, a poster, a flipchart or a demonstration).
- If possible, move the session to a different room or outside to create some change and movement.

As separate activities:

- Sing a song together.
- Stand and do some simple stretching exercises.
- Play “Simon says”: give instructions (“jump in the air”, “touch your toes”, “point to the sky”, “turn around” and so on). Participants should only follow when the instruction is preceded by “Simon Says”.
- Have a three-minute stretch and comfort break.
- Invite a participant, or group of participants, to lead an energizer activity for a few minutes. They are likely to have different and locally-appropriate activities to share with the whole group.

7 With thanks to Robert Chambers for some of them. Chambers R. Participatory workshops: a sourcebook of 21 sets of ideas and activities. London: Routledge/Earthscan; 2002 (<https://www.routledge.com/Participatory-Workshops-A-Sourcebook-of-21-Sets-of-Ideas-and-Activities/Chambers/p/book/9781853838637>).

Remember:

- be aware of, and sensitive to, differences in culture, gender and disability
- don't force participants to do anything they can't or don't want to do
- start slowly and build up to more energetic activities
- join in yourself when you can
- have fun!

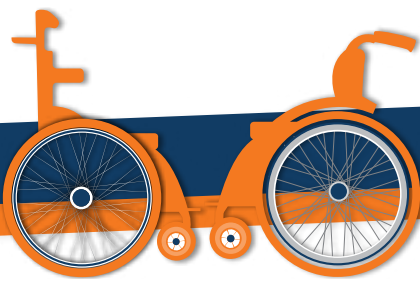
Managing time

You need to make sure that the training runs to time. There are many sessions and activities and a limited amount of time to complete them. We will often need to modify our behaviour and activities to make the best use of the time we have available.

Activity 2: Managing time

In pairs, discuss: What can we do to keep the training running on time?

Write your ideas here:



Ideas for keeping the training on schedule

- Keeping to time is everyone's responsibility; encourage participants to take responsibility for their own timekeeping.
- Begin each session on time (at the beginning of the day and after breaks); avoid penalizing those who arrive on time by making them wait for latecomers.
- Prepare equipment and resources in advance; plan how you will use these and where you will position them.
- Follow session plans closely. Do not add material or too many examples to the WVSTP unless you have additional time.
- Keep discussions focused on the aim and objectives of the session. Park topics for discussion that are not relevant to the current session or that cannot be answered quickly.
- Give clear time markers for participants, for example: '15 minute tea break, back at 10:45'; 'You have 10 minutes for discussion in your groups and 5 minutes for feedback'.
- Agree on signals with co-trainers to indicate how much time is remaining for a session.
- Have a back-up plan for sessions that require specific logistics, for example, what if rain interrupts the wheelchair mobility session?
- In areas with unreliable power, consider having a generator with in-line UPS (Uninterrupted Power Supply) for back-up.
- Check that the refreshments are organised – delays in food arriving can mean sessions start late after breaks.

ToT.8 Communication skills

Activity 1: Communication skills

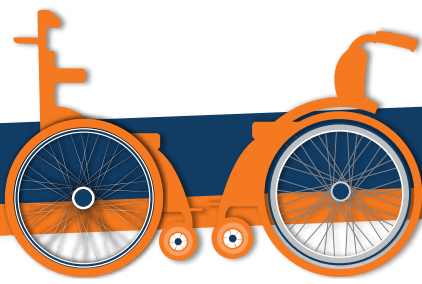
Read the information assigned to your group from the table below. Develop a presentation to ensure other trainees understand the key points.

Work as a group to decide how you will present the information and who will present which parts. Everyone in the group should participate in the presentation. You may use flipcharts, the whiteboard, or other props as desired. Be creative in your presentation.

You have 20 minutes to prepare. You will have five minutes to present to the others.

Group 1 – Verbal skills

- Be aware of speed, volume and rise and fall (intonation) of the voice when presenting.
- Avoid using socially inappropriate language, including slang and 'non-speak' ('er', 'um', 'like', 'you know').
- Be heard clearly by all participants.
- Be aware of when participants do, and do not, understand what you say.
- Be sure that everyone understands when the training programme is in a second language for participants, or when it is delivered via an interpreter.
- Use terms that will be understood by all the participants (especially when discussing anatomical parts of the body).
- Terms used in the training are simple and non-medical to ensure wheelchair service users and participants without clinical or higher education understand the content.



Group 2 – Non-verbal communication

- Maintain eye contact.
- Be aware of your body language.
- Use humour when appropriate. Humour is about lightness and not taking oneself and one's opinion too seriously.
- Humour does not mean joking. Jokes are often cultural and may not work the way you intended.
- Use appropriate actions when communicating with wheelchair users, including lowering your body to be at eye level.
- Position yourself and participants in the room:
 - when presenting, stand at the front or side
 - participants should be able to see and hear you
 - in semi-circles so that no one is in the back row and all participants can see each other
 - standing behind participants is appropriate in certain circumstances, for instance when presenting and you need to read the PowerPoint slides
 - depending on the context, it may be appropriate for you to sit at times; this creates a more relaxed, friendly dynamic.

Group 3 – Asking questions

- Allow time for all participants to think about and respond to the question – don't always take an answer from the first respondent. Some participants may need time to think, especially if the training is not being delivered in their first language.
- Don't jump to answer participants' questions. Help facilitate participants to think of the idea, concept, or answer without telling them the answer when possible. Draw answers from the room.
- Rephrase questions when needed. If the response from participants is silence, confusion, or a wrong answer; the question may need to be rephrased.
- Use open questions to check understanding (for example, 'what are the three causes of pressure sores?').
- Avoid using closed questions (questions where the response is 'yes' or 'no').
- Acknowledge when correct answers are given.
- If an incorrect answer is given, first ask the same question to another participant or to the rest of the group. Only provide the correct answer if no one in the group can do so.
- If questions are repeatedly answered incorrectly, it is a sign that something is wrong. Possible problems include:
 - participants are not learning. You may need to rephrase your explanation or return to an earlier part of the training that now appears to be poorly understood
 - questions are inappropriate for their level of knowledge
 - questions are poorly phrased
 - questions use words participants do not understand.

Group 4 – Answering questions

- Sometimes participants ask a question without thinking it through for themselves. When this happens, challenge them to work out the answer themselves. (Refer to the last exercise in Session ToT.5: Adult Learning).
- Help participants find the answer by questioning them. For example, 'What do you think?', 'What factors are important to consider when deciding...?' Draw out the correct ideas from participants, developing their clinical reasoning and problem-solving skills.
- If someone asks a question that you do not know the answer to, first ask if any participants or co-trainers can answer it.
- If no one can answer, add the question to the Car Park and offer to look it up and share it with the group before the end of the training.
- Never make up an answer if you do not know.
- If there is not enough time to answer a question at the time of asking, use the Car Park to make a note of it and address it later in the training programme.
- Avoid spending time on questions that are beyond the aim and objectives of the session. Take the opportunity in a break to discuss the issue with the questioner.
- Questions related to upcoming sessions can be parked in the Car Park. When Car Park questions are covered, check if the participant feels their question has been answered.
- Listen: make sure you listen to the whole question before assuming you know what the question is. This means not interrupting or filling in the sentence.
- Be aware of the difference between 'right/wrong' questions (especially relevant to WSTPb and WSTPi) and those that do not have a right or wrong answer, as is often the case in WSTPm and WSTPs.

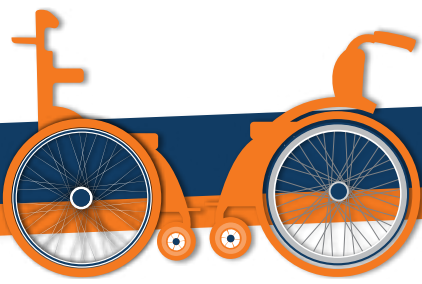
Demonstrations, videos and interpreters

Below are good practices for giving demonstrations, showing videos, and using both foreign language and sign languages interpreters during training.

Giving demonstrations

When giving demonstrations:

- make sure everyone can see
- prepare props and equipment in advance
- explain clearly, demonstrate and repeat
- know your audience
- allow participants to practise what has been demonstrated
- monitor participants and step in as necessary to give feedback (especially related to safety)
- consider gender during demonstrations in WSTPb and WSTPi, especially when touching is necessary.



Using videos

The WSTP use videos to demonstrate most practical skills. Before showing the videos:

- familiarize yourself with the content
- check for cultural and gender sensitivity
- explain what it is about before you show it
- mention the approximate length
- link it to the session
- play videos with subtitles to make them easier to follow
- ask questions about issues you want participants to consider, and highlight what they should observe
- repeat key sections, if time allows, or pause at critical points for emphasis.

Working with foreign language and sign language interpreters

Meet with the interpreter before the training starts to discuss:

- pace of speech
- key terms, including terminology related to people with disabilities
- how to communicate with wheelchair users
- their role during practical activities
- content of the training – provide a copy of the *Trainer's Manual* to interpreters
- instruct interpreters to translate everything, not to summarize or change what is being said
- interpreters should never answer a question on your behalf
- arrange for two interpreters so that they can take rest breaks.

During the training make sure that you:

- speak slowly and clearly
- watch your body language
- keep your hands away from your face for lip-readers
- always engage with the individual or audience directly
- show interest, keep eye contact and remain focused
- plan your time: talking through an interpreter makes conversations twice as long.

ToT.9 Knowledge of guiding documents

What is a guiding document?

Guiding documents are publications, policies, conventions or laws that provide frameworks, guidance or rules that are relevant to wheelchair service provision and which guide stakeholders in the provision of wheelchair services.

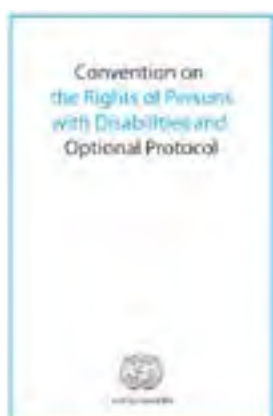
Many governments, international agencies, donors, and other stakeholders plan and fund development work in line with these international frameworks.

Your knowledge of them will put you in a stronger position to educate and advocate for appropriate wheelchair service provision.

National or Regional laws and policies will impact local wheelchair service provision. You need to be familiar with the documents to guide discussion.

The following section gives an overview of a range of guiding documents as they relate to wheelchair service provision. Some of these are included on the WVSTP Pen Drive and others can be accessed via the internet.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD)

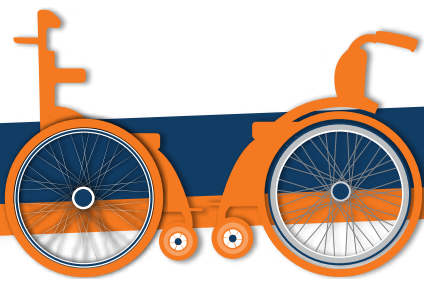


The United Nations Convention on the Rights of Persons with Disabilities is commonly known as the *CRPD* or sometimes the *UNCRPD*. The *CRPD* is widely considered to be the most important international treaty relating to people with a disability.

It came into force in 2008 and on its opening day, 82 countries signed the *CRPD* and 44 signed its Optional Protocol.

This was the highest number of signatories to a UN Convention on its opening day in history.

The *CRPD* was designed by representatives of the international community to change the way people with disabilities are viewed and treated in their societies.



Representatives involved in the development of the Convention included people with disabilities, government officials, and representatives of nongovernmental organizations.

The *CRPD* is important because it is a tool for ensuring that people with disabilities have access to the same rights and opportunities as everybody else.

Each year more countries sign the *CRPD*. Up to date information on which countries have signed the *CRPD* and its optional protocol can be found on the UN website.⁸

The CRPD has several articles relevant to wheelchair service provision:

| Most relevant | Also relevant |
|---|---|
| <ul style="list-style-type: none">• Article 20 – Personal mobility• Article 4 – General obligations• Article 26 – Habilitation and rehabilitation• Article 32 – International cooperation. | <ul style="list-style-type: none">• Article 19 – Living independently and being included in the community• Article 24 – Education• Article 25 – Health• Article 27 – Work and employment• Article 30 – Participation in cultural life, recreation, leisure and sport. |

Many other articles of the *CRPD* are indirectly relevant to wheelchair service provision. For example, Article 6 is concerned with the specific inclusion of women with disabilities and Article 7 with equality for children.

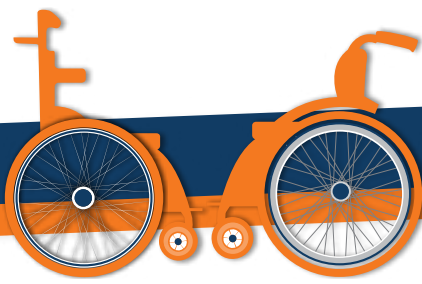
⁸ Convention on the Rights of Persons with Disabilities. In: Sixty-first session, United Nations General Assembly, New York, 6 December 2006. New York: United Nations; 2006. (Res.A/ 61/611) (<http://www.un.org/esa/socdev/enable/rights/convtexte.htm>).

What additional barriers can women and children face?

- In some cultures, and communities, women and children are not valued as equal to men.
- Where a wheelchair must be purchased, in some cultures family funds may not be prioritized for women or girls.
- Where early identification and early intervention services are not available, children may not be referred.
- Wheelchairs in suitable sizes for children may not be available.
- Children often need supportive seating, which may not be available. Parents and carers may choose to carry children with disabilities for many reasons: when they are small it can be easier; they won't have to face the stigma of their child being seen in a wheelchair; the challenges of travelling on public transport with a wheelchair are significant; or, lack of awareness of any other option.

It is important that WSTP participants are familiar with the **CRPD**:

- To use the rights-based approach of the *CRPD* to help develop wheelchair service provision for people with disabilities.
- To use *CRPD* articles as a guide when setting goals for wheelchair service delivery.
- To help advocate to government and other stakeholders to collaborate to achieve the aims of the articles.
- To encourage donors who back the *CRPD* to support wheelchair service provision in their countries.



Key articles in detail:

Article 4

Article 4 General obligations, states that States Parties:

Undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.

Point (g) of Article 4 states:

To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost.

Point (h) states:

To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities.

Point (i) states:

To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention so as to better provide the assistance and services guaranteed by those rights.

Article 20

Article 20 Personal Mobility, is the article most relevant to wheelchair service provision. It requires that:

States Parties take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- (a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
- (b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
- (c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;
- (d) Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

Article 26

Article 26 Habilitation and Rehabilitation, includes the requirement that:

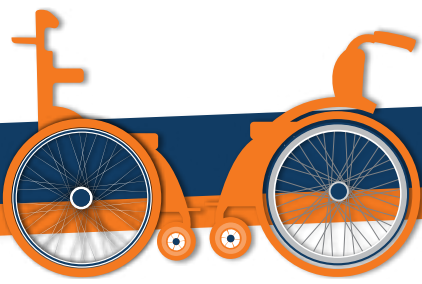
States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Definitions of rehabilitation and habilitation:

- Rehabilitation is a very well-known word but habilitation is used less often.
- Rehabilitation is focused on restoring abilities whereas habilitation is about learning or building abilities for the first time.

Article 32

Article 32 is relevant to wheelchair service provision in a broader sense as it promotes international cooperation; for example, in facilitating access to assistive technology.



WHO Guidelines on the provision of manual wheelchairs in less-resourced settings



The WHO *Guidelines on the provision of manual wheelchairs in less-resourced settings* (*Wheelchair Guidelines*) is the most important international document focused on wheelchair provision.

The *Wheelchair Guidelines* outline the framework by which appropriate wheelchair provision is now understood internationally. Prior to the publication of the *Wheelchair Guidelines*, organizations involved in wheelchair provision did not have a common understanding of what was important to consider when designing or producing wheelchairs; establishing service delivery systems; training staff; or developing policies related to wheelchair provision.

The *Wheelchair Guidelines* were developed with the involvement of a cross section of stakeholders from all continents. They provide us with a powerful tool to help us develop services in line with agreed standards, and to advocate to government and other stakeholders for appropriate wheelchair services. The *Wheelchair Guidelines* reflect standards that are universally achievable in low-, middle- and high-resourced contexts.

A wheelchair is appropriate when it:

- ✓ Meets the user's needs and environmental conditions
- ✓ Provides proper fit and postural support
- ✓ Is safe and durable
- ✓ Is available in the country
- ✓ Can be obtained and maintained and services sustained in the country at an affordable cost.

This is an important definition for trainers and WSTP participants to know.



The *Wheelchair Guidelines* also cover wheelchair:

- design and production
- service delivery
- training
- policy and planning.

A WSTP trainer's knowledge of the *Wheelchair Guidelines* should be comprehensive; as trainers, you should try to raise awareness of them whenever you have the opportunity.

The *Wheelchair Guidelines* are available on the WHO website in a range of languages.

Joint position paper on the provision of mobility devices in less-resourced settings

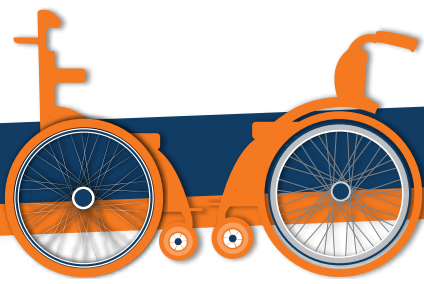


The WHO *Joint position paper on the provision of mobility devices in less-resourced settings*¹⁰ was published in 2011 to help countries implement CRPD articles associated with the provision of mobility devices.

The paper provides valuable information on barriers to accessing mobility devices; requirements to increase access to mobility devices; and recommendations for individual countries and international stakeholders.

9 Guidelines on the provision of manual wheelchairs in less-resourced settings. Geneva: World Health Organization; 2008 (<http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/>).

10 Joint position paper on the provision of mobility devices in less-resourced settings: a step towards implementation of the Convention on the Rights of Persons with Disabilities (CRPD) related to personal mobility. Geneva: World Health Organization; 2011 (http://www.who.int/disabilities/publications/technology/jpp_final.pdf).



Community-based rehabilitation: CBR Guidelines



The WHO *Community-based rehabilitation: CBR Guidelines*¹¹ were launched in 2010 and present a common understanding and approach to CBR globally.

CBR is a strategy to improve access to rehabilitation services for people with disabilities in less-resourced countries, by making optimal use of local resources. The *CBR Guidelines* provide a framework for action and offer practical suggestions for implementation.

The introductory booklet and health component of the *CBR Guidelines* are included on the WSTP Pen Drive as resources but are not referred to specifically in the WSTP.

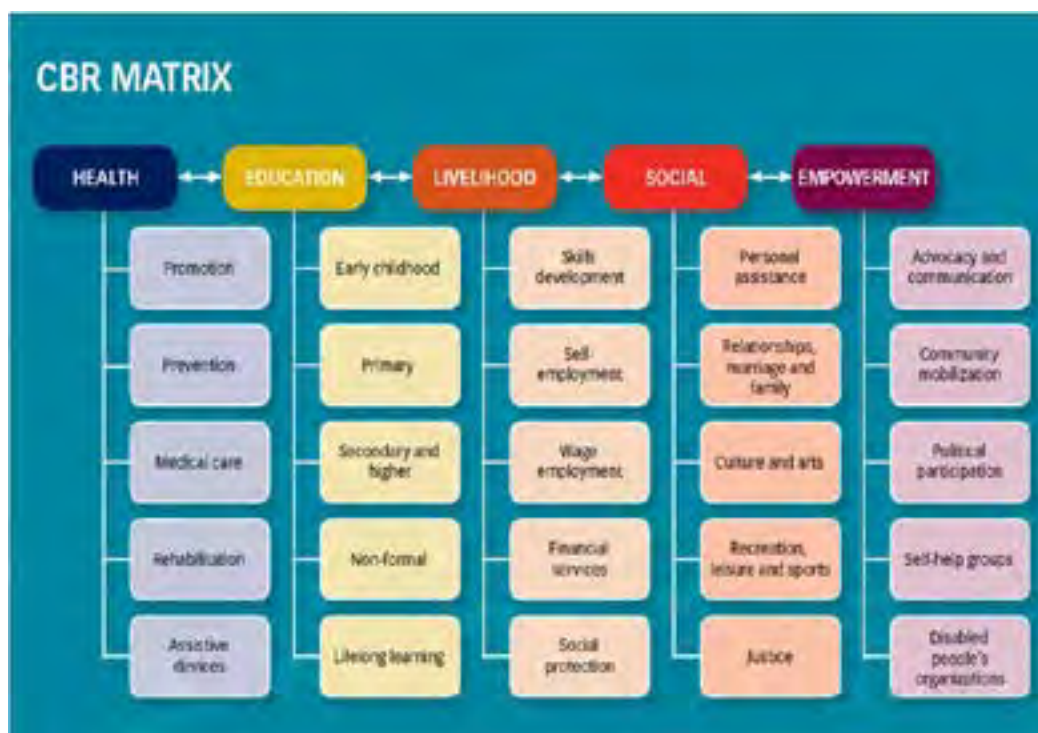
A good knowledge of the *CBR Guidelines* is recommended as CBR is currently being implemented in over 90 countries and is increasingly seen as one of the most effective ways of realizing the articles of the *CRPD*.

CBR, also referred to as Community-Based Inclusive Development (CBID), is likely to come up in discussions during the WSTP. Many aspects of CBR are highly relevant to wheelchair service provision: for example, referral networks; community health centres; and CBR workers.

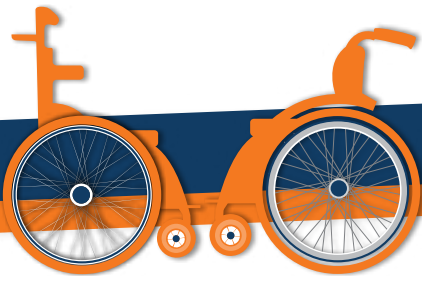
11 WHO Community-based rehabilitation: CBR guidelines. Geneva: World Health Organization; 2010 (<http://www.who.int/disabilities/cbr/guidelines/en/>).

CBR Matrix

The CBR Matrix¹² is one of the cornerstones of the *CBR Guidelines*. The five components are: Health, Education, Livelihood, Social and Empowerment. Each component of the Matrix has five elements within it, so there are a total of 25.



12 The CBR Matrix. Geneva: World Health Organization; 2017 (<http://www.who.int/disabilities/cbr/matrix/en/>).



Activity I: CBR Matrix

Working in your group, list how wheelchair service provision relates to the component of the CBR Matrix you have been assigned: Health, Education, Livelihood, Social or Empowerment.

Further information and the full *CBR Guidelines* can be found on the WHO website¹³

¹³ (<http://who.int/disabilities/cbr/guidelines/en/>).

Wheelchair service provision and the five components of CBR

| | |
|--|---|
| Health | Education |
| <ul style="list-style-type: none"> • Rehabilitation – long and short term. • Health promotion and prevention of secondary complications; for instance, early identification and intervention to prevent complications such as scoliosis and pressure sores. • Access to health-care services. | <ul style="list-style-type: none"> • Enables access to school, educational programmes and vocational programmes. |
| Livelihood | Social |
| <ul style="list-style-type: none"> • Access to perform livelihood activities. • Earning capacity. • Access financial services. | <ul style="list-style-type: none"> • Promote access to social and recreational activities. • Join sport and cultural programmes with peers. • Opportunity to form and develop relationships. |
| | Empowerment |
| | <ul style="list-style-type: none"> • Improved self-image and confidence. • Peer support. |

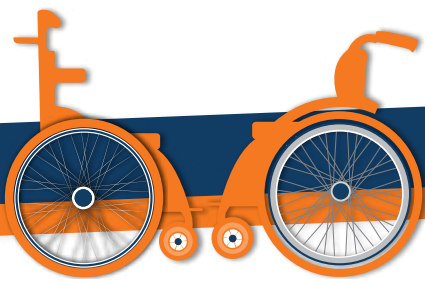
Design considerations for accessibility



*Design considerations for accessibility*¹⁴ gives useful information on how to ensure all aspects of access are considered, both when visiting the wheelchair service and in other environments. It covers:

- disabled car parking
- curb ramps
- pathways
- ramps
- stairways
- handrails
- doors and doorways
- corridors
- toilets.

¹⁴ Design considerations for accessibility 2006. Sri Lanka: John Grooms Working with Disabled People; 2006 (<http://ascon.info/publications/accessibility.pdf>).



Sustainable Development Goals (SDGs)



The *Sustainable Development Goals*¹⁵ were adopted by world leaders in September 2015 at a historic United Nations Summit and came into force on 1 January 2016. Over the next 15 years, countries will mobilize efforts to address all three dimensions of sustainable development (environmental, economic and social) and strive to achieve the 17 goals.

The SDGs succeed the *Millennium Development Goals (MDGs)*, which reached their conclusion in 2015; they are the outcome of a collaborative development process that started at the 2012 United Nations Conference on Sustainable Development (Rio+20).

As the WTSP modules were developed before the SDGs were launched, they are not mentioned in the packages. However, as many governments, development and donor organizations will be focusing on addressing the SDGs, it is important for trainers and participants to be aware of them and to identify how appropriate wheelchair service provision can fit into the SDG agenda.

The SDGs are made up of 17 goals and 169 associated targets.

In Paragraph 4 of the preamble of the SDGs an important commitment is made:

As we embark on this great collective journey, we pledge that no one will be left behind. Recognising that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and for all segments of society. And we will endeavour to reach the furthest behind first.

A reference to persons with disabilities is also included in Paragraph 23 on vulnerable populations:

People who are vulnerable and must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80% live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants. We resolve to take further effective measures and actions, in conformity with international law, to remove obstacles and constraints, strengthen support and

¹⁵ The sustainable development goals [website]. New York: United Nations (<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>).

meet the special needs of people living in areas affected by complex humanitarian emergencies and in areas affected by terrorism.

Disability and the *SDGs*

Goal 4: to ensure inclusive and equitable quality education and promotion of life-long learning opportunities for all, focuses on eliminating gender disparities in education and ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities. In addition, the proposal calls for building and upgrading education facilities that are child, disability and gender sensitive and also provide safe, non-violent, inclusive and effective learning environments for all.

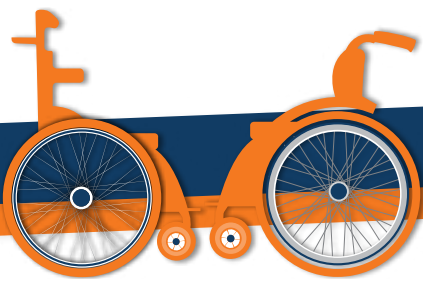


Goal 8: to promote sustained, inclusive and sustainable economic growth, full and productive employment, and decent work for all, the international community aims to achieve full and productive employment and decent work for all women and men, including for persons with disabilities, and equal pay for work of equal value.



Goal 10: strives to reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities.





Goal 11: aims to make cities and human settlements inclusive, safe, resilient and sustainable. To realize this goal, Member States are called upon to provide access to safe, affordable, accessible and sustainable transportation systems for all; improving road safety, notably by expanding public transportation, with special attention to the needs of those in vulnerable situations, such as persons with disabilities. In addition, the proposal calls for universal access to safe, inclusive and accessible green and public spaces, particularly for persons with disabilities.



Goal 17: stresses that in order to strengthen the means of implementation and revitalize the global partnership for sustainable development, the collection of data, monitoring and accountability of the SDGs are crucial. Member States are called upon to enhance capacity-building support to developing countries, including least developed countries and small island developing states, which would significantly increase the availability of high-quality, timely and reliable data that is also disaggregated by disability.



For further information on the SDGs see the UN website.¹⁶

Global Cooperation on Assistive Technology (GATE)



WHO estimates that today more than 1 billion people need one or more assistive products, such as wheelchairs, hearing aids, walking frames, spectacles, pill organizers and communication boards.

With a global ageing population and a rise in noncommunicable diseases, WHO expects that this number will rise beyond 2 billion by 2050, with many older people needing two or more products as they age.

¹⁶ (<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>).

Assistive products play a crucial role in enabling access to education and livelihoods, maintaining independence and being connected to the world. However, today only one in 10 people in need have access to the products they need; without them they are excluded from participating in society, isolated and locked into poverty.

WHO is coordinating the *GATE* initiative to address this huge and unmet global need and to realize Article 32 of the *CRPD*. The *GATE* initiative has only one goal: to improve access to high-quality affordable assistive products globally. To achieve this, *GATE* is focusing on four interlinked action areas: products, personnel, provision and policy.

Following the example of the *WHO Model List of Essential Medicines*, *GATE*'s first priority was to develop a *WHO Priority Assistive Products List (APL)*. The *APL* includes the 50 assistive products that are most needed across the world. This includes four types of wheelchair, pressure cushions and portable ramps, as well as other products to enhance mobility, hearing, cognition, communication and vision.

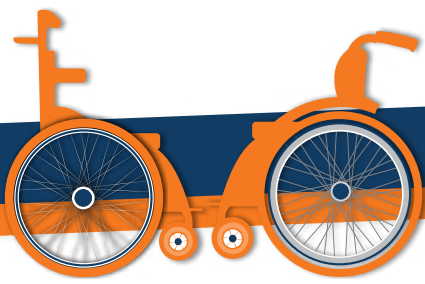
The *APL* is not a restrictive list but aims to provide Member States with a blueprint to develop a national *APL* in line with local need and available resources. The hope is that it will provide a rallying point for local stakeholders to synergize efforts to increase access.

GATE is now working on developing tools to support the implementation of the *APL*, including a needs assessment toolkit, a training package, a policy framework and model of service provision.

For more information on *GATE* see the WHO Website.¹⁷

17 (http://www.who.int/phi/implementation/assistive_technology/phi_gate/en/).

18 World report on disability. Geneva: World Health Organization; 2011 (http://www.who.int/disabilities/world_report/2011/en/).



World report on disability



In 2011 the first ever *World report on disability* was published, produced jointly by WHO and the World Bank.¹⁸

The report states that people with disabilities have generally poorer health, lower educational achievements, fewer economic opportunities and higher rates of poverty than people without disabilities. This is largely due to the lack of services available to them and the many obstacles they face in their daily lives.

The report provides evidence-based recommendations on ways to overcome barriers to health care, rehabilitation, education, employment and support services. It also highlights what works to create supportive environments that will enable people with disabilities to flourish.

The *World report on disability* highlights the following barriers:

- inadequate policies and standards
- negative attitudes
- lack of service provision
- problems with service delivery
- inadequate funding
- lack of access
- lack of consultation and involvement
- lack of data and evidence.

As these all relate to wheelchair service provision this is a useful background document. The report's second recommendation to, *Invest in specific programmes and services for people with disabilities*, mentions the importance of wheelchairs:

Rehabilitation – including assistive technologies such as wheelchairs or hearing aids – improves functioning and independence. A range of well-regulated assistance and support services in the community can meet needs for care, enable people to live independently and participate in the economic, social, and cultural lives of their communities.

A summary of the report together with its recommendations can be found on the WHO website.¹⁹

WHO Global disability action plan



The *WHO Global disability action plan 2014–2021*²⁰ is based on the recommendations of the *World report on disability* and is in line with the *CRPD*. It was developed in consultation with Member States, UN organizations, national and international partners including organizations of people with disabilities.

The plan seeks to address the disparities between people with disabilities and those without. It states that across the world, people with disabilities do not receive the health care they need and have poorer health than people without disabilities. They are more than twice as likely to find health-care providers' skills and facilities inadequate; nearly three times more likely to be denied health care; and four times more likely to be treated badly.

The action plan has three objectives:

- to remove barriers and improve access to health services and programmes
- to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation
- to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.

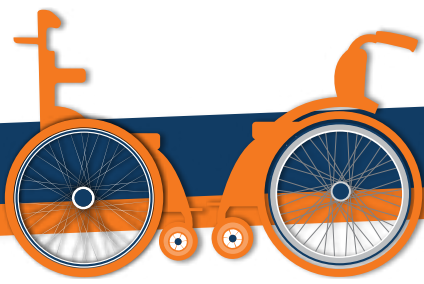
Member States are urged to implement the proposed actions adapted in line with national priorities and circumstances.

The full report can be found on the WHO website.²¹

19 Summary World report on disability. Geneva: World Health Organization; 2011 (http://apps.who.int/iris/bitstream/10665/70670/1/WHO_NMH_VIP_11.01_eng.pdf)

20 WHO Global disability action plan 2014–2021: Better health for all people with disability. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/199544/1/9789241509619_eng.pdf?ua=1).

21 (<http://www.who.int/disabilities/actionplan/en/>).



High-level meeting of the General Assembly on disability and development

A one day High-Level Meeting of the General Assembly on disability²² was held on 23 September 2013 under the theme: *The way forward: a disability-inclusive development agenda towards 2015 and beyond*.

Participants included Member States, observers and representatives of the United Nations, as well as representatives of civil society, organizations of people with disabilities and the private sector.



The *Outcome Document* from the meeting lists commitments from (a) to (q).

Commitment (h) states:

Ensure accessibility, following the universal design approach, by removing barriers to the physical environment, transportation, employment, education, health, services, information and assistive devices, such as information and communications technologies, including in remote or rural areas, to achieve the fullest potential throughout the whole life cycle of persons with disabilities.

A booklet giving the background to the meeting and the outcomes can be found on the UN website.²³

22 Outcome document of the High-level Meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities: the way forward, a disability-inclusive development agenda towards 2015 and beyond. In: Sixty-eighth Session of the United Nations General Assembly, New York, 23 September 2013. New York: United Nations; 2013 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/68/L.1).

23 The way forward. A disability-inclusive development agenda towards 2015 and beyond. New York: UN Department of Economic and Social Affairs; (http://www.un.org/disabilities/documents/hlmdd/hlmdd_booklet.pdf).

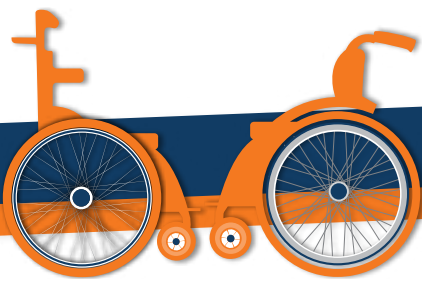
ToT.10 Audio-visual tools and equipment

It is important that you are familiar and confident with using a range of audio-visual (AV) tools when facilitating training sessions.

PowerPoint (PPT) and Portable Document Format (PDF)

Presentations for the WSTP are available in both PowerPoint and PDF format. The advantages and disadvantages of each format are summarized in the table below.

| | Advantages | Disadvantages |
|-----|---|--|
| PPT | <ul style="list-style-type: none"> • The PPT can be changed to fit your individual presentation style and be relevant to the local context. • Text can be reduced/simplified. • Extra slides can be added to cover new content or questions for discussion. This is helpful when the group speaks different languages or dialects, and may find it difficult to follow your accent. • The computer's screen saver will not come on when the presentation is in "Slide Show" mode. | <ul style="list-style-type: none"> • Videos must be loaded manually. • Overall file size is larger. • Time is needed to edit the PPT files. |
| PDF | <ul style="list-style-type: none"> • The PDF is complete with links to all four video formats. You can simply click on the format you want and the video will play. • It has been tested and there should be no formatting or compatibility issues. • The files are smaller than the editable files. | <ul style="list-style-type: none"> • The content is fixed and cannot be customized for local context or to fit your presentation style. • All text on the slide will appear at once (slides will not 'build' as some of them do in the editable version) and key learning points cannot be introduced individually. • Text can't be simplified or reduced on slides with a lot of content. • Because it is a PDF, the computer's screen saver will come on and needs to be deactivated before you start the presentation. (This can be done in "System Preferences" on your computer). |



Adding slides to the PPTs

When adding slides, the aim is to follow the *Trainer's Manual* and not to move off the subject. You may want to add slides to the PPTs for the following reasons:

- for sections where there are none
- for key discussion questions, to remind you not to move on to the answers too soon
- as a reminder about an activity that is coming up, and include instructions.

You may want to make changes to the PPTs for the following reasons:

- to adapt slides for local context
- to provide translations
- to reduce the text on some slides or divide a lot of content on one slide into two or more slides
- to add material when you are expanding or adding training sessions.

Remember, when you add content you will need to add more time to the session.

Maintaining consistency of the PPT

- All new slides, or changes to existing slides, must follow the same format, style and font as the original PPT.
- Remember to delete the WHO and WSTP logos from slides you add or change. The simplest way to add slides to an existing WSTP presentation while keeping the same format is to duplicate an existing slide and then change the text.
- Do not add complex animations.
- You can also add slides using the PPT master.
- All video clips are available in two formats: mp4 and wmv. The mp4 format is for use on Apple computers and the wmv format is for Windows computers. If you have a Windows computer with a QuickTime player installed, you can also use mp4 videos.
- Some video clips come with subtitles which are recommended to use. They can help participants understand better when there is poor sound quality, external noise or strong regional accents are used.
- Video clips can be embedded or linked. We recommend embedding because although this makes the file larger, the video is stored inside the PPT and not lost when you copy the file to another computer.

Embedding videos into a PPT

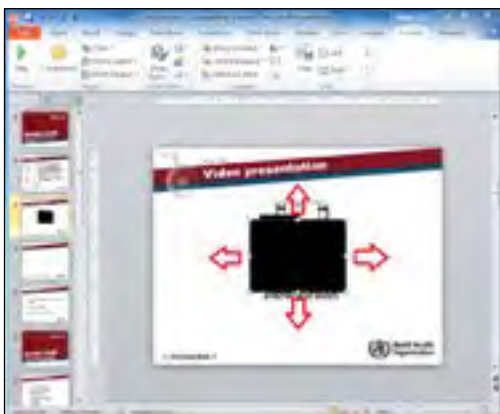


To embed a video in PPT 2010 onwards, follow these steps:

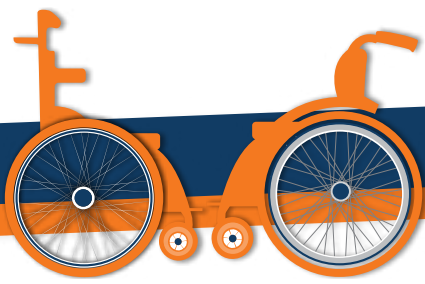
- Open the “Presentations” folder, then the “PowerPoint” folder. Open the slide you want to edit
- Click on the “Insert” tab
- Click on the drop down arrow under the Video icon
- Click “Video from File”



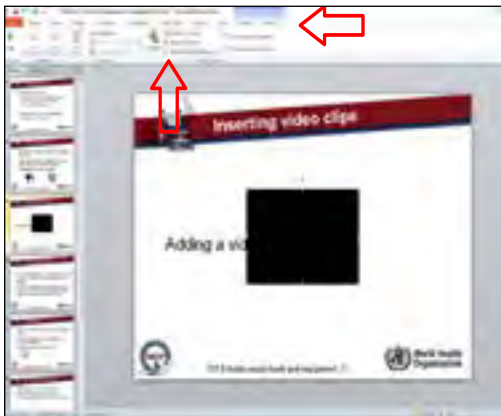
- Browse to the folder with the video clips, select the video clip you want and insert it.



- Resize the video frame if it does not fill the screen properly.

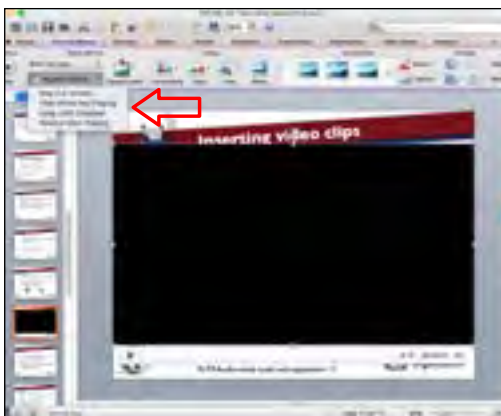


- Save your changes
- The video is now part of the PPT.



To automatically play the video in full screen mode (Windows):

- In the “Video”/“Tools”/“Playback” tab, check the box called “Play Full Screen”.



To automatically play the video in full screen mode (Mac):

- In the “Format Movie” tab, click on the “Playback Options” dropdown list and select “Play Full Screen”.

If you have any difficulties, consult the PPT help menu.

Good practice when using audio-visual equipment

Making sure the “Slide Show” plays

- When practising your PPT session, use “Slide Show” mode. This will identify any problems with transitions, animations and flow.
- Run through the slides and videos in “Slide Show” mode on the computer and data projector that will be used during the training. This is important if you are not using your own computer, as different settings on different computers can prevent presentations from running as planned.
- Consider using one computer for all presentations during training, which will save time switching between presenters.

Data projector, remote and pointers

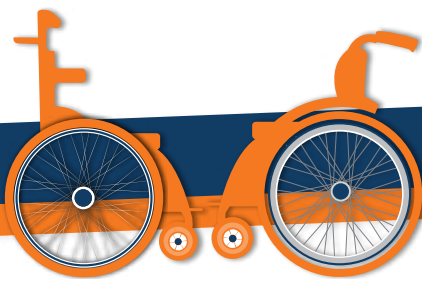
- If possible, have a spare data projector or projector lamp available.
- Switch off the projector during breaks and practical sessions to save use of the lamp.
- If you need to project a black or white screen, you can usually type W for a white screen and B for a black screen when you are in “Slide Show” mode.
- Using a remote control to click between slides means that you do not need to stand next to the computer during your presentation.
- Laser pointers can be used to draw participants’ attention to a specific item on the slide.

Speakers

- Plug in and test the speakers at the start of each day and leave them plugged in.
- Only switch the speakers on when you are playing videos as they can pick up cell phone or other electronic signals.

Cables and adapters

- Ensure that you have all the necessary cables for the laptop, data projector and speakers.
- Double check you have plug adapters including a few spares.
- Bring extra extension cords in case your cables won’t reach the power outlets.



Activity 1: Using the board/flipchart as a visual aid

Read the information assigned to your group and prepare a presentation to the rest of the group using the board/flipchart.

Drawing a sketch or diagram

If you want to use a sketch/drawing/diagram/chart to aid in an explanation, draw it yourself:

- consider drawing the outline lightly in pencil or making drawings beforehand
- plan it in advance, so it fits the board and can be seen easily
- practise until you can draw clearly and easily.

Board or flipchart – writing style and marker choice

- If you have both available, use the board for writing information that you don't need to keep after the session, and the flipchart for recording information you want to put on the wall or keep to write up as notes from the training.
- Write clearly. Check that your writing can be read from the back of the room.
- Use thick markers and darker colours, for example, black and blue. Avoid red as it is more difficult to read from a distance. Use it for underlining.

Board or flipchart location and being neat

- Make sure everyone can see it.
- When writing on the board or flipchart, stand to the side and face your audience. If this is difficult to do, write quickly and move to the side or ask a co-trainer to do the writing.
- Keep the notes and the chart neat.
- Practise writing in straight lines. Start by using faint pencil lines (with practice you will not need them).

What to write

- Write keywords, not full sentences or phrases.
- If necessary, prepare pages in advance or outline in faint pencil where you plan to write what.
- If important details are on the board at the end of a session (for example, assessment findings, small group progress, groupings for practical sessions), take a photograph so you can refer to it later.

Care and use of the whiteboard

- Be careful not to use permanent markers on a whiteboard surface. If you have used permanent marker on a whiteboard by accident, you can erase the letters by using an appropriate cleaner or drawing over them with whiteboard markers (as the solvent in these markers will dissolve the permanent ink). You must do this soon after making the mistake as dried permanent marker is more difficult to remove.
- The whiteboard can be used as a projector screen when necessary, for example, to fill in a table or draw over a picture/photo from a slide (for instance, 'stick-draw' a posture from a photograph or drawing of a person).

ToT.II Feedback

What is feedback?

Feedback is information given to someone about:

- What they are doing well – positive feedback.
- What they need to improve on – constructive feedback.

It is important that you have the skills to give feedback well, and that you can support positive learning outcomes for participants.

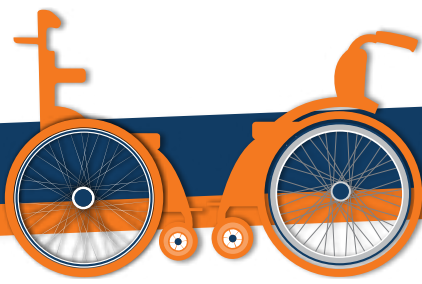
Usually people have no problem giving feedback about good performance. When mistakes are made or performance needs improvement, you must be confident in giving constructive feedback.

Activity 1: Receiving feedback

Think about feedback that was helpful for your learning and feedback that made you feel defensive or upset and was not helpful.

Record your reflections below

What should trainers consider when providing feedback?



Feedback should:

- Be timely – give feedback as soon as possible while the experience is fresh.
- Be specific – describe as clearly as possible the behaviour that was positive or that needs attention.
- Focus on the behaviour not the person when providing constructive feedback.
- Start with the positive – point out what was done well before talking about what needs to be improved. End on a positive note if you can.
- Be delivered in different ways – give constructive feedback and praise to the whole group if possible. If there are attitudinal, behavioural or disciplinary issues, deal with them in private.
- Be from the participants' perspective – ask the participant to reflect on their own performance first. They may already understand what went well and what they need to improve.
- Support participants in their different approaches – before giving constructive feedback, consider if the participant has completed an activity incorrectly, or simply in another style. Participants will all approach service provision differently. Do not expect participants to act in the same way as you.

ToT.I2 Managing group dynamics

It is important that the WSTP trainer knows how to work effectively and efficiently with groups. This session looks at facilitating small group activities, managing time and dealing with disruptive behaviour.

Why use groups?

Group work is important in training because it:

- Allows participants to share ideas, knowledge and experience. This allows you to find out more about the participants' existing expertise so that you know where the gaps are and how to pitch the session.
- Honours the existing wisdom, experience and skills in the room. This allows those with more experience and expertise to share it with others.
- Takes the focus off the trainer. As the participants share experiences and find out what they already know, this helps to build their confidence.
- Creates an environment that enables everyone to speak and contribute. Shy or more junior participants will be more comfortable speaking out in a small group. This builds confidence as they discover their ideas are valued.

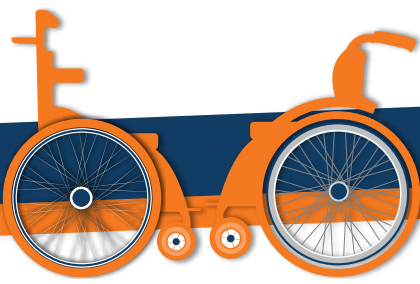
Organizing and managing group activities

What to consider when dividing a large group into smaller groups

- Determine group size
- Determine who is in each group
- Methods to create groups.

Factors to determine the size of the groups

- Time: the more groups there are the more time is needed for the feedback session. If you have less time, create larger groups, but no more than six people in a group.
- Privacy/confidentiality: pairs are best for discussing topics that are sensitive, when people are shy or there are language barriers.
- Involvement: the smaller the group the more difficult it will be for any group member not to participate.



- The activity: the amount of equipment/supplies that are needed for the group activity. For example, if you have three work stations then you will be able to accommodate three groups.

Factors to determine the make-up of each group

- Think of the purpose of the activity to determine whether you want people with similar skills and background in the same group, (by placing all clinicians working together or all technicians in the same group), or the opposite by deliberately mixing skill sets and experience in the same group.
- Grouping of participants who work together: depending on the activity or relationships, it may be appropriate to group them together or apart.
- Mixing stronger/weaker (more experienced/less experienced) participants: this facilitates learning from each other, However, if you want people to have equal opportunity to express themselves consider grouping dominant participants together and shy ones together.
- Mixing the sexes: be aware of cultural, religious or social norms of working (especially regarding touch and privacy).
- Language skills: for communication between participants and wheelchair users.
- Ensure that all participants have the opportunity to work with each other to maximize peer learning opportunities.
- Sometimes, random group selection is best.

Methods to create groups

The *Trainer's Manual* for each WSTP gives guidance about the size or number of groups required for each activity. You can adjust this to your situation, based on your experience in previous activities. Here are some methods to divide up a group:

- The fruit salad method: prepare three or four of the same fruit cards and different kinds of fruits, enough for each participant. You can then assign 'all bananas' to work together, or have a fruit salad (one of each) together.
- Count off. Count off to the number of groups you want, for example if you need three groups of three, go around the room asking the first person to count 'one', the next 'two', then 'three' and back to 'one'. All the ones, twos and threes go together.
- Matching puzzle pieces: cut photos or magazine pictures into two or three pieces according to how many groups you want. People find their match.

- Organize by birthday month: line people up by the month in which they were born and then form groups (first three together, next three, and continue until everyone is in a group). Or line up by height or by first name initial letter.
- Self-select: instruct people to select one or two people they have not worked with yet, but beware that self-organising with more than three people can take more time.
- Work in pairs with the person next to them, or if sitting in rows the people in the front row can turn their chairs around and work with the person behind them. This will work for pairs or groups of four.

Give clear directions when dividing participants into groups:

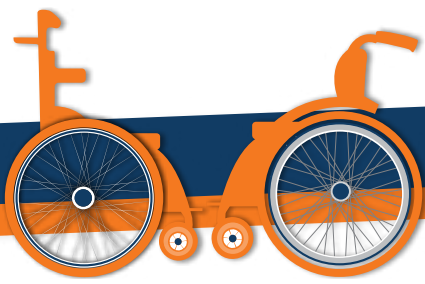
- who goes into which group
- what you want groups to do (what is their task)
- where you want groups to go (break-out rooms, or areas of a large room)
- when the group should be ready to report back
- how you want groups to report (using a flipchart; verbal presentation to the whole group; informal report to the group sitting in their seat; creative presentation chosen by the group itself)
- how much time will they have to report back.

Always monitor small group activities to ensure participants are working on the intended task and using the correct page in their workbook. Help them if necessary, by prompting and asking leading questions; don't provide the solutions or take too much time talking yourself. Remind them to keep an eye on the time.

Managing disruptive behaviour

In general, to help engage and keep participants interested and involved in the training:

- use the different training methods given in the session plans to engage all the participants
- ask questions to encourage participants to come up with answers
- praise good work from participants and give positive but honest feedback
- link learning to real examples the participants can relate to
- keep the training fun.



The dominant participant

The participant who does not give other participants an opportunity to share knowledge, answer questions or lead a group activity because they dominate, talk loudly or for a long time. This person behaves like they know everything already.

Managing a dominant participant:

- During a break, approach the person and acknowledge their experience. Ask them to help you by giving others a chance to learn and respond to questions.
- Consider asking specific participants to answer questions rather than asking the whole group.
- Pair or group the dominant participant with the strongest participants during group activities, to provide an opportunity for shy or quiet participants to contribute to their group.

The joking participant

The participant who appears not to take the training seriously, making jokes all the time and sometimes making fun of others.

Managing 'the joking' participant:

- During a break, talk to the participant about how their behaviour is disrupting the training. Ask them to help you by keeping jokes for breaks or for appropriate times during group activities.
- During sessions, respond to the joke as if it was a serious remark.

The argumentative participant

The participant who likes to raise objections or question concepts that they do not believe, to start an argument or test how strongly other members of the group feel about a topic or issue. Or, they may wish to test your skills and knowledge – and demonstrate that they are superior.

Managing an argumentative participant:

- Request that people only speak about their own beliefs and experiences.
- After an objection is raised, ask the participant 'is this true for you?' If the person says no, but that it may be for others, ask other participants for their opinion.

The negative participant

The participant that tends to be negative or discourage others. They may comment that the approach taught as part of the training 'won't work where we live'.

Managing a negative participant:

- If a negative participant feels that approaches in the training will not work, give them an opportunity to explain why. Ask other participants if they agree. If other participants agree, help them problem solve by asking: how can we make it work even in those situations?

The quiet participant

The participant who is naturally quiet or shy and feels uncomfortable speaking in front of a large group, or contributing to group activities.

Managing a quiet participant:

- Consider asking them direct questions that they are likely to be able to answer.
- Use praise and recognition to encourage more participation.
- Use small groups (pairs or three people) for group activities and discussions.

The higher status/senior participant

If there is a participant who is in a position of authority over others in the group, it can lead to participants being reluctant to speak, answer questions or to disagree with them.

Managing a senior participant:

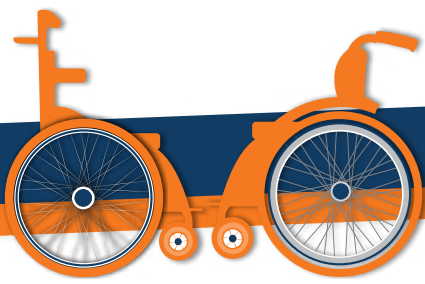
- During a break, talk to the participant about their role in the group. Ask the person to help you create a comfortable atmosphere by requesting that people speak freely.
- You may also ask the participant to sit at the back of the group, to be less dominant in the room.

The distracted participant

The participant who is easily distracted, always in and out of the training room or on the phone.

Managing a distracted participant:

- Try to find out why: is there a problem away from the training that is worrying them?
- Is he/she bored because of the subject matter or training style?
- During a break, talk to the participant about how their behaviour is disrupting the training. Remind him/her of any house rules.



Basic Level module



A.I: Wheelchair users

Key considerations for teaching this session

a. General

Tips for preparation

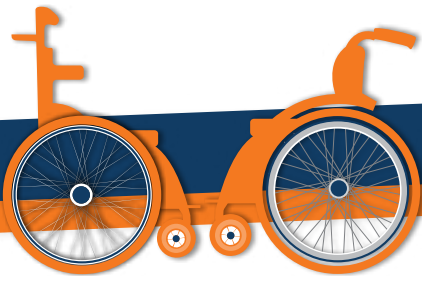
- Make copies of the *CRPD* available for participants to look at during breaks. If possible, provide each participant with a printed copy.

b. Section 4. The United Nations Convention on the Rights of Persons with Disabilities (*CRPD*)

- Section 4 of the *WSTPb Trainer's Manual* (pages 26–28) focuses on the right to personal mobility (*CRPD* Article 20). Facilitate a discussion between participants, to ensure that they understand and agree with the overarching principles of the *CRPD* and of a rights-based approach. In addition to Article 20, highlight:
 - Article 1: Purpose of *CRPD*: everyone has rights and people with disabilities should have the same rights as everyone else.
 - Article 3: General principles of *CRPD*: that we are all equal and everyone should be treated with dignity and respect.
 - The *CRPD* is based on the principles of respect for dignity; non-discrimination; participation and inclusion; respect for difference; equality of opportunity; accessibility; equality between men and women; and respect for children.

c. Section 5. Wheelchair users are equal partners in service delivery

- The activity on page 28 of the *Trainer's Manual* needs to be introduced and explained well as it does not have a worksheet in the *Participant's Workbook*.



A.2: Wheelchair services

Key considerations for teaching this session

a. Section 2. Wheelchair services

Tips for preparation

- This section does not have any PPT slides and can easily be forgotten. Consider adding a slide for each of the questions within this section.

b. Section 3. Wheelchair service personnel roles

- Do not add detail to the service steps. Each step will be covered in more detail in later sessions. Park any questions requiring a more detailed explanation in the Car Park.
- All wheelchair users need access to the eight steps of service delivery. These can be delivered by one organization or by different organizations working in partnership. It is important that participants understand the role of everyone involved in each service step so that they can work together effectively.

A.3: Wheelchair mobility

Key considerations for teaching this session

a. General

- If you have additional time available, this session can be extended to allow for more practice time, or for teaching additional wheelchair mobility skills. It can also be delivered over multiple days.

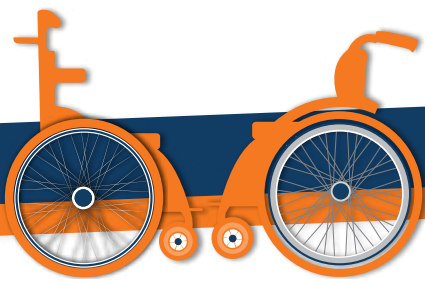
b. Section 4. Wheelchair mobility skills – demonstration and practice

Tips for preparation

- The *Trainer's Manual* does not specify the type of wheelchair required for this activity. If possible, include all of the following:
 - orthopaedic-style wheelchairs
 - active wheelchairs with the rear wheel in the active position
 - long-wheelbase wheelchairs
 - three-wheel wheelchairs.
- Check there are appropriate sizes of wheelchairs available so all participants have an opportunity to practise the mobility skills.
- It is important that lead and support trainees demonstrate all skills in the same way. Before the session, review and practise the skills together to ensure consistency. Use the *Trainer's Manual* for guidance.
- In preparation for the pushing and turning section, check that lead and support trainees agree where 10 and 2 o'clock hand positions are as this varies depending from which side you are looking at the wheel.

Mobility training areas

- Identify appropriate areas in advance.
- Choose areas that are close together to save time moving.
- Plan how the rotations will be done, for example: with or without trainers?
Do wheelchairs stay with participants or at the mobility training areas?
- If training areas are outside and not covered, plan around local weather conditions and run the session during the driest, warmest or coolest part of the day.



Content

- Use the video to introduce the different mobility skills. Read out the captions in the skills sections of the video to emphasize the key learning points.
- Pause the video at 2'39" (straight side on view) and point out how far forward the head and shoulders are when going up slopes.
- It may be necessary to demonstrate some of the mobility skills again during the activity.
- Ask participants to try a range of wheelchairs during the practical activity to experience the differences:
 - Over rough ground and slopes: encourage participants to try pushing with all types of wheelchairs available.
 - For partial wheelies: suggest participants use an orthopaedic-style wheelchair and an active-style wheelchair with the rear wheel in the more active position for comparison.
- The position of the rear wheel affects the effort needed to propel the wheelchair or do a wheelie. The further back the rear wheel is, relative to the user, the harder it will be to push the wheelchair or do a wheelie.
- Do not assume that a long-wheelbase wheelchair is heavier than a short-wheelbase wheelchair and therefore harder to wheelie. It is the position of the rear wheel that affects how difficult it is to do a wheelie.
- Emphasize correct practice of key skills as described on page 42 of the *Trainer's Manual*. Add these points:
 - Up slopes: lean forward. Participants and new wheelchair users usually do not lean forward enough.
 - Down slopes: do not use the brakes to slow down.
 - Up a series of steps with assistance: never go up forwards.
 - Down a series of steps with assistance: never go down backwards.
- Participants can injure themselves during this activity. Closely monitor the groups and step in as needed.
- Give clear instructions on group management and safety.
- A spotter strap is used to prevent the wheelchair user from tipping backwards and is a useful tool in wheelchair skills training. It also enables the assistant to be in contact with the wheelchair user, without interfering with the skill being learnt (Figures 1 & 2).



Figure 1. Using a spotter strap

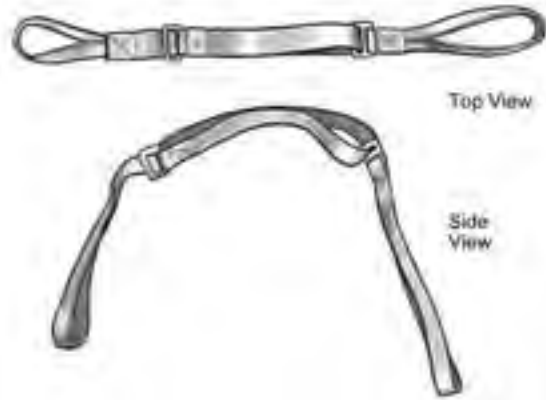


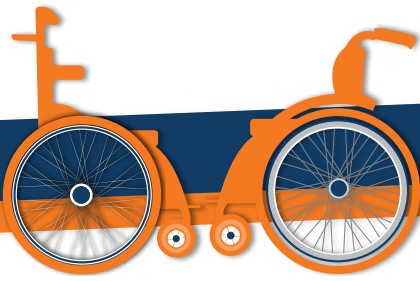
Figure 2. spotter straps²⁴

Teaching the partial wheelie

Emphasize the following points:

- It is harder to do a wheelie in wheelchairs where the rear wheel is in a safe position. The technique described in the Trainer's Manual makes it easier to do a wheelie:
 - place hands on the 1 o'clock position on the rear wheel
 - roll the wheel backwards until the hands are at the 10 o'clock position. Without stopping, change direction and push forward quickly.
- If the rear wheel is in a more active position, it may be possible to do a partial wheelie by pushing forwards without rolling backwards first.
- It can be helpful to stretch out a rope on the ground so participants can do a partial wheelie over it.
- Common errors include:
 - starting with the hands too far from the 1 o'clock position
 - not going far enough back with the hands
 - stopping when changing direction or not changing direction quickly enough
 - not pushing forward far enough or hard enough.

²⁴ Wheelchair skills assessment and training 2015. Canada: Dalhousie University; 2015 (<http://www.wheelchairskillsprogram.ca/eng/manual.php>).



Considerations for gender/culture

- Before the session begins ask any wheelchair users in the group if they want to try out the practice wheelchairs. If they do, ask if they need assistance or equipment to transfer between the wheelchairs and make arrangements accordingly. Appoint a support trainee to assist them as required.
- Participants work in pairs for this activity, with one person ready to assist to prevent tips or falls. If any participant has an impairment or physical disability, ask them before the session begins if they feel comfortable to assist others. They may need to position themselves differently during the activity.
- If any participants are unable to participate in this activity, identify a role they can perform instead, for example observing other participants and providing feedback.

A.4: Sitting upright

Errors in the WSTP materials

a. Section 2. Sitting upright/neutral sitting posture

- On slide 5, when listing the key points for sitting upright as seen from the front, the trunk has been omitted and the head is not listed in the correct order. The correct order is:
 - pelvis (level)
 - trunk (upright and symmetrical)
 - shoulders (level)
 - head (balanced centrally over the body)
 - thighs (thighs slightly open/abducted).

Key considerations for teaching this session

a. General

- Keep emphasizing the correct order when describing posture. Start at the pelvis and move up, then go to the hips and move down.

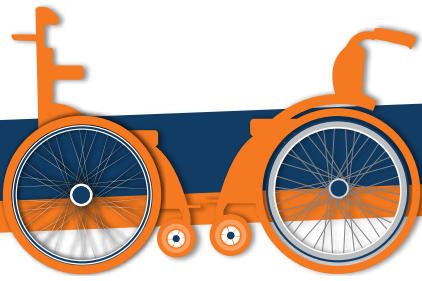
b. Section 2. Sitting upright/neutral sitting posture

Tips for preparation

- Have a stool or an assessment bed available for the volunteer to sit on.
- If the volunteer sits on a chair, their posture will change if they lean against the backrest. If you only have access to a chair, make sure that the seat is level and ask the volunteer to sit sideways on the chair (with the backrest on one side) so they cannot lean on it.

c. Section 3. How the pelvis affects the way we sit

- Do not assume that participants are familiar with the terminology used in the WSTPb (for example: anterior, posterior, ASIS).
- If available, use a model skeleton to demonstrate the important bony landmarks and movements of the pelvis.
- Allow time for participants to locate and feel bony landmarks on their own body.



- Remind participants to keep the typical size of the adult skeleton in mind when locating bony landmarks on users who are overweight (relate to model pelvis if available).
- When demonstrating the movements of the pelvis with participants, emphasize what is happening above the pelvis in the spine and below pelvis in the hips with each movement. This will help participants to link posture with the position of the pelvis.

A.5: Pressure sores

Key considerations for teaching this session

a. General

- Use the Car Park for any questions about pressure relief cushions, their design features and how to protect the cushion from moisture. This information is explained in detail in A.7: *Cushions*.

b. Section 3. When and where to get help

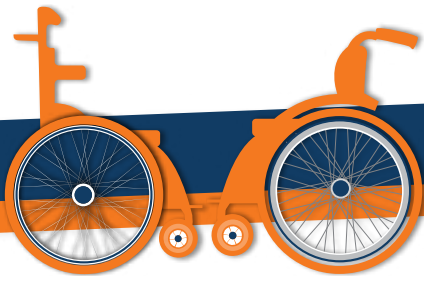
- Do not offer advice about medical treatment or dressings used for pressure sores. This is not the focus of the session and is outside the scope of the WSTPb.
- Warn users against any home remedies unless recommended or approved by the health care professional who is managing the wound.

c. Section 4. What causes pressure sores?

- Shear may be a new concept for participants. It needs to be explained well to avoid confusion with friction. To explain shear, ask participants to place their knuckle against the table top with enough pressure so that when the knuckle is moved forward and back only the bone moves over the stationary skin.
- Preventing the wheelchair user from slumping or sliding in the wheelchair will reduce shear and the risk of pressure sores.

d. Section 8. Pressure relief techniques

- This section is 10 minutes long and includes both the explanation and the activity.
- Each participant should practise being both the wheelchair user and the assistant.
- Participants are likely to ask how often, and for how long, pressure relief should be done. The usual guideline is every 30 minutes, for 2 minutes, to allow blood flow to return to the area.
- The push-up technique (lifting by pushing up on both arms) is not taught in the WSTPb for the following reasons:



- the strain and potential injury to the shoulders
 - few people can sustain the position for the 2 minutes needed to fully restore blood flow
 - the possibility of injury to the skin if the user loses control and drops down too hard.
- When leaning to the side, lean only as far as necessary for the pelvis to tilt and free the seat bone of pressure. When teaching this technique to a wheelchair user, place your hand under the user's seat bone and give them feedback once the pressure is relieved.

A.6: Appropriate wheelchair

Errors in the WSTP materials

a. Section 3. Meeting the wheelchair user's needs

- In the table on pages 76–77 of the *Trainer's Manual* the entries for Roger, Dawid and Pinky mention a short wheelbase. This is the first time the wheelbase length is mentioned. Note that the overall length of the wheelchair will also affect the ability to turn and move in small spaces.

Key considerations for teaching this session

a. General

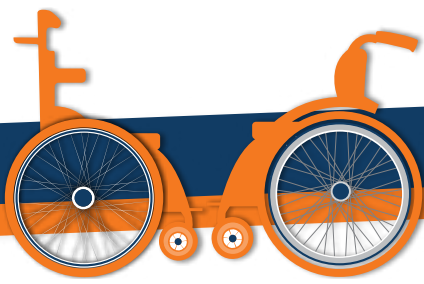
Tips for preparation

- If possible, have demonstration wheelchairs available to explain the features. Prepare before the session starts so that you can show how to make adjustments where appropriate to:
 - a folding frame and a rigid frame wheelchair (both 3-wheel and 4-wheel)
 - removable and fixed armrests
 - fixed footrest hangers and footrest hangers that flip up and swing away
 - short and long wheelbase wheelchairs
 - footrests set in highest and lowest, or forward and back, positions
 - backrests set in highest and lowest positions
 - rear wheels in safe and active positions.
- Set up the area so that all the participants can see the demonstration wheelchairs.

b. Section 3. Meeting the wheelchair user's needs

Section 3.2: Pushing the wheelchair

- Lightweight wheelchairs are particularly important for children; those with progressive conditions; wheelchair users with limited strength (for example a high spinal cord lesion); those who frequently push long distances; and caregivers who push the wheelchair user.



- The position of the rear wheel in relation to the seat impacts on how light the wheelchair feels. The rear wheel axle should be positioned under the wheelchair user.
- With the rear wheel in an active position, the wheelchair is easier to push and wheelie both for wheelchair users who self-propel and caregivers who push the wheelchair.
- Older wheelchair users and people with leg amputation (whose weight is distributed differently in the wheelchair) do not automatically require a ‘safe’ rear wheel position. Factors that will influence the rear wheel position include:
 - the user’s overall function: strength, balance and transfer skills
 - how they push their wheelchair
 - activities they do in their wheelchair
 - their level of understanding and insight
 - other conditions, for example spasms or uncontrolled movements.
- You can consider providing temporary additional stability to users who may become more active. For example, you can add weight to the front of the wheelchair and gradually reduce it over time or use anti-tip bars while they learn to balance and propel.

Section 3.3. Folding the wheelchair

- Folding-frame wheelchairs are not the only option available when using transportation. Demonstrate how a lightweight 4-wheel rigid-frame wheelchair with removable wheels can be transported, by removing the rear wheels and then positioning the frame on the wheelchair user’s lap, when the vehicle is full and the wheelchair user is a passenger. Only the rear wheels have to be stored elsewhere in the vehicle.

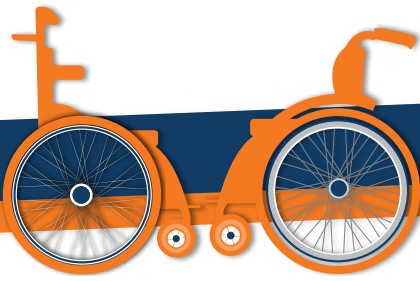
c. Section 4. Meeting the wheelchair user’s environment

- Slide 23 introduces the wheelbase. The picture is of a wheelchair with a short wheelbase. When discussing this point, it is helpful to have two wheelchairs, one with a short and another with a long wheelbase.
- Remember that the length of the wheelbase is measured with the castor wheel in the rear (trail) position.
- An orthopaedic-style wheelchair is not automatically more stable than an active wheelchair. Orthopaedic-style wheelchairs generally have these features:

- short wheelbase: resulting in the front castors being heavily loaded so the wheelchair can tip forward easily
 - seat is high above the rear wheel axle: resulting in instability to the side, back and front
 - rear wheel is set back (behind the seat): when combined with a short wheelbase this results in the front castors being loaded and makes the wheelchair more difficult to push and turn.
- The orthopaedic-style wheelchair is not suitable for active and outdoor use on rough terrain. Remind participants how hard it was to push the orthopaedic-style wheelchair on uneven ground and how difficult it was to do a partial wheelie compared to other types of wheelchairs.

d. Section 5. Providing proper fit and postural support

- Sometimes there is only one type of wheelchair available and it is not possible to prescribe a product appropriate for the environment. Always select the most appropriate size and take steps to ensure the best fit and postural support.



A.7: Cushions

Key considerations for teaching this session

a. General

- This session links with A.5: *Pressure sores*. Refer back to A.5 if necessary, focusing on the following key points:
 - the areas of the body that are most at risk of developing pressure sores
 - the main causes of pressure sores (pressure, friction and shear).
- These key learning points will allow you to highlight and explain the well feature of the pressure relief cushion.
- The dimensions of the seat bone well will be discussed and practised during B.8: *Cushion fabrication*.

Tips for preparation

- To prepare for the session, gather locally available cushions, materials and fabrics. If available, include the following:
 - a contoured cushion (with a seat bone well)
 - a flat cushion (at least two layers, with no seat bone well and a flat base)
 - a single layer of foam
 - any other locally available cushions that are commonly used.
- Set out wheelchairs, with cushions, for the finger pressure test activity.
- If you need to make cushions for this session, further information is available in the *Cushions Annex* on page 135.

b. Section 4. Pressure relief cushions

Tips for preparation

- Slide 6: Add to the text of the second bullet in the *Trainer's Manual*: “This will make sure the cushion **keeps its shape**, provides good support for the user and does not move when the user moves”.

Content

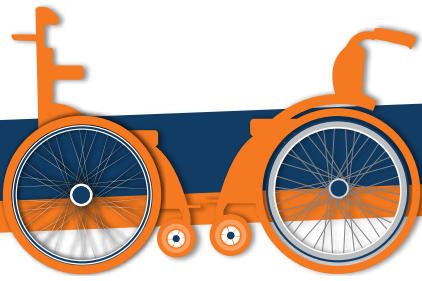
- Slide 5: A seat bone well can provide both pressure relief and postural support. The well reduces the pressure under the seat bones and the seat bone shelf helps to keep the pelvis more upright and prevent it from sliding forward. This reduces shear caused by sliding.
- It is important to check that the shelf is in the correct place by completing a pressure test.

Which cushion to use?

- Good pressure relief, postural support and pressure redistribution are achieved by a combination of the shape of the cushion and its material.
- When selecting the most appropriate cushion for a user, consider:
 - The shape. Is there a pre-seat bone shelf or a seat bone well to prevent sliding and help to keep the pelvis upright? Are there grooves or gutters to rest the thighs in?
 - The material. Is it sufficiently firm to provide good support and soft enough to be comfortable?
 - Pressure redistribution. Does it pass the pressure test when the user is sitting on it in their wheelchair?
 - Comfort. This is subjective. All cushions should be comfortable because they provide pressure relief and postural support. An air/fluid/gel cushion is not automatically more comfortable than foam.
- Remember, cushions vary in shape and quality:
 - Shape. A well-designed contoured (shaped) foam cushion can provide better pressure relief than a poorly designed air/fluid/gel cushion.
 - Material. A well-designed air/fluid/gel cushion may be the most appropriate solution for someone with very high risk of pressure sores, where a well-designed foam cushion does not offer adequate protection.
 - As the lifespan of a foam cushion is much shorter than the lifespan of the wheelchair, local support services must be able to replace the cushions as needed.

Cushion covers

- Additional considerations for moisture or incontinence management (on page 94 of the *Trainer's Manual*) are covered in the *Cushions Annex* (page 135).



c. Section 5. How to test if a pressure relief cushion is working

Tips for preparation

- Ensure that group participants have access to a wheelchair that fits them.

Content

Before participants practise the pressure test, highlight the following points:

- Remove jewellery from hands before starting.
- If it is difficult to get to the seat bones from behind the wheelchair:
 - Stand at the back corner of the wheelchair and place your hand underneath the seat bone (Figure 3).
 - Do not place your arm between the backrest and the user as this will push them forward. Check that the wheelchair user is sitting symmetrically and has their back against the backrest.



Figure 3. Checking pressure on the seat bones

- If participants have difficulty finding the seat bones:
 - Use the skeleton to remind participants how far forward and close together the seat bones are (Figure 4).
 - Demonstrate how fingers should be positioned underneath the seat bone. If you do not have a skeleton, use the bottom of your fist to represent the seat bone.
 - Ask participants to find their own seat bones when sitting; to pay attention to where they are located as well as the distance between them.

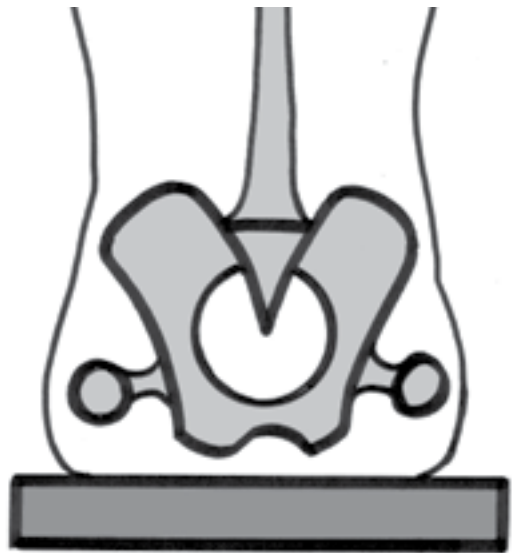
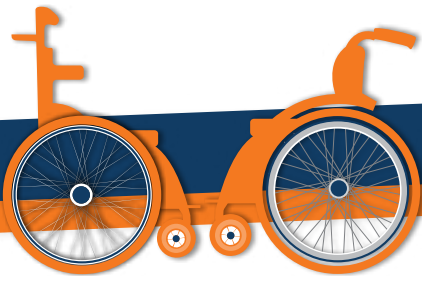


Figure 4. Diagram of seat bones

- If the wheelchair user's pressure is grade 3 (unsafe), do not force your fingers out from underneath their seat bones; ask them to lean forward or to the side so that you can slide your fingers out.
- The seat bones could have different pressure going through them. Assess each side separately.
- If questioned on the research and validity of the pressure test, emphasize that its purpose is to ensure the safety of individual wheelchair users. Our hands are an accurate way to measure the pressure between a person's body and the wheelchair. Our hands are very sensitive and by practising this test frequently, we will continue to develop further sensitivity to evaluate pressure.



d. Section 6. What action can be taken to reduce pressure?

- See Figure 5 and highlight the following points about the lift:
 - It must be a U-shape. Do not use a lift under the thighs only as this will change the angle of the seat.
 - The thickness of the lift should be approximately 20 mm.
 - Dimensions of the seat bone well are covered in session B.8: *Cushion fabrication*.

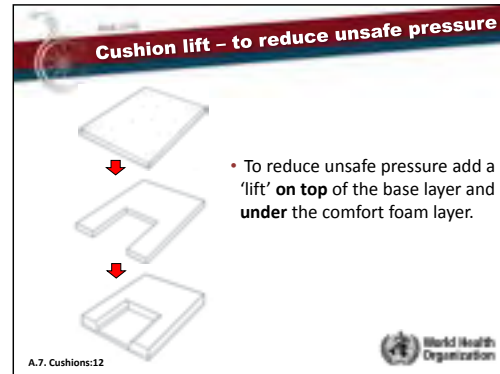


Figure 5. Reducing unsafe pressure

- The aim of the lift is to move weight off the seat bones and on to the upper and distal parts of the thigh.
- A layered cushion allows the lift to be positioned between the layers. With a one-piece moulded cushion, the lift is positioned underneath.
- There are some other ways to improve the pressure relief qualities of a foam cushion that are not described in the *Trainer's Manual*:
 - if the top layer is very soft or thin, increase its firmness and thickness
 - if the base layer is soft, and does not maintain its shape or contours when the wheelchair user is on it, replace the base layer with a firmer material.

A.8: Transfers

Errors in the WSTP materials

a. Section 4. Three ways to get in and out of a wheelchair and individual feedback

- In the video clip: Independent transfer through sitting (wheelchair to bed): note that the wheelchair user pushes down on the back upholstery during the transfer. This is not recommended.

Key considerations for teaching this session

a. General

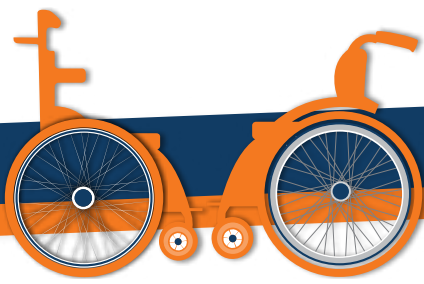
Tips for preparation

- Set out the equipment for the practical activity. For sideways transfers, do not use wheelchairs with fixed, full depth armrests.
- Decide what the lead trainer and each of the support trainers will be responsible for before the session. Ensure the training team is consistent in its approach to carrying out and teaching the transfers.

b. Section 4. Three ways to get in and out of a wheelchair and individual feedback

Participants may suggest alternative ways to do these transfers – they may have learnt different techniques or developed alternative methods. Acknowledge suggestions by participants but remind them that the video demonstrates basic, safe techniques.

- Participants should follow these techniques during the WSTPb. Some variations are acceptable to accommodate individual body shape, such as height, weight and strength.
- Techniques that require rotation (twisting) of the assistant's back, or where the wheelchair user holds on to the assistant's shoulders or neck are not acceptable as they pose a risk of injury to the assistant.
- To increase the stability of the wheelchair for transfers, position the castor wheel forward.
- **Highlight** the key points during the video by reading them from the screen.



1. Independent transfer through sitting (wheelchair to bed)

- Explain why the wheelchair user needs to move to the front of the wheelchair. This is to ensure that they don't make contact with or bump the rear wheel during the transfer as this might damage their skin and lead to a pressure sore.

2. Assisted transfer through sitting with a transfer board (wheelchair to bed)

- **Pause** when the following subtitle disappears: *3. Place transfer board under buttocks across the wheelchair and bed.*
- **Emphasize** that the wheelchair user must be assisted to lean sideways and to place the transfer board.
- One end of the board is placed under one side of the wheelchair user's buttocks. The board is placed at an angle between the wheelchair seat and the bed so that it misses the arch of the rear wheel.
- **Continue** the video.
- **Pause** at the next subtitle: *4. Assistant stands behind the user.*
- **Emphasize** the assistant's position behind the wheelchair user during this transfer. In this position the assistant does not block the forward movement of the wheelchair user's head and trunk. The assistant also has good control of any forward sliding during the transfer. If the wheelchair user is worried about falling forward, a second helper can stand in front of them.
- **Emphasize** the assistant's position. The assistant kneels with one knee on the bed. The other leg is placed between the bed and wheelchair.
- **Continue** the video.
- **Pause** at the next subtitle just before the user lifts: *5. User lifts as much as they are able.*
- **Explain** how the assistant grips around the wheelchair user's pelvis to assist with the sideways movement to the bed (the assistant should not grip the top of the user's trousers or belt).
- **Emphasize:** The user's hands are placed on top of the transfer board and his/her fingers should not curl around the edge of the board as this may lead to injury when transfer commences and weight is placed on the board.
- **Emphasize** the text: *5. User lifts as much as they are able.* Add that the user can do the transfer using multiple small lifts.
- **Repeat** the key points on page 104 of the *Trainer's Manual* after the video.
- **Ask** the participants if they would like you to play the video again before they practise.

3. Assisted standing transfer (bed to wheelchair)

- **Pause** at the subtitle: *4. Assist user to move forward on the bed, place user's feet on the floor.*
- **Explain:** The assistant uses his/her legs to support the user's knees from the side (do not block the user's knees from the front).
- **Explain:** The user rests their hands either on the assistant's shoulders (hand resting on the shoulders, not gripping around the neck) or the assistant's hips/pelvis.
- **Continue** the video.

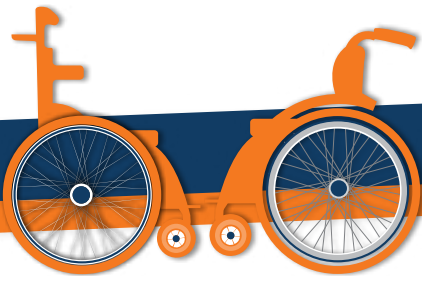
- **Pause** at the next subtitle: *For taller and heavier clients, support may be given higher (shoulder blades).*
- **Explain:** the assistant can support the wheelchair user at the pelvis or on the trunk just below the shoulder blades. The assistant should take care to allow the user enough space to bring their head and shoulders forward over their feet.
- **Continue** the video.

- **Pause** at the next subtitle: *5. Twist the user toward the wheelchair and help her sit down gently.*
- **Explain:** Ensure the wheelchair user comes to a fully upright standing position. Only then twist to the side of the bed and allow the user to sit down again.
- **Continue** the video.

- **Repeat** the key points on page 104 of the *Trainer's Manual* after the video.
- **Ask** the participants if they would like you to play the video again before they practise.

c. Section 5. Independent transfer from floor to wheelchair

- Some wheelchair users may not have the strength or balance to transfer from the floor to their wheelchair seat. Users can transfer in two stages:
 - From the floor to a step. For example, the step could be the frame of a three-wheel wheelchair, a wooden box, a stack of newspapers, or a low stool.
 - From the step to their wheelchair seat.
- Note that the step/wheelchair must be stable and positioned safely.
- Instead of the seat, wheelchair users may be able to place one hand on the top of the footrest hanger or other part of the frame for transfers.



- Wheelchair users who are at a high risk of developing pressure sores need to take care not to bump any wheelchair parts.
- Emphasize that developing the correct technique and being able to perform this transfer independently may require a lot of practice under supervision. It is important to problem solve with the wheelchair user and their family to develop a safe transfer method.
- If someone in the group is able to demonstrate the transfer, ask them to do it at the end.

B.I: Referral and appointment

Key considerations for teaching this session

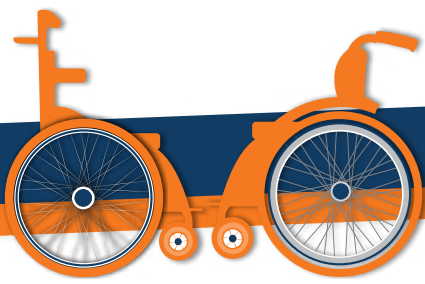
a. General

Tips for preparation

- Ask participants to bring a copy of the wheelchair referral form used by their service, if one is used, to share during the session. This will make it more interactive.

b. Section 2. Referral

- Encourage participants to share experiences about their service settings, including:
 - existing referral systems (if wheelchair-specific referral systems are not in place, discuss other referral systems)
 - whether their referral systems are working
 - how the systems could be improved
 - how referrals are made (for example: by telephone, referral letter, email) and what information is included in a referral
 - wheelchair service referral forms brought by participants or the sample wheelchair referral form in the *WSTP Additional Resources* manual.
- If no referral systems exist in the participants' workplaces, share experiences from your own work as an example. This may include how your referral system was established and how the wheelchair service has benefited or changed.
- Encourage participants to take this issue up with their service managers and to assist in:
 - putting together information needed to guide referral sources
 - developing a referral letter
 - identifying and contacting referral sources
 - holding a wheelchair service open day and other initiatives to raise awareness about the service
 - building up referrals in line with the capacity of the service.



B.2: Assessment

Key considerations for teaching this session

a. General

- This is a short session designed to introduce participants to the WSTPb assessment process.
- Park questions about the assessment interview and the physical assessment in the Car Park as these are covered in the following two sessions.

b. Section 2. Who needs a wheelchair?

- Emphasize that using a wheelchair will not make a person 'lazy' or cause the person to stop walking. Walking with a mobility impairment uses more energy than walking without a mobility impairment. That is why using a combination of wheelchair and walking aids is often best.
- Wheelchairs enable:
 - community participation and integration
 - individuals to cover longer distances
 - access to rougher terrain
 - a faster pace than walking would allow
 - a person who uses crutches to stand and balance can do more when sitting down in a wheelchair with their hands free.

c. Section 3. Why do you need an assessment?

- The WSTPb assessment form only covers the essential information needed for a basic level wheelchair assessment.
- Service providers may need to collect additional information for other types of services they offer. This will not be covered during the WSTPb.

d. Section 4. Where to carry out assessment

- Encourage participants to be creative when carrying out assessments in the community or at the wheelchair user's home. For example: measurements can be taken with the person sitting on a bench or sideways on a chair; bricks can be used to build a foot support to ensure that the wheelchair user's feet are supported.

B.3: Assessment interview

Key considerations for teaching this session

a. General

Tips for preparation

- Many participants may not have seen or used a wheelchair assessment form before. Encourage participants to follow the session using the form on page 42 of the *Reference Manual for Participants*.

b. Section 2. Information about the wheelchair user

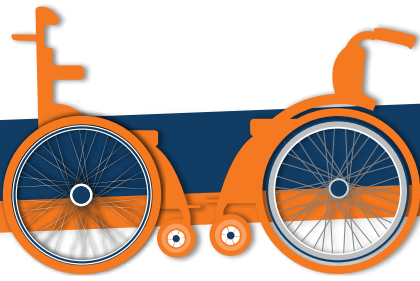
- While participants are learning, they may prefer to rely on the form. As they become more comfortable, encourage them to approach the assessment as a discussion.
- Encourage participants to think about how the information being gathered relates back to decisions about the wheelchair.

c. Section 3. Physical condition

- Draw input and ideas from the experiences of participants to make this section more interactive.
- Look at this statement on page 121 of the *Trainer's Manual*: “It is helpful (although not always necessary) to know which condition a wheelchair user has”. Discuss this with the whole group. Emphasize that knowing the medical diagnosis is helpful but not essential for a wheelchair assessment. A thorough assessment interview and physical assessment are the essential elements of a good wheelchair prescription.

d. Section 6. Assessment interview practice

- Trainers should monitor participants to ensure they are discussing the assessment and not just ticking the list of questions.



B.4: Physical assessment

Errors in the WSTP materials

a. Section 6. How to take body measurements

- This heading in the *Trainer's Manual* is confusing. This section covers how body measurements relate to wheelchair measurements. Change the heading to *How body measurements relate to wheelchair measurements*.
- Add the following to the list of resources on pg. 131: A copy of the amended *Basic wheelchair assessment form* for each participant.
- An amended version of the assessment form is included in the annexes of this manual and can be downloaded from the WSTP Pen Drive.
- There are some errors in the *Measurement Table* in the assessment form in the column *Change body measurement to ideal wheelchair size* for measurements C, D and E.
- The following slides in the *Trainer's Manual* and *PPT* need correcting with the information in the amended *Measurement Table* (Table 1) below:
 - Slide 10: page 138
 - Slide 12: page 140
 - Slide 19: page 143.
- Ask participants to make the same correction on page 48 of the *Reference Manual for Participants* and on pages 18 and 19 of the *Participant's Workbook*.

Table I. Body measurements for wheelchair conversion

| | Body Measurement | Measurement (mm) | Change body measurement to ideal wheelchair size | Wheelchair measurement |
|---|--------------------------|------------------|--|------------------------|
| A | Hip width | | Hip width = seat width | |
| B | Seat depth | L | B less 30–50 mm = seat depth (if length is different, use shorter one) | |
| | | R | | |
| C | Calf length | L | (C less cushion height*) C less cushion height* = seat to top of footplate or seat to floor, depending on user's needs | |
| | | R | | |
| D | Bottom of rib cage | | (D or E [depending on user's needs] + cushion height*) D or E (depending on user's needs) + cushion height* = seat to top of backrest | |
| E | Bottom of shoulder blade | | | |

L: left; R: right.

*Check the height of the wheelchair user's cushion.

Key considerations for teaching this session

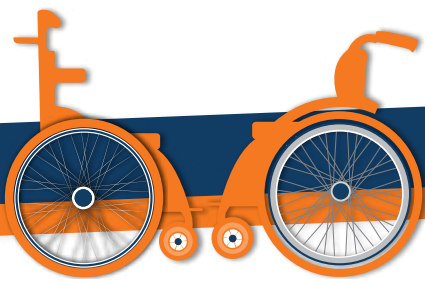
a. Section 3. Presence, risk of, or history of, pressure sores

- Link this section to A.5: *Pressure sores*. Briefly review risk factors and remind participants when a pressure relief cushion is indicated.

b. Section 4. Method of pushing

Tips for preparation

- Identify the practical area beforehand and set out wheelchairs with footrests that move out of the way.



Content

Pushing with feet activity on page 136 of the *Trainer's Manual*

- Three-wheel wheelchairs are generally not suitable, as the beam will interfere with foot propelling.
- Advise wheelchair users to avoid pushing/propelling backwards as they are unable to see where they are going. It can also result in poor sitting posture. However, pushing backwards is easier when going uphill or over soft terrain or small obstacles. Encourage participants to experience the difference of pushing backwards up a slope.
 - For most people, the standard seat height of a wheelchair is too high to effectively foot propel forwards.
 - It will be difficult for the user to maintain good posture and propel forwards if the seat is not low enough.
 - The user's heel should comfortably reach the floor and remain firmly on the floor as they apply force to propel.
- Wheelchairs with lower seats are not widely available so modifications must be made to allow the user to reach the floor with ease, for instance:
 - Reduce the overall height of the cushion.
 - Attach a solid seat lower than the original seat. Suspend the board from the seat rail on hooks so that it can be removed for folding if necessary (Figure 6). On folding-frame wheelchairs, cut reliefs for the top of the cross brace. The board will also rest on the cross brace.



Figure 6. Seat board with hooks

- Modify the seat and cushion
- Combinations of the above are often required and are described in the *Cushions Annex* on page 135.

c. Section 5. Taking measurements

Tips for preparation

- Set out the equipment needed for the measurement activity for each group of three participants, including: tape measure, two clipboards and one set of foot blocks.
- With a support trainer, prepare to demonstrate finding the lower ribs and bottom of the shoulder blade during the video: measurement demonstration: back height.

Content

- Use the video as described below to emphasize key learning points.
- Read all the subtitles.
- **Prepare**
 - **Pause** where the assessor calls the helper at the subtitle: *Make sure the wheelchair user is sitting upright.*
 - **Explain:** If the wheelchair user is unable to sit upright without assistance, a helper is needed.
 - **Continue** the video.

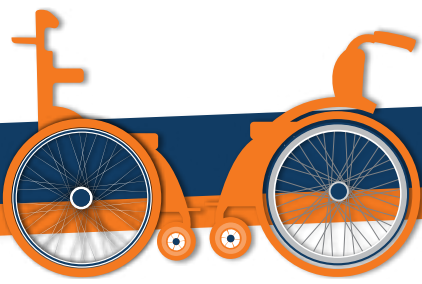
 - **Pause** where the helper is sitting next to the wheelchair user and the assessor starts to check the posture.
 - **Explain:** The assessor guides the helper and then checks the posture. The pelvis, trunk, head and neck should be upright and in line.
 - **Continue** the video.
 - **Explain** as the video continues: The hips, knees and ankles are flexed to 90 degrees.

Take measurements

- **Pause** at the subtitle: Hip width: hips or widest part of thighs.
- **Emphasize:** Ensure that the clipboards are parallel and upright.
- **Continue** the video.

- **Pause** at the subtitle: *Bend down to read the tape measure.*
- **Emphasize** the following:
 - measure the inside distance between the two clipboards
 - bend down to read the tape measure otherwise readings will be inaccurate.
- **Continue** the video.

- **Pause** at the subtitle: *Seat depth: back of pelvis to back of knee.*



- **Emphasize** the following:
 - keep the clipboard upright and level with the front of the bed
 - measure from the front of the clipboard to the back of the knee
 - measure both sides.
- **Continue** the video.
- **Pause** at the subtitle: *Seat depth: Calf length: back of knee to base of heel.*
- **Emphasize** the following:
 - For best accuracy, measure from the heel to the back of the knee. This is different from the text on page 140 of the *Trainer’s Manual*
 - Bend down to read the tape measure.
- **Continue** the video.
- **Pause** at the subtitle: *Back height: seat to bottom of rib cage.*
- **Demonstrate:** There are two ways to locate the lower ribs.
 - Place the hands on the sides of the ribs and gently squeeze them together as you slide down the rib cage until you find the soft area and the bottom of the rib cage.
 - Alternatively, place hands on top of the pelvis and gently squeeze in to find the soft area. Gradually move up and in towards the centre until you feel the ribs.
- **Continue** the video.
- **Pause** where the measurement is taken.
- **Emphasize** the following:
 - measure from the seat to the bottom of the rib cage
 - bend down to read the tape measure
- **Continue** the video.
- **Emphasize** the next subtitle: *For a higher backrest, measure from seat to bottom of shoulder blades.* As this is a frozen frame, there is no need to pause the video.
- **Explain:** To help locate the shoulder blades ask the person being measured to shrug their shoulders.
- **Repeat** the video without pausing.
- **Ask** whether there are any questions.

d. Section 6. How to take body measurements (Corrected session title: How body measurements relate to wheelchair measurements)

- This section sometimes causes confusion, particularly measuring the backrest and footplate height.
- When we take measurements on the bed the reference point is the bed surface, which represents the seat of the wheelchair.
- Because wheelchairs should always be prescribed with a cushion, when we convert the body measurement to the wheelchair measurement we must adjust for the cushion (Figure 7).

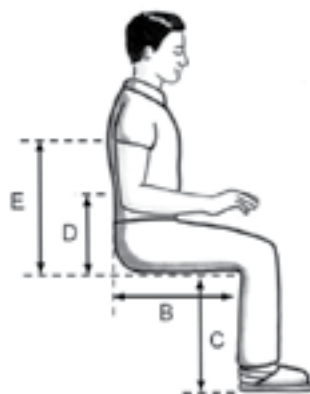


Figure 7. Body measurement are taken from the top of the assessment bed

Footrest

- The body measurement C equals the wheelchair measurement from the top of the seat cushion to top of the footplate or floor (Figure 8).
- To calculate the footplate height: wheelchair seat to top of the footplate: Body measurement C less cushion height.

For foot propellers

- The cushion raises the user up and away from the seat.
- To be able to foot propel, the user's foot should reach the floor when sitting on the cushion.
- To calculate the seat height: Body measurement C less cushion height.
- The wheelchair measurement for foot propelling is always shorter than the body measurement.

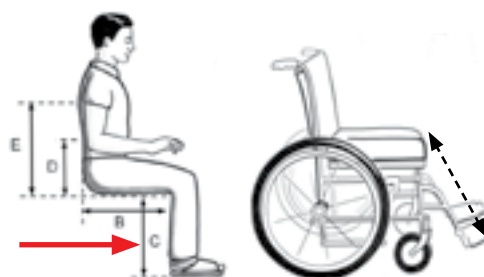
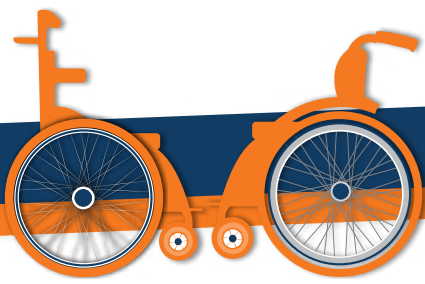


Figure 8. Body measurement C: wheelchair measurements: seat cushion to top of footplate or seat cushion to floor



Backrest

- The body measurements D and E = measurement from the top of seat cushion to top of backrest.
- The measurement you will use depends on a user's needs.
- Because a person should always sit on a cushion, a calculation must be made to include the cushion.
- To calculate the wheelchair measurement (seat to top of backrest) the cushion height must be added to the body measurement (D or E).
- Wheelchair measurement (seat to top of backrest) = Body measurement D or E + cushion height.
- Sometimes cushions are quite thick but made from soft foam. In this situation, it may be more accurate to halve the height of the cushion for calculations, as it will compress approximately this much when a person sits on it.

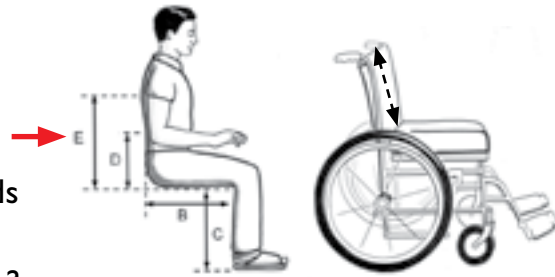


Figure 9. Body measurement D/E: wheelchair measurement: seat cushion to top of backrest

B.5: Prescription (selection)

Errors in the WSTP materials

a. Section 5. Selecting the right wheelchair size

- In the table on pages 153–154 of the *Trainer’s Manual*, correct the information in the column *Change body measurement to ideal wheelchair size* in line with Table 1 in B.4: *Physical assessment* on page 95 of this *ToT Handbook*.

Key considerations for teaching this session

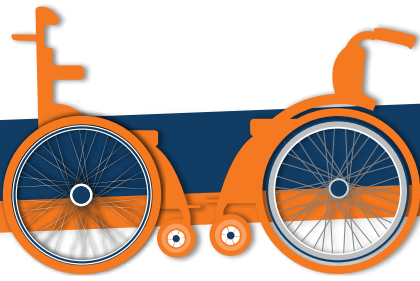
a. General

Tips for preparation

- Place a demonstration wheelchair in the theory area, raise it on a table or box if this gives a better view.
- Organize photocopies of the completed *Wheelchair summary forms* and the *Wheelchair prescription forms*, ready to hand out to participants. These are also an important reference for after the training programme.
- Keep in mind that participants often think of prescription as determining the size of the wheelchair only. Remind participants of the key elements in the definition of an appropriate wheelchair; environment, function (daily activities and lifestyle), fit (size) and posture support needs. First determine the wheelchair features that match these needs. Second, makes and models of wheelchairs that have these features and are the right size can be identified.
- Try to give each group a set of hand tools as this will be quicker than if they have to share.

b. Section 3. Locally available wheelchairs and cushions

- If possible, have one technical participant in each group. Technical participants may be more familiar with the various features of the wheelchair.
- Wheelchair back height dimensions are measured from the wheelchair seat to the top of the backrest without a cushion.
- Participants are often unsure about how to use the wheelchair summary sheet in service delivery. Explain that it is a good tool for comparing existing and new



products against the same criteria. It can also help with prescription choices particularly for users who need more complex wheelchair adjustments.

c. Section 5. Selecting the right wheelchair size

- The activity on page 152 of the *Trainer's Manual* requires a clear understanding of the cushion calculations covered in *B.4 Physical assessment*.
- Participants may decide that none of the available wheelchairs are the correct size for the two case studies in the *Participant's Workbook*. This issue will be addressed in *B.10: Problem solving*. Acknowledge the observation and park it in the Car Park.

d. Section 6. Recording the prescription (selection)

- Ask participants to follow on page 51 of the *Reference Manual for Participants* when showing the slides of the *Wheelchair prescription form*. Participants can make notes on the form during the presentation and discussion.
- Highlight the importance of wheelchair user involvement in the prescription process.

B.6: Funding and ordering

Key considerations for teaching this session

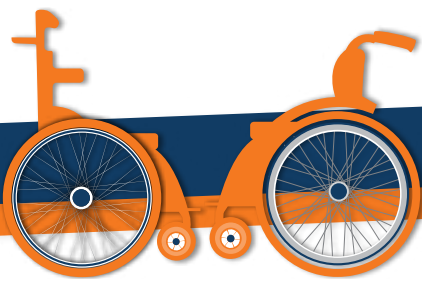
a. General

Tips for preparation

- The content of this session is influenced by the wheelchair funding and ordering process in each country/context.
- To prepare for the session, find out what funding options are available and which, if any, ordering processes are followed.
- Context-specific information and discussions will make this session more relevant to participants.
- The trainers can also share examples of models from their own experiences.

Content

- Keep in mind that many less-resourced settings rely solely on donations, with no formal funding and ordering processes.
- The most appropriate wheelchair is selected from what is available. Where possible, give wheelchair users a choice between the most appropriate wheelchairs. Discuss the challenges of using this system, and how to manage them, with participants.
- Recommend that participants establish a database of wheelchair users. This will enable them to engage with potential donors or funders regarding the needs of wheelchair users at their service. A database can also make the ordering process easier as the wheelchair specifications for each user are recorded.
 - When setting up a database, service providers will need to consider the privacy and security of users' personal information. This must include guidelines about what is shared, when it is shared, and who it can be shared with.
- Advise that participants may use the wheelchair summary form as a guide when ordering an appropriate wheelchair for each user. This will save time and is particularly useful for makes and models that offer multiple options.



B.7: Product (wheelchair) preparation

Key considerations for teaching this session

a. General

Tips for preparation

- Laminating the *Wheelchair safe and ready checklist* will allow participants to reuse it.
- Go through the prescription forms before the session. Highlight which groups might need more complex technical adjustments and modifications and have materials and extra tools ready for those groups.
- Arrange for additional technical staff to support the session if many or complex adjustments and modifications will be needed. Consider whether the technical staff need briefing or training prior to the session.

b. Section 2. Preparing the wheelchair

Tips for preparation

- Find out if all participants are familiar with handling the tools and the basic precautions to take in the workshop. For any participants who are not, discuss any questions/concerns at the beginning of the session and review the following basic workshop safety points:
 - wear covered shoes when working with tools
 - keep the work area neat and clean
 - never cut towards yourself or others
 - ask for help if you are not familiar with power tools
 - use safety glasses when using power tools or sharp tools
 - secure your work piece when cutting or drilling.
- Introduce the tools that are going to be used at the beginning of the session.
- The only available wheelchairs may have very different dimensions (such as too wide, or footrests too low) to those prescribed by participants. In this case, extra technical staff will be needed to support the session and to ensure the participants complete the activity in the allocated time. Technical staff can make more substantial modifications after the session, but these need to be completed before *Practical Two: Fitting and user training*.

- In settings where wheelchairs require multiple adjustments, either allocate more time to the session or ensure that technical staff are available to make certain adjustments (such as to the rear wheel position, or advanced technical adjustments).
- Where wheelchair users are not able to attend over two days, this session will take place before the user prescriptions have been done. In this case, exclude the activity on page 165 of the *Trainer's Manual* under *Section 2. Preparing the wheelchair*. Only do this on the day the wheelchair users attend, as part of the practical.

Content

- The PPT describes a clear step-by-step process for product preparation. Reinforce this process during the activity on page 165 of the *Trainer's Manual*.
- Ensure that groups are working safely and able to finish in the allocated time.

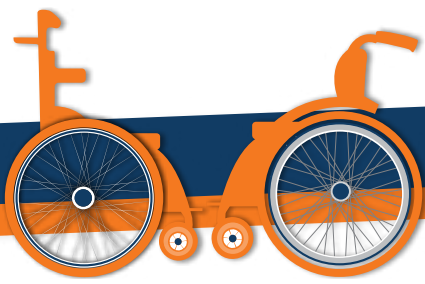
c. Section 3. Wheelchair safe and ready checklist

Tips for preparation

- Where wheelchair users are not able to attend over two days, this session will take place before the user prescriptions are done. In this case, trainers can prepare one wheelchair with minor problems for each group of participants. This could include placing the cushion upside down/back-to-front in the cover and on the wheelchair; loosening a few bolts; lowering one foot plate; and/or deflating a tyre.

Content

- Before showing the video, provide each participant with a copy of the checklist to follow while watching.



B.8: Cushion fabrication

Key considerations for teaching this session

a. General

Tips for preparation

- Have one pressure relief cushion (top layer and base) with a lift available, to be passed around during the presentation.
- Preparation for this session will vary depending on the context. If materials for the cushion base need to be fabricated, start at least two days in advance. More details are covered in the *Cushions Annex* on page 135.
- This session reviews information covered in A.7: *Cushions*. Use the presentation as an opportunity to evaluate participants' understanding by asking them to explain the principles summarized in the slides.

b. Section 2. Cushion features and dimensions

- The seat bone-well dimensions shown on page 173 of the *Trainer's Manual* need to be clearly explained, using the correct terminology and reference points, as this is often a new concept to participants.
- Remind participants they must check that the seat bones fit correctly into the well during the fitting process, using the pressure test. The well should be adjusted if necessary.

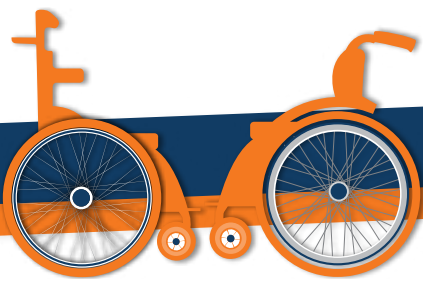
c. Section 4. How to make a cushion base – practice

- If no locally made cushions are available, this session can be used to make a cushion for the wheelchair users assessed in *Practical One*. Ask participants to work in the same groups as for *Practical One* and to use the dimensions calculated during the prescription session.
- If choosing to glue the top and base layers together, take care to mould the top layer to the contours created by the base layer (if it is pulled tight over the contours, the pressure relief qualities of the cushion will be lost).
- Where possible, include a technical trainer for this session and allocate one technical participant to each group to guide fellow participants during the activity.
- Encourage participants to double check the cushion measurements once they have finished drawing the dimensions on to their piece of foam.

- Allow 10 to 12 minutes for marking and drawing.
- Participants who finish quickly and neatly can support the slower groups.

d. Section 6. Frequently asked questions about foam pressure relief cushions

- “Does this cushion work for all users?” No cushion works for all users.
- “Do all wheelchair users need a pressure relief cushion?” Remind participants of the following:
 - A wheelchair user with altered or no sensation, must be provided with a pressure relief cushion.
 - Wheelchair users with sensation, and who have three or more risk factors, also require a pressure relief cushion.
 - Wheelchair users who do not have any pressure-sore risk factors require either a comfort cushion or a postural support cushion. A pressure relief cushion can be used to provide postural support, as the pre-seat bone shelf (front of the well) prevents the wheelchair user from slumping/sliding and improves posture.



B.9: Fitting

Key considerations for teaching this session

a. General

Tips for preparation

- Place a wheelchair in the theory area if you plan to demonstrate any of the fitting check activities during the presentation. Ensure that the wheelchair is visible to all participants.

Considerations for gender/culture

- When dividing the groups, consider whether participants should be grouped according to gender.

b. Section 2. Good practice in fitting

- After showing the video on the fitting sequence (page 183 of the *Trainer's Manual*), highlight how important it is to follow the sequence in the *Wheelchair fitting checklist*.

c. Section 3. Fitting practice

Tips for preparation

- Ensure group participants have access to a wheelchair that fits them.

Content

- Checking seat width: the thigh can make contact with the side/armrest of the wheelchair. The seat width is adequate if the assessor can slide their fingers in between the thigh and the wheelchair smoothly. Pressure between the thigh and the armrest/side should be avoided.
- Checking seat depth: there may be contact between the cushion and the back of the calf, but there should be no pressure.
- Footrest height: about 5 cm clearance is required between the footrest and the ground, which means there is a limit to the length adjustment of the footrest.
- Foot propelling: if the seat is too high and the wheelchair user cannot put their foot flat on the ground, make the modifications (to the cushion or the wheelchair) as described in the *Technical Annex*.

B.10: Problem solving

Errors in the WSTP materials

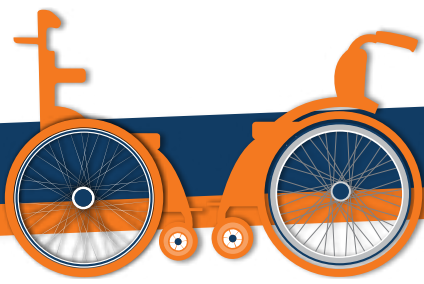
- Section 1. Introduction: In slide 2 modify the last bullet to be a level one bullet (the same as the first bullet point).
- Section 2. Seat depth too short or too long. This section is incorrectly marked as Section 1.

Key considerations for teaching this session

a. General

Tips for preparation

- It would help to have a technical co-trainer for this session.
- Prepare materials to use in the five problem-solving sessions:
 - Select appropriate wheelchairs and have some fabric and straps ready to demonstrate how to lengthen the seat
 - Pre-cut a wood board to fit one of the sample wheelchairs, and demonstrate how to attach it to the seat rails on the wheelchair.
- As well as presenting the session, use your facilitation skills to encourage participants to find solutions. For example, ask them which materials they would use to resolve a problem, and how and where they would attach it to the wheelchair. Highlight that solutions must not interfere with functions such as transfers, or folding the wheelchair.
- If the participants are experienced, consider dividing them into groups with a wheelchair each and giving them a few problems to brainstorm.



b. Section 2. Seat depth too short or too long

Problem: Seat depth too short

- The solution should not interfere with the folding mechanism of the wheelchair.
- When lengthening the seat, using wood or other solid material, suspend the board from the seat rail on hooks so that it can be removed for folding if necessary (Figure 10).
- On folding-frame wheelchairs, cut reliefs for the top of the cross brace. The board will also rest on the cross brace. If fixing the seat to the top of the seat rails, keep in mind that it will effectively raise the seat and may affect reach to the back wheel, foot support and back support.
- An alternative option is to use a thin board, such as hardboard, cut to fit between the seat rails and extending over the edge of the seat. If light, it can also be attached to the bottom of the extended wheelchair cushion.
- If extending the existing cushion, do so at the front. Do not extend from the back of the cushion because any ridges from the glue will increase the user's risk of developing pressure sores. Demonstrate how to extend seat rails and attach new upholstery to help participants see how this would be done.



Figure 10. Lengthening seat depth

Problem: Seat depth too long

- Shortening an upholstery seat: there is usually a metal strip that reinforces the sides of the seat. The strip will also have to be shortened when the upholstery is cut and re-stitched. Alternatively, a slot can be left in the front of the upholstery to allow the metal strip to be reattached. This allows the metal strips to remain intact when the upholstery needs to be lengthened (for example with growing children).
- Another way to shorten the seat, but to allow for a child's growth, is to cut a small slot in the sleeve that the metal strip fits into on the top side of the upholstery. The metal strip is pushed through this slot and the upholstery folded over at that level. The folded part can be glued together, or stabilized with a few overhand stitches. A reinforcement strap is added to the front of the seat (in between the folded part of the seat) before it is reattached. The reinforcement

strap must be attached directly to the seat rails or looped around the seat rails and attached back to itself.

- Adding a cushion to the backrest is not a solution because:
 - it limits access to the rear wheel for self-propelling
 - the wheelchair user's weight is shifted forwards, loading the front castors and increasing the risk of the wheelchair tipping forwards.

c. Section 3. Footrests height too low or too high

Tips for preparation

Problem: Footrests' height is too low

- Cut a foam block to fit one of the flip-up footplates on the sample wheelchairs. Make the block thick enough, so that the footplate does not flip-up properly. Make another sample with a channel cut out to remove the interference with the frame tube.

Problem: Footrests' height is too high

- Cut a piece of firm foam to fit an existing wheelchair seat. If possible, demonstrate how it fits inside the cushion cover.

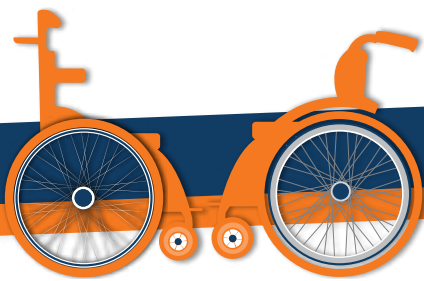
Content

Problem: Footrests' height is too low

- Rubber/EVA/wood or similar solid materials work well if the footrest needs building up. The build-up can be glued on to the footrest. If it is not possible to glue on to the footplate, then use a wood cut-out, bolt the wood to the footplate, and glue the foam to the wood.
- Modifications should not interfere with the flip-up or swing-away mechanism of the footrest. Use the two pre-made samples discussed in the *Tips for preparation* section, to demonstrate this point, and how to solve it.

Problem: Footrests' height is too high

- There must be at least 5 cm clearance between the bottom of the footrest and the ground.
- Raising the height of the cushion is provided as a solution to a high footrest problem in the session plan. Highlight the effect of raising the cushion on:



backrest height, armrest height and access to the rear wheel. In practice, participants need to consider all three and then decide if raising the cushion is a functional solution for each individual wheelchair user.

d. Section 4. Legs tend to roll inwards or outwards

Tips for preparation

- Cut firm foam wedges to fit one of the sample wheelchair cushions.

Content

- Demonstrate how wedges are glued on to the base of the cushion and are then covered by the top layer of the cushion. Reinforce this point, when showing slide 12 on page 191 of the *Trainer's Manual*, as participants sometimes think that the illustrations are showing the wedges glued on to the top layer of the cushion.
- If a wheelchair cushion does not have a removable top layer of foam, show participants how the cushion can be cut on the side and the wedges placed and glued in.
- Wedges should not interfere with transfers.
- Discuss size and types of material that can be used for wedges (usually the same material as the base of the cushion).
- If the seat sags in the middle and the design makes it difficult to tighten the seat tension, a sling-filler pad can also be used to stop the legs rolling inwards (Figure 11).

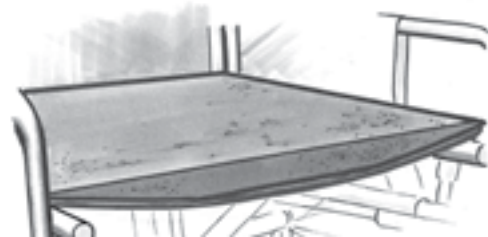


Figure 11. Sling-filler pad

e. Section 5. Feet tend to slide off the footrests

- Discuss different positions/attachments for a calf/ankle strap.
- Straps should not interfere with the mechanism of the footrests (for example their swing-away action) and therefore may need to be detachable.

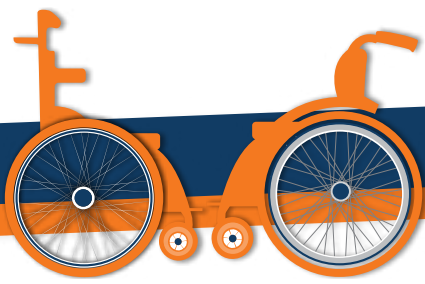
f. Section 6. Wheelchair is too wide

Tips for preparation

- Cut samples from EVA or other firm foam and have some 'outer layer' materials to show how the foam can be covered with fabric, leather or EVA foam.

Content

- Discuss which materials the pad could be made from (EVA/rubber/chip foam, with a cover).
- Discuss how and where the pad should be attached (on the wheelchair or the cushion; removable or fixed). Discuss advantages and disadvantages of the various solutions and how these might interfere with functions such as the folding mechanism of the wheelchair or transfers.
- The cushion should remain the same size as the wheelchair seat. Pads are placed above or on top of the cushion.



B.II: User training

Key considerations for teaching this session

a. General

- Park questions about wheelchair maintenance in the Car Park. These will be covered in *B12: Maintenance and repairs*.
- User training skills included in the checklist are covered in sessions A.3: *Wheelchair mobility*, A.5: *Pressure sores*, and A.8: *Transfers*.
- As trainers or service providers, it is important to be confident in all the wheelchair skills yourself before teaching them.
- Organize the session to ensure that there is sufficient time for user training.
- Emphasize that user training is an essential step in wheelchair service provision and time must always be allowed for it in the training programme. A user could have an appropriate and well-fitting wheelchair but not be able to leave their home because they lack confidence in transfer and mobility skills.

b. Section 2. What are helpful skills for wheelchair users?

- Not all six skills need to be taught to every wheelchair user. Participants need to identify which skills are relevant to the user, based on the information gathered during the wheelchair assessment.

c. Section 3. Wheelchair user training practice

- Encourage participants to follow the three steps of good teaching: explain, demonstrate, practise.
- Explain why everyone involved with the wheelchair user (family member, caregiver) needs to learn the skills too.
- Highlight the benefits of peer training. Talking with other wheelchair users and learning from them can be very helpful, especially for new users. Based on their first-hand experience and understanding of particular situations, existing wheelchair users are best placed to demonstrate and teach skills to their peers.

B.12: Maintenance and repairs

Key considerations for teaching this session

a. General

Tips for preparation

- Before the session starts, find out which lubricants are available locally and which components need to be lubricated on local wheelchairs. Put together one home maintenance tool kit per group (or ask groups to share items). The kit should include: a spanner, allen keys, screwdriver, tyre pump, puncture repair kit, lubricating oil, bucket, soap, cloth and sandpaper.
- If possible, allocate one participant with technical experience to assist and guide each group.

Content

- Check that participants understand the difference between maintenance and repair:
 - maintenance refers to regular care that helps to prevent of damage and breakdowns
 - repairs refer to components that are broken and need to be repaired or replaced.

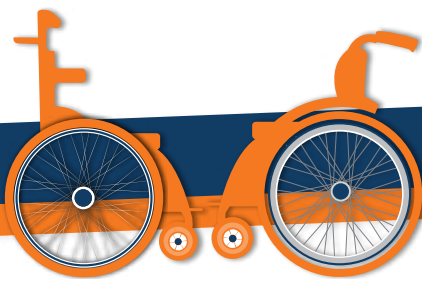
b. Section 2. Prevent repairs: home maintenance

Tips for preparation

- Identify an area that is suitable for washing wheelchairs with soap and water. This is for the maintenance activity on page 205 of the *Trainer's Manual*.

Content

- Be clear on the maintenance requirements of local wheelchairs. For example, some may have sealed bearings that do not need any lubrication. Give participants a guide on appropriate lubricating oils. Recommend a light oil such as sewing machine oil; heavy oils, such as engine oil, are not suitable. Organic natural oils, (coconut or olive oil), can be used if there is no alternative but tend



to attract unwanted attention from insects. Synthetic oils are more effective and will last longer.

- Video clip. In the section on *Oil moving parts*, there are two points that often cause confusion:
 - The sealed bearing in the castor barrel does not require lubrication. However, the island climate featured in the video is one of high humidity and salt, so a small amount of oil is used on top of the castor barrel to help reduce rust.
 - The nut on the front castor axle is not a moving part and does not need to be oiled. Again, due to the example of an island climate, a small amount of oil can be used to reduce rust.
- If one or two isolated spokes come loose, these should be tightened as a home maintenance activity using a spoke key. Take care not to over-tighten the spoke. You can check this by seeing how much force is needed on the spoke nipples next to it (located at the wheel rim), and use the same force on the loose spoke. If the spokes are very loose or fall out, take the wheel to a bicycle repair shop.

c. Section 3. Common wheelchair and cushion repairs

- For the activity on page 206 of the *Trainer's Manual*, participants must identify the repairs that their wheelchair needs and decide where these repairs will be done. They do not need to carry out the repairs themselves.
- If there are no used wheelchairs with problems available, create some problems in the wheelchairs that you do have. For example, loosen the axle, brake or castor fork bolts and nuts; deflate a tyre; loosen the upholstery bolts and nuts. Remember to fix these problems again at the end of the session – use the *Wheelchair safe and ready checklist*.
- Repairs also include re-aligning (bending back into the correct shape) or replacement of bent components.

B.13: Follow up

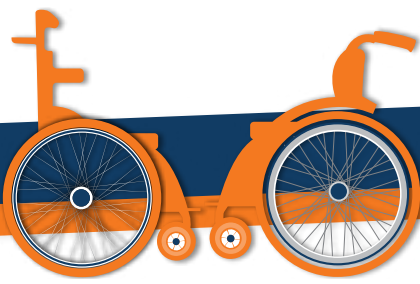
Key considerations for teaching this session

a. Section 2. What is follow up and how does it happen?

- When discussing how often follow up should happen, on page 214 of the *Trainer's Manual*, the following points can be used for guidance:
 - A wheelchair user should be followed up four to eight weeks after receiving their first wheelchair.
 - Children and wheelchair users with progressive illnesses should be followed up every four to six months as their needs may change very quickly.
 - Wheelchair users who have a stable condition and have been using a wheelchair for a long time can be followed up annually.
 - Look at an individual's needs when setting a follow-up date.

b. Section 5. Key point summary

- Emphasize that follow up should be more than simply completing a checklist.
- Encourage participants to think critically about each question and how wheelchair user responses will influence the actions that need to be taken.
- The wheelchair user's feedback at follow up provides insight into their lived experience and gives invaluable feedback to service providers.



B.14a: Practicals one to four

Key considerations for teaching this session

a. General

Tips for preparation

Training area and set up

- Set up the practical area so that each group has enough space to carry out their interview and physical assessments privately.

Group allocations

- Consider grouping participants from the same service together and/or to mixing clinical and technical participants. Group more confident/talkative participants and quieter/less sure participants so they can work with others at a similar pace.

Supervision

- Allocate a supervising trainer to each group. The lead trainer should supervise fewer groups as they need enough time to check in with the support trainers and keep the session on track.

Wheelchair users

- Identify a link person from the host organization to liaise between the service and the training programme. Their role will include: receiving wheelchair users; following up on latecomers; and coordinating user follow up after the training programme.
- Have a back-up wheelchair user available in case someone is no longer able to attend.
- Temporary wheelchairs and cushions should be available for those wheelchair users who do not have their own wheelchairs when they arrive.
- Ensure that food and drinks are available for wheelchair users.

Taking photographs

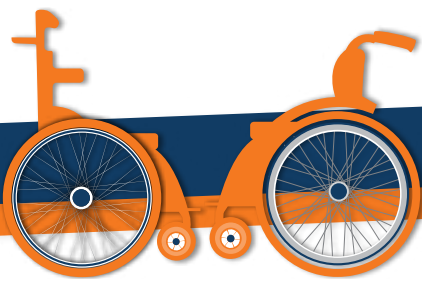
- Check that wheelchair users and participants have agreed to be photographed and have signed the consent forms.
- Any modifications made to the cushion should be photographed before the cover is put on.
- During the practical sessions take before and after images, as well as close-ups of modifications; this will make the participant presentations in *B.14 Putting it all together* more useful as a learning exercise.
- Allocate one trainer to take photographs. This allows participants to focus on the practical and makes it easier to download and organize photos afterwards.

b. Practical One: Assessment and prescription (selection)

- Before starting, participants need to decide who will be responsible for which part (interview, physical assessment, measurement, fitting and training). Participants should not interrupt each other but wait for a colleague to finish before adding a comment and moving on to the next part.
- Ask participants to complete the assessment interview in 20 to 25 minutes.
- Closely monitor the physical assessment and correct any errors (for example, incorrect measuring technique) that would influence the prescription.
- Body measurements need to be converted to wheelchair measurements before preparing the wheelchair prescription.
- The wheelchair user should be an active participant during the prescription process. Ensure that participants have discussed wheelchair options and features with the wheelchair user before the final prescription is made. If demonstration wheelchairs are available, these can be used to explain specific wheelchair features to the user and to answer any questions.
- Ask each group of participants to explain the clinical reasoning for the prescription they have chosen.

c. Practical Two: Fitting and user training

- Trainers should supervise the same groups as for Practical One.
- Participants should do an initial check of the seat width and depth, and the footrest height with the user in the wheelchair. Then ask the wheelchair user to propel (with arms or feet) over relevant surfaces while another participant watches closely. This helps determine if any major adjustments need to be done, for instance moving the position of the rear wheel or increasing backrest height.



Participants can then complete the *Wheelchair fitting checklist* and prepare to finalize all adjustments.

- Check all adjustments and modifications before participants glue/fix them in place.
- Review the final fitting check before participants begin user training.
- Before wheelchair users depart, give them the name and contact details of someone to help if they have any problems or questions about the wheelchair. Organize a follow-up appointment for the wheelchair user at a service that is easily accessible.
- If applicable and time allows, finish with a short feedback session.

d. Practical Three: Follow up

Tips for preparation

- In some situations, there is a lot of pressure to complete all repairs and adjustments. However, follow up is the focus of the training and these additional requests often cannot be accommodated at the same time. It is important that wheelchair users are fully informed so their expectations are realistic.

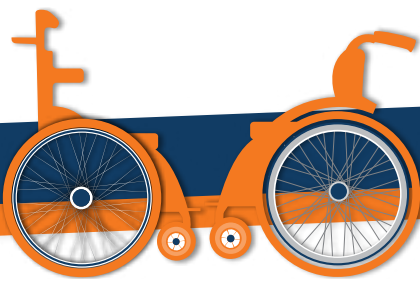
Content

- Allocate participants to new groups.
- Monitor the groups and ask questions to see whether participants understand the information they are getting and can take appropriate action.
- Any modifications or changes that are needed should be documented and discussed with the trainers. They can only be done if they are simple and fit into the allotted time.

e. Practical Four: Assessment, prescription (selection), product (wheelchair) preparation, fitting and user training

- Allocate participants to new groups. During the introduction, explain how much time is allocated for each step (listed on page 224 of the *Trainer's Manual*). Write this information on the board to help participants keep to time. Participants can tick as they complete each step and indicate how much time it took.
- Depending on the experience and availability of technical staff, consider allocating one of them to each group as this will speed things up.

- If any groups do not have time to complete all the steps, organize an appointment for the work to be completed at a service accessible to the wheelchair user.
- Explain to participants that they should allocate tasks within their group. For example, during product preparation one person can adjust the footplate; another cuts the cushion well and a third cuts pads to narrow the wheelchair. Explain that good task allocation will ensure that all steps are completed within the allocated time.



B.14: Putting it all together

Errors in the WSTP materials

a. Section 2. Participants' questions

- The time section in the activity on page 225 of the *Trainer's Manual* should say 'Allow 5 minutes in total' instead of 10 minutes.

Key considerations for teaching this session

a. Section 3. Participants' preparation

Tips for preparation

- Allocate a trainer to download and organize the before and after photographs needed to illustrate each presentation. This task should be done during a break.
- Display before and after photographs side by side as an effective way of showing the impact and outcome of the fitting.

Content

- Allocate support trainers to help the groups prepare.
- Tell participants that you will give them 5 and 1 minute warnings to ensure that each presentation is limited to 10 minutes.

b. Section 4. Participants' presentations

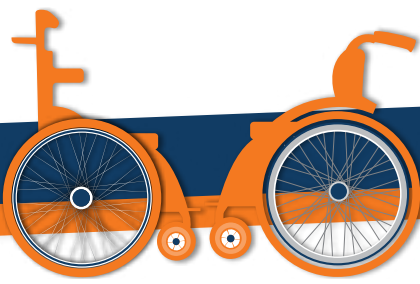
- Facilitate the presentations to ensure that they remain focused and that participants explain key learning points clearly.
- During the presentation and facilitation, link how the wheelchair and cushion features meet the user's environmental, functional and postural support and fitting needs.
- Where wheelchair options and choices are limited, highlight where compromises have been made. Emphasize that any compromise needs to be discussed and agreed with the wheelchair user.

c. Section 5. Question-and-answer session

- Encourage participants to set up a support network for continuing professional development and generally to keep supporting and learning from each other.
- This could be done in-person or online using a social media platform.
- A support network may include a forum to post and discuss clinical questions; to share information and latest research; or more formal meetings to present and discuss case studies.
- Confidential information about service users should never be shared without written permission.

d. Section 6. Key points

- Encourage participants to practise and apply all the skills and knowledge they have gained during the programme (practice makes perfect!).



Logistics and preparation

The *Trainer's Manual* includes a comprehensive list of facilities, printed resources, materials and equipment needed to successfully organize a WSTPb training programme. The trainer coordinating the training programme will usually liaise with the local host to decide who takes responsibility for each aspect of the logistics and preparation.

The trainees will gain experience and skills in handling logistics and preparation tasks during their co-training. The trainer coordinator will divide up these activities among trainees and then monitor and support them.

Facilities and services

A facilities checklist is included on page 14 of the *Trainer's Manual*.

Translation services may be needed if the WSTPb trainers do not speak the same language as participants. These services are usually in high demand and should be booked well in advance. Costs will need to be added to the training budget.

Printed resources

Materials must all be printed locally. A full list of the printed resources needed for the WSTPb can be found on pages 14 – 16 of the *Trainer's Manual*. Use the checklist in the *Trainer's Manual* to ensure that you have printed the correct number of materials.

Materials and equipment

A list of materials and equipment needed for the WSTPb can be found on pages 17–18 of the WSTPb *Trainer's Manual*.

Wheelchairs

The last row on page 17 of the *Trainer's Manual* refers to locally available wheelchairs and cushions. If there are many different wheelchairs available, select the models that are used most often ensuring that the following wheelchairs/features are included:

- rigid frame 3-wheel wheelchair
- rigid frame 4-wheel wheelchair
- folding-frame wheelchair with adjustment options
- basic folding-frame (orthopaedic-style) wheelchair
- short-wheelbase wheelchair (4-wheel wheelchair)
- long-wheelbase (3- and 4-wheel wheelchairs).

In less-resourced settings where there are no long-wheelbase four-wheel or three-wheel wheelchairs available, consider introducing examples to participants. The benefits of long-wheelbase wheelchairs in less-resourced settings have been well documented and they are often the most appropriate design for active wheelchair users. Funds to purchase these samples should be included in the training budget.

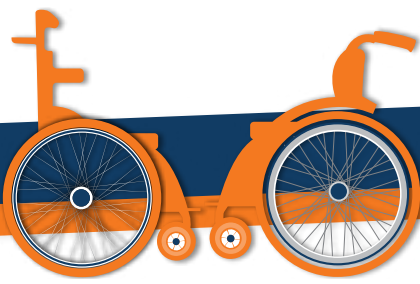
Do not include motorized wheelchairs or wheelchairs that have supportive seating/additional postural support devices as these are not covered in the WSTPb.

Ensure that all wheelchairs are in good working order (tyres pumped up and bolts tightened) and have a cushion.

There should be a wheelchair and cushion – or materials to make a cushion – for each wheelchair user who attends the practical sessions, as well as basic items like ankle and calf straps.

Consumables

Page 18 of the *Trainer's Manual* lists the foam needed for the cushion fabrication practical. Additional foam, glue, upholstery, nuts/bolts and other components and spares may be needed to make basic modifications to wheelchairs. These should be added to the *Materials* table at the top of page 17 in the *Trainer's Manual*. The complete list of resources needed will depend on the context. Depending on the resources available, technical assistance may be arranged for modifications (for example shortening/extending seats or footrest hangers).



Technical work area

A technical work area with a variety of tools and materials needed for modifications should be made available or created. This may have budget implications for the training.

Power supply

Where there is unreliable electricity, a generator with an in-line uninterruptible power supply should be arranged for back-up. This also needs to be added to the equipment list on page 17 of the *Trainer's Manual*.

Planning for training

The most important activities and approximate timelines for planning a WSTPb training programme are listed here.

8 to 12 months in advance

- Develop a budget for the training programme.
- When multiple partners are involved, agree on the responsibilities of different partners.
- Identify dates, a venue, trainers, participant profiles and information on the local context such as: general policies and procedures that guide local wheelchair practice and services; types of wheelchairs, cushions and other materials available; information on local culture and diversity of the participants; and organizations involved.
- To work out how many days are required for the training, confirm start and finish times for each day and whether translation will be required.

4 to 6 months in advance

- Send invitation letters to each participant with details of the training programme (dates, venue, logistical information) to complete and return.
- Gather information on the professional background and skills of participants so that you can adapt session plans accordingly.
- Book training equipment.
- Source demonstration equipment and other resources needed for the practical sessions, such as treatment beds, foot supports, and transfer boards.
- Source consumables.
- Source equipment for users (if user equipment is dependent on donor funds and/or part of the training budget, sourcing equipment may need to start earlier).

- Brief trainers on the context and participants, and agree on the division of sessions and roles.
- Book catering services.
- Arrange for translators and translation facilities if needed.

4 to 6 weeks in advance

- Arrange for local printing of all necessary materials.
- Screen and invite wheelchair users.
- Finalize registration details: for example, arrange for name tags and registers; and liaise with whoever will carry out the registration.
- Send final written confirmation/pre-course information to participants, wheelchair users and trainers.
- Confirm caterers, venue and other logistics.

1 to 2 weeks in advance

- Confirm that any ordered items have been delivered.
- Check toilets, water and electricity supply at venue.
- Confirm cleaning schedules.

If the training team is not local, it is best to arrive a few days before the programme begins to check the equipment and the venue; meet with wheelchair users supporting the training programme; and to buy any remaining materials required.

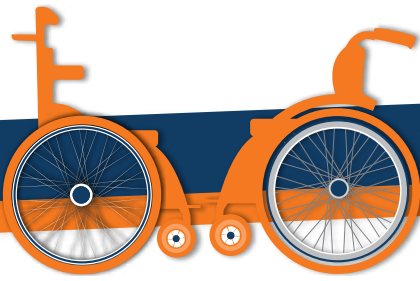
Regular communication will be needed between the coordinating trainer and other trainers, the host organization and other organizations involved.

Wheelchair users

During the WSTPb, there are four practical sessions in which three groups of wheelchair users participate. The first group attends on two different days. Before the training programme, trainers need to identify and invite wheelchair users who are willing and able to attend the practical sessions. There is a checklist on page 11 of the *Trainer's Manual* that helps to identify wheelchair users.

Liaise with the host organization and training organizers regarding budgets and facilities available for wheelchair users. Find out if transport will be provided for wheelchair users or whether they will be reimbursed for costs.

If wheelchair users are only able to attend on one day, the programme can be rearranged to accommodate *Practical One* and *Practical Two* for user group one on



the same day. When adjusting the timetable, make sure service steps 2–7 have been covered before *Practical Three*.

Where possible, trainers should screen wheelchair users in person. If trainers are not based locally, a local service provider can be asked to identify potential wheelchair users and send photos and information in advance for trainers to confirm their suitability for the training level.

Invitations to wheelchair users

When drafting invitations to wheelchair users think about the following issues (a template is available on the WSTP Pen Drive):

- A description of what will happen when they attend the session.
- The time, date and the duration of the session.
- Can they bring someone with them?
- Will they receive a wheelchair at the session? What happens if they need follow up or have any problems with the wheelchair?
- Where will they receive follow-up services after the training?
- How will they get to the venue? Will their transportation costs be reimbursed?
- Do they have to bring refreshments and lunch?
- Will they receive payment for attending?

Each wheelchair user should receive an invitation letter with this information in writing. They should also sign a consent form to indicate their willingness to take part and to be photographed. The photographs are used when the small groups present back to the rest of the group.

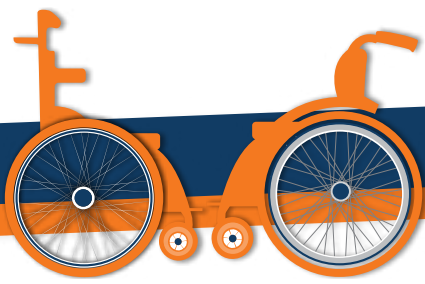
Despite careful planning, a wheelchair user may arrive with a pressure sore or fall ill on the day of the session. Discuss this possibility in advance with the host organization so that they are ready to manage the situation if it arises, and can arrange for a back-up wheelchair user to attend.

If a wheelchair user has a bladder or bowel accident during the session, have supplies ready to clean the user and the equipment. Also, a small first aid kit should be available in case of bumps and scrapes to both participants and wheelchair users.

Annexes

Annex I: Timetable for WSTPtot core sessions

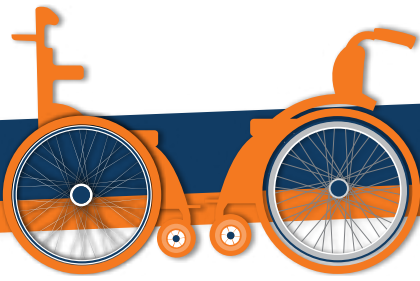
| | Day One | Day Two |
|---|---|--|
| 8:30 | ToT.1 Introduction to the WSTPtot (75) | ToT.7 Presenting and Facilitating (60) |
| 8:45 | | |
| 9:00 | | |
| 9:15 | | |
| 9:30 | | |
| 9:45 | ToT.2 Wheelchair Service Training Packages (90) | ToT.8 Communication skills (90) |
| 10:00 | | |
| 10:15 | | |
| 10:30 | | |
| 10:45 | | |
| 11:00 – 11:15 Morning break (adjust time to suit local context and session plan) | | |
| 11:15 | ToT.2 Wheelchair Service Training Packages | ToT.9 Guiding documents (75) |
| 11:30 | ToT.3 Practice deliveries (60) | |
| 11:45 | | |
| 12:00 | | |
| 12:15 – 1:15 Lunch (adjust time to suit local context and session plan) | | |
| 1:15 | ToT.3 Practice deliveries | ToT.9 Guiding documents |
| 1:30 | ToT.4 Preparing for diversity (60) | ToT.10 Audio-visual tools and equipment (45) |
| 1:45 | | |
| 2:00 | | |
| 2:15 | | ToT.11 Feedback (45) |
| 2:30 | ToT.5 Adult learning (80) | |
| 2:45 – 3.00 Break (adjust time to suit local context and session plan) | | |
| 3:00 | ToT.5 Adult learning | ToT.11 Feedback |
| 3:15 | | ToT.12 Managing group dynamics (45) |
| 3:30 | | |
| 3:45 | | |
| 4:00 | ToT.6 Preparation time (15) | Preparation (60) |
| 4:15 | Preparation (45) | |
| 4:30 | | |
| 4:45 | | |



Annex 2: WSTPtot Basic Level Timetable

| | Day one | Day two | Day three |
|-------|-------------------------------|---|----------------------------|
| 8:30 | Introduction 30 | A.6 Appropriate wheelchairs <i>Part 2 (78)</i> | B.4 Physical assessment 85 |
| 8:45 | | | |
| 9:00 | A.1: Wheelchair users 25 | | |
| 9:15 | | | |
| 9:30 | A.1: Feedback 10 | | |
| 9:45 | A.3 Wheelchair mobility 90 | | |
| 10:00 | <i>Part 1 (37)</i> | A.6 Feedback 5+5 | B.4 Feedback 5+5 |
| 10:15 | Morning break | Morning break | Morning break |
| 10:30 | A.3 Wheelchair mobility (43) | A.7 Cushions 75 | B.5 Prescription 120 |
| 10:45 | | | |
| 11:00 | | | |
| 11:15 | A.3 <i>Partial wheelie 10</i> | | |
| 11:30 | A.3 Feedback 20 | | |
| 11:45 | A.4 Sitting upright 45 | | |
| 12:00 | | A.8 Transfers 65 | |
| 12:15 | | | |
| 12:30 | A.4 Feedback 10 | Lunch break | B.5 Feedback 5+5+5 |
| 12:45 | Lunch break | | Lunch break |
| 1:00 | | | |
| 1:15 | | | |
| 1:30 | | A.8 Transfers | |
| 1:45 | A.5 pressure sores 60 | | B.7 Product preparation 40 |
| 2:00 | | | |
| 2:15 | | A.8 Feedback 5+5+5 | |
| 2:30 | | A.8 <i>Floor to chair 10</i> | B.7 Feedback 5 |

| | | | |
|------|------------------------------------|--|------------------------|
| 2:45 | A.5 Feedback 10 | B.3 Assessment interview 90 | B.9 Fitting 60 |
| 3:00 | Afternoon break | <i>Part 1 (47)</i> | |
| 3:15 | A.6 Appropriate wheelchairs 120 | | |
| 3:30 | <i>Part 1 (42)</i> | Afternoon break | B.9 Feedback 5+5 |
| 3:45 | A.6 Feedback 5 | B.3 Assessment interview <i>Part 2 (43)</i> | Afternoon break |
| 4:00 | Car park 15 | | B.13 Follow-up 35 |
| 4:15 | Session preparation | B.3 Feedback 5+5 | |
| 4:30 | ToT Trainer individual feedback | Session preparation | B.13 Follow-up 5 |
| 4:45 | | ToT Trainer individual feedback | Car park 15 |
| 5:00 | | | Evaluation 15 |
| 5:15 | | | Closing ceremony 15 |



Annex 3: Feedback sheet for WSTPtot practice delivery sessions

Trainee: _____ ToT trainer: _____

Session name/number: _____ Sections: _____

Date: _____ Allocated time: _____ Actual time taken: _____

Finished all sections? Yes No

This feedback sheet is a tool to help to develop the confidence and training skills of WSTPtot trainees. This sheet can be used by:

- trainees, to reflect on their training skills
- ToT trainers, to give feedback to trainees.

Instructions to ToT trainers: After each practice delivery, write in the two columns below, using the *WSTPtot trainee skills* list below for guidance. At the end of the WSTPtot, complete the **recommendation and summary** at the end of page 2.

WSTPtot trainee skills:

- preparation
- time management
- delivery of WSTP materials
- presenting
- facilitating
- communication
- managing group work
- giving feedback.

| First practice delivery | |
|-------------------------|----------------------|
| What was good | What can be improved |
| | |

Trainee: _____ ToT trainer: _____

Session name/number: _____ Sections: _____

Date: _____ Allocated time: _____ Actual time taken: _____

Finished all sections? Yes No

| Second practice delivery | |
|--------------------------|----------------------|
| What was good | What can be improved |
| | |

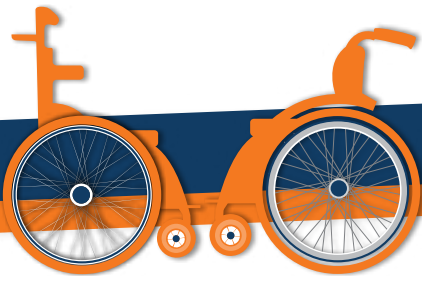
Trainee: _____ ToT trainer: _____

Session name/number: _____ Sections: _____

Date: _____ Allocated time: _____ Actual time taken: _____

Finished all sections? Yes No

| Second practice delivery | |
|--------------------------|----------------------|
| What was good | What can be improved |
| | |



Instructions to ToT Trainers: At the end of the WSTPtot, select your recommendation below and write a brief summary of the trainee’s strengths and areas for improvement.

Recommendation and summary

ToT trainer recommendation:

- Continue to co-training
- Develop knowledge and/or skills before continuing to co-training (details below)

Summary

Annex 4: Cushions Annex

Preparations

The resources available for sessions A.7: Cushions and B.8: Cushion Fabrication will vary depending on the context of the training course. Aim to use materials and fabric that will be accessible and affordable for participants after the training.

In some contexts ready-made cushions may be available. If not, source or buy appropriate materials and make sample cushions before the training starts.

When using glue, ensure that you leave enough time for it to dry. This is particularly important if you are glueing several layers together to create the required thickness.

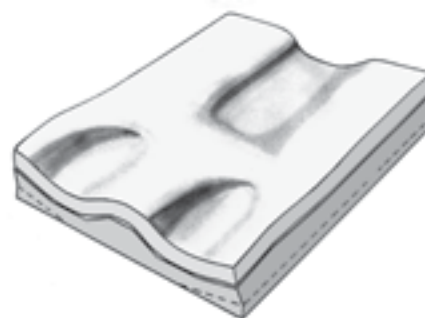


Figure 1. Pressure relief cushion

Fabricating cushions and cushion covers

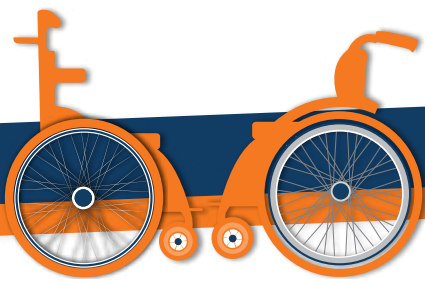
Look in the local market and visit foam, shoe, mattress and furniture factories to find locally-available foam.

Ensure that you have the correct firmness of foam:

- The base layer materials must be firm enough to maintain their shape under the weight of the user. Suitable materials for the cushion base are often hard to source. Where resources are scarce, alternatives can include layered ethyl vinyl acetate (EVA), chip foam or rubber (such as a yoga mat).
- The top layer should be soft enough to allow the seat bones to sink into it, but should not be so soft that the seat bones can sink all the way to the bottom to rest on the solid base of the wheelchair seat.

See the *Technical Annex* for more information about how to test foam firmness.

Aim to have different thicknesses of foam available (30–50 mm) for demonstration and provision to wheelchair users.



For the cushion cover:

- Choose a fabric with two-way stretch that follows the shape of the cushion, such as T-shirt material or lycra.
- If stretchy fabric is not available, ensure there is enough room in the cover to fit into the contours of the cushion. Pleats in the cushion cover may also allow it to fit the shape of the cushion better (especially in the well area).
- Avoid thick folds that mark the skin. The fabric should be thin enough to avoid causing ridge marks when sitting on a fold.

Samples for participants

Have examples of suitable and unsuitable materials (foams, rubbers, fabrics) for the base layer, the top layer and cushion cover.

Samples of materials should be a minimum of a 50 x 50 mm and fabric 100 x 100 mm.

This will help participants to understand which materials are acceptable and which are not. If possible, put together a small sample kit of good examples for each participant to take home.

Moisture and incontinence management

Water-resistant or waterproof cushion covers for users who are incontinent can be difficult to source. Options include:

- Providing two cushions so that one can be used, while the other is being washed and dried.
- Covering the cushion with a thin plastic bag.

When covering a cushion with a very thin plastic bag:

- Ensure it is loose enough to allow the wheelchair user to sink into the soft top layer of the cushion. This will ensure the user continues to benefit from posture support and pressure relief aspects of the cushion.

If providing a cushion with more than one layer, consider only covering the base layer with a plastic bag.

- The top layer can then be removed and replaced as necessary.
- Providing more than one layer to the user will help them to wash and dry the top layers each time they get wet or soiled.

Covering the cushion with a plastic bag may create heat and cause sweating/ moisture for the user, which are risk factors for pressure sores.

- Talk with users about the increased risk of developing a pressure sore.
- Encourage them to check their skin regularly.

Remember that wheelchair users should never sit directly on the plastic; the cushion should always be used with a cover.

Tools for cushion fabrication

For some participants, it may be their first experience of making a cushion. Give them some practical tips on the tools and materials they will be using, for example:

Apply masking tape to one end of the hacksaw blade to create a grip, to make cutting easier and more effective (Figure 2). The tooth edge of the saw blade should be ground down for foam cutting.

For more details on preparing a hacksaw blade for cutting, refer to the WSTPm additional resources.



Figure 2. Hacksaw blade

Create a guide when fabricating a cushion

A visual guide can be made out of cardboard or wood.

A guide is helpful for marking up a cushion before cutting, for example when removing a small bevel from the edges of the well (Figure 3).

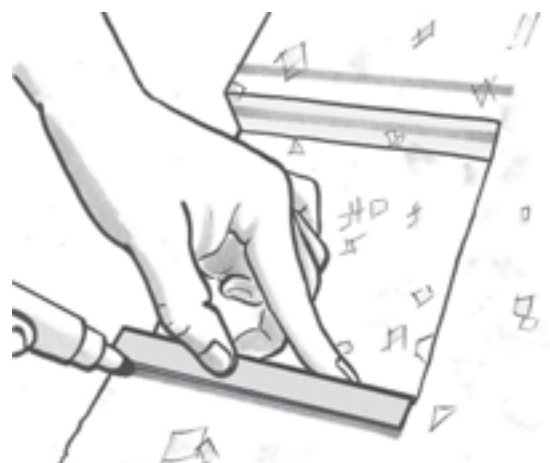
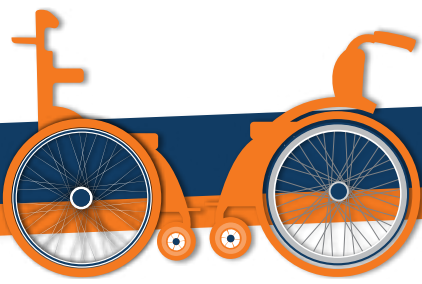


Figure 3. Using a guide when cutting



A guide can also be useful when cutting a consistent shape or straight line (Figure 4).

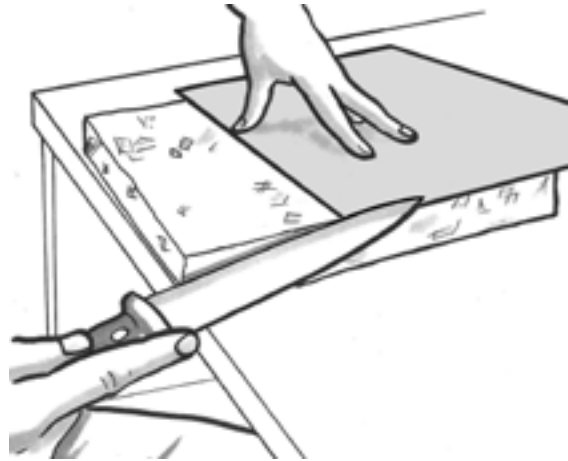


Figure 4. Cutting a straight line

Seat and cushion modifications to enable foot propelling

When modifying a wheelchair to allow the user's foot to comfortably reach the floor (session B.4: Physical assessment) consider the following options.

Reduce the overall height of the cushion

- Use a thinner base layer or top layer of foam on the cushion.
- If the user is at risk for pressure sores, use the finger pressure test to ensure that the cushion provides enough pressure relief.

Lower the seat of folding-frame wheelchairs by attaching a solid seat

- Suspend the seat board from the seat rail on hooks, then it can be removed easily (Figure 5).
- Cut reliefs for the top of the cross brace.



Figure 5. Solid seat with hooks

Modify the cushion by adding a lowered seat front

Add a *lowered seat front* to the cushion on the side of the leg that needs to reach the floor (Figure 6).

- The length of the lowered seat front starts from the shelf and extends down to the front edge of the cushion.
- The width of the lowered seat front is half of the overall width of the cushion.
- There should be even contact under the user's seat bones and thighs.



Figure 6. Lowered seat front

Modify both the seat and cushion

Shorten the seat and cushion on the side of the propelling leg (Figure 7).

- Solid seat: Shorten the seat and the cushion to the required length on the side which needs to reach the floor. This should be combined with a *lowered seat front*.
- Fabric slung seat: Shorten the entire seat to the desired length. Add a board the same shape as the cushion, extending over the edge of the seat. It may be necessary to replace the fabric seat with a lowered solid seat.

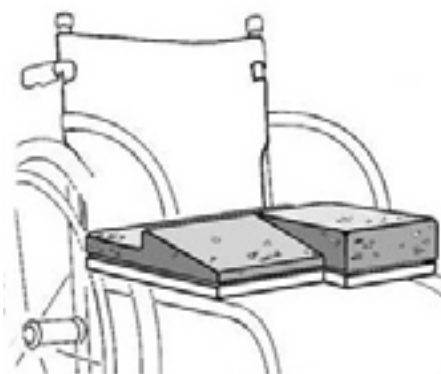
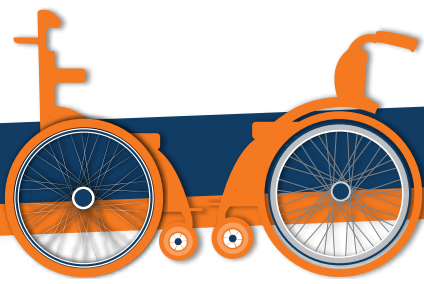


Figure 7. Shortened seat and cushion



Annex 5: Updated Wheelchair Assessment Form

For assessment of wheelchair users who can sit upright easily. Wheelchair users who cannot sit upright easily may need assessment by a person with 'intermediate' level training. Keep this form in the wheelchair user's file.

| | | | |
|------------------|--|---------------------|--|
| Assessor's name: | | Date of assessment: | |
|------------------|--|---------------------|--|

I: Interview Assessment

Information about the wheelchair user

| | | | |
|------------|--|-------------------------------|---------------------------------|
| Name: | | Number: | |
| Age: | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Phone no.: | | Address: | |
| | | | |
| Goals: | | | |

Physical condition

Cerebral palsy Polio Spinal cord injury Stroke

Frail Spasms or uncontrolled movements

Amputation: R above knee R below knee L above knee L below knee

Bladder problems Bowel problems

If the wheelchair user has bladder or bowel problems, is this managed? Yes No

Others: _____

Lifestyle and environment

Describe where the wheelchair user will use their wheelchair:

Distance travelled per day: Up to 1 km 1– 5 km More than 5 km

Hours per day using wheelchair? Less than 1 1-3 3-5 5-8
more than 8 hours

When out of the wheelchair, where does the user sit or lie down and how
(posture and the surface?)

Transfer: Independent Assisted Standing Non-Standing Lifted
Other

Type of toilet (if transferring to a toilet): Squat Western Adapted

Does the wheelchair user often use public/private transport? Yes No

If yes, then what kind: Car Taxi Bus Other _____

Existing wheelchair (if a person already has a wheelchair)

Does the wheelchair meet the user's needs? Yes No

Does the wheelchair meet the user's environmental conditions? Yes No

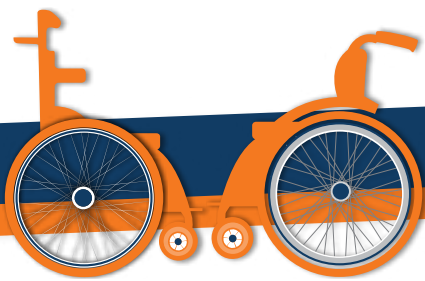
Does the wheelchair provide proper fit and postural support? Yes No

Is the wheelchair safe and durable? (Consider whether there is a cushion)
Yes No

Does the cushion provide proper pressure relief (if user has pressure sore risk)?
Yes No

Comments: _____

If yes to all questions, the user may not need a new wheelchair. If no to any of these questions, the user needs a different wheelchair or cushion; or the existing wheelchair or cushion needs repair or modifications.



2: Physical Assessment

Presence, risk of or history of pressure sores

| | | | | | |
|--|--|-----|--------------------------|----|--------------------------|
| <p>/// = does not feel ○ = previous pressure sore ● = existing pressure sore</p> <p>Left Front Back Right</p> | Can feel normally? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Previous pressure sore? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Current pressure sore? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | If yes, is it an open sore (stage 1– 4)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Duration and cause: _____ _____ | | | | |
| <p>Is this person at risk* of a pressure sore? <i>*A person who cannot feel or has 3 or more risk factors is at risk. Risk factors: cannot move, moisture, poor posture, previous / current pressure sore, poor diet, ageing, under or over weight.</i></p> | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Method of pushing

How will the wheelchair user push their wheelchair? Both arms Left arm
 Right arm Both legs Left leg Right leg Pushed by a helper

Comment: _____

Measurements

| | Body Measurement | Measurement (mm) | Change body measurement to ideal wheelchair size | Wheelchair measurement |
|---|--------------------------|------------------|--|------------------------|
| A | Hip width | | Hip width = seat width | |
| B | Seat depth | L | B less 30 – 50 mm = seat depth (if length is different, use shorter one) | |
| | | R | | |
| C | Calf length | L | (C less cushion height*) C less cushion height* = seat to top of footplate or seat to floor depending on user's needs | |
| | | R | | |
| D | Bottom of rib cage | | (D or E [depending on user's needs] + cushion height*) D or E (depending on user's needs) + cushion height* = seat to top of backrest | |
| E | Bottom of shoulder blade | | | |

**check the height of the cushion that the wheelchair user will use.*

For more information, contact:

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CH-1211 Geneva 27
Switzerland

Tel.: (+ 41 22) 791-2715
Fax: (+ 41 22) 791-4874

www.who.int/disabilities/en/

