



Prescription of Powered Mobility Aids

20 – 21 February 2020

Introduction

While there have been more powered mobility aids being used by persons with disabilities and elderly in the community, there are also concerns on the safety of the usage of such devices. It is therefore important for occupational therapists to know how to assess and train these people to make sure that they know how to use the devices in a competent and safe manner. This two-day course is designed for occupational therapists new to powered mobility assessment and training, to further enhance their clinical skills in prescribing powered mobility aids to persons with disabilities and the elderly.

Course Objectives

- Participants increase their knowledge and skills on the range and features of powered mobility aids and how to match these to clients' needs.
- Participants are competent in identifying clients' capacities and abilities in powered mobility aids usage.
- Participants are confident in prescribing powered mobility aids to clients according to their needs.

Course Outline

- Comparing the different common types of powered mobility aids
- Evaluating the suitability of clients needing powered mobility aids
- Understanding practical considerations of using powered mobility aids
- Improving clinical skills in assessing and training clients who would benefit from powered mobility aids
- Understanding possible customisation for powered mobility aids
- Understanding the consideration of funding schemes for purchasing powered mobility aids.
- Practical skills in driving powered mobility aids in the community.

Course Details

Date : **20 – 21 February 2020**
Duration : **2 days**
Time : **9.00 am – 5.00 pm**
Venue : **UOB Ability Hub
Enabling Village
20 Lengkok Bahru, S(159053)**

(There will be a visit to Mobility Park @ Jurong Community Hospital on the morning of Day 2)

Fee : **\$380 (SingHealth Staff/ SAOT Member)**
(incl of 7% GST) **\$420 (Regular)**

Target Audience

Occupational Therapists who are new to prescription of powered mobility aids.

Teaching Faculty

Ms Lydia Choo, an occupational therapist by practice, graduated with a Master in Health Science from New Castle University, Australia. She has varied clinical experience from acute care to community and step down care (including home therapy). Over the 17 years as therapist, she has worked with different client groups and has great experience in prescription of motorised devices.

Contact & Enquiries

Miss Joyce Lee
Email: joyce.lee.g.l@sgh.com.sg



Quick Links

[FAQs](#)
[PGAHI Programmes,](#)
[Training Calendar and Directory](#)



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Submit your registration form to **Joyce Lee** at joyce.lee.g.l@sgh.com.sg by **31 January 2020!**

The information provided for course registration is true and accurate to the best of my knowledge. Submission of any false information will render my application void with no refund of registration fee. Submission of my professional certification or qualifications for auditing purpose may be required.

By registering for the course, you agree to the terms & conditions of PGAHI.

Quick Links: [FAQs](#), [PGAHI Programmes](#), [Training Calendar](#) and [Directory](#)

PARTICIPANT'S PARTICULARS

Name *(to be reflected on cert)*:

Contact no.:

Email:

Profession:

AHP *(please indicate)*: _____ Doctor Nurse Others: _____

Department:

Organisation:

SAOT Membership no. *(if applicable)*:

Any cancellation or replacement must be conveyed to PGAHI in writing. A cancellation fee of 50% of course fee will be charged if the cancellation is made before **31 January 2020**. There will be no refund of course fee for cancellation on or after **31 January 2020**. PGAHI reserves the right to cancel the course and fully refund the amount of registration fee paid to the participants should unforeseen circumstances necessitate it.

For **cheque payment**, please issue a **crossed cheque** payable to "Singapore General Hospital Pte Ltd" and mail the cheque attention to **Joyce Lee, SGH-PGAHI, 20 College Road, Academia, Level 2, Singapore 169856**.

For **invoice to organisation**, please complete the below billing details:

BILLING DETAILS

Bill to:

Billing address:

Attention invoice to *(name & department)*:

Email of addressee:

Contact no. of addressee:

I consent to Singapore General Hospital and its related corporations (collectively 'SingHealth'), their agents and SingHealth's authorised service providers collecting, using, disclosing and/or processing my personal data, in order to send me marketing materials, etc.

I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to SingHealth in respect of my personal data, and are additional to any rights which SingHealth may have at law to collect, use or disclose my personal data.

By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at <http://www.singhealth.com.sg/pdpa>. Hard copies are also available on request.