

## THE MOUNT MENTOR EVAL SHEET

*Need help building a mounting system? Please complete the following steps and return to: [info@blueskydesigns.us](mailto:info@blueskydesigns.us)*

Step 1. Complete section A

Step 2. Take photos as described in section B

Step 3. Provide post length determined in section C

Step 4. Complete wheelchair frame information in section D

\* We will contact you with a quote. Additional support for installation and use is available via phone, Skype, or email.

### **A** Lets get started....first we need some information:

#### Contact Person

Organization \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

#### Attach to: (Check all that apply)

Wheelchair (Make/Model) \_\_\_\_\_

Power \_\_\_\_\_

Power Standing

Manual \_\_\_\_\_

With manual w/c does client apply brakes? Y  N

Tilt/Adjustable \_\_\_\_\_

Do you need to remove both foot rests? Y  N

Stroller \_\_\_\_\_

Walker/Gait Trainer \_\_\_\_\_

Bed \_\_\_\_\_ \* Include photos

Floor Stand  Table

#### Device / Tray [See website for Device Plate Graph](#)

SGD or AAC make/model \_\_\_\_\_

Does Device have QRM/UDS bracket? \_\_\_\_\_

Phone make/model/dimensions \_\_\_\_\_

Tablet-iPad Make: \_\_\_\_\_ Model: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Rotate portrait to landscape required?

Laptop Tray  12 x 16 Tray

Require access to more than one device? Y  N

If yes:  At the same time

Change as needed

Two Mounts:  one post - (double decker)

two posts

#### Client (Optional)

Name/initials \_\_\_\_\_

Age \_\_\_\_\_ Diagnosis \_\_\_\_\_

#### Client Characteristics

How does client access their device?

Direct Select  Switch  Eyegaze/Head Tracker

If direct select:

Light touch  Medium touch  Strong touch

Will the client move it? Y  N

If yes, what arm preference?

Left  Right  Both

Can they cross midline?

Y  N

How does client drive Power Wheelchair?  
(if applicable)

Hand joystick on: Left  Right

Chin joystick  Head array

Prefer to mount on: Right side  Left side

Is there an existing tray on w/c? Y  N

#### Preferred Mount(s) [www.mountnmover.com](http://www.mountnmover.com)

Locking

Dual  Single  Tilt'n Turner

Non-Locking (adjustable resistance)

Dual  Single  Tilt'n Turner

Simple (tray on post)

Large  Small

Not sure

**B** *Attaching the Mount'n Mover ..... pictures are very useful!*

Please send JPEGs of each of these views to [info@blueskydesigns.us](mailto:info@blueskydesigns.us)



Angled view



Side view



Front view



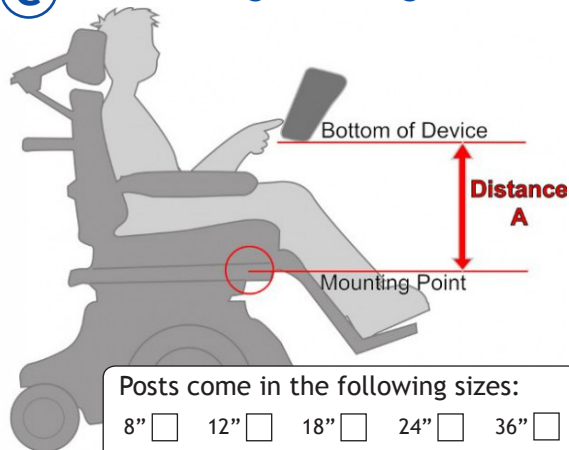
close-up view

Pointers:

- Hold the device where you want it in relation to the client
- Move lap belts, blankets etc so the frame is visible
- Please include client in wheelchair.

✳ See website for wheelchair examples and more specific information

**C** *Determining Post Length - A*



Posts come in the following sizes:

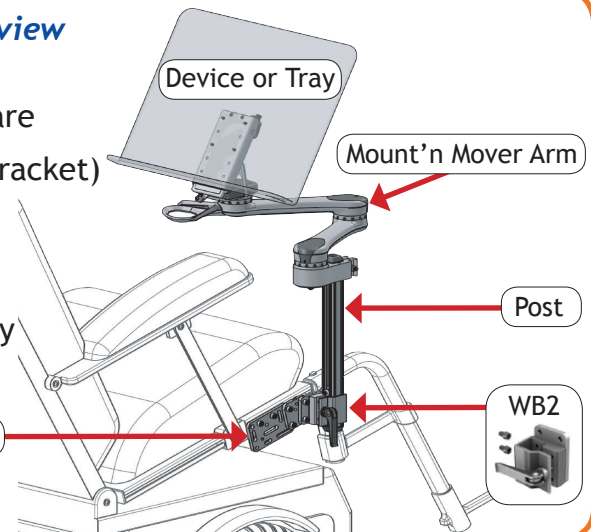
- 8"  12"  18"  24"  36"

Need a custom size? \_\_\_\_\_"

*Components Overview*

1. Wheelchair hardware
2. WB2 (wheelchair bracket)
3. Post
4. Arm (single or dual)
5. Device plate or tray

Wheelchair hardware



**D** *What type of frame do you have?*

Permobil Unitrack Frame

Single slide track  
(Invacare, Quantum, Amy)

Round tubing  
Please measure circumference →

Round tubing with holes

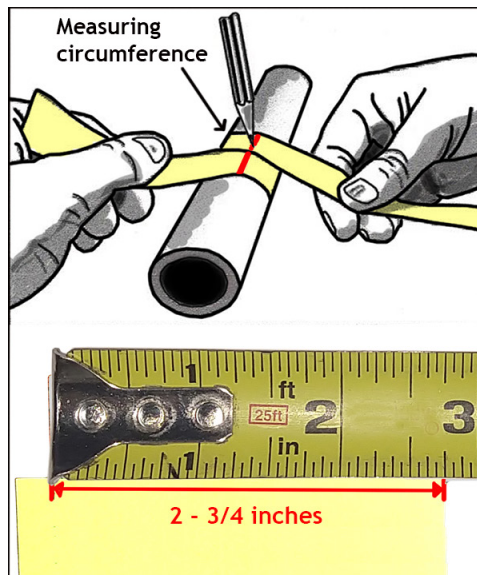
Circumference measurements:

Horizontal tube \_\_\_\_\_

Vertical tube \_\_\_\_\_

NOTES: \_\_\_\_\_

*Measuring your round tubing for correct clamp size*



**Common Clamp Sizes**

Circumference	Diameter
2 3/4"	7/8"
2 3/8"	3/4"
3 3/16"	1"
3 17/32"	1 1/8"
3 29/32"	1 1/4"
4 5/16"	1 3/8"

\*We can fit many more sizes than shown above. Just tell us your circumference!

See wheelchair mounting guides on our website ( [www.mountnmover.com](http://www.mountnmover.com) )  
If you don't see your chair...call us!