23 April 2024

Freedom Wheels Trial Summary

In reference to Quote No.: **Q19-xxx**

**Name**

Date of birth: **xx/xx/xxxx**

Address: **xxx**

Contact Name: **xxx**

Contact Number: **xxx**

NDIS No.: **xx**

**Background:**

XX attended a Freedom Wheels trial on 4 June 2019 conducted by [INSERT YOUR BUSINESS NAME]. XX attended with his mother, XX, and XXX, Occupational Therapist and (Company).

XX has a diagnosis of Cerebral Palsy and uses a manual wheelchair to access the community due to exhaustion over long distances. He also has Epilepsy, Dysphagia, Obsessive Compulsive Disorder, and experiences 60 percent hearing loss in both ears. XX requires supervision at all times when riding due to cognitive challenges resulting in delayed reaction time and reduced problem-solving insight. Subsequently, XX has physical and cognitive limitations which prevent him from riding a standard bicycle. XX currently has a tricycle that is approximately 15 years old which he has outgrown, and he requires a larger size that is better suited to his current physical and cognitive needs.

XX reported XX’s goal is to ride the bike along with his mother and father at their local walking track to increase participation in family activities and to increase XX’s fitness.

**Trial:**

Xx trialled a custom (enter type of bicycle or tricycle) and a summary of his performance is below:

**Steering**: xx was observed turning left and right using both hands to control the handlebars. He was independent in steering and navigated tight spaces effectively. xx reported a rear push bar would be beneficial to increase xx’s safety when riding the quadricycle in the community.

**Pedalling**: xx pedalled independently using the free wheel pedalling system. Xx wears bilateral leg orthoses when pedalling, heel plates and toe clips are recommended to align his feet for optimal pedalling.

**Braking**: xx was observed braking independently in response to verbal prompts. An attendant can assist with speed control and stopping using the rear push bar with brake.

**Posture**: xx was seated independently on the quadricycle using outriggers for increased stability.

**Transfers**: xx required assistance of 1 person to transfer on and off the quadricycle. A step block is recommended to support safe transfers.

At the time of the trial, education was provided to the family on safe riding surroundings, the need for a helmet, safe transfers, and management of speed.

**Recommendation:**

A custom [enter the type of bike or trike] with the following supports is recommended:

* **A 27” frame with low step through:** for ease of transfers.
* **Outriggers:** stabilises the cycle by keeping contact with the ground at all times. The outriggers are adjustable and can be raised upwards or removed to facilitate skill progression.
* **Free wheel pedalling system:** allows the rider to coast (rest) and can assist riders with low muscle tone to be able to ride for longer periods.
* **Brake:** located on leftside as this is the rider’s dominant hand. The brake lever is adjusted closer to make the brake easier for the rider to pull.
* **Rear push bar with brake:** provides a height appropriate handle for an attendant to be able to assist in control of the quadricycle.
* **10" seat:** larger than standard 6” seat provides more stable seating with improved posture and balance when riding.
* **Toe clips and heel plate:** aligns the foot onto the pedal to prevent slipping and prevents entrapment of the foot between the pedal and the crank.
* **Step block**: to assist during the transfer onto the quadricycle.

The Freedom Wheels [type and size of bike/trike] is adjustable to allow for growth or changing support needs. XX can use the [type of bike/trike] in the local community, utilising informal supports, and no additional formal support is required. The Freedom Wheels solution will allow XX to engage in age-appropriate activity outdoors, facilitating greater social participation in the community and allowing XX to experience the health benefits of cycling.

Please see the attached quote, should you have any further questions or requirements in relation to this trial please do not hesitate to contact me on xx xxxxxxxxxx or someone@somewhere.com.au.

Kind Regards,

xxxxxxxxxxxxx

Occupational Therapist

(Provider number: xxxxxxxxxxx)