

Handling Plan

CHECKLIST FOR MOVING OR HANDLING A CHILD WITH A PHYSICAL DISABILITY NAME	D.O.B.
WEIGHT	HEIGHT
SIZE AND SHAPE IN RELATION TO AGE – in proportion. Head/upper/lower body heavy in comparison with rest of body? Tall/short for age etc?	
CONDITION – Medical Diagnosis	
POSTURAL STABILITY – Trunk/head control, sitting ability	
CONTROL OF MOVEMENT - Head lag, startle, spasm, flaccid limbs, epilepsy, involuntary movements	
ABILITY TO WEIGHT BEAR – take their own weight with/without assistance with balance, for how long	
MOBILITY – Walking independently/with assistance/wheelchair	
RESTRICTED MOVEMENT - Joint contracture, dislocation, fixed deformity, pain which limits movement	
FRAGILITY – Fragile bones, delicate skin generalised weakness	
HEARING - Can the child hear the instruction, if there is a hearing aid is it working?	
VISION - How well/can the child see where they are going, do they usually wear glasses?	
COMMUNICATION – Do you understand the child, do they use a communication device – is it available?	
COMPREHENSION – Does the pupil understand the instruction?	
MOVEMENT EXPERIENCE - Has this child ever walked, climbed, or is movement frightening and disorientating, Have they experienced falls in the past?	
ANY ATTACHMENTS – Splints, plasters, prosthesis, catheter, corset, callipers?	
WILLINGNESS ABILITY TO ASSIST – How much can/will the pupil help during the move, unfamiliar surroundings or people, are they ill, tired, in a mood, receiving medication which affects handling?	
CULTURAL/RELIGIOUS CONSIDERATIONS Same sex support worker, covering body?	