

Making your office accessible for patients with mobility impairments

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Patients with mobility impairments often face challenges in visiting their family physicians owing to the physical barriers within medical buildings and offices, including the lack of ramps, grab bars, height-adjustable examination and imaging tables, and inadequate space within which to maneuver a wheelchair or to transfer to an examination table.^{1,2}

In order to enhance access to primary care and improve health outcomes for persons with mobility impairments, the Centre for Family Medicine Family Health Team in Kitchener, Ont, has developed a Mobility Clinic. The physical environment of this clinic supports access to primary care for those with mobility impairments by providing adequate space to accommodate use of wheelchairs, access to parking, a wheelchair scale, and an accessible examination room that includes a ceiling lift and height-adjustable examination table (**Figure 1**). The resources in this clinic have enabled patients with conditions such as spinal cord injuries and severe neurologic impairments to receive regular primary care such as Papanicolaou tests and general examinations that they would otherwise have difficulty accessing.

Accessibility considerations

Accessibility standards are captured by the 2005 Accessibility for Ontarians with Disabilities Act and similar provincial legislation across the country; however, in general, there are few resources available within medical offices that are specifically focused on accessibility.³⁻⁵ If you are building, leasing, or renovating space for your medical practice, here are some accessibility factors you might want to consider. **Table 1** provides sample costs for some of the discussed equipment.

Parking. Buildings are required by law to have designated parking spots located close to the building entrance for use by persons with disabilities. These spaces, as well as parking metres or pay stations, must be accessible to wheelchair users. Curb cutouts should also be present to allow for access from the parking lot to the building.

Figure 1. Height-adjustable examination table and overhead lift



Table 1. Approximate costs of equipment

EQUIPMENT	ESTIMATED COST, \$
Height-adjustable examination table	6000
Wheelchair scale	3400
Ceiling lift and sling	1800
Grab bar* (18 to 24 inches long)	40
Emergency call bell	800

*This does not include the cost of installation, which might vary across service providers.

Entrance. A ramp with railings or an elevating lift is required when a main building entrance is not at ground level. Doors to enter the building and office should be equipped with automatic door openers, and the width should be adequate to accommodate a wheelchair or scooter (approximately 37.5 inches).



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Way-finding signs. Clear and simple signs should be present to indicate the address, location of the office, room numbers, and the location of elevators, washrooms, and emergency exits. Signs should use contrasting colours, graphics, and Braille where possible.

Waiting room and reception area. Space should be available for wheelchair users to park while waiting for their appointments. Firm chairs with armrests will help those who have difficulty with switching from sitting to standing positions. Reception windows should be height appropriate for wheelchair users (approximately 34 to 40 inches from the ground) and incorporate a counter surface that allows wheelchair users to complete required forms.


Examination room. Examination rooms require adequate door width, as well as clear floor space, and should be large enough for a wheelchair to maneuver in and to accommodate transfers to the examination table. To facilitate transfers, the examination table should be one that is height adjustable and can be lowered to the height of a wheelchair seat (approximately 17 to 19 inches from the ground). Along the wall by the examination table, there should be a railing or strap to support patients while moving on the table. For persons who are unable to transfer independently, a mechanical lift should be available; staff training on safe and appropriate use of the equipment is required. Consider portable examination equipment such as an ophthalmoscope, otoscope, thermometer, and blood pressure cuff.

Washroom. Medical offices should include accessible washrooms and appropriate signs to indicate their location. Accessible washroom facilities include sufficient space for turning and transferring, grab bars, and emergency call bells. Sinks, mirrors, and soap and paper towel dispensers should all be at a wheelchair-accessible height.

Staff training and appointment times. Staff knowledge of the patient population and specific patient needs helps improve access to high-quality care. Reception staff should be aware of patients who require extra time for appointments and schedule accordingly. Developing

a method of tracking or documenting patients' special needs—such as hearing, visual, speech, or mobility impairments, transfer methods, and other special needs—will help prepare clinic staff.

Conclusion

Although there are sometimes limitations to structural changes that can be made given the existing physical environment, leaseholder agreements, or financial constraints, simple strategies such as installing grab bars, ensuring appropriate waiting room space and chairs, and informing staff of patient needs can help improve accessibility. Many of the guidelines presented here have implications not only for those with mobility impairments, but also for seniors and families with young children. 

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Competing interests

None declared

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