Long-Term Care Survey Alert

TOOL: RESIDENT ERGONOMIC ASSESSMENT PROFILE for SEATING (REAPS)

Resident Name:

__________________________________________________

Date: __________________________

Circle one observation per question

1. Feet: Properly supported? (If "yes", go to question #2) Y N
   A. Falling off footrests? Y N
   B. Reach floor without resident sliding out? Y N

2. Knees: Level with hips? (If "yes", go to question #3) Y N
   A. Too high? Y N
   B. Too low? Y N

3. Arms: Do elbows rest at natural height on armrests? Y N
   (If "yes", go to question #4)
   A. Too high, making elbows extend outward? Y N
   B. Too low, causing shoulders to droop? Y N

4. Can resident hold head up without support? Y N

5. Are resident's eyes facing straight ahead? Y N
   (If "yes", go to question #6)
   A. Eyes looking downward towards floor? Y N
   B. Eyes looking upward towards ceiling? Y N

6. Does resident lean forward? Y N

7. Does resident lean to side? Y N

8. Does resident slide downward? Y N

COMMENTS:

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Source: Developed by Deborah Gavin-Dreschnack, PhD, a health science researcher at the James A. Haley VA Patient Safety Research Center in Tampa, Fla. Printed by permission.