Ontario

Ministry of Health

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5
Telephone: 416-327-8804

Prior Testing Disclosure – Ambulation Aids

Instructions

1) Test procedures follow ISO 11199-2:2005 (E) unless otherwise specified.

2) Be prepared to supply supporting documentation on request. Do not attach to this document.

3) Completion of Section 4.1. i. is mandatory for all submissions. For products with rated maximum weight capacity over 250 pounds, completion of Section 4.4 and 4.5 is also mandatory.

4) Source refers to the source of the result. M refers to results provided by the manufacturer's in-house test facility and I refers to results obtained through testing at an independent test centre.

A) ☐ Wheeled walker

B) ☐ Adult ☐ Paediatric

Name of Device	Model Number

Section 1 – Manufacturer's In-House Testing Facility (M)

Name of Manufacturing In-House Testing Facility

Unit Number	Street Number	Street Name	PO Box

Lot/concession/rural route	City/Town	Province	Postal Code

Contact Name

Last Name	First Name	Position/Title

Telephone Number ext.	Email Address

Serial number	Weight capacity	Evaluation Start Date (yyyy/mm/dd)	Evaluation End Date (yyyy/mm/dd)

Specific sizes, parts or options evaluated

Section 2 – Independent Test Centre (I)

Independent Test Centre

Unit Number	Street Number	Street Name	PO Box

Lot/concession/rural route	City/Town	Province	Postal Code

Contact Name

Last Name	First Name	Position/Title

Telephone Number ext.	Email Address

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Serial number	Weight capacity	Evaluation Start Date (yyyy/mm/dd)	Evaluation End Date (yyyy/mm/dd)

Specific sizes, parts or options evaluated

Section 3 – Signature

Note: This form may be signed only by the person responsible for the testing of the equipment

I certify that the information I have provided on this form is true, correct and complete to the best of my knowledge. I understand that this information is subject to audit.

Name (Last name, First name)	Signature

Position/Title	Telephone Number ext.	Email Address

Section 4 – ADP Minimal Technical Criteria for Rollators and Walkers Revision 4 - 2006

4.1. Fatigue Testing / Mechanical Integrity

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Permanent deformation following 200,000 cycles of 80% capacity loading at < 1 Hz on a surface traveling at 0.4 m per loading cycle	0%	o	☐M ☐I	☐Yes ☐No
ii. Overall mechanical integrity	Sufficient to withstand fatigue and impact	o	☐M ☐I	☐Yes ☐No

Testing Notes

Test Load Used Kg

Comments

4.2. Overall Dimensions and Mass

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Number of wheels	≥ 2	mm	☐M ☐I	☐Yes ☐No
ii. Wheel diameter	≥ 75 mm	mm	☐M ☐I	☐Yes ☐No

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iii. Tip diameter	≥ 35 mm	mm	☐M ☐I	☐Yes ☐No
iv. Mass of device, fully equipped	≤ 13 kg	kg	☐M ☐I	☐Yes ☐No
v. Mass of device, w/o accessories	lbs	kg	☐M ☐I	☐Yes ☐No
vi. Maximum length	N/A	in m	☐M ☐I	☐Yes ☐No
vii. Maximum width	N/A	in m	☐M ☐I	☐Yes ☐No
viii. Maximum rollator height	N/A	in m	☐M ☐I	☐Yes ☐No
ix. Minimum rollator height	N/A	in m	☐M ☐I	☐Yes ☐No
x. Maximum seat height	N/A	in m	☐M ☐I	☐Yes ☐No
xi. Minimum seat height	N/A	in m	☐M ☐I	☐Yes ☐No
xii. Minimum folded length	N/A	in m	☐M ☐I	☐Yes ☐No
xiii. Minimum folded width	N/A	in m	☐M ☐I	☐Yes ☐No
xiv. Minimum folded height	N/A	in m	☐M ☐I	☐Yes ☐No
xv. Maximum turning rollator width	N/A	in m	☐M ☐I	☐Yes ☐No
xvi. Width between handles	N/A	in m	☐M ☐I	☐Yes ☐No
xvii. Ground clearance	N/A	in m	☐M ☐I	☐Yes ☐No

Testing Notes

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Comments

4.3. Static Stability

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Forward stability when loaded	≥ 15°	°	☐M ☐I	☐Yes ☐No
ii. Backward stability when loaded	≥ 7°	°	☐M ☐I	☐Yes ☐No
iii. Sideways stability when loaded	≥ 6°	°	☐M ☐I	☐Yes ☐No
iv. Handgrip angle during testing	N/A	°	N/A	☐Yes ☐No

Orientation	Describe least stable device configuration for each orientation
Forward	
Rearward	
Sideways	

Testing Notes

Test Load Used Kg

Forward - device facing down the slope; Backward - device facing up the slope; Sideways - device facing across the slope.

Test load is positioned centred across the cane handles for all orientations. Recommended test load 25 kg.

Comments

4.4. Brake Efficiency and Activation

Test Specifications	Requirements	Result	Source	Meets Requirements
i. If equipped with a seat, is device also equipped with parking brakes? (MW6 Walking Frames exempt)	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
ii. If pressure brakes are present is there a warning label advising the user to ensure the device is sufficiently stable before attempting standing/sitting or sitting/standing transfers?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
iii. Rolling distance with parking brakes engaged and loaded to 50% capacity on a 6º incline	≤ 10 mm / min	mm/min	☐M ☐I	☐Yes ☐No
iv. Grip width of hand-activated brakes	≤ 75 mm	mm	☐M ☐I	☐Yes ☐No
v. Pushing force for brake activation	≤ 60 N	N	☐M ☐I	☐Yes ☐No
vi. Pulling force for brake activation	≤ 40 N	N	☐M ☐I	☐Yes ☐No

Testing Notes

Test Load Used

Comments

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4.5. Static Loading

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Deflection at seat when statically loaded to 120% capacity	≤ 5 %	%	☐M ☐I	☐Yes ☐No
ii. Permanent deformation when seat statically loaded to 120% capacity	0 %	%	☐M ☐I	☐Yes ☐No
iii. Deflection at handles when statically loaded to 120% capacity	≤ 5 %	%	☐M ☐I	☐Yes ☐No
iv. Permanent deformation when handles statically loaded to 120% capacity	0 %	%	☐M ☐I	☐Yes ☐No

Testing Notes

Test Load Used

Comments

4.6. Folding and Adjustment Mechanisms

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Folding mechanism	Locks in operating configuration		☐M ☐I	☐Yes ☐No
ii. Effect of tightening hand-adjustable fasteners to 3.4 Nm	No crimping or permanent deformation		☐M ☐I	☐Yes ☐No
iii. Handle rotation about stem under a 70 N load, after fastened to stem with 3.4 Nm torque	0°	°	☐M ☐I	☐Yes ☐No
iv. Handgrip attachment	secure		☐M ☐I	☐Yes ☐No

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v. Handgrip diameter	≥ 30 mm ≤ 50 mm	mm	☐M ☐I	☐Yes ☐No
vi. Handgrip length	≥ 105 mm	mm	☐M ☐I	☐Yes ☐No

Testing Notes

Test Load Used

Comments

4.7. Instructions – Product Literature [ISO 7176-15:7, ISO 7176-14:6.1]

Test Specifications	Requirements	Result	Source	Meets Requirements
i. Was an owner's manual and/or product literature provided?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No
ii. Did it include clear instructions for safe operation and maintenance?	Yes	☐Yes ☐No	☐M ☐I	☐Yes ☐No

Testing Notes

Comments

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