

# testimonial

| indiGO



supporting children and  
their families **for life**

# IndiGo Product Evaluation

Thank you for participating in our mini case study, please answer the questions in this form as fully as possible where relevant.

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## SUPERVISING THERAPIST/CARER

Job Title: Carer / Parent  
Place of Work: EH22

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## TRIAL LOCATION

1. Please state where the case study will take place? (Please tick box)

|                           |                                     |
|---------------------------|-------------------------------------|
| Nursery                   | <input type="checkbox"/>            |
| Special School            | <input type="checkbox"/>            |
| Mainstream School         | <input checked="" type="checkbox"/> |
| Further Education/College | <input type="checkbox"/>            |
| Home                      | <input type="checkbox"/>            |
| Other Please state        | <input type="checkbox"/>            |

1a. Please give address of case study location below.

Dalkeith High School, Midlothian

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## USER/CLIENT PROFILE

2. How old is the user who is taking part in the case study?  
(Please enter age)

15

3. Please state the user's gender  
(Please tick box)

|        |                                     |
|--------|-------------------------------------|
| Male   | <input checked="" type="checkbox"/> |
| Female | <input type="checkbox"/>            |

4. Please provide the user's height (Complete in one box only)

|               |  |
|---------------|--|
| CM's          | <input type="checkbox"/>               |
| Feet & Inches | <input type="checkbox" value="5ft 6"/> |

5. Please state the user's diagnosis and type (Please tick box(s))

| DIAGNOSIS            |                                     | TYPE                 |                          |
|----------------------|-------------------------------------|----------------------|--------------------------|
| Cerebral Palsy       | <input checked="" type="checkbox"/> | Quadraplegic         | <input type="checkbox"/> |
| Syndrome             | <input type="checkbox"/>            | Diplegic             | <input type="checkbox"/> |
| Muscular Dystrophy   | <input type="checkbox"/>            | Hemiplegic           | <input type="checkbox"/> |
| Metabolic Disorder   | <input type="checkbox"/>            | Athetoid             | <input type="checkbox"/> |
| Developmental Delay  | <input type="checkbox"/>            | Ataxic               | <input type="checkbox"/> |
| Other (please state) | <input type="text"/>                | Other (please state) | <input type="text"/>     |

### PRE-CASE STUDY FEEDBACK (SUPERVISING THERAPIST OR CARER ONLY)

6. What chair does the user currently use when in a nursery or school environment?

At School – Smirthwaite IndiGO

7. Please feel free to make any general comments about the current seat e.g. suitability, ease of use, posture in the seat.

The current seat was assessed by his occupational therapist (recently retired) and meet the client's needs in relation to suitability for posture, support and mobility.

### PRODUCT USAGE (SUPERVISING THERAPIST OR CARER ONLY)

8. Please state the date the case study started 20/3/2024

9. Please state the name of the product being studied Smirthwaite IndiGO

10. Please state which size of chair is being studied (Please tick box)

Size 1  Size 2  Size 3  Size 4  Size 5

### PRODUCT SET-UP (SUPERVISING THERAPIST OR CARER ONLY)

11. Did you use the chair's operating instructions to set-up the product? (Please tick box)

Yes   
No

12. Overall did you find the instructions easy to follow? (Please tick box)

Yes, very good   
Ok, adequate   
No, difficult   
N/A

**SMIRTHWAITE PRODUCT FEEDBACK 1**  
(SUPERVISING THERAPIST & CARER ONLY)

13. On a scale of excellent to poor, how would **you** rate the chair in the following categories:

a. Appearance (Please tick box)

Excellent  Good  Fair  Poor

b. Choice of adjustments (Please tick box)

Excellent  Good  Fair  Poor

c. Ease of adjustment (Please tick box)

Excellent  Good  Fair  Poor

d. Manoeuvrability (Please tick box)

Excellent  Good  Fair  Poor

e. Overall ease of use (Please tick box)

Excellent  Good  Fair  Poor

f. Ease of transfer (Please tick box)

Excellent  Good  Fair  Poor

14. Has this chair got the adjustability or accessories to present the client with a neutral pelvis or their best position if already fixed?

Best position already fixed.

15. Has the chair got the adjustability or accessories to present the client with a symmetrical upright spine or their best position if already fixed?

Yes.

16. Has the chair got the adjustability or accessories to present the clients head in an upright position or providing enough room for the client to engage and move their head freely in the environment?

Yes he is able to move his head freely without the need for head support accessories.

17. Has the chair got the adjustability or accessories to present the clients legs in the best postural position they can accommodate? e.g. abduction, adduction and flexion.

Yes, the chair has foot plate accessories to assist in presenting his legs in the best postural position to accommodate abduction, adduction and flexion.

18. Has the chair got the adjustability or accessories to present the clients feet in the best postural position they can accommodate? e.g rotation and planter/Dorsi flexion?

Yes, footplates are present as above to work to present both his feet and legs in the best postural position to accommodate rotation and planter/Dorsi flexion.

19. Are there any area of the chair that you would like to see provide more adjustability or have more accessories? e.g. electric high low base, back angle, tilt in space

The current chair accommodates the majority of The client's needs, however tilt in space may be beneficial to assist in maintaining a good pelvic position.

20. What are your thoughts on the electric high-low aspect of the chair?

This is an essential requirement to enable the client to self-adjust the chair height to transfer from his wheel chair with minimal assistance and then attain optimal height position to work at his school desk, these desks vary in height dependant on the subject so variable height adjustment capability so paramount.

21. Please state what you most like about the product.

The product provides excellent support and enables the client to be more self sufficient due to the electric height adjustment, swivel and tilt functions that makes it easy for him to transfer and then find the most comfortable position to work at a desk for extended periods of time. The client finds this greatly assists with his ability to concentrate and focus on his work and not be distracted by trying to continually adjust himself to constant movement that occurs on normal office type chairs, which is exacerbated by his condition and he struggles to control.

22. Please state what you least like about the product and would like improved.

No real dislikes thought the price is somewhat prohibitive. To allow for the acquisition of a second chair to provide similar support for his studies at home.

23. Would you consider specifying this product for the user after the case study? (Please tick box)

|     |                                     |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No  | <input type="checkbox"/>            |

23 a. If no, please give the reasons why.

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## DURATION OF CASE STUDY

24. For how many **days** has the product been trialled? 1095 (3 years)

25. For how many **hours each day** was the product trialled?  
Please enter hrs each day. Use additional sheet if necessary.

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| Days      | Hrs     |
|-----------|---------|
| Monday    | 2 hours |
| Tuesday   | 2 hours |
| Wednesday | 2 hours |
| Thursday  | 2 hours |
| Friday    | 1 hour  |

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## PRODUCT FEEDBACK 2 (USER/CLIENT ONLY)

It is important that the trial aims to capture as much feedback from the user as possible – their comments are valued. We request that the user give his/her feedback by answering the questions below.

26 On a scale of excellent to poor, how would **you** rate the product in the following categories:

a. Looks / appearance (Please tick box)

Excellent  Good  Fair  Poor

b. How easy it is to use (Please tick box)

Excellent  Good  Fair  Poor

c. Comfort (Please tick box)

Excellent  Good  Fair  Poor

27. Do you like the colour of your chair? (Please tick box)

Yes   
No

28. What do you think about the electric hi-low aspect of the chair?

I love it enables me to participate fully in the practical aspects of my science and home economics classes with little support from my learning assistance, teacher of classmates. It is very comfortable and helps my jerkiness so I do not have to constantly adjust myself and can concentrate in class which means I perform better and get good results, this is very important to me that I get good grades so I can go to University to study neuroscience or pharmacology.

29. What do you think your classmates thought about the product (only if applicable)?

They wish they had one too! As I am in a mainstream school it is unusual for them to see such chairs and they think it's cool and it obviously helps me a lot.

30. What do you most like about the product?

I really like the Hi – Low electrical aspect and that it can swivel and the this locks along with the wheels to keep me in the right position at my desk It makes me more independent and less reliant on others.

31. What do you least like about the product and would like to change?

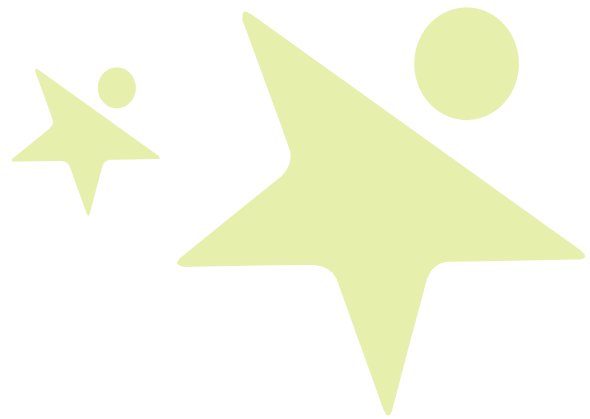
I prefer it was blue. And a bit less bulky as it can be tight to fit in normal classrooms due to its size.

32. Would you like to use this product again? **(Please tick box)**

|       |                                     |
|-------|-------------------------------------|
| Yes   | <input checked="" type="checkbox"/> |
| No    | <input type="checkbox"/>            |
| Maybe | <input type="checkbox"/>            |

33. Please feel free to make any general comments.

This chair has been a massive help to me to participate in class in a mainstream school, concentrate in class to do well and interact with my teacher and classmates just like anyone else. I feel much more independent, comfortable and safe with my chair.











thank you

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always here to help



**UK Contact Details:**

telephone

+44 (0)1626 835552

email

info@smirthwaite.co.uk

website

www.smirthwaite.co.uk

**Smirthwaite Ltd**

16 Wentworth Road, Heathfield,  
Newton Abbot, Devon TQ12 6TL

