Treating Patients with Disabilities - what you should know about the ADA

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If your office was built after January 1992 or has undergone major renovations or construction since that time, chances are your office and property was obligated to meet the requirements of the Americans with Disabilities Act (ADA).

Local, county and state code enforcement officials most likely reviewed your building or renovation plans, approved the plans and inspected the building during the several phases of construction and/or renovation to ensure you were within compliance.

The ADA requirement takes into account that for many small business owners, including physician and dental office practices, significant and expensive changes to their existing properties to fully accommodate people with disabilities may be cost-prohibitive; however, it requires them to remove physical barriers that are “readily achievable.” This means removing physical barriers that can be accomplished without much difficulty or expense to the building owner. The ADA also places responsibility for barrier removal and auxiliary aids on both the building owner and the tenant, if the space is leased. So, if you do not own the property but lease space as a tenant, your compliance may be written into the terms of the lease agreement.

Patient Access
Access to your practice for the physically disabled patient actually begins outside your practice. You will need to evaluate your parking lot and sidewalks, and have at least one designated handicapped parking space in your parking lot that is on level ground and has enough space for a wheelchair van. The actual number of designated handicapped spaces needed is usually regulated by the local municipality and can depend upon the size of the parking lot. A simple curb cutout at the sidewalk and a portable ramp leading to a level platform capable of providing wheelchair maneuverability (at least a five-foot circle or T-shaped spaces to reverse their direction of travel) could be the answer to eliminating the barriers. Once outside your office entrance, a simple doorbell and/or intercom at wheelchair height should alert staff that a wheelchair patient needs assistance. Patients in wheelchairs have been seriously injured trying to maneuver into practices because the platform wasn’t large enough, level, or had no edge protection. A more expensive method of wheelchair access may involve the purchase and installation of a wheelchair lift where ramp access is limited.

You will also need to make sure your entrance can accommodate wheelchair patients, and if not, you will need to establish another route for them. This entrance would need to be identified by signage and maintained during office hours, just as you would your main entrance.
Reducing Risk

Doors and door hardware at the main entrance, and throughout the office, may limit wheelchair access and travel as well. Door widths can sometimes be modified to accommodate wheelchair patients (32” minimum width). Door hardware can usually be modified inexpensively with a lever handle to facilitate patient movement without a patient needing to grasp, or twist a doorknob to operate the door. A wheelchair patient will need at least 18” of clear wall space to access the door lever. The door should open with less than five lbs. of force. All door thresholds should be less than ¼” or no greater than 1/2” if beveled on both sides.

Patient treatment may dictate that a pathway be developed that permits wheelchair patients access to the receptionist, corridor to treatment rooms, and bathroom. Strive to keep this pathway at least 36” wide.

Carpeting should be low-pile type to afford easy access for wheelchair patients. Access to the receptionist may involve modification to the countertop for wheelchair patients or the use of a table or clipboard to complete patient information forms.

Wheelchair access to one restroom is acceptable, and fixtures within that restroom should be ADA compliant. A physical access test to determine the modifications needed would simply involve putting a member of your staff in a wheelchair and asking them to access your office. Remember that the exterior access path, if wet, can affect wheelchair braking, and staff should be available to assist wheelchair patients during periods of inclement weather if needed.

A wheelchair patient may also pose another challenge. An online article entitled “Accessible Examination Tables in Physician’s Offices,” referenced below, depicts a situation where a female wheelchair patient was not able to find a physician that had an adjustable height treatment examination table. She did not receive routine gynecological examinations and was finally found to have endometrial cancer.

In situations where a wheelchair patient cannot transfer onto an examination table or chair, the physician has several options. They can have staff assist the patient onto the examination table/chair, use a lower-level padded table at wheelchair height, or purchase an adjustable-height examination table/chair.

If the office chooses to use staff to move the patient, it must be done with patient and staff safety in mind, as well as regard for patient’s dignity. Patients’ wishes should be followed regarding treatment and examination. In some situations, a wheelchair patient may want assistance from a family member, significant other or other companion during examinations.

**Patients with Speech and Hearing Problems**

Another area of the ADA requirement that is not always addressed by physician or dentist offices is communicating with patients with hearing and speech disabilities. Your practice has the responsibility of providing an effective means of communication to those individuals with disabilities or those individuals with disabled children.

Hearing-impaired patients may be able to effectively communicate by reading your lips or using a pen and paper, or via the use of a sign language interpreter at the practice. The physician should determine what preferred method of communication or auxiliary aid the patient needs in order to provide an effective two-way conversation by asking the patient; don’t assume. For critical patient communications, utilizing someone trained in sign language (either on staff or by contract with an outside party) is your best course of action.

You may also need to communicate with a hearing- or speech-impaired patient by telephone. This is usually accomplished by the individual using a telecommunication device for the deaf (TDD); and in most situations, the hearing-impaired individual will communicate with your office via a relay network. The hearing- or speech-impaired patient contacts the relay network via TDD, and the relay network contacts your office via telephone. The relay network works as a central intermediary.

When communicating with individuals who are blind or vision-impaired, direct verbal communication may be the preferred means of communicating. Direct the conversation at the individual and not toward the person that is accompanying the patient. Be sure to identify yourself to the individual and tell them when you are leaving the room. Provide patients with an orientation to their surroundings as they move throughout your office. Offer assistance and guidance rather than direct the individual. Be prepared for some patients to bring a guide dog into your office. Signage in Braille or large print text may also be very helpful to the vision-impaired patient.

**Conclusion**

Patients may suffer from a variety of physical impairments, and healthcare providers must ensure that they have made every reasonable attempt to meet the needs of any patient they treat. Failing to do so could place your office at risk for potential litigation. Simple, proactive steps will make your office more accessible for the physically impaired.


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**References**

3. Mid-Atlantic ADA Information Center, Transcen, Inc. 451 Hungerford Drive, Suite 607 Rockville, MD 20850