Accessible Medical Examination Tables and Chairs

This publication is intended for health care professionals, hospital/clinic staff who are responsible for selecting or purchasing diagnostic medical equipment, medical equipment specialists, and all those who require knowledge of the technical specifications for accessible examination tables and chairs.

The goal is to provide information about the physical configuration and operational characteristics of accessible examination tables and chairs as specified in the latest proposed federal standards so that medical facilities are properly equipped to serve individuals with disabilities.

Introduction: Best Practice versus Regulation

The “Patient Protection and Affordable Care Act” (ACA) added an amendment to Section 510 of the Rehabilitation Act which authorized the U.S. Access Board to develop accessibility standards for medical diagnostic equipment (MDE) in consultation with the Food and Drug Administration. While the proposed standards are not yet enforceable as federal regulations, they provide “best practice” guidance for specifying and acquiring accessible MDE.

The proposed standards for MDE apply to equipment that includes examination tables, examination chairs (including chairs used for eye examinations or procedures, and dental examinations or procedures), weight scales, mammography equipment, x-ray machines, and other radiological equipment commonly used for diagnostic purposes by health professionals.

The proposed standards establish minimum technical criteria that will allow patients with disabilities independent entry to, use of, and exit from medical diagnostic equipment to the maximum extent possible. For example, sections M301 and M302 of the proposed standards address design and operational features that will allow a patient with a disability to independently transfer onto examination chairs and tables used for diagnostic purposes. For more information, refer to the text of the U.S. Access Board Proposed Standards for Accessible Medical Diagnostic Equipment (see Resources).

Note that the proposed standards do not specify the minimum number of types of accessible medical equipment required in different types of health care facilities.

Examination Tables and Chairs

Examination tables and chairs are used almost universally throughout the health care delivery system and must support a wide range of diagnostic activities, clinical indications, and patient populations. These demands have implications for the design, configuration, and principles of operation of examination tables and chairs. Manufacturers generally design examination tables and chairs based on the diagnostic needs and convenience of the medical professionals.
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• The primary function of exam tables is to support patients in prone, supine or side-lying positions. The exam tables used in most doctors’ offices are typically designed to be used at a fixed height of 32 inches. This height makes independent transfer very difficult or impossible for many people with mobility disabilities, especially those whose use mobility aids such as a wheelchair. The figure below illustrates the difference between accessible and inaccessible exam tables.

• The primary function of exam chairs is to support patients in a seated or “semi-supine” position. However, these chairs often do not allow independent transfer for patients with mobility disabilities.

![Accessible Transfer Height vs Fixed Height](image)

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| M301 - Diagnostic Equipment Used by Patients in Supine, Prone, or Side-Lying Position | • Transfer surface, including height, size, and transfer sides  
• Transfer supports, stirrups, and head and back support  
• Lift compatibility | • Examination tables  
• Examination chairs designed to recline and be used as examination tables |
| M302 - Diagnostic Equipment Used by Patients in a Seated Position | • Transfer surface, including height, size, and transfer sides  
• Transfer supports, armrests, and head and back support  
• Lift compatibility | • Examination chairs  
• Imaging equipment designed for use with a seat  
• Weight scales designed for use with a seat |
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Transfer Heights

The proposed standards call for a transfer surface height range of 17 inches minimum to 19 inches maximum during patient transfer. This distance is measured from the floor level to the top of transfer surface. This applies to both exam tables and exam chairs. This is not a single, fixed height but provides a two-inch range for compliance with the proposed standards. Additional suggestions (called “Advisories”) in both M301 and M302 further clarify this requirement with the statement “The transfer surface is permitted to be positioned outside of the specified height range when not needed to facilitate transfer.”

Example Applications of the Technical Criteria for Accessible Diagnostic Equipment

The two following two examples provide a representative list of features and corresponding section of Proposed Standards (e.g., M301.3.3) for accessible diagnostic equipment required by the technical criteria established by the U.S. Access Board (See Text of the Proposed Standards for Accessible Medical Diagnostic Equipment under Resources).

Diagnostic Equipment for Use by a Patient in a Supine, Prone, or Side-Lying Position: Examination Tables

1. When adjustable, head and back support provided throughout the entire range of the incline (M301.3.3)
2. Transfer support resists vertical and horizontal forces of 250 lbs. at all points and does not rotate within its fittings (M305.2.2 and M305.2.3)
   Rail serves as transfer support within reach of transfer surface (M301.3.1 and M305.2.1)
3. When provided, stirrups provide a method of supporting, positioning, and securing the patient’s leg (M301.3.2)
4. Support rail removable / repositioned to permit unobstructed transfer (M301.2.3 EXCEPTION)
5. Transfer surface 30 inches wide minimum and 15 inches deep minimum (M301.2.2)
6. One short side (depth) and one long side (width) of the transfer surface permit unobstructed transfer from a mobility device (M301.2.3)
7. 6 inches high minimum clearance above finished floor where equipment overhangs clearance (M301.4.1)
8. Base permits clearance around base for a patient portable floor lift, see Figure M2 (M301.4 and M301.4.2)
9. Transfer surface 17 inches minimum and 19 inches maximum above floor level (M301.2.1), when not needed to facilitate transfer, the transfer surface may be positioned above or below the height range (Advisory M301.2.1)
1. When adjustable, head and back support provided throughout the entire range of the incline (M302.3.3)
2. Transfer surface 21 inches wide minimum and 15 inches deep minimum (M302.2.2)
3. Armrest folds up to permit unobstructed transfer (M302.2.3 EXCEPTION)
4. Transfer surface 17 inches minimum and 19 inches maximum. Above floor (M302.2.1), when not needed to facilitate transfer, the transfer surface may be positioned above or below the height range (Advisory M302.2.1)
5. Required armrest serves as transfer support within reach of transfer surface (M302.3.1, M302.3.2, and M305.2.1)
6. Transfer support resists vertical and horizontal forces of 250 lbs. at all points and does not rotate within its fittings (M305.2.2 and M305.2.3)
7. One short side (depth) and one long side (width) of the transfer surface permit unobstructed transfer from a mobility device (M302.2.3)
8. Base permits clearance around base for a patient portable floor lift (M302.4 and M302.4.2)

Resources