



This information is provided by Adaptive Imports Clinical Educator, Melissa Tally, PT, MPT, ATP. Please reach out to Melissa@adaptiveimports.com regarding questions or Sales@adaptiveimports.com for assistance with completing the order form.

SAMPLE LOMN STANDER

Name:	Date of Assessment:
DOB:	Diagnosis:
Height: Weight:	Physician:
Therapist/Consultant:	Equipment Supplier:
Funding:	

Patient was seen this date for an equipment evaluation for a means of age-appropriate adapted upright positioning as result of presenting complex medical diagnoses and need for adapted postural mobility and positioning for all ADLs, mobility, functional positioning, and medical management. Evidenced based practice and standard of care related to intervention for patients with the above diagnosis and motor impairment includes access to an upright positioning device (Stander) to comply with prescribed daily standing protocol. (Enter Name), ATP of (Enter Company) was consulted regarding the adaptive equipment needs. The patient was accompanied by (enter caregiver) who remained in the room and participated in the session.

Reasons for today's visit:

1. The physician has identified needs related to patient’s diagnosis(es) and referred for evaluation for adaptive equipment for adaptive upright positioning device to allow patient to comply with evidence based daily standing protocol.
2. Patient has a diagnosis of (enter diagnoses) and requires adaptive positioning for all functional activities, including age-appropriate upright positioning. *(Mention is they have a current stander and why no longer able to be used)*
3. Patient needs an adapted standing system to support overall joint and bone integrity, combat abnormal tonal patterns and postures, improve GI system function and all benefits of upright weight bearing 60-90 min per day as the evidence recommends.

Adaptive Equipment

Patient currently uses the following equipment: *(Listing additional equipment here can add to reviewer understanding medical presentation of patient- omit if not relevant).*

Seating and Positioning:

Stander and/or Gait Trainer:

Mobility:

Bathing/Toileting:

Sleep:

Transport:

Orthotics/Bracing:

AAC/ Computer access:

Past Medical History: *Provide information regarding onset of diagnosis and any relevant background information.*



HOME ENVIRONMENT AND TRANSPORTATION CONSIDERATIONS

Patient lives at home with ***. Home is a (condo, apartment, 2-Single story, ranch, etc.) with (#) stairs to enter with/without *** ramp access necessary. The home has an (open, sectioned, non-accessible, etc.) area. Bedroom and bathroom are on the *** floor. The bathroom is (accessible, non-accessible, equipment used). The bedroom is (upstairs, 1st level, etc.) with (standard, adaptive) bed and *** medical supplies. Patient has access to (vehicle, adapted van, car seat/adapted car seat) for transit. Patient requires (Describe level needed) assistance for all self-care needs and mobility. For transfers, (Level) Assist is required. Patient dependent for all care, positioning, access, and mobility.

CURRENT MEDICAL/PHYSICAL STATUS

Cognitive Status:

Skin Condition/Integrity: at great risk for skin breakdown secondary due to limited ability for independent repositioning and (describe any concerns)

Bowel/bladder: (important as standing programs assist with voiding and GI function per EBP)

Hearing/Vision: (standing can assist with head control, visual access, and visual processing activities)

Cardio-respiratory status: disease related compromise requires tilt for improved respiration and swallowing (important to justify type of stander recommend/postural adjustments).

Tone/Movement/Strength: abnormal and extensor muscle tone throughout. Decreased functional movement due to abnormal and extensor tone and decreased strength.

Orthopedic considerations:

Ambulation/Functional Walking Status: (description justifies level of support and rules out other options) Examples: dependent for all mobility needs, full external support required for upright, etc.

Bed confined: nights, and periods of rest as result of complex medical needs.

Chair confined: *** hours/day. (Typically, 3-6 hours younger children, 8-10 hours for complex patients and teens)

MEASUREMENTS (list of measurements assist in determining optimal size of equipment)

Weight:	Head to Foot:
Foot to Axilla:	Foot to Hip:
Foot to Knee:	Inseam:
Chest Width:	Hip Width

CURRENT FUNCTIONAL

STATUS GMFCS Level (I-V):

Comment: requires full external support and assistance for all MRADLs, positioning and mobility. full external support to align for functional positioning for access, upright positioning, adapted mobility, and activities of daily living.

UE Function:

LE Function:

Activities of Daily Living (ADL's): dependent for all MRADLs and all positioning



CLINICAL ASSESSMENT

Sitting Posture:

Pelvic Tilt/Obliquity/Rotation: Leg

Position:

Scoliosis:

Lordosis/Kyphosis:

Head Position:

Shoulder/Scapula Position:

Balance:

ROM/Strength Limitations:

SKIN CONDITION/INTEGRITY

Susceptible to decubitus ulcers: yes, as result of being dependent for all positioning and mobility.

Sensation: History of ulcers:

Location: Stage:

Ability to perform pressure relief -requires supportive positioning to allow frequent positioning changes and offloading of pressure from hip area during sleep to allow access to adequate pressure relief.

Presenting Problem: Stander (*Note: Describe Rule In/Rule out of PRONE, SUPINE, SIT TO STAND, MULTI POSITIONAL AND MOBILE Options*)

As a result of the medical diagnosis, the patient presents with abnormal muscle tone, impaired strength, range of motion, postural control, and balance, resulting in limitations in mobility and in maintaining upright postures with proper alignment and age-appropriate positioning. An adaptive standing system is recommended to support overall joint and bone integrity, combat abnormal tonal patterns and postures, improve GI system function and all benefits of upright weight bearing 60-90 min per day as the evidence recommends. By providing appropriate adaptive upright positioning in an age-appropriate standing device, the patient will be able to engage, interact, and comply with prescribed daily standing protocol. Patient is dependent upon adaptive equipment for positioning and mobility for all functional activities.

Equipment Considered: (review if stander category did/did not work to justify recommendation)

Stander Rule In/Rule Out

Single Position Stander: (description-Standing frame/table system, one position (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels E0638)

Rule out: Single position stander is not appropriate due to patient significant abnormal tone and posturing, need for dependent transfers and risk for injury with transfer in single upright position.

Sit to Stand Stander: (description-Standing frame that transitions from sit to stand position, any size including pediatric, with or without wheels E0637)

Rule out: Sit to stand is not appropriate due to patient significant abnormal tone and posturing, need for dependent transfers and risk for injury with transfer and limited range for sit to stand adjustment.

Mobile Stander: (description-Standing frame/table system, mobile (dynamic stander), any size including pediatric E0642)

Rule out: Mobile is not appropriate due to patient significant abnormal tone and posturing, and level of impairment.



Multi-Position Stander: (Description -Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels E0641)

Rule out: Multi-positional is not appropriate due to patient level of tone and posturing and ability to tolerate single position/sit to stand/mobile stander with increased functional benefit.

Rule In: Multi-Position supports safe functional positioning and dependent transfer due to tonal patterns and posturing and allows adjustment upright to support medical needs including poor head control, risk for aspiration, seizure activity, oxygen level, etc.)

Patient and Family Education:

Discussed the recommendations from this appointment, including management of recommended equipment, safe transfers and transport with equipment, process of acquiring new equipment, and estimated time frame until delivery. Patient and caregivers were provided with the name and number of therapist and equipment vendor to call with any questions or concerns. Patient/Caregivers verbalized an understanding of the information provided.

Goals of Recommended Equipment

Stander

- To provide a means for lower extremity weight bearing, upright standing, and upright mobility within the home to facilitate participation in age-appropriate play and activities of daily living.
- To provide an option for upright positioning at home to assist with strengthening, pressure relief, pain, and improved range of motion.
- To promote neutral postures and lessen development of secondary complications such as scoliosis, hip subluxation, and joint contractures.
- To provide a means for carry-over of therapeutic exercise/standing protocol prescribed by patient's physical therapy team and physicians.
- To provide patient with a means for upright, lower extremity weight bearing to improve lower extremity range of motion and bone mineral density.
- To provide patient with a means for lower extremity weight bearing and positioning to improve hip development and reduce further hip subluxation.
- To provide external supports to allow neutral alignment of the spine, pelvis, and hips to lessen orthopedic complications from sustained sitting posture and abnormal muscle tone
- To provide an age-appropriate position in order to interact with peers and caregivers, to further enhance patient's cognitive and social development.
- To promote optimal bowel and bladder function



Equipment Recommendation & Justification (example Jenx Multistander)

Jenx MultiStander, size 1

Frame/column and base are required for standing device to function safely and effectively. PATIENT requires this type of stander due to his impaired strength, ROM, and abnormal muscle tone. It will accommodate his current size and positioning needs and will provide room for growth and adjustments.

Support Boards

Required to provide postural body support surface for standing.

Multilink Headrest

Required to support his head in midline due to poor head control.

Flexi lateral supports with de-rotation strap, size 1

Required to support trunk and spine and maintain upright position during standing due to impaired ROM, strength, and abnormal muscle tone.

Hip laterals with de-rotation strap, size 1

Required to stabilize hip position during standing due to impaired ROM, strength and abnormal muscle tone.

Angle Adjustable footplate

Required to provide weight bearing surface for feet. Adjustability necessary due to abnormal tone and asymmetry

Knee supports, size 2

Required to secure knee position and maintain knee extension during standing due to impaired strength and abnormal muscle tone.

Sandals, size 1

Required to secure foot position and maintain LE alignment due to impaired strength.

Support Tray

Required component for upper extremity support during standing due to impaired strength and ROM.

Thank you for your time,

THERAPIST NAME

License #:

Date:

I have read and reviewed this Statement of Medical Necessity and Equipment Justification. I hereby attest and concur with the findings and recommendations made by this Licensed Certified Medical Professional.

MD NAME

License #:

Date: