Patient Information

**Stander Evaluation Date**: 01/01/2017
**Payor Information**: CCCCCCCCCC
**Insurance ID**: 123456789
**Patient Name**: Joe Doe
**Date of Birth**: 00/00/0000
**Gender**: Male
**Weight**: 40 (pounds) **Height**: 36 (inches)

Summary of Medical Condition

**Primary diagnosis**: Absence of Vertebra, **date of onset** Birth

**Secondary Diagnosis(s)**: Chromosome Anomaly, Scoliosis Kyphoscoliosis of the spine
**Treatment Diagnosis(s)**: Orthopedic deformities, contractures, respiratory weakness & infections.
**Prognosis**:

Joe is at risk to lose more LE ROM as well have an impact on his respiratory function if he doesn't receive a stander for home use.

**Co-morbid conditions**: Multiple orthopedic deformities, L/E ROM contractures, chronic respiratory infections

**Chief complaints/presenting problems**:

Joe was sent to us today to be evaluated for a home standing / weight bearing program to maintain his lower extremity ROM as well as help maintain or improve his respiratory functions. In addition, standing, has been shown to improve circulatory, gastrointestinal, and bladder functions. (1,2,3) all of which have been compromised by Joe's multiple orthopedic deformities.

Joe is a 6 y/o male with Absence of Vertebra, Chromosome Condition Anomaly and Scoliosis Kyphoscoliosis of the spine. Joe is considered medically fragile and is ventilator dependent. He tolerates periods without the vent as long as his oxygen saturation is maintained at a certain level. Joe's conditions are characterized by multiple orthopedic deformities that significantly restrict his mobility and function. He presents with hip and knee flexion contractures as well as spinal and rib deformities.

Clinician Expert Credentials

May Smith, PT, ATP, SMS
Director of Seating & Mobility, XXXXXXXXXXXXXXX Hospital
**Areas of Practice**: Pediatric Out-patient rehabilitation

I am a Physical Therapist with an MPT and the Director of the Seating & Mobility clinic at XXXXXXXXXXX Hospital, I have been working with Pediatric clients for over 15 years. Previous experience includes 5 years at XXXXX Rehab Facility working with varied pediatric and adult clients.

Physical Assessment

**Range of motion**

Joe presents with hip flexion and knee flexion contractures bilaterally, as well as spinal and rib deformities. Range of Motion measurements were taken of hips and knees noted as follows: Hip extension -52 degrees LLE, -40 degrees RLE, knee extension -63 degrees LLE, -42 degrees RLE.

Joe attends a private school five days a week. Because of his fragile medical condition, he is frequently absent from school. He requires a standing device in the home so that he can continue weight bearing activities during periods of extended absence from school, including summer vacation- so as to not lose ground on ROM gains.

**Respiratory**

Due to his spinal and rib deformities Joe has a compromised respiratory system. He has had multiple absences from school due to respiratory infection issues.

A standing device will assist with the upright or semi up right position which may help with respiratory functions.

Functional Status

Joe is dependent on caregivers to assist him with all aspects of mobility and self-care/ADL’s.

Documentation of Other Standing Devices Considered

**One Position Stander**

At this time, Joe is no longer able to tolerate lying/ standing fully supine or prone on a flat surface due thoracic deformities and lower extremity contractures (see ROM measurements). For this reason, a supine, prone or vertical stander are no longer appropriate. He does not tolerate angles of lower extremity extension that are required to be positioned in these types of standers.

**Sit to stand Stander**

We also considered a basic sit to stand stander with planer seat and back. We feel this stander, without supine or form to fit components didn't have enough support to meet his unique body positioning needs.

Documentation of Trialed Devices and Outcomes

02/10/2017
PT50002 Bantam Small

Joe demonstrated the ability to tolerate this supportive standing device for up to twenty minutes at a time when he was offered a trial in February. His family demonstrated safe transfer and use of the stander.

Joe's o2 levels were monitored by pulse ox which showed he was able to use the stander without any drop in O2 saturation level during the trial period.
Joe's lack of LE ROM was accommodated well with the sit to stand and supine component.

The family lives in a small older home which has door opening (30" wide) that will accommodate the stander, but will require a push handle component to maneuver the tight door/ hall navigation to allow standing within the family’s normal daily activities and space. (Must be stored in Joe's bedroom, but standing program will take place in the living room and kitchen.)
The Bantam base is 24.5″x36.5″

See the appendix for documentation.

Standing Program Goals

Our goal is to start a home weight bearing program to maintain Joe's lower extremity ROM and maintain or improve respiratory function as well to support other body functions.

**Recommended Standing Program:**

Joe's home standing program would consist of once a day for twenty minutes as tolerated, increasing to twice a day for thirty minutes at optimum.

* Considerations related to weight-bearing programs in children with developmental disabilities. date: 01/01/1992 author: Stuberg WA. publication: Phys Ther. 1992 Jan;72(1):35-40. pubmed\_ID: 1728047
* Follow-up assessment of standing mobility device users. date: 10/01/1998 author: Dunn RB, Walter JS, Lucero Y, Weaver F, Langbein E, Fehr L, Johnson P, Riedy L. publication: Assistive Technology. 1998;10(2):84-93. pubmed\_ID: 10339284
* Case study to evaluate a standing table for managing constipation. date: 06/01/2001 author: Hoenig H, Murphy T, Galbraith J, Zolkewitz M. publication: SCI Nurse 2001 Summer;18(2):74-7. pubmed\_ID: 12035465

Justification of the Selected Device

Make/Model/Size of Device Selected: PT50002 Bantam Small
Transfer Considerations:

Joe currently requires a one person lift to transfer into the stander. Due to his LE ROM and Trunk deformities he needs open front to the stander and a supine component for a slightly supine/posterior tilt sit position of transfer.

Evidence patient ability to use device:

Patient and family successfully used the device during trial with no prompting.

Growth Considerations:

The client is at the beginning of the height and weight range of this stander. There should be growth for more than 3 years.
The Bantam small range is 36"-54" and up to 100 lbs.
Joe's height is 36" and weight is 60 lbs.

Necessary support or positioning components:

**PT50002 EasyStand Bantam Small**

Green
**Frame Style:** Shadow Tray

**Supine Component:** - Joe requires the supine component that allows the stander to be positioned from sit to stand, supine or anywhere in between to accommodate for his lower extremity and thoracic orthopedic deformities, as well as respiratory function.

**Lift Mechanism:** Standard Gas Spring Lift with Foot Pedal
PA5614 Gas Spring Lift Lockout
The gas spring lock out is necessary to lock the stander into the correct standing position so that Joe's younger sibling does not push the foot lever and change his position while working on this home standing protocol.

**Shadow Tray:** PA5600 Black Molded Swing Away Tray - Small
Joe requires anterior chest and arm support from sit to stand and he also needs anterior upper extremity positioning for functional fine motor tasks and ADL's.. Swing away is a must for one person transfers.

**Foot holder:** PT50258 Medium Foot Holder - 9.75"Lx4"W
**Foot Plates:** PT50252 Multi-Adjustable Footplates
Multi adjustable footplates to achieve the best possible alignment of his lower extremities, due to L/E ROM issues.

**Foot straps:** PT50080 Foot Straps
Foot straps to safely maintain his feet on the foot plates in correct standing alignment and to prevent injury if his feet were to slide forward while standing.

**Knee Pad Size:** PT50270 Medium Knee Pads - 4.25” (inside width)
**PT50264 Swing-Away Knee Pads**
Joe requires the Swing away knee pad component, due to method of transfer and L/E ROM deficits requiring open space on the front of the stander.

**PT50048 Form to Fit Seat**
The contoured positioning seat with form-to-fit upholstery is required, with built in adjustable hip supports for pelvic centering and alignment of Joe's asymmetrical pelvis.

**PT30066 Positioning Belt**
Joe requires a positioning belt to maintain aligned pelvic position and to prevent injury from hip sliding while transiting to/from standing in the device.

**Back:** PT50244 Form to Fit Back 13"H
A high form to fit back gives good posterior support and has built in adjustable lateral trunk supports which are necessary for Joe to accommodate and support his unique spinal deformities.

**Head Support-** is required with supine component- PT50284- Form to Fit A headrest is necessary for proper cervical and posterior support and alignment when Joe is in the supine/tilted position in the stander.

**Push Handle**- PT50280- Necessary to navigate doorways (30”) from Joe’s bedroom (stander storage) to the living room & kitchen where standing program will happen daily.

Disposition: The above items have been determined to be medically necessary for Joe, and are in no way for his, or the family’s convenience. This physical therapist strongly recommends a purchase of the stander. Please contact me if you have any questions. Thank you in advance for your review of this much-needed item for Joe.

Signed:

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