Patient Information

**Stander Evaluation Date**: 03/01/2017
**Payor Information**: XXXXXXXX of XX
**Insurance ID**: XXXXXXXXXXXXXXXXXXXXXX
**Patient Name**: John Doe
**Date of Birth**: 03/01/2017
**Gender**: Male
**Weight**: 165 (pounds) **Height**: 63 (inches)

Summary of Medical Condition

**Primary diagnosis**: Muscular Dystrophy, **date of onset** unknown
**Secondary Diagnosis(s)**: Foot pain and multiple respiratory issues
**Treatment Diagnosis(s)**: Inability to stand, generalized weakness, Lower extremity swelling
**Prognosis**:

It is felt that if the client does not receive a standing device soon, we will see more swelling, increased weakness, pain and tightness in his lower extremities. Also of concern is breathing and respiratory issue increase.

**Co-morbid conditions**:

L/E swelling and tightness and increased respiratory difficulty.

**Chief complaints/presenting problems**:

referral to evaluate for a standing device to alleviate LE pain, swelling and leg tightness (see ROM)
decrease respiratory issues from sitting all day.

XXXXXX is a XX year-old with a diagnosis of muscular dystrophy.
The client lives with his mother and a personal care attendant, XXXX who is present during the stander evaluation today. XXXX is with client six hours per day.

Client has a XXXX XXXXX transfer device, which works very well for him. He also has a power wheelchair with power tilt.

Client states that until recently, he was trying very hard to stand, holding onto a support surface. Approximately two weeks ago, he needed to stop standing because of progressive weakness and because of lower extremity pain. Client tried to stand one to two times per day and was able to stand up to two to three minutes at a time previously. He reports that since stopping his standing program, his legs have gotten tighter, he has had increased lower extremity pain, especially in his feet, and his feet have become very puffy and swollen. Client reports that this is a very new issue for him to have the swelling in his feet, and he is quite sure that it would be attributed to not being able to stand anymore

Clinician Expert Credentials

CCCCC XXXXXXXXXXX, PT, DPT, ATP, Other MBA
Clinical Supervisor, ZZZZZZZ Hopsital
**Areas of Practice**: Pediatric, Adult, Birth to 21-years-old, Out-patient rehabilitation.

: As a DPT from XXXXXXX University I have been working with MD Clients for 10 years at XXXXX Rehab Hospital. Previous experience includes 5 Years at XXXXXX Clinic and 6 Years working home care.

Physical Assessment

**Range of motion**

Client's legs go heavily into hip abduction of approximately 30 degrees at rest. He has only 5 degrees of hip adduction bilaterally.

Standing in symmetrical alignment will move him out of the seated position and allow him to work on L/E ROM- stretch and adduction. It will move him out of his typical abducted sitting position.

**Skin Integrity**

Edema / swelling of the feet.
John did have ankle-foot orthoses until approximately 7 years ago,. He discontinued use and prefers not to wear them, but instead use good fitting shoes for support. His primary physician is aware of the swelling.

Standing will increase blood flow and circulation.

**Respiratory**

John has multiple respiratory issues and reports pain with breathing at times. He is seeing a pulmonologist on XX>XX>XX. The client uses a sip - and - puff ventilator device to help maintain lung function at night. He has a history of pneumonia.

Use of a home standing program will open up the thoracic area allowing for better breathing. it will also allow positioning for better cough and clearing of secretions.

Documentation of Other Standing Devices Considered

**One Position Stander**

We considered the use of a supine stander, but due to the client's L/E ROM and hips abduction issues determined that the client would not be able to be supported as needed. Nor would the client be able to work on independent assent/descent due to the method and location of the mechanism used to move the stander.

**Sit to stand Stander**

We also considered a sit to stand - strap type of stander such as XXXXXX or XXXXXX. John as reasonable trunk strength to use this, but due to limited support components offered for this lower extremities such as his hips supports, his legs shift heavily into abduction. Making this not a good choice.

Documentation of Trialed Devices and Outcomes

03/01/2017
PNG50084 Evolv Large

John transferred into the stander with our overhead ceiling track system, similar to the one he has at home. Together, with PCA and this physical therapist we watched a demonstration video of his exact lift system to see if it would be compatible with the stander. It appeared that with a swing-away front, the client would easily be able to transfer in and out of the stander with assistance of his personal care attendant. Once positioned well in the XXXXX sit to stand stander set at the XXXX seat depth, the client definitely needed a seat belt for safety. Initially we tried using two different types of chest straps but client had reasonable trunk control without the chest straps and reported that he could breathe better and more deeply without the straps as his lungs were able to fully expand, so the chest straps were removed. Client definitely needed the high contoured back so that he had some posterior support when standing in the stander. He would do well with a large contoured tray pad and the secure foot option. Client definitely needs the swing-away front so that he would be able to safely transfer in and out of the stander using the XXXX XXX lift. He requests the actuator handle to be on the left as he transfers from the right-hand side. Very importantly, client definitely needed the independent knee component.

Once in the stander, the client was able to help pump himself up and down using the standard actuator handle. He pumped himself up to 70 degrees on two occasions of approximately 20 minutes each time so client stood for a total of approximately 40 minutes. Heart rate and oxygenation level were very carefully monitored. The client's heart rate was 88 beats per minute at 60 degrees and oxygenation was 97% at 60 degrees. Once up at 70 degrees, oxygenation level was 98% and the heart rate was 90 beats per minute. Heart rate and oxygenation level were also assessed after client was transferred out of the stander and had several minutes to rest. Oxygenation level was 94%, progressing to 97%, and the heart rate was 80 beats per minute.
Client tolerated being in the stander extremely well after never having used a stander before. He reported slight discomfort in his knees, as he was not used to having pressure on them, but stated that this resolved very nicely.

Client was provided with a trial log to fill out at his in-home trial. The trial log stated that the device was used every day it was available and that location in the home and transfers into the stander went smoothly.

See the appendix for documentation.

Standing Program Goals

John stated that it felt wonderful to stand again and he would like to set goals of: 1. maintain or increase muscle strength. 2. decrease swelling and pain of his feet. 3. decrease respiratory infections/ breathe easier. To accomplish these goals, we decided on a home standing program of 60 min or more a day

**Recommended Standing Program:**

John will begin this home standing program as tolerated with 30 min of standing 2 times a day increasing by 5 minutes a week of each standing bout until 60 min. or more 2 times a day are achieved.

* Diagnosis and management of Duchenne muscular dystrophy, part 2: implementation of multidisciplinary care Katharine Bushby, Richard Finkel, David J Birnkrant, Laura E Case, Paula R Clemens, Linda Cripe, Ajay Kaul, Kathi Kinnett, Craig McDonald, Shree Pandya, James Poysky, Frederic Shapiro, Jean Tomezsko, Carolyn Constantin, for the DMD Care Considerations Working Group\*

Justification of the Selected Device

Make/Model/Size of Device Selected: PNG50084 Evolv Large
Transfer Considerations:
Evidence patient ability to use device:
Growth Considerations:

none- John is an adult at 5'10" and no more height is expected. His current weight is 165. The standers capacity is: 5’0-6’2” and up to 280 lbs.

Necessary support or positioning components:

**PNG50084 EasyStand Evolv Large**

**PNG50417 Swing-Away Front**
John need a swing-away front to provide a wide open space to safely transfer in and out of the stander using the XXXXXX patient lift in his home.

**Standard 5" front wheels and 5" Rear Locking Casters**
**Manual Hydraulic Actuator with Handle**
**Standard Actuator Handle**

**Black Molded Swing Away Tray**

**PNG30000 Large Contoured Chest Pad**
The large contoured chest pad will give John the added anterior chest support he needs to maintain thoracic alignment due to his increased total body weakness. We found this to work better for John then the chest strap or vest.

**PNG30031 Secure Foot Straps**
Secure foot straps are necessary to maintain the entire foot in symmetrical alignment. John's legs go heavily into abduction so symmetrical alignment of the entire leg from foot to hip is necessary.

**PNG50425 Independent Knee pads for Swing-Away**
Independent knee pads allow for individual vertical and fore/aft adjustment to support lower extremities in best symmetrical alignment. As stated above, symmetrical positioning of John's legs are critical due to legs moving into heavy hip abduction (approx. 30 degrees at rest with ~5 degrees of hip adduction bilaterally).

**Planar Seat**
**PNG50198 Hip Supports-Large**
The Lateral hip supports position hips in symmetrical alignment from sitting to standing to eliminate or minimize wind swept or asymmetrical positions, which is a problem for John.

**PNG50068 Contoured Back 19"**
The contoured back has a 2" lateral side contour to center trunk and give a slight lateral assist for symmetrical alignment in sitting and standing. This back along with the large contoured anterior chest pad gave John the exact support his trunk needed for symmetrical standing.

**Standard Back Angle Adjustment Knob**

**PNG30029 Velcro Positioning Belt**
The 2” wide positioning belt with D-ring Velcro closure provides centering of the pelvis, safety and hip stability for John .

Signed:

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Appendix

**Trial 1**