Patient Information

**Stander Evaluation Date**: 04/01/2016
**Payor Information**: CCCCCCCCCCCCCC CCCCCC
**Insurance ID**: XXXXXXXXXXXXXXX
**Patient Name**: C S
**Date of Birth**: 06/21/1946
**Gender**: Female
**Weight**: 130 (pounds) **Height**: 62 (inches)

Summary of Medical Condition

**Primary diagnosis**: CVA/Stroke- left side hemiplegia, **date of onset** 05/09/2015
**Secondary Diagnosis(s)**: decreased cardiovascular endurance due to multiple bouts with Pneumonia,
**Treatment Diagnosis(s)**: Left side Hemiplegia from CVA, Increased L LE spasticity and LE ROM deficits.
**Prognosis**:

CS uses a w/c for all mobility. She is able to do a stand pivot transfer with the assist of one person, but that is becoming more difficult/ unsafe due to a history of increased L LE spasticity and increased bilateral hip and knee flexion tightness post hospitalization for pneumonia. CS has become progressively tighter in LE and is in need of a home standing /weight bearing program to accomplish LE stretch. Without a stander and home weight bearing program, CS will likely become contracted in the LE’s and lose all ability to stand pivot for transfers. She will also need further medical intervention to help with LE spasticity.

**Co-morbid conditions**:

Increased LE spasticity with increased LE hip and knee flexion. L UE tightness, multiple bouts of Pneumonia since the CVA with decreased respiratory and cardio endurance.

**Chief complaints/presenting problems**:

CS was evaluated in her home to determine is she would benefit from a home standing/ weight bearing program to assist with therapeutic goals of: decreasing LE spasticity, increasing respiratory and cardiovascular endurance, increasing and then maintaining LE ROM so she can continue to do safe one person assist, stand pivot transfers.

CS is a 70 yo female with a diagnosis of L Sided Hemiplegia with resultant L side neglect due to a stroke in August 2015.

Clinician Expert Credentials

XXXXX XXXXXXX, PT, DPT, ATP
Physical Therapist, XXXXXXXXXX Center
**Areas of Practice**: Adult Private Practice, Out-patient rehabilitation

This evaluating therapist is a PT, DPT from XXXXXXXXX school. I’ve been a PT treating adult clients with MS and CVA's for the past 14 years, at XXXXXX Center and in XXXXXXXX home care.

Physical Assessment

**Range of motion**

CS is losing her L LE ROM. The increased spasticity combined with sitting in a w/c all day and reoccurring hospitalization for pneumonia are having detrimental effects on her L/E ROM. L hip is ~ -9 degrees and L knee is -8 degrees. R hip is at -2 degrees and R knee is WNL.

The home standing program will allow CS to stand for longer periods of time (15-30 minutes or more) 2 times a day, giving her a prolonged static stretch. We hope to see continued decreased spasticity and increase L LE ROM. This will allow CS to have a safer and more functional stand pivot transfer for safety and cares at home.

**Tone/Spasticity**

CS has increase L side spasticity in both her upper and lower extremity post CVA. She has a 2+ on the Modified Ashworth Scale for LE. We are already seeing the start of contractors of the hips and knees.

The use of a home standing device will allow CS to stand on a daily basis giving her trunk, and LE a static prolonged stretch decreasing spasticity and increasing her LE ROM.

**Respiratory**

CS has decreased cardiovascular and respiratory endurance. She is prone to bouts of pneumonia most likely due to her sitting in a w/c all day long without the chance to expand her lungs and stretch out her thoracic cavity. Sitting is not a good position to have a productive cough from that can aid in clearing her airway.

a standing program will assist CS into and maintaining an upright position for her body. This will open her thoracic area, allowing her lungs expand all the way. It will also allow CS to have deep cough when congested helping her to clear her airway for good pulmonary hygiene.

Functional Status

**Other Functional Status Issues**

CS has been complaining of increase pain from the spasticity and ROM issue in her LE

Pain is a drain on the body and mind. We have found that standing the short amount of time she has in therapy (`30 min), CS complained much less about pain and didn't have to take additional meds those days.

Documentation of Other Standing Devices Considered

**One Position Stander**

We considered a supine stander/ tilt table type of standing device for CS but found the transfer height to be too great for a safe one person, stand pivot transfer. As well the device didn't allow for the tight/contracted hip and knee issues she has. Also, the foot print of the device would not fit into CS home easily.

**Sit to stand Stander**

We also considered and trialed a sit to stand stander with a seat, but that stander required a transfer to the seat which the husband said he'd prefer not to have to due until CS was doing a safer more upright stand pivot transfer.
Also, CS didn't need the many optional support and alignment components offered on this type of stander.

Documentation of Trialed Devices and Outcomes

04/01/2016
P2100 StrapStand

CS trialed the device with her husband and daughter. Once the gluteal strap was positioned beneath her, she was able to use her right hand to pump up slowly to almost upright.

CS had no adverse medical effects from the 30-minute trail. She has been using a similar stander at our OP facility on 4 other occasions, with good outcomes.

This trial was done at her home so that we could determine that the home would accommodate the device, which it did.

See the appendix for documentation.

Standing Program Goals

The goal of a home standing program for CS is to Increase her LE ROM, decrease her L LE spasticity, increase her thoracic elongation for better pulmonary hygiene. Functionally allowing her to perform a safe stand pivot transfer, as well as for to be better positioned when in her w/c.

**Recommended Standing Program:**

CS had been seen OP for standing device assessment and therapy. She has been using the OP standing device for 30 min per secession. Our recommended home program is to start 15 min 2 times a day increasing to 45 minutes 2 times a day. This program should give her best outcome for spasticity and ROM management, as well allow for trunk elongation and respiratory endurance.

* Paleg 2015, Odeen 1981, Netz 2007, Bohannon.

Justification of the Selected Device

Make/Model/Size of Device Selected: P2100 StrapStand
Transfer Considerations:

This device doesn't require a transfer which CS and her husband (caregiver) feel is best for her current flexed position with stand pivot transfers.

Evidence patient ability to use device:

See trial information.

Growth Considerations:

The Strap Stand Fits individuals from 5’-6’5″ and up to 350 lbs. Since CS is only 5'2" and 130lbs this device will last her lifetime.

Necessary support or positioning components:

**P2100 EasyStand StrapStand**

**Lifting Straps:** P80882 Adjustable Lifting Strap-Small
This lifting strap type is needed for CS fixed arm w/c. It allows the strap to be adjusted longer to fit down into the chair under CS gluteal area, then shortened without interference from the fixed arm rest of the w/c.

**Tray:** PNG50393 Black Molded Tray
CS needs the Black molded tray to provide anterior chest and upper extremity support and provide work surface for performing ADL's.

**Actuator Handles:** Standard Handle Extension
**Handle extensions:** PNG50070 T-Style Handle Extension
Patient does not have the reach or strength to operate the standard pump handle, therefore, the T-Style Handle Extension (brings the handle closer to her by 4”) is necessary to independently change position between sitting and standing.

**Foot Plates:** P82090 Multi-Adjustable Footplates
The Multi - Adjustable Foot plates-Adjusts independently in height from 1”-5” (2.5-13cm) off floor, plantar/dorsi +/-20°, and +15° toe out adjustment. for support and alignment of the lower extremities.
CS has increased tone on her left side with a bit of foot drop (plantarflexion) . These foot plates are needed for safe and correct positioning and alignment of her feet.

**Foot Support:** PNG30030 Foot Straps
CS needs the D-ring adjustable foot straps to hold her feet (diagonal angle near the ankle) in symmetrical alignment for proper foot positioning and safety.

**Knee Support:** P82101 Independent Kneepads
CS needs Independent knee pads as she has a leg length difference due to hip & knee contractures. These knee pads are height and depth adjustable to support and align the users legs independently- accommodating each side individually.

Signed:

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