

# Evaluation Worksheets

## **Introduction**

This Evaluation Worksheet provides clinicians, suppliers and consumers with an outline of the evaluation process to determine medical justification for a standing device and to determine the most appropriate option to meet an individual's needs. Clinicians and suppliers are encouraged to review related information contained in the **NCART Standing Device Funding Guide**.

Standing devices can be a standalone piece of equipment or may be incorporated into a manual or power wheelchair base. This evaluation worksheet can be used when considering the prescription of any type of standing device, but it does **NOT** replace the letter of medical necessity (LMN). The information in this evaluation worksheet will help the clinician collect data that can then be used to write the detailed LMN for the consumer. **Remember, this evaluation worksheet does NOT replace the letter of medical necessity.**

All appropriate medical professionals involved in the consumer's care as it relates to standing should sign the LMN. Examples include: Physiatry (Rehabilitation Medicine), Neurology, Orthopedics, Cardiology, Urology, Primary Care, Occupational Therapy, Physical Therapy, Speech Language Pathology, Psychology, etc.

## **I. Consumer Data**

### **Consumer Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Social security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### **Parent/Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

# NCART Standing Device Evaluation Worksheet

## Primary Funding Source

Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Claims phone: \_\_\_\_\_

Case manager: \_\_\_\_\_

## Secondary Funding Source

Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Claims phone: \_\_\_\_\_

Case manager: \_\_\_\_\_

## Consumer's Employment/School Information

Employer/school: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Title/Grade: \_\_\_\_\_

Supervisor/educator: \_\_\_\_\_

## II. Physical Findings

Diagnosis/Prognosis: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Onset of disability \_\_\_\_\_

Medical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chief complaints/Presenting problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# NCART Standing Device Evaluation Worksheet

## **Functional Status:**

Ambulation:  None  Wheelchair for mobility  Limited- Device used: \_\_\_\_\_

Walking Distance: \_\_\_\_\_

Mild assist  Moderate assist  Maximum assist

Transfer:  Independent  Dependent-  One person assist  Two person assist

Method: \_\_\_\_\_

Activities of daily living:  Independent  Partial assist  Dependent

Living environment:  Home  Apartment  Institution  Single level  Multi-level

Owns  Rents

Transportation:  Car  Van  Public transportation  Other \_\_\_\_\_

Cognitive level:  On age Level  Delayed/Impaired

Understands safety of self & others  Developmental/Psycho-Social need for standing

Comments: \_\_\_\_\_

Communication:  Verbal  Non-verbal  Augmentative Communication- Device \_\_\_\_\_

Comments: \_\_\_\_\_

## **Physical Status:**

Sitting Balance:  Good- hands free capability to weight shift  Fair- hands free only

Poor- propped & hand support  Dependent- needs external support

Muscle Strength: U/E  Normal  Reduced  None

L/E  Normal  Reduced  None

Sitting Posture (unsupported):

Posterior pelvic tilt:  None  Fixed  Flexible  Other \_\_\_\_\_

Anterior pelvic tilt:  None  Fixed  Flexible  Other \_\_\_\_\_

Pelvic obliquity:  None  Fixed  Flexible  Other \_\_\_\_\_

Pelvic rotation:  None  Fixed  Flexible  Other \_\_\_\_\_

Kyphosis:  None  Fixed  Flexible  Other \_\_\_\_\_

Lordosis:  None  Fixed  Flexible  Other \_\_\_\_\_

Scoliosis:  None  Fixed  Flexible  Other \_\_\_\_\_

Head/neck hyperextension:  None  Fixed  Flexible  Other \_\_\_\_\_

Leg abduction:  None  Fixed  Flexible  Other \_\_\_\_\_

Leg adduction:  None  Fixed  Flexible  Other \_\_\_\_\_



# NCART Standing Device Evaluation Worksheet

**Would this be an Initial or Replacement standing device-** Initial Replacement

If item is Replacement:

Current stander and when obtained-\_\_\_\_\_

Issues with current stander requiring replacement-\_\_\_\_\_

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**Is individual on a current standing program-** Yes No If yes, describe results:

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**Therapies Received:** PT OT Speech Other \_\_\_\_\_

**Other notes:** \_\_\_\_\_

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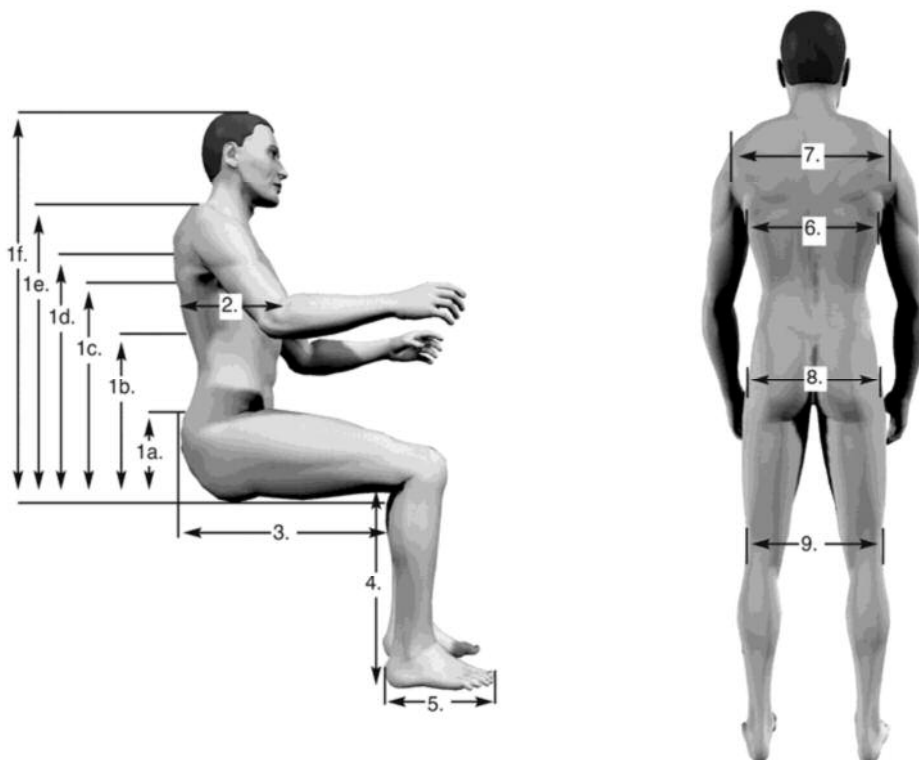
# NCART Standing Device Evaluation Worksheet

## III. Measurements in Sitting & Standing (see diagram)

1. Seat surface (the contact point of the buttocks to) or Standing:

	Left	Right	Standing
a. PSIS			
b. Elbow			
c. Inferior Scapula Angle			
d. Axilla (Armpit)			
e. Top of Shoulder			
f. Top of Head			

2. Trunk depth (back surface to front of the ribs) \_\_\_\_\_
3. Seat depth/thigh length (back surface to popliteal angle of knee) \_\_\_\_\_
4. Back of knee to heel (or weight-bearing area) \_\_\_\_\_
5. Foot length (with shoes & AFO's if applicable) \_\_\_\_\_
6. Trunk width (across chest) \_\_\_\_\_
7. Shoulder width \_\_\_\_\_
8. Hip width \_\_\_\_\_
9. Outer knee width (relaxed, with knees apart) \_\_\_\_\_



# NCART Standing Device Evaluation Worksheet

## IV. Standing Device(s) Considered

Document each standing device considered in the areas below **and list why it was ruled out or why it is being chosen** for the consumer.

### **Single Position Standing Frame System (E0638)**

*\*Note: Position of use may be prone **OR** supine **OR** upright.*

Pertinent Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer method:  independent  one-person  two-person  patient lift required

### **Sit-to-Stand System (E0637)**

*\*Note: Position of use transitions consumer between sitting and standing to upright.*

Pertinent Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer method:  independent  one-person  two-person  patient lift required

### **Multi-Position Standing Frame System (E0641)**

*\*Note: Single device can be utilized in any **ONE** of these three positions: prone/supine/upright.*

Pertinent Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer method:  independent  one-person  two-person  patient lift required

### **Mobile Standing Frame System (E0642)**

*\*Note: Any of the above standing systems with the addition of a mobile option.*

Pertinent Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer method:  independent  one-person  two-person  patient lift required

# NCART Standing Device Evaluation Worksheet

## Manual Wheelchair Accessory, Manual Standing System (E2230)

*\*Note: Manual standing feature, which is part of a manual wheelchair base (accessory).*

Pertinent Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer method:  independent  one-person  two-person  patient lift required

## Power Wheelchair Accessory, Power Standing System (E2301)

*\*Note: Power standing feature, which is part of a power wheelchair base (accessory).*

Pertinent Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer method:  independent  one-person  two-person  patient lift required

**Other Standing Device:** \_\_\_\_\_

Pertinent Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer method:  independent  one-person  two-person  patient lift required

## V. Standing Device Recommended

Type of stander needed: \_\_\_\_\_

Manufacturer/Model: \_\_\_\_\_

Trial Date: \_\_\_\_\_

### Considerations and Outcomes of Standing Device Trial

1. Does the consumer have consistent access to the device (including transfer considerations and care giver availability)?  YES  NO \_\_\_\_\_  
\_\_\_\_\_

2. Is the patient able to operate the stander independently?  YES  NO \_\_\_\_\_  
\_\_\_\_\_



# NCART Standing Device Evaluation Worksheet

3. Does the stander have adequate supports, anteriorly, posteriorly, and laterally to position the person in a symmetrical aligned standing?  YES  NO \_\_\_\_\_

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4. What support and alignment options/accessories are necessary to properly position the consumer? \_\_\_\_\_

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5. Does the stander have enough adjustment to allow for individual fit and allow for growth or body changes?  YES  NO \_\_\_\_\_

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6. Is this stander appropriate for the client's home environment or the environments in which it will be used?  YES  NO \_\_\_\_\_

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7. Did the consumer remain medically stable throughout the trial?  YES  NO \_\_\_\_\_

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8. Additional comments to justify standing device type: \_\_\_\_\_

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## **VI. Summary**

A standing device is being recommended for the following reasons (check those applicable):

- Improve/Maintain range of motion:  Current Issue  At risk
- Decrease joint/muscle contractures:  Current Issue  At risk
- Management of atrophy in the trunk and leg muscles:  Current Issue  At risk
- Improve strength to trunk and lower extremities:  Current Issue  At risk
- Decrease muscle spasms:  Current Issue  At risk
- Improve/Maintain bone integrity/skeletal development:  Current Issue  At risk
- Lessen/Manage the progression of scoliosis:  Current Issue  At risk
- Manage pressure (ulcers) through changing positions:  Current Issue  At risk

# NCART Standing Device Evaluation Worksheet

- Improve bowel function and regularity:  Current Issue  At risk
- Aid in kidney and bladder functions:  Current Issue  At risk
- Strengthen cardiovascular system and build endurance:  Current Issue  At risk
- Improve circulation:  Current Issue  At risk
- Reduce swelling in lower extremities:  Current Issue  At risk
- Improve independence with activities of daily living:  Current Issue  At risk
- Improve cognitive and psycho-social:  Current Issue  At risk

Standing program recommendations (incl. frequency/duration): \_\_\_\_\_

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Describe in detail the current problems and associated costs this consumer may be having due to the absence of the standing program listed above: \_\_\_\_\_

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**Evaluation completed by:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This Evaluation Worksheet was developed by the National Coalition for Assistive and Rehab Technology (NCART) Standing Device Workgroup. NCART seeks to ensure that individuals with disabilities have appropriate access to complex rehab technology (CRT) and related services. For additional information regarding CRT visit [www.ncart.us](http://www.ncart.us).