Patient Information

Stander Evaluation Date: 09/01/2016
Payor Information: MN Insurance
Insurance ID: 1235-6
Patient Name: XXXX XXXXX
Date of Birth: 08/06/2004
Gender: Male
Weight: 105 (pounds) **Height**: 59 (inches)

Summary of Medical Condition

Primary diagnosis: Cerebral Palsy, **date of onset** 08/06/2004
Secondary Diagnosis(s):
Treatment Diagnosis(s): Lower extremity spasticity
Prognosis:

Manual range of motion is increasingly difficult due to XXXXX's size and increasing tone. Standing program currently helps XXXX maintain range of motion in hip flexors and knees. XXXX has outgrown current stander and without standing as a therapeutic intervention, range of motion will likely decrease significantly.

Co-morbid conditions:
Chief complaints/presenting problems:

XXXX was evaluated for a standing program and determined appropriate because he was compliant with previous standing program and use of outgrown standing device. The medical history and prognosis make a clear case for XXXX's need to continue standing.

Spastic Cerebral Palsy diagnosed at birth. Range of motion/non-fixed contractures or tightness remain the biggest therapeutic challenges.

Clinician Expert Credentials

Phy Sical,
Physical Therapist, AMI School
Areas of Practice: Pediatric Birth to 21-years-old
School therapist for 6 years treating a wide range of patients and neurological disorders.

Physical Assessment
Range of motion
Diagnosis of Spastic Cerebral Palsy presents constant battle with range of motion maintenance. Manual range of motion getting difficult due to XXXX's size and increasing tone.

Standing will provide regular weight-bearing stretch to maintain and potentially increase range of motion in hip flexors and knees.

Tone/Spasticity
Tone/spasticity are present and primary physician will begin experimenting with Botox injections in lower extremities soon.

Stretching and standing have had positive effect on spasticity and tone in the past and no reason to believe continued standing will yield the same results.

Bowel
Bowel program maintenance has proved difficult for XXXX in the past but with a 24-hour positioning program, which included standing, has helped to maintain regularity.

Standing provides a necessary change of position for XXXX which isn't possible without a standing device. They ability to change position frequently throughout the day is essential for XXXX's bowel program and standing enables this.

Functional Status

ADLs/IADLs
Standing and changing position throughout the day in a standing device will provide additional opportunities for sensory, social interaction and engaging with teachers and caregivers

Standing seems to help XXXX focus more and be more alert, engaged in social activities and at the sensory table in the classroom

Documentation of Other Standing Devices Considered

Multi-position stander will not provide adequate positioning capabilities to address Range of Motion (ROM) concerns. XXXX's current range makes positioning difficult in a multi-position stander and without sit-to-stand, not likely to improve range of motion.

Documentation of Trialed Devices and Outcomes
09/01/2016
PY5500 Bantam Medium

Caregiver and/or therapist were able to transfer XXXX using a standing-pivot method and successfully stood in a partial weight-bearing position of 80 degrees.

XXXX did not indicate significant discomfort or pain, didn't yell out which is often the case when positioned flat on his back. Utilized the supine positioning feature to rest and regain head control successfully. XXXX tolerated a 30 min standing session with ease.

Stander will be used in family room of home, dimensions will easily accommodate the device's footprint.

Standing Program Goals

XXXX's standing program will help maintain or improve range of motion at the hips and knees. Daily weight-bearing stretch will lead to a decrease in spasticity and tone, while enhancing the anticipated effects of Botox injections.

Recommended Standing Program:

XXXX will be using the stander on a daily basis, beginning with 30 minutes, at 80 degrees; increasing to 85 and then 90 degrees, a minimum of 2x/day for 30 minutes. Patient will stand both at home and at school. Carryover with standing program is excellent and will stand between 60-90 minutes a day within 6 months.

- Macias-Merlo L, Bagur-Calafat C, Girabent-Farrés M, A Stuberg W., "Effects of the standing program with hip abduction on hip acetabular development in children with spastic diplegia cerebral palsy." Disabil Rehabil. 2016 Jun;38(11):1075-81. Epub 2015 Oct 30.

Justification of the Selected Device

Make/Model/Size of Device Selected: PY5500 Bantam Medium
Transfer Considerations:

Caregiver and/or therapist were able to transfer XXXX using a standing-pivot method

Evidence patient ability to use device:

XXXX Stood during the trial at 80 degrees for 30 minutes which leads me to believe he will have no issues starting his standing program there and progressing to 45-60 minutes daily.

Growth Considerations:

The Bantam Medium can accommodate users up to 200 pounds and approximately 5'6" so XXXX will provide plenty of adjustability.

Necessary support or positioning components:

PY5500 Bantam Medium

Actuator Handle Location: Right Side
Frame Style: Shadow Tray
PY5554 Supine Positioning

Supine positioning will facilitate longer standing sessions as XXXX will fatigue when standing vertically. The ability to tilt the stander will add some gravitational assist and rest so XXXX can alternate standing in a partial weight-bearing supine position and fully vertical.

Lift mechanism: Standard Pump Handle
PY5656 Swing-Away Black Molded Shadow Tray
Shadow tray is accessible in all positions and provides anterior chest and arm support as user moves from sitting to standing. Adjustable in depth, height, and tray angle for assist ADL's. Swing-away tray remains attached to stander so it can be positioned immediately after the transfer, minimizing the need for 2 caregivers to execute transfers.

Foot Holder Size: Medium 4"Wx9.75"L
Foot plates: PY5586 Multi-Adjustable Foot plates
Multi-adjustable foot plates enable plantar flexion in the right foot as well as some height and dorsi-flexion on the left.

PY5636 Foot Straps
Spasticity can be an issue at times and foot straps will ensure feet remain optimally positioned while XXXX is in the stander.

PY5624 Knee Pads - 4"
PY5596 Swing-Away Knee Pads
Swing-away knees minimize the opportunity for shear when completing the transfer. They enable stabilization of the lower extremities as quickly as possible when transferring into the device.

Seat: PY5572 Contoured Seat - Wide 12"-14" |358
Contoured seating will promote proper and symmetrical alignment of the hips in any position.

PY3008 Velcro® Positioning Belt
Positioning belt will further stabilize the pelvis during positioning changes.

Back Support: PY5576 Contour Back 20"H
Contoured back provide adjustable, built-in lateral support to promote symmetrical alignment of the trunk.

PY5645 Easy-Adjust Seat Depth
As XXXXX grows seat depth adjustment will need to change and will also promote daily adjustments of the stander to accommodate for changes in range of motion due to Botox injections or other interventions which may impact daily range of motion.

PY5620 Chest Strap
Padded chest strap will further stabilize the trunk when the shadow tray swings away which will enable XXXX to participate in smart board or sensory table activities.

PY5628 Head Support - Small (pad 6"H X 10"W)

Head support is required for supine positioning and will promote good head control in all positions.

PY5643 Angle Locator
Angle locator will enable precise range of motion tracking and provide data to influence progression of XXXXX's standing program.

Signed:

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Phy Sical,
lmnadmin@easystand.com
(555) 555-5555