Client Data Assessment Form for Standing Frames

Client Details					
Client Name:					
Date of Birth:			Weight:		
Date of Assessment:			Caregiver Name:		
Gender (circle):	M /	F	Contact:		
Reason for referral:					
Main goals to be achieved:					
		Medica	l History		
Diagnosis:					
Condition (including consideration of development)	Improving / P Development	otential for	Stable	Potential for re	egression
Hearing:	Nil Issues	Impaired	Vision:	Nil Issues	Impaired
Communication:	Verbal		Non-Verbal	AAC	
Respiration:	No Concerns	Monitored	Ventilator/O ² Dependant	SpO ² Monitore	ed
Sensation:	Intact		Impaired		
History of Pl *Do not proceed where pressure areas will be exacerbated by weightbearing/ particularly the ankles and knees	Yes			No	
Orthopaedic Team Involved	Yes C	ontact Details:		No	
History of Pain: ¹ If pain of unknown cause is reported in weightbearing joints/spine seek further assessment from Paediatrician/ Orthopaedic Team	Area of concern:		Pain medication u	se:	
Hip Health: "Do not proceed if there are concerns of hip dislocation, this must be cleared with Paediatrician/Orthopaedic team.	Normal/Stabl	e	Migrating (Include % if known)	Dislocated	
Previous Orthopaedic Surgery/ Planned Surgery *Do not proceed where client has recently had surgery, clear with Paediatrician/Orthopaedic team.					
Fracture History *Consider Paediatrician/Orthopaedic team clearance for users with significant history of non-traumatic fractures	Traumatic Fra	ctures	Non-traumatic Fractures	No History	
Known Osteoperosis *Do not proceed where there is significant concern of Osteoperosis, must be cleared with Paediatrician/ Orthopaedic team	Yes		No History		

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		Subjective A	Assessment		
	X				
Previous Standing Frame Use	Yes		No		
	If Yes: Abduction	Prone Yes	Supine No	Upright	Multipositional
			INO		
	Brand if known		llenges with prev	ious fromo:	
	mings that wo	rkeu &/ or cha	lienges with prev	ious frame:	
Environment for use	Home		School		Other:
Transfers	Independent		With Minim	nal Assistance	With Maximum Assistance
	Full Dependent	/Hoist			
Current Orthotic Use	Left Leg:		Right Leg:		Other:
Child/Family Concerns					
Child/Family Expectations					
		Supine As	rocemont		
		Supine As			
Pelvis	APT		Reducible		Non-Reducible
	PPT		Reducible		Non-Reducible
	Rotation	L R	Reducible		Non-Reducible
	Obliquity	L R	Reducible		Non-Reducible
	ROM		Tone	ROM	Tone
HIP		L			R
Extension					
Abduction					
Adduction					
Hip Flexion Contractures Present	Yes (Degree)	No		Yes (Degree)	No
KNEE		L			R
Flexion					
Extension					
Knee Flexion Contractures Present	Yes (Degree)	No		Yes (Degree)	No
ANKLE		L			R
P/f					
D/f					
SHOULDER		L			R
Flexion					
Observation (Things to					
consider: Symmetry, Rotation, Leg Length Appearance, Tone,					
Patterns of Hypertonia)					

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	Function	al Assessment			
Head Control	No Head Control	Controls Head upright for 3 seconds	Controls Head upright for 10 seconds or more		
Sitting Ability	Dependent on external su	pport from therapist or caregiver			
	Can sit with support of an	Can sit with support of arms / propped only			
	Can sit independently wit	Can sit independently without support of hands			
	Can sit independently and	Can sit independently and transfer weight			
	Able to sit independently	Able to sit independently and transfer			
Standing Ability	Lipphia to stand with supr	port			
Standing Adulty	Unable to stand with support				
	Can stand with support				
	Can stand independently without support				
	Can stand independently	and transfer weight/reach out of BOS			
Key Measurements	Hip Width (A)				
	Foot to Axilla (B)	Foot to Axilla (B)			
	Chest Width (C)				
	Overall Height (D)	Overall Height (D)			
	Foot to ASIS (E)				

Summary of Findings				
Priorities to be addressed with the product				
Benefits Intended	Current Issue	At Risk		
Decrease muscle contracture or improve/maintain range of movement				
Improve strength to trunk and lower extremities				
Decrease muscle spasms				
Provide change of position				
Improve/maintain bone integrity/decrease fracture risk				
Reduce risk of hip dislocation				
Improve bowel function and regularity				
Strengthen cardiovascular system and build endurance				
Improve circulation/ reduce swelling in lower extremities				
Improve Motor Abilities: Head control/ Trunk Control/ Upper Limb Function				
Future functional goals: Stand/mobility				
Participation in activities/ peer interaction/ communication				
Enjoyment of standing activities				
Improve cognitive and psychosocial factors				
Others:				
Possible barriers that may impact the success of the intervention				

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Requests for Trial				
Need for Abduction	Yes	No		
Type of frame/s required	Upright	Model/s:		
	Prone	Model/s:		
	Supine	Model/s:		
	Multipositional	Model/s:		
		Set up in:	Prone	Supine

Goal Setting / Additional Notes

Therapist Details			
Name:		Contact Number:	
Company:		Email Address:	

Disclaimer: Successful posture care management interventions require a careful understanding of the user, their individual needs and goals. The way we select, use and configure a product can influence outcomes. This form has been designed to assist therapists and distributors with the decision-making process behind the selection of equipment to prescribe or use during a trial session. This form does not replace a thorough clinical assessment, nor does it contain all the potential risk factors associated with this kind of intervention. We recommend using it at your own discretion and clinical judgment.