NCART Standing Device Funding Guide

Developed by the NCART Standing Device Workgroup (May 2013)

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Introduction

This Standing Device Funding Guide is designed to provide clinicians, suppliers and consumers information and guidance relating to the evaluation process, the product selection, and the medical necessity documentation required to ensure funding of a standing device.

Standing devices are designed to provide medical and functional benefits to a person who is unable to stand independently. These benefits include addressing medical needs, improving body structure and function, as well as increasing activity and participation. The devices are used by people of all ages and may be a standalone piece of equipment or can be incorporated into a manual or power wheelchair base. They are considered Durable Medical Equipment (DME) and categorized as Complex Rehab Technology (CRT).

These devices must be individually assessed and configured for best outcomes. The processes outlined herein should be used when prescribing the standing devices listed. Detailed and thorough documentation of the medical necessity for a standing device is **critical** to secure funding.

The information contained in this Guide will assist in ensuring that all required information is included in the Letter of Medical Necessity (LMN) and other related documentation. The guidelines are based on generally accepted standards of clinical practice as well as reviews of available medical literature.

Types of Standing Devices

The following is a description of standing device categories with related product characteristics and applications:

E0638- Standing Frame System
Standing Frame/Table system, one position (e.g. upright, supine, or prone stander), any size including pediatric, with or without wheels. A standing frame system coded under E0638 is usually a non-powered, single-position (Prone, or Supine, or Upright) standing device. It may be a table style support or an upright podium or frame. The primary purpose is to reorient an individual to an upright position or sustain a weight bearing position. E0638 devices are simple pieces of equipment and designed only to help support the person securely in a standing posture. It utilizes only one position and may have difficulty accommodating for significant joint contractures. It typically does not have a lift mechanism that the user can access independently to assist with transitioning to standing.

E0637- Sit-to-Stand System, w/ Seat Lift
Combination Sit-to-Stand system, any size including pediatric, with seat lift feature, with or without wheels. Seats may be stationary or swiveling, solid or sling style. The lift can be power or manual hydraulic. A standing frame coded under E0637 begins with the user in a seated position, which may allow for independent transfers into the device. Sit to stand devices allow the user to transition between sitting and standing without having to be lifted or transferred out of the device. This enables the user to stand in frequent small bursts throughout the day, which is important for bone mineral density, and skin integrity (pressure relief). E0637 devices provide a safe and supportive transition to standing by providing a slow transition to standing to stretch tight muscles. It is designed to accommodate joint contractures by allowing clients to stand at any degree of knee or hip flexion. It provides options for corrective or therapeutic positioning.

E0641- Standing Frame System, Multi-position
Standing Frame/Table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels. A multi position standing frame, E0641, is a standing device that has the capability to have parts added or removed to allow the user to be positioned in either a prone position or a supine position. The primary purpose of the E0641 is to transition a user to a vertical, weight-bearing position over time as well as giving options for either prone or supine standing for clients whose needs are expected to change (degenerative conditions, fluctuating conditions, etc.). It may have options to accommodate for joint contractures. It typically does not have a lift mechanism that the user can access independently to assist with transitioning to standing.

E0642- Standing Frame System, Mobile
Standing Frame/Table system, mobile (dynamic stander), any size including pediatric. A Mobile or Dynamic Standing system**,** E0642 is a standing device that allows the user to be positioned in upright, sit to stand, slightly prone, or slightly supine position depending on device, then independently move the standing device. Independent manual propulsion is accomplished by means of large wheels or drive wheels. Standing mobility provides greater independence, functional performance and opportunity for exploration and interaction with peers.

E2230- Manual Wheelchair Accessory, Manual Standing System
E2230 is a standing feature, which is part of a manual wheelchair base (accessory) that brings the user to an upright weight-bearing angle to their tolerance. The standing position is typically achieved through a sit to stand sequence. The wheelchair standing feature allows individuals to independently stand frequently, as part of their daily routine, without transferring into a separate device. This is important for bone mineral density, skin integrity (pressure relief), and energy conservation. Having standing integrated into the manual wheelchair base may also allow the user to be more independent with functional activities of daily living.

E2301- Power Wheelchair Accessory, Power Standing System
E2301 is a standing feature, which is part of a power wheelchair base (accessory) that brings the user to an upright weight-bearing angle to their tolerance. The standing position can be achieved through various options including: sit to stand, supine standing, a customized sequence, or a combination of sequences. The wheelchair standing feature allows individuals to independently stand frequently, as part of their daily routine, without transferring into a separate device. This is important for bone mineral density, skin integrity (pressure relief) and energy conservation. Having standing integrated into the power wheelchair base may also allow the user to be more independent with functional activities of daily living.

The Evaluation and Documentation Process

The evaluation process forms the foundation for the proper determination of the medical and functional necessity/benefits of a standing device, its configuration, and the details to be submitted to the funding source. The process typically involves a Rehab Team that, at a minimum, consists of the consumer, physician, therapist, and supplier.

NCART has developed a **Standing Device Evaluation Worksheet** to assist in the evaluation and documentation process. A copy is attached to this Guide.

STEP 1: The Therapist and/or Physician determine medical necessity for a standing program.

Before initiating a standing program, it is important to have medical clearance for the consumer to stand. Clinical data, as well as review of the relative risks and benefits of use, determine medical necessity. This information is obtained through clinical assessment and should, at minimum, include the following:

A. Consumer Data
- Demographics
- Parent/Guardian information
- Funding Source(s)
- Employment/School information

B. Physical Findings

- Diagnosis/Onset/Prognosis
- Height/Weight
- Medical History
- Chief Complaints/Presenting Problem
- Functional Status (Ambulation, Transfers, ADLs, etc.)

How will standing improve independence with functional activities? *Note*: *Different standing device types will provide more or less capability to perform tasks.*

1. Toileting- (enables some male users to use a urinal independently, upright positioning promotes bladder emptying – whether catheterizing or self-eliminating)
2. Feeding- (aids in digestion, promotes access to food preparation including grocery shopping, cooking, reaching items in kitchen cabinets and refrigerator)
3. Dressing- (may reduce spasticity for improved ability to complete dressing tasks, improves access to closets, hanging clothes, and drawers)
4. Grooming- (increased vertical position improves access to bathroom mirrors and sinks for hand washing, teeth brushing, etc.)
5. Bathing- (improved access to obtain bathing supplies e.g., towels, soap, etc.)

- Physical Status (ROM, Strength/Tone, Skin, Posture, GMFCS Level, etc.)

How will standing improve health status/physical issues identified?

1. Skin Health- (i.e., pressure ulcers: IT's, Sacrum, Scapulae, Vertebrae, etc.)
2. Bowel/Bladder- (i.e., constipation, urination, UTI's, kidney stones, etc.)
3. Spasticity- (specifically in the lower extremities)
4. Joint Contractures- (specifically in the lower extremities)
5. Bone Mineral Density- (osteoporosis, osteopenia, or risk of these due to immobility)
6. Respiratory Function/Capacity- (airway clearance, depth of respiration, etc.)
7. Gastro-Intestinal Management- (reflux, gravity assisted digestion, etc.)
8. Cardiovascular Issues- (circulation, orthostatic hypotension, endurance, etc.)
9. Cognitive and Psycho-Social Development

- Standing Status
  1. Description of ability to stand/bear weight:
     a. Without device
     b. With each type of device trialed
  2. Experience with therapeutic standing
  3. Description of current standing program and outcomes

C. Measurements in Sitting & Standing

**Note*: *Measurements taken in the seated position may not translate exactly to the standing position.*

STEP 2: If the information and resultant activities from Step 1 indicate medical necessity for a standing device, the Rehab Team then determines the most appropriate standing device.

Using the assessment data and goals for the consumer, consider all standing device options and select device that is the *least costly equally effective alternative (LCEEA)*.

**Note: Device/Code descriptions and details are listed above.*

- Clinical considerations for available standing methods/devices:

    1. **Prone (E0638 or E0642)** - standing while positioned in prone (on stomach/anterior surface of body); facilitates extension; may help work on head control.
    2. **Supine (E0638 or E0642)** - standing in a supine position (on back/posterior surface of the body); provides a flat surface to transfer onto; may be ideal for consumers with poor head control.
    3. **Upright (E0638 or E0642)** - provides support to maintain upright position when placed in this position by some other means; usually used when consumer has good trunk and head control requiring minimal support.
    4. **Multi-positional (E0641 or E0642)** - having the capability to be utilized in any one of these three positions: prone, supine, or upright; used with consumers whose needs are expected to change; may allow for independent operation of the device.
    5. **Sit-to-Stand (E0637 or E0642 or E2230 or E2301)** - transitions the consumer between sitting and standing, potentially allowing more frequent use; may allow independent transfer into the device; also may allow for independent operation of the device.
    6. **Combination (E2301)** - systems that have more than one standing method available to the consumer; used when there is need for the consumer to use different standing sequences for varying therapeutic or functional needs.

- Therapist and consumer schedule an appointment to trial the selected type of standing device. Involve a complex rehab technology supplier (and possibly manufacturer's representative) to ensure appropriate set up of the trial equipment.

- Based on the results of this trial, determine the specific model of standing device required as well as any necessary support and alignment options.

- Ensure the consumer/caregiver is able to successfully utilize the device and its features.

- Consideration must be given to ensure device will work in all intended environments.

STEP 3: Once the Rehab Team identifies the specific standing device required, the detailed documentation supporting the product selection and medical necessity is prepared.

Requests to the funding source for authorization of standing devices are typically submitted by the CRT supplier and must be accompanied by clinical documentation from a licensed physician or occupational or physical therapist. The documentation writer should establish their expert credentials by describing: expertise, licenses, education, current job title, and how long the writer has been doing this work, at the beginning of the LMN.

Documentation must communicate the process that was followed, the options that were considered, and the medical necessity for the requested equipment. The documentation should include all of the following (use information obtained from the *Standing Device Evaluation Worksheet* to help create this documentation):

A. A detailed Letter of Medical Necessity (LMN) containing:
   - Writer's expert credentials
   - Consumer's name, date of birth, weight and height
   - History and physical exam by clinician including summary of medical condition, diagnosis/onset, prognosis, and co-morbid conditions
   - Functional and physical assessment including but not limited to, strength, range of motion, tone, sensation, balance, ADLs, IADLs, and functional status
   - Documentation of other devices considered, and why they are ineffective for the consumer
   - Documentation of trialed device(s) and outcomes of the trial(s)
   - Justification of the model of device being recommended as well as each option and accessory required for the individual consumer
   - Evidence that the consumer demonstrated the ability to safely use the device independently or with appropriate assistance
   - Outline of the prescribed standing program recommendations
   - Any applicable research to support intended outcomes

B. A prescription for the device from the consumer's physician (this is typically a co-signature on the LMN stating the physician agrees with the prescribed device.) All appropriate medical professionals involved in the consumer's care as it relates to standing should also co-sign the LMN or provide additional documentation to support the need. Other potential medical perspectives include: Physiatry (Rehabilitation Medicine), Neurology, Orthopedics, Cardiology, Urology, Primary Care, Occupational Therapy, Physical Therapy, Speech Language Pathology, Psychology, etc.

C. Documentation that the consumer's environment can accommodate the device.

D. Detailed quote and/or order form for items being requested (this will be provided by the supplier).

E. Any other information required by the specific funding source.

Funding Requests and Decisions

Once all the documentation has been prepared and assembled, the supplier will submit the request to the funding source for payment authorization. (Note: Some payers require prior authorization before ordering, while others do not.) There sometimes can be requests for additional information, but the supplier will ultimately receive one of two responses:

- **Approval**: When payment approval is received the supplier will order the equipment and schedule delivery with the consumer and the prescribing therapist.

- **Denial**: If the request is denied, a written decision should be requested along with the specific reasons for the denial. It is critical that all denials be fully contested. See additional details below in The Appeals Process section.

The Appeals Process

Unfortunately, sometimes the initial submission for prior authorization or for payment of specialized equipment like a standing device will be denied. If a submission is denied by the funding source it is important an appeal is made. To start, obtain a copy of the written denial with the specific reasons for denial included.

Appealing a benefit denial can seem daunting. Often the reason funding sources give for denying a particular benefit is not clear. Also, the process funding sources have established for appealing benefit denials are often difficult to understand.

Funding source denials are often based on one or more of the following reasons:

- They believe it is not a covered benefit under the plan or policy
- They believe it is not medically necessary
- They believe it is not the least costly alternative
- They believe it is experimental

When a funding source issues a denial for these or other reasons, the consumer is entitled to the information the funding source used to support their denial decision. The consumer is also entitled to information on appealing the denial, along with appeal deadlines. **Note: It is important to file a timely appeal. Once the appeal deadline has past, it is not likely that any additional time will be granted.**

Successfully appealing a denial often requires gathering medical information from both treating medical professionals as well as other sources. At a minimum, a successful appeal requires evidence that states clearly the medical need for the device and why the device being sought is the least cost equally effective alternative (LCEEA).

In addition, a successful appeal often requires providing medical information from sources that were either not considered at all by the funding source or--despite being considered--the

conclusion was not consistent with accepted and established medical practices, standards and procedures.

If the request is denied, the consumer or therapist can contact the supplier and/or manufacturer's representative for information on the appeals process and possible sources of assistance. A state may also have a Protection and Advocacy Agency that can offer advice and legal counsel (see the listing of offices at www.acf.hhs.gov/programs/aidd/programs/pa).

DON'T GIVE UP IF INITIALLY DENIED!
Seek assistance and make sure all appeal rights are pursued.

Glossary of Terms

Appeal- when a consumer/caregiver(s) disagree with a denial from a funding source, they can respond with an appeal letter explaining why the equipment should be approved for payment. The supplier should be able to offer advice on steps to take and where to seek advocacy assistance.

Caregiver(s)- person(s) who care for the consumer and will assist with the equipment.

Complex Rehab Technology (CRT)- products and services that include individually configured manual wheelchairs and power wheelchairs, adaptive seating and positioning systems, and other specialized equipment, such as standing devices and gait trainers, that require evaluation, fitting, configuration, adjustment or programming.

Consumer- person who will be using the equipment.

Denial- if a funding source does not authorize payment for the equipment, a letter or statement of denial is provided.

Durable Medical Equipment (DME)- please refer to the specific policies of the funding source from which funding will be requested. The Medicare definition is a common reference and it defines DME as an item that is:

- Able to withstand repeated use
- Prescribed by a physician to be used primarily for a medical purpose
- Generally not useful in the absence of illness or injury
- Appropriate for use in the home

Equipment Trial- when a consumer is provided the opportunity to try out the equipment.

Funding Source- provides payment for the equipment.

Least Costly Equally Effective Alternative (LCEEA)- a funding source typically limits its coverage to the item that is the least costly equally effective alternative. "Effective" meaning the capability of the device to address the individual's medical and functional needs and allow for safe access and use. Accordingly, when more than one treatment option (service or equipment item) is available, the physician's and therapist's recommendation should be the "least costly" option between or among the available "equally effective" options.

Letter of Medical Necessity (LMN)- a letter justifying the need for the equipment being prescribed and is typically written by a therapist and co-signed by the physician.

Manufacturer- the company that manufactures the equipment; in certain cases, a representative may be asked by the Rehab Team to be involved in the trial and/or fitting/delivery of the equipment.

Physician- the doctor who oversees consumer's care and will write a prescription for the equipment.

Private Payer- funding/insurance that is privately acquired, typically a benefit of employment.

Public Payer- funding that is publicly provided, such as State Medicaid and Federal Medicare.

Rehab Team- the group of professionals who work with the consumer and caregiver(s) to evaluate the medical and equipment needs. Team members may include the physician, occupational therapist and/or physical therapist, and the CRT supplier.

Supplier- the company that orders, receives, assembles, delivers, and adjusts the equipment to the consumer and also instructs the consumer and caregiver(s) on proper use of the equipment.

Therapist- typically a licensed Physical Therapist or Occupational Therapist who oversees the consumer's care.

NCART Workgroup Contacts

This Guide 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.

If you have questions or comments please contact one of the Workgroup members:

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Other Resources and Links

-- **NCART**- National Coalition for Assistive and Rehab Technology- www.ncart.us

-- **Access To CRT**- www.access2crt.org

-- **Legal Advocacy Assistance**- www.acf.hhs.gov/programs/aidd/programs/pa

-- **National Disability Rights Network**- www.ndrn.org

-- **RESNA**- Rehabilitation Engineering and Assistive Technology Society of North America- www.resna.org

-- **Altimate Medical**- www.easystand.com

-- **Ottobock**- www.ottobockus.com/mobility

-- **Permobil**- www.permobil.com

-- **Prime Engineering**- www.primeengineering.com

-- **Rifton**- www.rifton.com

-- **Snug Seat**- www.snugseat.com

-- **Sunrise Medical**- www.sunmed.com

NCART Standing Device Evaluation Worksheet

Developed by the NCART Standing Device Workgroup (May 2013)

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:_____

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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

Wind sweeping: ___None ___ Fixed ___ Flexible ___Other_____

Leg length discrepancy: ___None Left- _____inches Right- _____inches

Other: _____

Lower extremity range of motion (seated):

Hip flexion (normal 0˚ to 125˚): Left- _____degrees Right- _____degrees

Knee extension hip at 90˚: Left- _____degrees Right- _____degrees

Ankle dorsi-flexion: Left- _____degrees Right- _____degrees

Other (e.g. hip subluxation, ankle inversion/eversion, orthotics used, etc.) _____

_____

Tonal influences/reflexes:

___Hypotonia ___Hypertonia ___Extensor ___Flexor ___ATNR ___STNR ___Positive support

___Ankle clonus ___Other_____

_____

Skin integrity: ___Intact ___Red area ___Open area ___Scar tissue ___History of pressure ulcers

Area: ___Ischial tuberosity ___Coccyx ___Spine ___Other_____

_____

Sensation: ___Normal ___Impaired ___Non-sensate Level_____

Bowel: ___Continent ___Incontinent ___Training ___Constipation ___Irregularity ___Other _____

_____

Bladder: ___Continent ___Incontinent ___Training ___Current/history of UTI ____Kidney Stones

___Other_____

<u>Standing Status:</u>

Description of ability to stand/bear weight-

_____

_____

_____

_____

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-_____

_____

NCART Standing Device Evaluation Worksheet

_____
_____
_____
_____
_____

Is individual on a current standing program- ____Yes ____No If yes, describe results:

_____
_____
_____
_____
_____
_____
_____

Therapies received: ___ PT ___OT ___Speech ___Other _____

Other notes: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

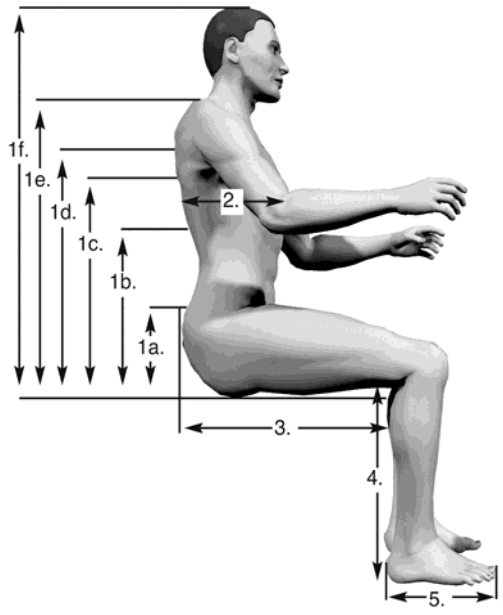
NCART Standing Device Evaluation Worksheet

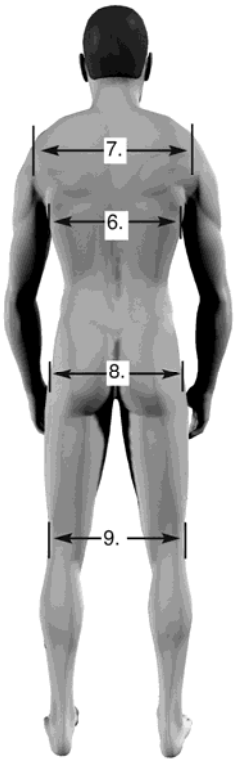
III. Measurements in Sitting & Standing (see diagram)

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 _____

_____

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

_____

5. Does the stander have enough adjustment to allow for individual fit and allow for growth or body changes? ___YES ___NO _____

_____

6. Is this stander appropriate for the consumer's home environment or environments in which it will be used? ___YES ___NO _____

_____

7. Did the consumer remain medically stable throughout the trial? ___YES ___NO _____

_____

8. Additional comments to justify standing device type: _____

_____

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):_____
_____
_____

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

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.