

# Standing Frame Trial Log

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Supplier: \_\_\_\_\_

Therapist: \_\_\_\_\_ Standing Frame: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Goals for Standing:

1. \_\_\_\_\_
2. \_\_\_\_\_

### Goal Areas:

- |  |  |
|--|--|
| <input type="checkbox"/> Joint Range of Motion                         | <input type="checkbox"/> Bowel/Bladder Function  |
| <input type="checkbox"/> Postural Control                              | <input type="checkbox"/> Strength                |
| <input type="checkbox"/> Bone Mineral Density                          | <input type="checkbox"/> Hip Joint Integrity     |
| <input type="checkbox"/> Tone Management                               | <input type="checkbox"/> Pressure Distribution   |
| <input type="checkbox"/> Orthostatic Tolerance                         | <input type="checkbox"/> Cardiovascular Function |
| <input type="checkbox"/> Functional Performance & Participation: _____ |  |

## Therapist Recommendations:

Standing frequency: \_\_\_\_ days/week      Standing duration: \_\_\_\_\_ mins/day

Standing position or angle: \_\_\_\_\_

Standing frame setup, accessories, or positioning needs:

## Standing Log

	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7
Transfer (type, assist level)							
Time Standing (min)							
Standing Position (Upright % or degree)							
Activity Performed While Standing							
Individual's Feedback							
Vitals (BP, HR, SpO <sub>2</sub> )	Before:	Before:	Before:	Before:	Before:	Before:	Before:
	During:	During:	During:	During:	During:	During:	During:
	After:	After:	After:	After:	After:	After:	After:
Progress Towards Goals (see goals above)							
Comments:							

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