Tayside Joint Protocol Training

Training Module A

Standing Frames, Mobility Equipment

& Corner Seats

Standing

- During normal gross motor development, children being standing from as early as 9 months
- This progresses to cruising at furniture, walking with hands held then independent walking
- Postural control develops throughout this process

Why Standing is Important

- Increased bone density & reduced risk of fractures
- Facilitates formation of the hip joint in early development
- Stretches muscles preventing the onset of contractures
- Improved respiration & voice control
- Enhances circulation & blood pressure
- Aids digestion, bowel & bladder function
- Enables eye-to-eye interaction with peers
- Relieves pressure encountered during sitting
- Improves wellbeing, alertness & sleep patterns

Assessment for using Standing Frames

Consider the following:

- Complexity of disability
- Muscle tone high/low
- Joint contractures & muscle length
- Child's abilities against gravity head & trunk control
- Deformity including hip subluxation/ dislocation, scoliosis etc
- Method of transfer into standing frame eg sit-stand with assistance, hoisted - type of sling
- Height & weight of child, including length of body segments
- Location of use

Lecky Prone Standing Frame



- Aged 1 18 years
- Available in sizes 1 -3
- Complexity: Complex
- 5 incremental prone adjustments from 45 -85 degrees
- Adjustable chest, pelvic & knee supports
 - Supportive sandals to optimise foot position
- Can be used with head supports to reduce extensor posturing

JCM TIM Standing Frame



- Available in 3 sizes for children 85 – 165 cm height
- Complexity: Mild to complex
- Angle of adjustment from
 -15 to 45 degrees
- Allows for use as an upright or prone standing frame
- Adjustable supports in depth, width & height

Patterson Medical Mini Standy



- Available in 2 sizes
- Complexity: Mild
- Adjustable chest, pelvic, knee & foot supports
- Removable table
- Mobile base with castors
- Max load = 55kg

Walking Aids

- A variety of walking aids are available depending on the level of support required.
- Many allow supportive attachments to be added or removed, depending on the child's abilities.
- Encourage independent mobility for those who require additional support.
- Allows children to explore their environment independently and safely, at the same level as their peers
- Encourages active use of muscles and joints, weight bearing and stimulates circulation.
- Promotes physical fitness and exercise tolerance.
- Improves child's self esteem and inclusion.

Assessment for Walking Aids

- Consider the following:
- Child's abilities standing balance, weight bearing & walking/stepping
- Postural control trunk & head control
- Use of upper limbs to maintain upright posture
- Height & weight of child
- Location of use access and space for walking aid to be used

Nimbo Walking Frame





- Available in 5 sizes –
 Junior to adult
- Complexity: Mild to moderate
- Various accessories, including:
 - Seat harness, pelvic stabiliser & forearm gutter supports
- Lockable front castors
- Anti-reverse rear wheels
- Outdoor wheels, nonstandard, must be requested when ordering

Rifton Pacer Gait Trainer



- 5 sizes
- Complexity: moderate to complex
- Height adjustable
- Variety of supports including:
 - Thoracic support, with tilt
 - Saddle seat
 - Thigh & ankle prompts
 - Upper limb supports –
 handles or gutter supports
- Lockable castors with resistance adjustment

Corner Seats

 Corner seats can provide an alternative means of supportive sitting, which can be functional and therapeutic.

- Why Corner Seats are used:
 - To work on the development of sitting posture
 - Where sitting posture is absent, to allow inclusion to floor activities
 - To promote hamstring length with/without use of orthoses

Lecky Corner Seat



- Age 1 − 14 years
- Complexity: Mild to moderate
- Enables long sitting on the floor for those requiring mild to moderate support
- Accessories include:
 - Head pad
 - Tray
- Portable with integral handle