

# Power Standing Trial Form

This form is intended as a tool to assist during a power standing wheelchair trial and can be used as supporting evidence for any reporting needs. The second page can be printed for as many goals as identified.

Date : \_\_\_\_\_ Location : \_\_\_\_\_ Attendees : \_\_\_\_\_

'Power Standing Pre-trial Screening Request Form' completed:  Yes  No

PWC usage (Joystick/Alt Drive Control, buttons/ICS, user/attendant)

Consent for photo/video received for therapist?  Yes  No

Consent for liaising with Permobil clinical team received :  Yes  No  
*e.g. report/ images/ attendance*

Degree of upright standing angle : \_\_\_\_\_ Time spent standing : \_\_\_\_\_

Length of trial : \_\_\_\_\_

Transfer status/observations (include managing chest and knee supports) :

Level of assistance for operating stand feature :

Verbal or physical reactions before/after standing. Consider: Comfort, Pain, Position on return to standing :

Outcome measure(s)/ assessments :

Seating trialed/considerations relating to standing :  
*(consider whether highly contoured or customisable seating will facilitate or inhibit the standing process)*

Accessories relating to standing :

Vitals signs before trial : BP: \_\_\_\_\_ O2: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

Vitals signs after trial : BP: \_\_\_\_\_ O2: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_

## Plan following trial completion:

- Power standing not meeting goals, to explore alternate mobility devices and/or power seat functions
- Further trial(s) required to determine suitability for standing as user and therapist NOT in agreement/ specifically in relation to goal/concern \_\_\_\_\_
- Hire required to determine suitability for standing as user and therapist NOT in agreement/ specifically in relation to goal/concern \_\_\_\_\_
- Power standing best meets goals, user and therapist in agreement. Therapist to proceed as per relevant process, and may include:
  - Successful standing sequence documented (supplier documented as needed)
  - Script completed in liaison with rep and user/ user's team
  - Communication had regarding timeframes and interim solutions
  - Review quote and finalise report, including this form as evidence in part or full

**Standing goal # [ ] :**

<p><b>Outcome with seat elevation function only</b></p>	<p><i>Consider impact on forward reach vs twisting for functional outcomes.</i></p>
<p><b>Outcome with standard active reach function only (specify degrees)</b></p>	<p><i>Consider impact on posterior tilt degrees and functional outcomes.</i></p>
<p><b>Outcome with extra active reach function only (specify degrees)</b></p>	<p><i>Consider functional comparison between active reach and standing.</i></p>
<p><b>Outcome with standing function</b></p>	<p><i>Consider length of time, frequency, and tolerance in relation to goal.</i></p>
<p><b>Key benefits</b></p>	
<p><b>Key considerations (e.g. could this be achieved with an alternate piece of equipment)</b></p>	
<p><b>Other features/ equipment needed to achieve goals (e.g. power seat functions/ drive wheel configuration)</b></p>	
<p><b>Relevant images taken?</b></p>	