

## Assistive Technology Framework

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

**Assistive Technology (AT) needs are related to Outcome(s) #** \_\_\_\_\_

AT Planning Questions	Responses to Planning Questions	Action Plan
<p><b><u>The Child</u></b></p> <ul style="list-style-type: none"> <li>▪ What functional activity or activities does the child need or want to do?</li> <li>▪ What successes and/or challenges is the child currently having in regard to this activity?</li> </ul>	<p>Child is unable to stand independently. His trunk control is poor. His heel cords are tight. He requires full support in order to weight bear through LE.</p>	<p>Daily home program:</p> <ul style="list-style-type: none"> <li>- PT 1x/week</li> <li>- daily positioning in stander</li> </ul>
<p><b><u>The Environment</u></b></p> <ul style="list-style-type: none"> <li>▪ In what setting(s) will the functional activity take place?</li> <li>▪ What resources (people or materials) are currently available to the child and family in this setting?</li> </ul>	<p>Home, either in bedroom or living area. Parents will position child in the stander daily.</p>	<p>PT will provide parents and caregivers ongoing education and instruction in use of the stander in the home. Parents will carry through with daily standing program.</p>
<p><b><u>The Tasks</u></b></p> <ul style="list-style-type: none"> <li>▪ What are the components of the identified outcome(s) that the child needs assistance with achieving?</li> <li>▪ How will AT help the child?</li> </ul>	<p>Child will tolerate standing for 60 minutes per day in either 1 or multiple sessions. Child will wear bilateral AFOs while standing.</p>	<p>PT will:</p> <ul style="list-style-type: none"> <li>- establish measurable goals</li> <li>- monitor standing program</li> </ul> <p>Parents will position child in the stander daily as he tolerates, increasing time to 60 min.</p>
<p><b><u>The Tools</u></b></p> <ul style="list-style-type: none"> <li>▪ What AT options should be considered?</li> <li>▪ What options are most appealing to the family?</li> <li>▪ How will the AT options be explored and evaluated?</li> </ul>	<p>Easy Stand Zing Stander, Jenx Multistander, or other similar stander. Family prefers equipment that can be managed with 1 parent, also equipment that can be moved from room to room. Review of current available options through lending library. Experience with assistive devices with other pediatric clients.</p>	<p>Review CDSA loaning inventory. Review online catalogs for assistive devices. PT to gather information from experience, trainings, internet, and vendors.</p>
<p><b><u>Device(s) Selected</u></b></p> <ul style="list-style-type: none"> <li>▪ How will this device be available?</li> </ul> <p><input type="checkbox"/> Loan <input type="checkbox"/> Purchase</p> <p><i>(See Exceptions to Loaning, ITP Policy Bulletin #27-Assistive Technology)</i></p>	<p>Initially, device will be loaned to child through the CDSA for a trial.</p>	<p>Request loaned device from CDSA. Assess child with device on a weekly basis.</p>
<p><b><u>Training / Support / Follow-Up</u></b></p> <ul style="list-style-type: none"> <li>▪ What is the plan for delivery of the device?</li> <li>▪ How will the parents and caregivers will be trained on how to use the AT device and incorporate in the daily routines?</li> <li>▪ What is the plan for maintenance and repair?</li> </ul>	<p>CDSA to deliver. PT will train parent/caregivers during weekly PT treatment. PT will make necessary adjustments and assess for maintenance needs during weekly visits.</p>	<p>Address training, safety, repairs, adjustments weekly. Document the above in visit notes. Check equipment weekly. Tighten and adjust as needed. Assess for good repair and safety. Provide instructions to parent for basic maintenance.</p>