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Stander Assessment Form

Patient/Student Name:

Diagnosis

DOB/Age:

**Your Name and
credentials:**

Date of Assessment:

Concerns:

Goals of Standing Program (measurable and targeted at participation)

E.G. Tyler will participate in music class by shaking or banging his instrument while standing 6x during class 3 classes in a row

MAT ASSESSMENT

ROM

Joint	Left	Right
Hip Flex		
Hip Ext		
Hip Add		
Hip Abd		
Knee Flex		
Knee Ext		
Ankle Flex		
Anle Ext		
Foot Sup/Pro		
Foot Inv/Ev		
Pelvis		
Spine		
Neck		
Head		

Medical: circle

Seizures ITB G/J Tube Other pump Trach Vagal Nerve Stimulkator pO2 monitor O2

Dyskinesia Hypotonia Spasticity Mixed Tone Ataxia

Sunction machine other monitor behaviors

Other Items

AFO SMO knee immobilizer TLSO HKAFO Compression Garment

Device Parameters:

Supine

Prone

Abduction

Sit to Stand

Knee contracture 45-90 degrees

Ankle contracture 10-45 degrees

Self propelled

Power

Swivel seat (sit to stand)

No lift stander

Multi position

Upright only

Box stander

Fabric stander

Stander with Whole Body Vibration

Stander with video games

Headrest

Tray

Transportable in a car

Foldable

Tool-less adjustments

Single User

Multiple Users

Institution – need more durability and easier adjustments

Pommel and Pelvis support for full hip neutral in prone

Rotational knees

Rotational feet

Shoe holders

Fabric covers

Larger knee supports with pressure relieving cushions

Flat to load

Measurements:

