

Community Equipment Service Special Equipment Clinical Reasoning Form

Service User Initials:

What are the unmet needs of this person, i.e. what is the problem you are trying to solve?

This person has severe multiple sclerosis and is *restricted to walking very short distances using bilateral walking aid OR unable to walk more than a few steps using bilateral walking aid OR restricted to a wheelchair*. This means that they are spending *most OR all* of their day sitting down. As a result, they have begun to develop secondary complications of immobility.

Prolonged sitting can lead to a variety of secondary complications that can prematurely increase dependence and accelerate disability (Pope, 2007), and is associated with increased morbidity (Sasaka et al, 2018). They include: loss of strength, deconditioning, contractures, spasms, pain, depression, constipation, pressure ulcers and chest or urine infections (Coyle, et al, 2000). Increasing activity by standing regularly may slow down the rate of deterioration and minimise the development of insidious yet costly secondary complications. However, for people with severe MS, standing is not always an option because of poor balance or lower limb weakness.

A recent randomised controlled trial has shown that regular standing in a standing frame can improve motor function in people with progressive MS (Freeman et al, 2019). Other studies state that it may also help to reduce spasms and improve constipation, continence and fall-rate (Hoenig, 2001; Eng et al, 2001; Hendrie et al, 2014). Studies have also shown that standing can increase well-being by restoring a sense of normality and optimism for the future (Eng et al, 2001; Baker et al, 2007; Nordstrom et al, 2013; Hendrie et al, 2014).

Detailed description of the equipment required: Non core stock item Bespoke

*Type of equipment / function of equipment/ description of any accessories/ alterations/ specific model required

Insert name type and model of standing frame/device required - OR

Oswestry standing frame - size (*refer to size chart to ensure that person has the correct size of frame for their height*)

Add in any other additions that you need e.g. electric lift, knee pads, self-fastening hip strap

Step 1: Provide clinical reasoning for what equipment you have considered and why it is not suitable.

From the core stock catalogue: Standing devices available as stock equipment are only used for transfers and do not raise the person to their full height. The person cannot stand in them for the time required to alleviate secondary complications.

From the recycled specials catalogue: *No standing frames held in stock*

Step 2: Supplier information			
	Name of suppliers	Price quoted	Lead time (bespoke orders)
Quote 1	Oswestry standing frame Theo Davies and Son Berwyn Mill Glyn Ceiriog Wrexham, North Wales LL20 7HF (01691) 718218	~£550.00 – <i>standard frame</i> ~£1265.00 – <i>with</i> <i>electric lift</i> Contact theomd Davies@yahoo.co.uk for current price list.	6 weeks
Quote 2	No other company make these frames		
<p>Provide clinical reasoning why the requested equipment and supplier is more appropriate than other equipment:</p> <p><i>If an Oswestry frame is appropriate:</i></p> <p>This person can move themselves into a standing position with minimal help from their spouse and, therefore, do not need a frame which has an electric lifting facility.</p> <p>The Oswestry standing frame is currently the cheapest on the market and yet it fulfils all the requirements necessary to provide a safe and completely upright standing position for this person. It is lighter than other models and can be moved around the house with relative ease. It is also smaller than most other models and, therefore, takes up less space. It is made of wood and does not look like a piece of 'disability equipment' in the way that other frames do. A recent randomised controlled trial has shown that the self-managed use of the Oswestry Standing Frame in the community is both feasible and clinically and cost-effective (Freeman et al, 2019).</p>			
<p>Has the person had a trial with this equipment- describe the outcome?</p> <p>The person has used the frame <i>at the outpatient physiotherapy department</i> and has found it of great benefit. As it is not possible for the NHS to continue to provide on-going rehabilitation for this person, having a frame at home would mean that standing could continue on a regular basis enabling the associated benefits to be gained</p> <p><i>OR for someone requiring an electric frame:</i></p> <p>Because of the progressive and severe nature of the condition, <i>he OR she</i> can now no longer move <i>himself OR herself</i> into a standing position and it would be unsafe for <i>his OR her</i> spouse or carer to lift or manoeuvre <i>him OR her</i> into this position. <i>He OR she</i> now requires a frame with an electric hoist which will move <i>him OR her</i> into a standing position.</p>			
<p>Additional information to support your recommendation:</p> <p>If this piece of equipment is not provided then this person may develop avoidable secondary complications of prolonged sitting which can be costly both to the person with MS, their spouse and carers and the NHS. It is notable that some secondary complications can lead to increased medical and social care interventions and even hospitalisation.</p> <p>This simple piece of equipment has been shown to be clinically and cost-effective and it is feasible for people with MS to self-manage regular frame standing over the long-term in the home setting (Freeman et al, 2019)</p> <p>For further information about the use of standing frames for people with MS, please visit: www.plymouth.ac.uk/research/sums</p>			

