



# Multi-Position Stander (MPS) Pre-Evaluation



### Necessary preliminary information:

What is the general health of the client?

Good	–	Fair	–	Poor
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

When was the last time this person stood for any length of time? \_\_\_\_\_

Are there any lower extremity joint limitations?  
*If yes, where and degrees of limitation?* \_\_\_\_\_  Y  N

Do you have any concern about the person's bone integrity?  
*If there is concern, has a bone mineral study been conducted?*  Y  N

Is there any concern about postural hypotension?  Y  N

What other systems will be evaluated along with the standing feature, such as tilt, recline, seat elevator? \_\_\_\_\_

The client's general height \_\_\_\_\_, weight \_\_\_\_\_, DX \_\_\_\_\_ and any other pertinent information. \_\_\_\_\_

We require a therapist with good knowledge of the client to be present during the evaluation. Who will that be? \_\_\_\_\_

\_\_\_\_\_

Do you think this client will find medical benefits from standing and be safe?  Y  N

Therapist name: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)

Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Client's name, or record number, of who is evaluating this device: \_\_\_\_\_

\_\_\_\_\_

