


 Minnesota Department of **Human Services**

Minnesota Health Care Programs

Home Trial Log for Stander

A log reporting the results of each session in the stander during the home trial is required. This form, or one provided by the physical therapist or medical equipment provider, may be used. Submit a copy of your log sheet with your Authorization Request for Standers and Accessories (DHS-4075).

Your physical therapist has developed a therapy plan for you with specific goals. The log will be used to assess how well the stander helps you meet these goals. Please be diligent in filling in this log as completely as possible on a daily basis. Your role is vital to ensuring success of the stander trial.

Each time you use the stander, you will need to write down certain information. It is highly recommended that you check your blood pressure, pulse and breathing rate (or oximeter reading) before and after using the stander. You will need to write down how much help you need to get into and use the stander. You will need to write down how long you are in the stander, and what you do when you use the stander. You will also need to write down what changes you see or feel that relate to your therapy goals.

STANDING GOAL #1 (as identified by PT)	STANDING GOAL #2 (as identified by PT)
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	DATE:	DATE:	DATE:
Vital signs before standing (blood pressure, pulse, and respiratory rate or O2 sats)			
Level of assistance needed for transfers and stander use			
Time spent standing			
Degree of upright (90 degrees is fully upright)			
Functional activity when standing			
Verbal or physical reaction from person standing			
Results/changes for Goal #1			
Results/changes for Goal #2			
Other changes/benefits noted			
Vital signs after standing			

ADDITIONAL COMMENTS
