



# AADL Assessment Summary for Pediatric Standing Frame Benefits

Protected A (when completed)

Alberta Aids to Daily Living Program

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To confirm client eligibility for assistance from Alberta Aids to Daily Living (AADL), please ensure this form is completed and uploaded when directed to do so when submitting an authorization to Alberta Blue Cross online health portal.

**All sections and questions must be completed.**

Authorization Information		
Client Name:	Assessment Date:	YYYY-MM-DD
Client Information (Check all that apply)		
Client Age: _____ years	Check off other mobility/position devices the child has:	
	<input type="checkbox"/> Orthotic brace(s)/prosthetics <input type="checkbox"/> Pediatric walker <input type="checkbox"/> Wheelchair	
Chronic Impairment(s)	<input type="checkbox"/> Inability to maintain independent standing position <input type="checkbox"/> Non ambulatory/minimally ambulatory	<input type="checkbox"/> Impaired ROM/strength <input type="checkbox"/> Abnormal tone/posture
Client Environment		
Limitations in accessibility and independence due to wheelchair/stroller dependence?		Y N
Standing frame to be used in home?	Y N	In school? Y N
Standing frame trialed in home?	Y N	In school? Y N    In clinic? Y N
Standing frame fits in the home/school, storage not an issue?		Y N
Able to or has assistance in place to transfer child into frame?		Y N
Assessment Summary/Standing Frame Plan <input type="checkbox"/> First standing frame <input type="checkbox"/> Replacement standing frame		
<input type="checkbox"/> Walkers/splints/other weight bearing devices do not facilitate a sustained standing position. <input type="checkbox"/> Transfers (circle one): <u>independent transfer / one or two person assist / mechanical lift</u> <input type="checkbox"/> Family/client able to demonstrate safe use of the standing frame during trial. <input type="checkbox"/> Assessment includes baseline information related to function and any available outcomes. <input type="checkbox"/> Standing plan in place and includes all of the following (please check off boxes to confirm):		
<input type="checkbox"/> Functional goal involving participation in school and/or home activities <input type="checkbox"/> Frequency set at a minimum five days per week for 45 minutes or more (may be divided into multiple sessions). <input type="checkbox"/> Child is unable to tolerate minimum AADL frequency requirement. Plan to build up to this (including timeframe): _____		
<input type="checkbox"/> Child/family is willing to use the device in the home/school setting given the above parameters.		
<input type="checkbox"/> If this is a replacement standing frame, please provide brief description of functional outcome achieved with first standing frame:  		
Signature:		
_____	_____	_____
Parent name (print)	Signature	Date