
F3: Get On Your Feet

Ginny Paleg, PT, DScPT

Learning objectives:

At the conclusion of the session, participants will be able to:

1. Describe 3 research articles and their evidence for standing
2. Describe how many degrees of abduction is optimal to support hip health
3. Write 3 measurable achievable functional goals for a specific child in a stander

Session description:

Designing and implementing a supported-standing program requires in-depth knowledge of evidence-based outcomes, best practices and effective dosing. Knowledge of the types of standers and their available options is also needed. We begin with a systematic review and clinical practice guidelines for supported standing programs, using case stories. We will also review how standing can impact hip biomechanics, range of motion and bone mineral density. Understanding of best-practice guidelines, case stories and photographs of children using standers will help participants design and implement evidence-based standing programs with measurable goals and outcomes. Participants will leave understanding how standers can prevent and even improve hip contractures, hip subluxations and pathological fractures.

Content references:

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2. Paleg, G and Livingstone R. Evidence-Informed Clinical Perspectives on Selection of Gait Trainer Features for Children with Cerebral Palsy. *International Journal of Therapy and Rehabilitation*. 2016 23 (9) .
3. Paleg G, Huang M, Vasquez Gabela SC, Sprigle S, Livingstone R. Comparison of the Inertial Properties and Forces Required to Initiate Movement for Three Gait Trainers. *Assist Technol*. 2016 Fall;28(3):137-43

4. Paleg, G and Livingstone R. Systematic Review and Evidence-Based Clinical Recommendations for Dosage of Supported Standing Programs for Adults with Neuromotor Conditions. *BMC Musculoskelet Disord*. 2015 Nov 17; 16(1):358.
5. Paleg G and Livingstone R. Outcomes of gait trainer use in home and school settings for children with motor impairments: A systematic review. *Clin Rehabil*. 2015 Jan 30.
6. Livingstone, R and Paleg, G. Practice considerations for the introduction and use of power mobility for children. *Dev Med Child Neurol*. 2013 Sep 3. doi: 10.1111/dmcn.12245. [Epub Therapy and Rehabilitation. ahead of print]
7. Paleg, G, Smith BS, and Glickman LB. Systematic review and evidence-based clinical recommendations for dosing of pediatric supported-standing programs. *Pediatr Phys Ther*. 2013 Fall; 25(3):232-47.
8. Glickman L, Geigle P, Paleg G. A systematic review of supported standing programs. *J of Ped Rehab Med Vol 3:3* 2010 pp 197-213.