

Horizon Stander

Set-Up Instructions

LECKEY[®]



The keys:

1. Measure
 - a) Bottom of heel (with shoes on or whatever is worn when standing) to mid point of knee
 - b) Bottom of heel to top of the pelvis
 - c) Bottom of heel to 2 to 3 fingers below axilla (highest point of armpit)
 - d) Bottom of heel to top of shoulder
 - e) Bottom of heel to top of head

NOTE: You can account for different left to right side leg lengths by adjusting the height of the footplates independently. Make sure if doing this to adjust the kneeblocks too. The footplates also have plantar/dorsi-flexion (angle of foot) adjustment in them that you may want to use.

Now set the standers total length to top of chest plate to d)

You do this by turning the knob on the back of the standers main vertical extrusion that all the parts attach to. If you loosen this off, the two vertical extrusions that slot together in to each other can then slide.

Set up length d) as above. Tighten up the knob again – Make sure tight. I do this when the stander is horizontal to make it easy.

Next, put in the headrest and set e) by adjusting the length of the multi-axis mount attached to the headrest.

Set the top of the pelvic block to b). There are rubber washers in everything to stop movement over time. You normally need to loosen off the pelvic block and give it a good shake.

Move the thoracic (chest laterals) so the top of them corresponds as close as possible to c) there are 3 slots you can put these in. Be very careful when lining up the knobs to attach the laterals so as not to thread them. Get the line up right. Try and gently try again until you get it. Don't ever force it. With the laterals there is fine adjustment of about 1cm in the sides of them if you loosen off the 3 Allan bolts. Often you don't need to do this.

Set up the mid point on the knee cups to a) and please remember if you are in supine (back laying) don't expect that the back of the knees will ever touch the back of the knee cup. All the weight goes directly through the front pad that is clipped over.

OK, that's the basics, now you need to think about these things when loading the child/adult in:

If the client has enough range (limited or no lower limb contractures) then before putting them in:

- f) Set the shoe holders forward as much as you can (you can set them a little back if need be once the client is in to slacken off the stretch of the hamstrings)
- g) Pull the kneecups back as far as possible and make sure they are centred too unless the

client is windswept where you may have to offset them. Make sure to set them in line or slightly wider than the hips. The exact set up here is the assessors prerogative. There are differing schools of thought on this and the assessor should decide.

- h) Push the pelvic (hip) block as far forward as it can go. You can slacken this off later if need be but ideally in line with the chest block.

NOTE: If you have had to butt the bottom of the chest block and the top of the pelvic block together to match your measurements, the pelvic block will have to sit over the 2 chrome pelvic belt fixation points. Make sure the pelvic block is level and not angled at least to start with. It seldom needs to be anything else than this.

Load the client (for supine set ups) in horizontal. Talk to them and tell them what you are doing as you are doing it. This is regardless of whether they are communicative or not. You would be surprised just how much some clients who don't engage are taking in.

Loading is usually done with a hoist or a 2 person lift. Always have the pelvic belt set up on the stander before doing this.

Make sure the pelvic belt covers the whole gluteal muscles and is not up around the waist. Getting this locked down tight around the client and then securing it tightly to the stander is integral to the success of the stand. This is what combined with the pads on the fronts of the knee cups takes the most weight. The tighter you get the pelvis the less weight loading will go through the knees and the better the resulting stand.

When raising the stander, when you get to 45 degrees up put the tray on and then only if the client can handle more weight bearing, continue on to a full vertical stand the whole time telling the client exactly what you are doing.

It is the assessors decision as to just how much weight bearing should be done. There is an angle indicator on the side of the stander so you can mark the maximum angle at which the stander should be set for the given client for when caregivers and staff are working with the client independently of the assessor and need a guide.

A trick that works well is to get the client up to an angle they can tolerate and if they get at all tired, stressed or experience any discomfort (at a level the caregivers indicate is not normal) then immediately change to a lesser angle and give them a good break. Up for a bit, rest for a bit. Very short periods at a time especially for clients who haven't stood or weight bared regularly in a while. All this component is the assessors responsibility and not ours.

Of note: The suppliers representative is there to get the technical component of the set up correct by to matching the product with client need. The representative is not in a position to make any clinical calls what so ever. The assessor provides feedback during the appointment as to what they are wanting to achieve and how they would like the client set up from a clinical perspective.

For further information please click on the video link on our webpage to view the Leckey Horizon Stander Introduction video. Make sure to have a brochure and stander end-to-end chart on hand, also a tape measure, pad, pen and metric Allan keys.

