

Assistive Technology Framework

Child's Name _____ DOB: _____

Name of person completing form: _____ Date: _____

Assistive Technology (AT) needs are related to Outcome(s) # ORTHOTICS

AT Planning Questions	Responses to Planning Questions	Action Plan
<p><u>The Child</u></p> <ul style="list-style-type: none"> ▪ What functional activity or activities does the child need or want to do? ▪ What successes and/or challenges is the child currently having in regard to this activity? 	<p>Independent walking in indoor settings. Child is able to stand with sturdy supports but has difficulty shifting his weight to cruise along supports. He is able to take forward steps with both hands held with a crouched posture. A gait trainer has recently been introduced.</p>	<p>Involved providers will continue to support the family in developing strategies to strengthen and maintain child's flexibility to prepare him for more independent mobility.</p>
<p><u>The Environment</u></p> <ul style="list-style-type: none"> ▪ In what setting(s) will the functional activity take place? ▪ What resources (people or materials) are currently available to the child and family in this setting? 	<p>Setting: in natural environments at home and at childcare. Resources: parents, childcare providers, older siblings, providers, appropriate sturdy furniture at home and at childcare to allow for standing at supports, loaned gait trainer.</p>	<p>Involved providers will continue to support the family and childcare providers in ways to encourage child's participation in functional activities within her daily routine using the least restrictive assistive devices necessary.</p>
<p><u>The Tasks</u></p> <ul style="list-style-type: none"> ▪ What are the components of the identified outcome(s) that the child needs assistance with achieving? ▪ How will AT help the child? 	<p>Upright standing posture Weight shifting to take steps Functional balance</p>	<p>Orthotics will provide a more functional, stable base for the child to develop balance and independent mobility skills.</p>
<p><u>The Tools</u></p> <ul style="list-style-type: none"> ▪ What AT options should be considered? ▪ What options are most appealing to the family? ▪ How will the AT options be explored and evaluated? 	<p>High top boots or shoes. Solid-ankle vs. hinged AFOs. The family would like to make sure that any orthotic will fit in her regular shoes.</p>	<p>The family will be provided with a list of orthotics vendors in the community to choose from. Orthotist will consult with treating PT and family to select most appropriate orthotic support.</p>
<p><u>Device(s) Selected</u> orthotics</p> <ul style="list-style-type: none"> ▪ How will this device be available? <p><input type="checkbox"/> Loan <input checked="" type="checkbox"/> Purchase (See <i>Exceptions to Lending, ITP Policy Bulletin #27-Assistive Technology</i>)</p>	<p>Orthotics are custom devices and are not loanable.</p>	<p>Family may use high-top boots or shoes for additional support while awaiting orthotic delivery.</p>
<p><u>Training / Support / Follow-Up</u></p> <ul style="list-style-type: none"> ▪ What is the plan for delivery of the device? ▪ How will the parents and caregivers will be trained on how to use the AT device and incorporate in the daily routines? ▪ What is the plan for maintenance and repair? 	<p>Once orthotic vendor is selected, orthotist will measure or case for appropriate device, file with insurance, and deliver and git device once ready. Orthotist and treating PT will instruct family in donning/doffing and wear schedule. Orthotist will be available for any modifications or ongoing maintenance if needed.</p>	<p>Involved providers will assist family in monitoring orthotic device usage and effectiveness. Involved providers will instruct family in ways to incorporate orthotic usage into activities in daily routines.</p>