

# understanding frames

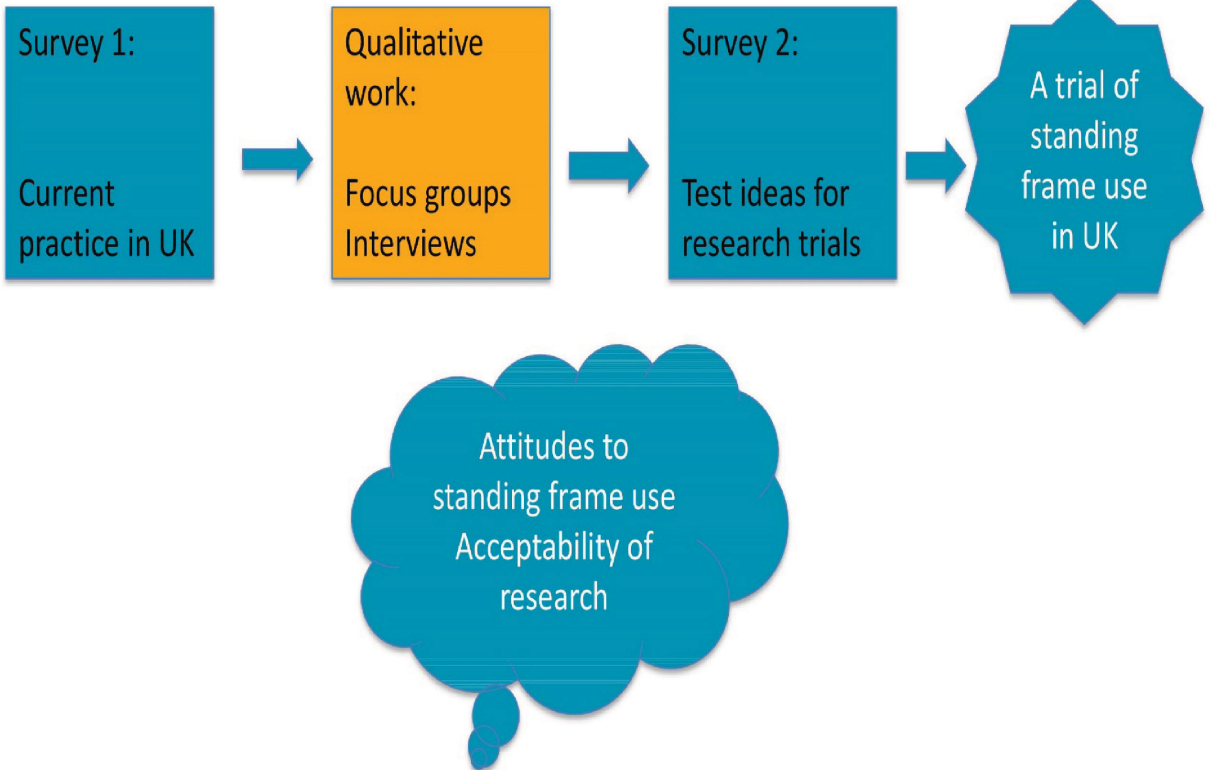


*Standing Frames as part of postural management for children with Spasticity.  
What is the acceptability of a trial to determine the efficacy of standing frames?*

*Understanding Frames is an independent research study funded by the National Institute for Health Research (NIHR) under its Health Technology Assessment (HTA) Programme. The views expressed here are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.*



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Survey 1:

Current practice in UK.

UK wide survey:  
Professionals 155  
Prescribers 305  
Parents 91

Limited evidence but significant consistency in prescribing practice and recommendations

Achieving use as recommended is not usually possible: challenges to use!

Widely reported benefits of use: Which are most important to whom?





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Focus groups  
and  
Interviews:

Measuring outcomes of body structure will need large numbers of children; and long term follow up

Body function, activity and participation may be measured in shorter time frames; with a variety of different outcome measures.

Each individual child and prescriber have goals for why they use frames – these may not always be the same goals.

Children are most focused on activity and participation; but do have opinions and belief that frames will be “good for their body structure” in the future

Variable practical issues with using frames in different environments (school and home)



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## Population

- Age of child
- GMFCS

## Intervention

- Standing frame (type)
- "Treatment as usual"
- Specific treatment regime

## Comparator

- Delayed/ suspended use
- Other device: supported seating; walking frame
- Other interventions: therapy

## Outcome

- Participation/ QOL/ interaction
- Body structure and function
- Functional – bladder/bowel/breathing

## Timing

- How long to see change?
- How long is acceptable to study?



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Parents' reported benefits of standing frame use:



1	Opportunity for a change of position
2	Reduce risk of hip dislocation or damage
= 3	Reduce risk of joint contractures
= 3	Improve bladder and bowel function
5	Improve bone density/strength
6	Enjoy activities
7	Interaction with peers
8	Participation in activities
9	Help child stand independently in future
10	Improve motor abilities (trunk control)
11	Improve motor abilities (upper limbs)
12	Help child walk in future
13	Improve motor abilities (head control)
14	Improve breathing
15	Help child use their vision
16	Help child communicate
17	Reduce risk of fractures



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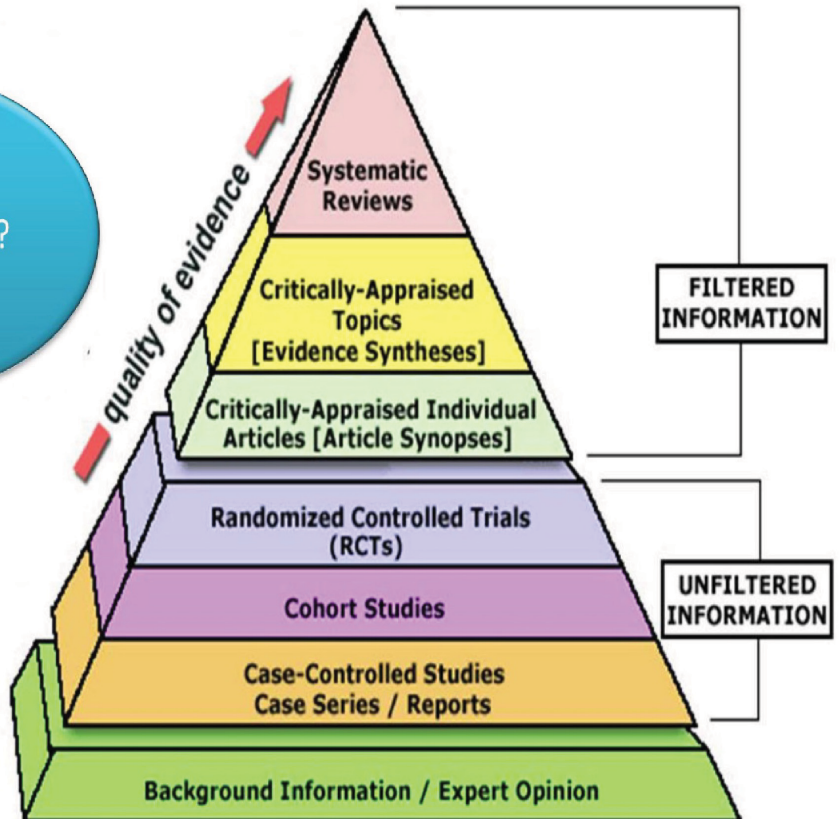
## Topics for today's discussion:

- What do you think of the benefits/ goals we have identified in the research so far? Which are most important to research? Are there any others?
- What is an acceptable period of not using a frame?
  - 6 weeks? A term? Longer? Never?
  - Delayed start for pre-school children?
    - Will this be different for different goals? i.e. if using for bowel function – how long?
- How do we ensure enough support to ensure a frame is used as planned?
  - Equipment/ training/ staff?

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Current evidence?







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