

Stander Home Trial Log

Name _____ Type of Stander _____

After the stander trial, please call your physical therapist to let them know if you would like to get a stander. If so, the physical therapist will write a letter of medical necessity in order to assist with insurance authorization. Insurance is looking for any changes in function during the brief trial. These may be very small due to the shortness of the trial.

Please document carefully any changes noticed in any of these areas: mood, bowel, breathing, transfers, ease of personal care issues such as bathing and dressing, posture and positioning, etc. This information will help greatly in getting a stander, so please share it with your P.T. either by phone, fax or mail.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Total time spent in stander							
Time in: ¼ upright ½ upright ¾ upright Full upright							
Comments: verbal or physical reaction from person standing							
Changes noticed after standing: i.e. easier to dress & transfer, less need for bowel meds, improved posture, etc...							

