



Guideline for Equipment ordering from Timion

Thank you for ordering Equipment from Timion. This document is intended to help you select the most helpful assistive device for your patient. It is our desire to provide this equipment to meet the needs of children with disabilities and to support their families in caring for them. It is also our aim to assist therapists involved in their rehabilitation.

Background to Timion

Timion has been designing, manufacturing and issuing equipment free of charge since 2007, to help address the need for specialized equipment for children with Cerebral Palsy from marginalized families.

Many children are referred to us from nearby hospitals and clinics, enabling us to build relationships with both the referring therapist and the child. We aim to visit these children bi-annually to review and monitor the equipment provided, in liaison with the referring therapist. We have 1, sometimes 2, therapists who daily visit 4-5 of the approximately 300 children on our database residing in the greater Nelson Mandela Metropol.

We now also receive orders from other parts of the Eastern Cape and South Africa and are therefore not able to have direct contact with these children and their families. This role needs to be fulfilled by the therapist concerned with the rehabilitation of the child with CP. We want to support the therapist in choosing and issuing equipment as well as in supporting the family and following up on the use of the device.

Timion's assistive devices has a value of between R2000 and R3000 and is handmade. A lot of man hours goes into producing the equipment and also into securing the necessary funding to cover the extensive costs to run the project.

We therefore want to do all we can to ensure that equipment is used regularly and correctly and making a meaningful difference in the life of the child with CP and that of his/her caregivers.

If equipment is not used or used incorrectly, it will not benefit or may even hurt the child; AND it is also a waste of precious human and financial resources.



A Bio-psychosocial approach

One of the main reasons for equipment not being used or benefitting the child, is a lack of communication and a trust relationship between caregiver and therapist.

Rehabilitation services for people with disabilities in South Africa are often still using a medical model and fail to make the paradigm shift to the bio-psychosocial approach adopted in the WHO's ICF since 2001:

- The caregiver's ideas, concerns, expectations and beliefs needs to be explored and addressed in coming to a shared understanding about her child's condition and the goals of management
- The child/caregiver should be involved in deciding upon a plan of management, including the choice of equipment.
- Personal and environmental factors needs to be understood and considered.
- The ultimate goal of rehab is to improve the quality of life of the caregiver and child, especially through participation in meaningful life rolls.

This is what we want to see when we screen and approve the orders placed for equipment. Not because we are reluctant to give equipment or mistrust therapists. But because we want to do all we can to see the equipment being used correctly and helping the child and family! And ultimately, seeing an intervention improving the quality of life of a client, will also be very rewarding for the therapist.

Most therapists have little or no training or experience in the use of assistive devices at university level. We have provided equipment to over 700 children and have learned much in the process. When we have a picture of the child and family and aims of rehab, we can guide the therapist in choosing the best equipment.

The Timion Equipment Order Form has been modified to encourage this paradigm shift away from the medical model and questions are formulated to facilitate the inclusion of the client/caregiver in identifying therapy goals and planning the best strategy to reach these goals, which often involves choosing an assistive device. In order to be meaningful, these goals needs to be functional and address participation restrictions and not just focus on normalizing body structures such as a shortened Achilles tendon!

Equipment should be helping to reach a meaningful, achievable goal shared by the caregiver and therapist. Then it has the best chance to be used well!

The therapist have a lot of knowledge about the medical aspects of the child's condition and of possible treatment options. The caregiver has cared for the child on a daily basis and knows his/her personality, likes and dislikes, environmental and societal barriers and benefits. Ultimately it is the caregiver who will have to use the equipment on a daily basis.

Equipment delivery and issuing to patients

Once the equipment order has been approved, our workshop will manufacture and it will be ready for collection. **Please also consider how to get the equipment to the clinic/hospital prior to ordering.** Options include hospital transport or asking friends/family passing through Jeffrey's Bay to collect it from our workshop. *We greatly appreciate your efforts and commitment to arrange the transportation of the equipment!*



Once you have received the equipment, the status of that item on our system is changed to “with therapist to issue’. This means, that it is out of our workshop, but hasn’t reached the patient yet.

We provide a simple feedback form with the equipment that you must complete and return to once you have issued the equipment, indicating whether the equipment was suitable, could be fitted, how the child and caregiver coped with the device. **Please fax or scan/email the completed form to us so that we know that the equipment has reached its destination and can update our system accordingly.**

Please also **take a pictures of the child in the equipment - full length from the front and from the side, and WhatsApp or email it to us** (please don’t forget to write the patients name!) This helps us to;

1. Put a picture to the name of the child
2. Check the fitting and advise you if needed
3. As proof that it has been issued (common practice for most charities, as the equipment was paid for with money given by sponsors)

Once the equipment has been issued it is the referring therapist’s responsibility to monitor the child and equipment usage as these children often grow too large for the setting of the equipment. This results in either the caregiver not using the equipment anymore or potentially damaging the child by using it incorrectly.

All our equipment is adjustable. By changing the height or width, as the child grows, it can be used over an extended period of time **before having to order a bigger size**. It is not the caregiver’s responsibility to decide when and how much adjustment is needed. **It is the therapist responsibility to follow-up on how the equipment fits and to make adjustments when necessary.**

Important contact details

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Website:	www.timion.org



Thank you for taking the time to read through this document. Let us go to the details of the order form now:

<u>Patient Name: / Address:</u>	Please ensure correct spelling to avoid multiple orders
<u>Phone:</u>	Please provide 2 numbers as the number often change
<u>Hospital/Clinic:</u>	Where you are based/ name of Hospital and City
<u>Date of birth:</u>	To calculate age of the child
<u>Gender:</u>	To avoid mistakes in gender
<u>Caregiver name:</u>	All caregivers names if different during day and at night
<u>Caregiver relationship:</u>	E.g. mother, grandmother, aunt etc.
<u>Is this person who mostly takes care of child?</u>	For us to know if the below interview is answered by the main caregiver.
<u>Child is during day at:</u>	Crèche or home or granny's place...
<u>Caregiver during day:</u>	If the child is not home during the day
<u>Diagnosis</u>	Clinical Diagnosis e.g. Cerebral Palsy (Spastic, Athetoid, Ataxic) Hydrocephalus/ Developmental delay
<u>GMFCS Level:</u>	Gross Motor Function Classification System. An objective measurement tool used to grade severity of Cerebral Palsy can be downloaded from various websites http://motorgrowth.canchild.ca/en/GMFCS/resources/GMFCS-ER.pdf
<u>Tone:</u>	E.g. High, Low, Fluctuating tone
<u>Distribution:</u>	E.g. Quadriplegia, Hemiplegia/ Diplegia
<u>Associated problems:</u>	E.g. spinal deformities, contractures, leg length differences, large head d/t hydrocephalus, hip dislocation, cortical visual impairment, SI deficit, behavioural problems
<u>Name, phone, email of Therapist:</u>	Please give department number and therapist mobile number
<u>Date of Order:</u>	
<u>Same order also ordered from government:</u>	For sustainability please order also from the Government to create awareness of the big need for paediatric equipment



Child has following equipment:

Please write all equipment in the table, even equipment that is not yet received, but has been ordered.

Getting to know the child:

Very important questions, please take time to answer. Please fill in while you are doing the interview.

Equipment selection:

First section is for choosing the equipment and to write the measurements

Second section (at end of form) is for motivation. Each equipment that has been selected, needs to have a motivation.

a) **Standing equipment** (only one out of this group can be chosen for a patient)

Ensure measurements are accurate and filled in.

Assess foot position in weight bearing and order orthoses if necessary. Please indicate this on form. A child needs to be 18 months old to start using a standing frame. In younger children, the caregiver can be taught to support the child in standing using her hands and body. This is to avoid too long periods of standing which would not be normal for a child of this age. We have issued normal standing frames to 95% of our clients. Until now, only 2 children required a supine standing frame. A possible reason could be hydrocephalus where the head needs to be supported to prevent strain on the neck. Please contact us if you think a child needs a special standing frame.

b) **Recumbent positioning equipment** (only one out of this group)

These devices may be difficult to use and careful practical instructions to the caregiver are essential. Please ensure that all measurements are accurate and filled out.

An assessment of the home environment should be done, as this is a large piece of equipment that takes up a lot of floor space. The family needs to be involved in the decision to order this!

c) **Bench/Table** (active sitting)

The caregiver usually needs to support the child. She therefore needs to be taught during therapy sessions how to best use the bench and/or table for functional every day activities. It is often used for assisted dressing.

d) **Walking devises** (only one devise of this group per child)

Ensure that all measurements are accurate and filled in. Please indicate where and on what surface the device can be used. If there is only gravel road or grass, the child will most probably not be able to use the



rolator (although it has quite big wheels, it is not an “off-road” rolator) A home visit is advisable to determine whether there is adequate level ground to use the device.

e) Posture chair/Wheelchair insert/Height adjustable chair

As Madiba buggies and other seating devices are on the government tender, Timion usually does not provide seating equipment. Our posture chair is based on the design of the Madiba buggy and does not provide additional/less support. We will consider providing a posture chair when a Madiba buggy has been ordered, but the expected waiting time puts the child at risk of developing deformities. It may be appropriate to order a posture chair in addition to the buggy, to be used at a day care centre to which the buggy cannot be transported on a daily basis. Please indicate all measurements and provide an explanation why a Madiba buggy does not suffice

f) Soft splints

This is not a hand splint! Soft splints are basically trapezoid shaped foam splints that are wrapped around the arm or leg. They keep the elbow/knee in some extension but still allow some movement. The hands/feet are not supported. They are not functional splints and are usually used when the child is resting.

g) Vision toys/Tactile toys

Toys should be used a few times during therapy in order to demonstrate to and teach the caregiver how and why to use it

If you wish to order visual toys, please conduct an assessment of the child’s vision. Set specific functional vision goals appropriate for that child’s situation and the severity of their visual impairment e.g. to focus on mom’s face for 5 seconds. A generic treatment approach for all children with a visual impairment is not advised.

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We sometimes receive multiple orders for one child. We may question this for the following reasons:

- The caregiver might be overwhelmed with too many items and too many things to learn at one time.
- There might not be enough space for all the equipment in a RDP house/shack.
- The caregiver also needs to show that she/he takes good care of the equipment and is using it regularly and appropriately.

Therefore please address all the above potential concerns when motivating an order of more than one device for a client...