



## STANDING FRAME USER MANUAL

## Dear Caregiver

We are happy that you have a standing frame (SF) to use with your child. We trust it will serve you well.

Before using the standing frame, please read the instructions in this manual carefully.

Particularly pay attention to the important information to ensure your child's safety when using this device.

Some sections have numbers in brackets like this (1). This shows that the information is from research, which is listed according to the numbers on the reference list near the last page.

As a final note, be aware that your standing frame may differ slightly from the descriptions and photos used.

We wish you and your child much joy whilst using this device.

Blessings,  
The Timion Team



## Content

Who we are	3
24-hour positioning	4
Purpose of equipment	5
How to use...	6
Activity ideas	11
Important info.	12
Assembly instructions	13
If you are enjoying your standing frame...	14
Contact us	15
Reference List	15





## Who we are

Timion NPC is a Christian humanitarian organisation based in Jeffreys Bay, South Africa.

We dedicate our work to disadvantaged children with disabilities and their families in rural areas and South African townships. We design and produce affordable and durable assistive therapeutic equipment, and our hope is to reach as many children with disabilities as possible by making our equipment readily available to them.

We have equipped more than 1000 children so far. And in the surrounding areas of Nelson Mandela Bay and Jeffreys Bay, many families have been supported through our outreach programme with our family facilitators and therapists.



## 24-Hour Positioning

Children with CP may need assistance to reposition themselves throughout the day. Whether a child is sitting, lying, standing or sleeping, positioning is beneficial to their development and attempts to prevent further physical deformities. **A child with CP will grow the way their body is positioned over most of the time.** If a position is poor for the child, it will begin to be uncomfortable and can become painful in the long run (1).

A good position is when the head, shoulders, hips, knees and feet are all facing the same direction, whilst the child feels safe and secure. We encourage the caregiver and therapist to **work together** to explore when the child is positioned correctly and comfortably (2).

Making sure that the child is in a good position allows them to try to participate in life around them. When the child is feeling well positioned they may be able to try to do actions such as holding up their head, looking at objects or reaching out for a toy.

When they get used to a routine of using their device, the positioning of the child with CP will happen naturally and becomes a **part of everyday life** (3).

The child needs to experience different positions throughout their day, the dominant position in which a child is left most of the day is the way that they will grow.

WHY 24-HOUR POSITIONING?  
**think about how many times a day you change your position from sitting to standing to lying etc. and now, think about how many of those positions your child also needs help with**



**NOTICE THE CHILD'S WHOLE BODY FACING THE SAME DIRECTION**

**EACH POSITION MATTERS!**

## Purpose of equipment

Standing frames are highly valued therapeutic equipment which should be used as part of a 24-hour positioning plan for children with CP (1).



Regular use of a standing frame ...

- allows the child to stand up and encourages **play** with their siblings and friends
- may reduce constipation (5)
- have a positive effect on breathing and their heart (cardiac and respiratory systems) (5)

The use of standing frames (4) ...

- help with **stiffness** (a temporary reduction in spasticity)
- **stretch** the child's legs (especially the calf and knee flexor muscles with prolonged use)
- help the child's bones **grow strong** (a positive effect on the bone density in the long bones of the legs as well as the spine)

**For the child to experience the benefits of the standing frame, it is important to also have a 24-hour positioning plan that suits the child's specific needs, their family and their home routine.**

## How to use your standing frame



Hold your child as demonstrated in the photo | **Hou die kind vas soos aangedui in die foto met sy/haar kniee gebuig** | BAMBA UMNTWANA WAKHO NGOLUHLOBO LUBONISWE KUMFANEKISO



Place the standing frame against a wall. Put the child's feet in first, positioning them nicely | **Plaas die staanraam met die tafel teen 'n muur. Sit die kind se voete eerste in en kry hom in 'n goeie posisie** | BEKA IS/F PHAMBI KWEDONGA UKWENZELA SIBE NOKUXHASEKA. FAKA UMNTWANA UQINISEKISE IINYAWO UZIBEKE KAKUHLE





3

Support behind the buttocks and bring the child into a standing position | **Ondersteun die kind met een hand onder die boude en die ander hand op die bors terwyl jy die kind regop laat staan** | XHASA MNTANA NGEMVA (EZIMPUNDWINI) UMNCEDESE UKUBA EME.



4

Support child and close standing frame | **Ondersteun die kind met een arm soos aangedui op die foto en maak die staanraam toe** | XHASA UMNTANA WAKUGQIBA UVALE ISTANDING FRAME



5

Try to get the child's pelvis straight and in the middle | **Maak seker die kind se twee heup bene is in lyn en sy boude is in die middel van die kussing voordat jy die staanraam sluit** | ZAMA UKUMISA NQO KWAYE AMAHLEZE OMTANA ABESESIPHAKATHINI.



Hook the side supports over the bolts | **Hak die kant-plankie oor die skroef en draai dit stewig vas** | VALA AMACALA



Tighten the wingnuts on both sides | **Maak seker die skroewe aan beide kante is styf vasgedraai** | QINISA IZIVALO KUMACALA OMABINI



Make sure that the child is standing with equal weight on both feet. You should not be able to move either of the feet easily | **Maak seker dat die kind se liggaamsgewig eweredig versprei is oor beide voete. Dit moet NIE maklik wees om enige van die voete te beweeg nie** | QINISEKISA UKUBA UMTANA UME NGENYAWO ZOMBINI NGOKUFANELEKILEYO, KUFUNKA KUNGABIKHO NYAWO LISHUKUMA LULA XA UWASHUKUMISA UUWEVA.



If you can move one of the feet – the child is not standing on that leg. Correct it by centring the HIPS so the child is standing with weight on both feet. DO NOT pull on the feet. Check the feet again and repeat if necessary | **Indien een van die voete of albei steeds beweeglik is nadat jy die staanraam gesluit het is 'n moontlike oorsaak heupbene wat nie goed belyn is nie. Voel met beide hande aan die kind se heupe en skuif soos nodig om dit in die regte posisie te kry. MOET NIE aan voete trek of skuif nie. Sodra jy die heupe belyn het gaan terug na die voete en kyk of die gewig eweredig versprei is** | UKUBA NGABA KUKHO INYAWO ELISHUKUMAYO ITHETHA UKUBA EKEMANGA NGALOMLENZE. YILUNGISE LONTO NGOKULUNGISA AMAHLEZE AKHE ABESESI PHAKATHINI UKWENZELA UKUBA AME NGAZO ZOMBINI IINYAWO. PHINDA UNJONGE IINYAWO UPHINDE ULUGISE UKUBA KUNYANZELEKILE.

**use these QR codes or visit us on youtube to find our online videos!**



features of the  
standing frame



how to use a  
standing frame



## For how long should your child stand ?



**start: 5-10 min**

**ADD 5 MINUTES  
EVERYTIME, IF  
THE PREVIOUS  
SESSION WENT  
WELL**



**the aim is for the  
child to stand up  
to 45-60  
minutes, 5-7  
days a week to  
bring the  
biggest benefits  
to the child (6).**

**Consider** that in the beginning handling the child and the Standing Frame can be a bit more tiring for the child. The time it takes you to put your child in the Standing Frame might have to be included in the overall standing time.

**Monitor** the child carefully for signs of discomfort such as shortness or shallowness of breath, nausea, sweating, redness on the skin or signs of pressure and crying from pain.

**You can also** stand your child for shorter sessions (for example 15 minutes) more times per day.

**Up to the age of 2 years**, children do not usually stand for long periods at a time. Babies only stand for a few minutes and then flop down again. We suggest very young children should also only stand for very short periods at a time in the standing frame, repeated a few times throughout the day.

**Please Note:** Interruption of standing routines for as little as 3-8 days can have an impact on the child. Please reintroduce the standing programme gently and again monitor the child carefully.

## Activity Ideas

To impact the life of a child with a disability best, therapeutic equipment should be used during **daily activities**, **stimulation**, and **play**. We believe that each child can learn and grow uniquely.



### What does your child enjoy?

Begin by doing their **FAVOURITE THING** when they start using the standing frame. The more fun they have, the more you and your child will enjoy using the standing frame!

### Here are some more ideas...

**Practice some looking exercises.** If your child enjoys looking at light, use your phone torch to shine on objects like a spoon or the inside of a bright plastic cup.



### PLAY GAMES!



If your child can use their hands place objects (like a sponge or balls) on the table for them to hold, touch and play with!



put  
some  
music  
on  
and  
sing!

and remember to  
**HAVE FUN!**



**Let other children come and play with, even if your child is only able to watch them!**

## Important Info.

Our products are made from high-quality wood and the best way to care for your device is to...



**Store** the Timion standing frame indoors only. The SF is varnished but cannot be left outside in the sun, rain or wind.

**Clean** the Timion Standing Frame regularly using a soft damp cloth with mild soap and water.

**Wipe** away smears of saliva after each use, especially on the table.

Cushion covers can be removed, hand washed with water and air dried. Be careful when removing and replacing the covers because the correct placement of cushions is crucial for the fitting.

**TIP! take a photo of where the cushions should go before washing to make it easy to put them back where they belong afterwards**



## Before every use, please check the following:

Ensure all nuts, bolts and adjustment knobs are tightened securely – failure to do so may result in parts falling off, which may cause a choking hazard or a danger to the child using the device.

Make sure that all cushions are positioned correctly.

### Important:

Changes in settings should not be made without a therapist.

Please contact your therapist immediately, if...

the child is uncomfortable in the Timion Standing Frame, parts are missing, or there are signs of wear and tear.

## Precautions



**Do not** put heavy objects on the table such as a TV (this is dangerous to the child as this may tip the standing frame forward).

**Put the brakes on** when putting child in and taking child out of SF.

**Be careful** when moving your child on uneven surfaces whilst they're in the device.

**Never** leave your child unattended whilst they're in the device.

**Ensure** all parts of the standing frame are attached especially when not in use as nuts and bolts can be a choking hazard.

**Avoid** placing it near fires and water, as the product is made of wood.

**Do not use bleach** or any other kind of cleaner.



## Assembly Instructions



1  
The SF will arrive in 3 main parts – the base, the front with an attached table and the back. There will be 2 wooden laterals, 8 screws, pillows and a knee cushion.



2  
Attach the back section to the base by first removing the screw and wingnut, then positioning the back's holes flush with the various hole settings on the base.

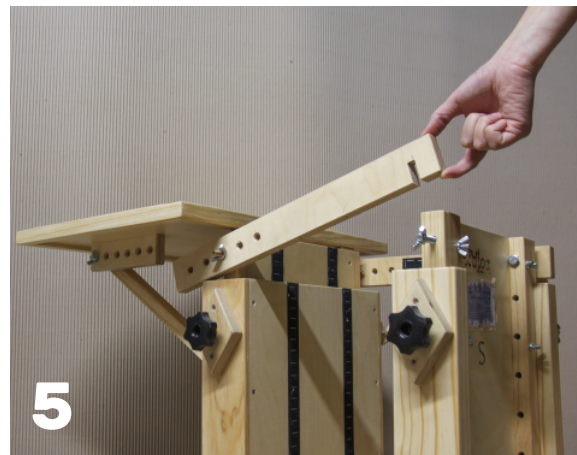


3  
Begin by using a star screwdriver to attach the front to the base with the screws provided.

**TIP!**  
IT IS EASIEST  
TO SECURE  
THIS  
BY TWISTING  
THE SCREW  
FROM THE  
OUTSIDE.\*



4  
Position the table by removing the provided screw and wingnut, selecting the desired setting and securing the screw and wingnut.\*



5  
Secure the laterals, with the Velcro facing inwards and the open slot to slip onto the screw and wingnut of the back.

**Begin by keeping sections parallel and/or perpendicular to each other.**

\*These settings can be adjusted when fitting the child and their specific need are accommodated for.

**If you are enjoying your standing frame,** here are other Timion products that can be used with it...



The **visual mobile** is easily attached to the table of a standing frame or corner chair. Providing a way for toys to be lifted to a height that best suits the child's visual field. Additionally, can improve head control, encourage reaching and grabbing and optimise visual stimulation.



Our **vision toy box** is made up of a variety of daily objects that are bright in colour and of high contrast. They are great when used alongside the vision mobile with children who have visual impairment.



Our **tactile toy box** is full of daily objects that are made up of a variety of textures. This promotes a child's development through touch stimulation and enables them to explore different sensations from their environment.

**please visit our website or contact us if you are interested in our equipment**



Our **posture chair** might be another device that can help your child with 24-hour positioning. It is intended for a child who requires maximum postural support and allows the opportunity to make tailored adjustments that meet their specific needs. It does not replace a wheelchair/buggy but is useful at home and/or school environments.



---

## Contact Us

info@timion.org

Tel: 042 293 4296

Fax: 086 561 7173

## Follow Us



## Visit us

www.timion.org

Ferlot Stores 3  
3 Lootspark Crescent  
Jeffreys Bay 6330

PO Box 4404  
Aston Bay 6332

Company Number 2013/034197/08 - NPO Registration Number 121-166 NPO

---

## Reference List

1. Cummins R. Cerebral palsy. State of New South Wales, Department of Education and communities and The Children's Hospital at Westmead. NSW Curriculum & Learning Innovation Centre; 2011.
2. Gericke T. Postural management for children with cerebral palsy: consensus statement. Developmental Medicine and Child Neurology. 2006.
3. Gough M. Continuous postural management and the prevention of deformity in children with cerebral palsy: an appraisal. Dev Med Child Neurol. 2009;(51):105–10.
4. Caulton J, Ward K, Alsop C, Dunn G, Adams J, Mughal M. cerebral palsy. Arch Dis Child. 2004;(89):131–5.
5. Goodwin J, Colver A, Roberts A, Kolehmainen N, Parr JR, Smith J, et al. Understanding frames: A qualitative study of young people's experiences of using standing frames as part of postural management for cerebral palsy. Child Care Health Dev. 2018;44:203–11.
6. Paleg GS, Smith BA, Glickman LB. Systematic review and evidence-based clinical recommendations for dosing of pediatric supported standing programs. Pediatr Phys Ther. 2013;25(3):232–47.