

Gazelle ps

This is a interactive presentation. On the following pages you will find further information about – and documenta-tion of – Gazelle ps and the use of it. Click the icons to further information (will open in a new browser window).



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Workbook
Featuring early intervention programme



What is Gazelle PS?

Gazelle PS is a prone and supine standing frame with modular support components to address different standing needs. Clinical evidence shows that standing in a high degree of abduction can lead to better formation of the hip joint and significantly reduces hip migration in children with CP. The Gazelle can offer up to 30° of abduction in each leg.

This interactive workbook takes a detailed look at Gazelle including different positioning options, a current case study being undertaken into abducted standing, using the Gazelle with a hoist and details on postural support options and accessories. It includes QR codes to access more information on clinical research, a case study and “how to” videos.



Prone and Supine Positioning

Prone position

Gazelle can be used with anterior support (prone) for an active standing position. It facilitates an extension of the spine when positioned close to upright or tilted slightly forward and weight bearing is optimised. This is very important for increasing bone density and growth. An extended position is preferred for stretching the muscles and preventing contractures.



Gazelle changing
from supine
to prone



Adjusting from
horizontal to
supine.

Supine position

Gazelle can be used with posterior support (supine) for children with poor head and trunk control. These children may not be able to prone stand because they will collapse in their upper trunk and their head will drop. By giving these children support from behind, it may be possible to create a more stable standing position.

Gazelle can be tilted to bring the child as close to upright as they can manage without the head falling forward. In this position active extension is inhibited.

Tilt Vertical-horizontal

Gazelle can also be tilted from vertical to 15° past horizontal so the head is lower than the feet. This provides an alternate position for respiratory therapy and postural drainage.



See how to tilt
upright from
horizontal.





Abducted Standing Position

Clinical Signposts to an Early Intervention Standing Programme



Hip Management

The consequences of progressive hip displacement are variable and can result in asymmetrical pressures, which can deform the femoral head and/or acetabulum (hip or acetabular dysplasia) and cause degeneration of articular cartilage, pain and limited range of movement.

Hip dislocation is preventable through surveillance, early identification and appropriate intervention. Studies indicate a significant decrease in the incidence of hip dislocation after the implementation of a prevention programme. (Tanya Mayson 2011).

See the pdf:



Surveillance and Management of Hip Displacement and Dislocation in Children with Cerebral Palsy.
Tanya Mayson 2011,

Clinical Research

Standing programmes for young children should include positioning in hip abduction. A case series (Martinsson and Himmelmann 2011) studied the effect of weight-bearing with abducted hips on hip migration percent.

The study concluded that one year of weight-bearing with the maximum achievable abduction (25°-30°) and 0° hip extension for at least one hour per day improved hip status both in children following adductor-iliopsoas tenotomy and children without surgery. The Gazelle by R82 was used for this research.

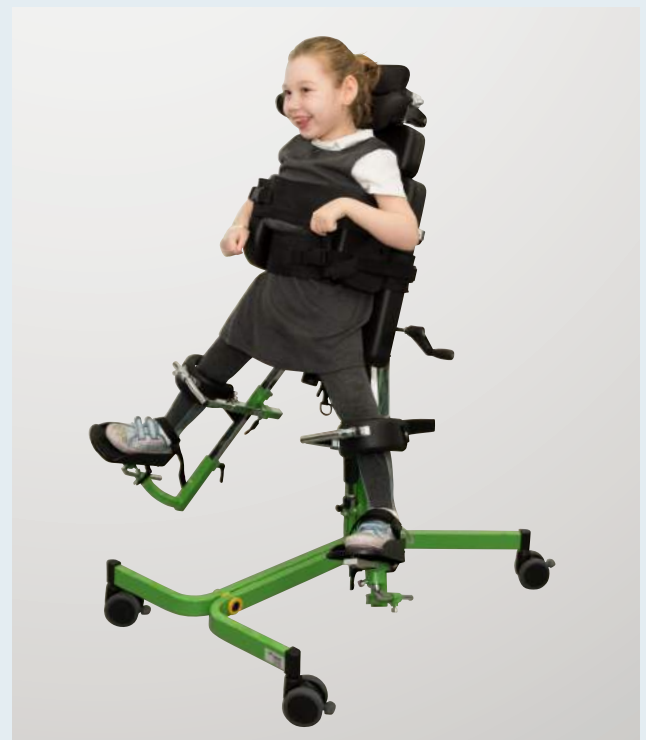
See the pdf:



Martinsson and Himmelmann: Effect of Weight Bearing in Abduction & Extension on Hip Stability in Children with CP.



Pountney et al: Hip Subluxation and Dislocation in CP – a Prospective Study on the Effectiveness of Postural Management Programmes.



Case study

Early Intervention Standing Programme

Frances George, physiotherapist at Humberston Park Special School, Grimsby has been working with Lily Mae (4 years) who has had a dislocated left hip since birth as well as other health issues.



Lily Mae had no independent sitting balance and was in supine position at 30° off upright. She started using Gazelle at home over Easter, standing upright to 85° for 45 minutes at a time increasing to 5 hours daily. The aim is to increase this further.

Following a further tendon release in September, Lily Mae will use the Gazelle PS to maintain further hip abduction and hopefully improve her MP.

See the video:



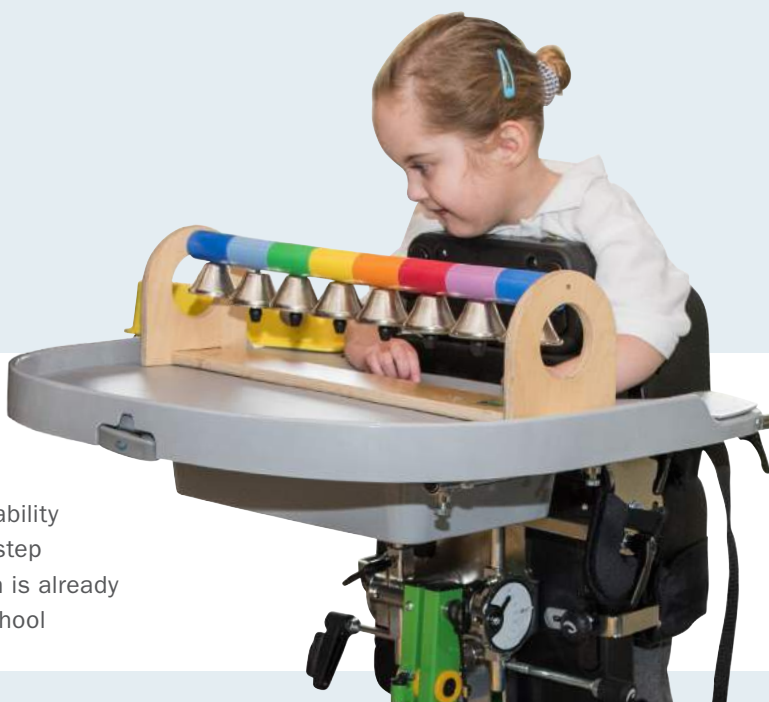
See Frances explaining the benefits of abducted standing



See Frances talking about the case study

Aims and Objectives

- + Improve Lily Mae's hip migration
- + Improvements to her developmental ability
- + Enable Lily Mae to stand and take a step
- + Benefit other children – this approach is already being used on another child in the school





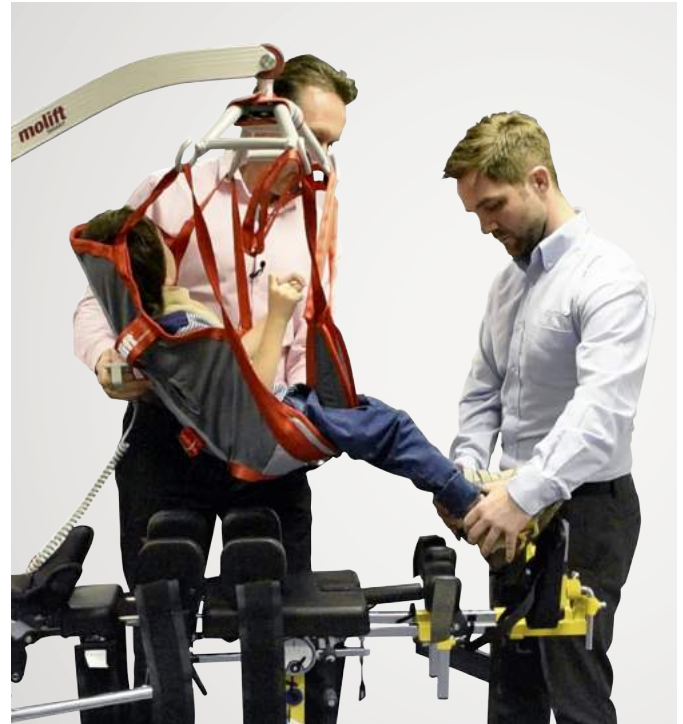
Getting a child into Gazelle PS

It is very important that it is easy to transfer the user from a wheelchair to the Gazelle. To protect the carer from injury, the standing frame could be positioned horizontally. Using a hoist makes it much easier to do the transfer. If the child is standing prone, consider the users head control and trunk stability.

If the user has some ability to take weight, has some head and/or trunk stability and is able to walk into the frame or sit in a wheelchair, their feet can be placed on the footplates and then assisted to pull up to standing. Tilt the frame to a horizontal position and fit supports.

For users in a wheelchair unable to independently weight bear but with some trunk stability, a standing sling is used and a hoist to bring the child into a standing position.

For a child in supine standing with no weight bearing capacity and poor head/trunk control in a wheelchair, a hoist should be used to lift them over and onto the Gazelle which is in a horizontal position. The child is secured in the stander before being tilted to a more upright position.



Molift

Molift is an Etac Group company. Its extensive and innovative range of hoists and slings are designed to be best in class when it comes to product quality, reliability and durability.

Our products give disabled people the opportunity to live a more independent life – go to school, work and travel with safe, efficient and comfortable transfer solutions which also provide carers with the best support and optimum work environment.

The Smart 150, is a compact, folding hoist (above), ideal for use at home or in the classroom and the QuickRaiser (left) can be adapted to suit the needs of a child.

Visit Molift online:



See the full range of Molift hoist and sling solutions

Make Gazelle your own

We can deliver a wide range of accessories



Side Supports



Side supports can be used to improve mid line positioning in prone or supine.



Knee Supports



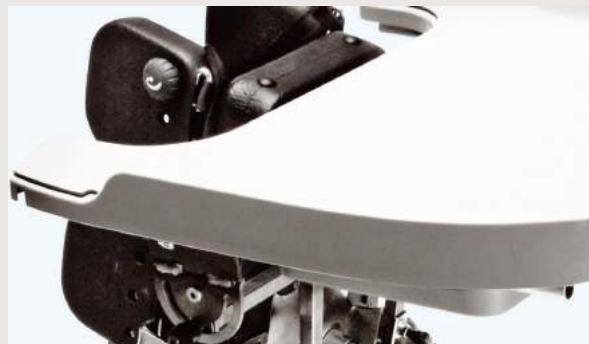
Knee supports can be moulded by hand to provide optimum fit.



Multi adjustable foot supports



Multi adjustable foot supports make it possible to achieve a precise position for therapy objectives.



Activity tray



The activity tray comes complete with a bowl for messy play!

Click for more “How to” videos

See the video:



Adjusting angle for leg abduction



Adjusting hip supports



nothing compares to a smile[☺]

R82 is a market leading supplier of healthcare equipment for disabled children. The extensive product range includes well-designed solutions within seating, standing, walking, bathing and transportation. Solutions, which are tailored to the needs of the children, giving them the greatest possible freedom and new opportunities for movement.

