

Case History Report Form

Child details (* required)

Name (first name only) or *Code	Sean
*Chronological age (CA) Actual age since birth	16
*Diagnosis and/or presenting problems	Cerebral Palsy Spastic quadriplegia Scoliosis Contractures-hips and knees Contractures . wrists and fingers
*Other products used List other products used by the child as part of their 24-hour postural management programme. State where and how the products are used.	Moulded seat with Tilt in Space Wheelchair

Therapist details (* required)

Name or * Code	Sheila
Address	Scotland
Contact number	
Email	
*Profession / qualification	Superintendent Physiotherapist M.C.S.P HPC reg.
*Number of years qualified	35
*Number of years experience with children	22


Product details (* required)

*Product name	Sleepform
*Components or accessories used	2 sleepform bags velcroed together+top cover and chest strap

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Assessment details . complete before using the product

Date Nov 2007

Child's weight	37kgs
Height / length in supine Delete as appropriate	168cms
Developmental assessment, clinical observations, functional abilities Include a description of the problem/need/weakness the child has. Append copies of assessment report / outcome sheets where appropriate.	
<p>Sean has Cerebral Palsy affecting his whole body. He has no trunk control or sitting balance [Chailey level 1-2] and only restricted use of his head. He spends his day supported in a moulded seat set in a Shadow Tilt in Space Wheelchair.</p> <p>Sean has</p> <ul style="list-style-type: none"> • a Scoliosis concave to the right side with a Cobb angle of over 90 degrees. • Pelvic obliquity related to the above • Right hip in process of subluxation • Flexion contractures of hips, knees and wrists 	
	
Treatment strategy/goals for child These should be very specific and measurable	
<p>To provide</p> <ul style="list-style-type: none"> • improved alignment of pelvis when in bed • provide 24 hour postural care • improve comfort • reduce pressure areas 	

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Description of your planned intervention

State what your expected outcomes for the child are from using the product. List components to be used and why?

Intervention in form of Sleepform Sleep system comprising of two bags.

Bag 1: used to

- correct spinal position as much as possible by elongating right side and providing support to costal angle of rib cage.
- Re-align pelvis by de-rotating when in supine and leveling out obliquity.
- Accommodate upper limbs and shoulder girdle within the shape of the cast in most neutral position possible.

Bag 2: used to

- Align legs in midline while accommodating hip and knee contractures and keeping heels free from bed

Expected Outcome

- Improved symmetrical posture
- Increased comfort
- Better sleep Patterns
- No skin marking

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Review Assessment**Date****28/ 05/2008**

Record review results. Repeat initial assessment stages as appropriate, noting any improvements / deteriorations / new problems encountered / solutions. Note any changes to the configuration of the Leckey product, i.e. components added / removed. If possible, re-photograph your child.

Return to Clare Wright (Clinical Research Manager) at playalong@leckey.com or by post after each review.

Sean has been using the sleep system now for eight months and in this time

- He has had no problems with skin breakdown or pressure areas.
- He is sleeping all night with no need for re-positioning.
- He is very comfortable and will often indicate that he wishes to lie longer in bed on non-school days.
- His alignment is much improved in the Sleepform and Scoliosis is well supported although this in itself is worsening due to effects of gravity when in sitting position.



Re-positioned bags last week:

Bag 1- as before but deeper shelf on right side to give increased support.



Bag 2 . moulded into ~~E~~qshaped top to provide substantial pommel and prevent wind-sweeping

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Result . improved position and better alignment than has been possible of late.

[Did have problems with there being 2 bags. Even though staff were shown at the time the new position and lay-out, there was a breakdown of communication when Sean was put to bed. The people putting him to bed opened out bottom bag and had managed to reverse it so that Sean was lying in the most detrimental position. I re-instructed all staff on duty and velcroed bags together again with indelible markers indicating where 1st bag attached to 2nd. It would however be far better if there was only one bag as this would eliminate human error.]