

General Information for Clinicians (and parents too)

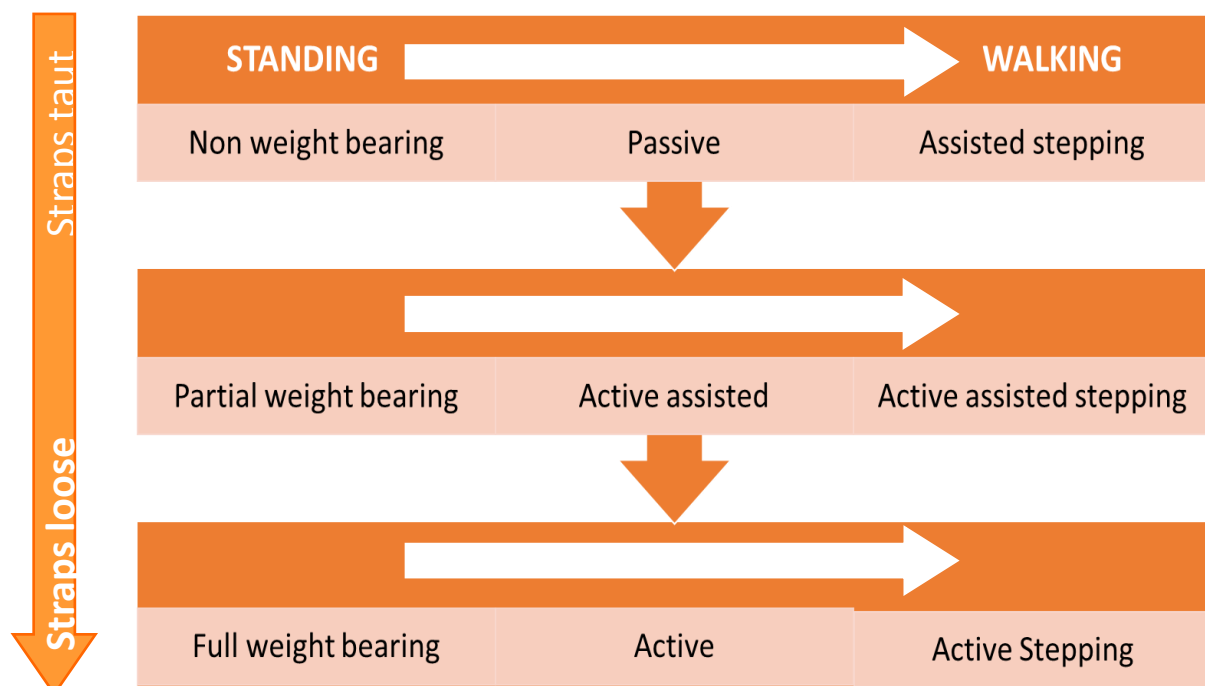
1. Indicators for use (reasons for choosing the Upsee):

- Developmental delay
- Hypotonia (floppy, or low muscle tone)
- Ataxia (unsteadiness)
- Mild/moderate hypertonia (higher muscle tone)
- Mild/moderate fluctuating tone
- Visual impairment (with gross motor and/or visual perceptual delays/confidence issues)
- Mild/moderate asymmetry
- Lower limb muscle weakness

2. Contra-indications for use (reasons not to use the Upsee):

- Severe hypertonus (very tight muscle tone)
- History of lower limb fractures (for example, Brittle Bones)
- Severe asymmetry (significant differences between left and right sides of the body)
- Severe lower limb contractures (tightening at the hips, knees or ankles)
- Discomfort in or out of the Upsee
- Unstable medical condition requiring fast re-positioning for treatment
- Children who are too tall for the Upsee (See User Instructions)
- Parental medical condition (for example, respiratory, mobility or arthritic conditions) which may be made worse by use of the Upsee
- Pregnant ladies

3. Progression of use of the Upsee



4. Specific clinical uses of the Upsee

Suggested Activities		
1.	Mild/moderate increased muscle tone in legs	Dynamic weight bearing through legs in standing to reduce tone
2.	Reduced muscle activity (co-contraction) around pelvis and trunk – child may have an exaggerated lumbar curve (hyperlordosis)	Play in step standing to achieve pelvis in neutral position. If child is symmetrical use alternate step standing. If child presents with asymmetry place foot of less affected side on step to achieve active hip and knee flexion of more affected lower limb.
3.	Hyperextended knees (genurecurvatum)	Stand or walk down a very gentle slope. This encourages the foot to point down (plantarflex), which in turn should enable the knee to bend (flex) and the knees straighteners (extensors) to activate. If the child is wearing ankle foot orthoses (AFOs), the neutral ankle angle on a downward slope will force knee flexion. If the child presents with low tone and hyperextends due to weakness, try ankle boots to control the ankle position thereby increasing likelihood of achieving knee flexion.
4.	Asymmetry (due to abnormal tone distribution)	In standing, try weight bearing over the more affected side with upper limb reach and trunk elongation.
5.	Reduced head control	Position in standing to gain alignment and visual stimulation. Support against adult's thighs.

5. Advice for using the UpSee

- Stand for short time (approximately 2 mins) to begin with and increase time with use.
- Familiarise yourself with the adjustment components of the Upsee prior to use with a child.
- Ensure pelvic bands of adult and child are around pelvis and not waist to avoid low back pain or unnecessary pressure on abdomen.
- Check height of child v height of adult. Child's shoulder not to exceed height of adult's navel.
- Should either child or adult experience any degree of discomfort, STOP using the Upsee. If discomfort persists, consult your doctor.
- Adults with history of low back pain are not advised to support a child using the Upsee.
- Stepping: keep steps small in keeping with the step length of a small child.
- Stepping: Where the child has sufficient ability, wait for them to initiate and carry out stepping. Try to avoid rushing the child by passively stepping for them without the child being actively involved.
- Stepping: DO NOT FORCE LEG MOVEMENT. YOU COULD HARM THE CHILD.
- Orthoses. If the child normally uses lower limb orthoses for their standing programme, use these with the Upsee to protect the child's feet and ankles.

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