A manual for
TWIN DEVICE
Parts of Twin Device

*A - F fixtures; G1 - G3 accessories

A - Base with Castor Wheel
B - Based Pillar
C - Side walls
D - Back Rest
E - Push Handle
F - Adjustable Foot Rest
G1 - Seat with Cushion
G2 - Lapboard
G3 - Head Block
Sitting Device

When to use:
- If the child is always lying on his/her back.
- Ability to sit independently but asymmetrical and at risk of developing postural deformities.
- Ability to sit independently but unable to use arms.
- Child is not able to eat by himself because of poor sitting position.
- Inability to sit independently, poor sitting balance and head control.
- Child is not able to communicate properly because of poor position.
How to Assemble Twin Device (Sitting)

01 Assemble Base and Base Pillars

02 Assemble sidewalls

03 Assemble Backrest

A

A+B

A+B+C

A+B+C+D

Assemble Base and Base Pillars

Assemble Backrest
04
Assemble Push handle and Foot Rest
3+E+F

05
Assemble seat and cushion
4+G1

06
Assemble the Lapboard & Head block
5+G2+G3

Twin Device is ready for Sitting
How to Dismantle Twin Device (Sitting)

06
Remove Foot Rest

05
Remove the Lapboard & Head block

04
Remove Push handle seat and cushion
01 Remove Base and Base Pillars

02 Remove sidewalls

03 Remove Backrest
Standing Device

When to use:

- To maintain proper standing position.
- Enables children to stand independently.
- For safe and stable standing.
- Support to the feet, knees, hip and trunk.
- If child is trying to pull up to stand by himself from a low chair.
- For children who are able to sit but unable to stand.
Converting Sitting Device to Standing Device

Remove the Lapboard & Head block

Remove seat and cushion

Assemble Lapboard

Service user (Standing)

Service user (Sitting)
How to Adjust width, depth & height

Adjustable “width”

Adjustable “depth”

Adjustable “height” (standing)
Benefits:

- Helps a child sit and stand in a good position which creates opportunity to explore and develop in other areas e.g. – fine motor, social etc
- Helps to reduce spasticity by weight bearing and breaking up extensor patterns of tone.
- Helps in maintaining alignment and preventing muscle contractures and deformities.
- May facilitate postural control which is essential for sitting and standing balance.
- Encourage feeding and help digestion in sitting position and improves breathing
- Encourage Arm function and encourages play in sitting and standing position.
- Easy assembling and dismantling, adjustable footrest and backrest
- Self sustained and does not need to be attached to the wall.

Instructions to Parents and Caregivers:

- Never leave a child unattended when using a developmental aid (special chair)
- A developmental aid should be used on a level floor and never on a raised or uneven surface
- Do not use a developmental aid as a mobility device.
- Always use all of the position straps provided.
- Allow one finger width between a belt and the child.
- Water spray can be used to clean stains
- Always ensure that the aid is dry before use
- Child should be encouraged to sit for 4/5 hours in the whole day.
- Child is encouraged in the twin device for play and feeding
Standing enhances circulation and blood pressure (Miles, 2010; Wechsler, 2010)

Standing improves wellbeing, alertness and sleep patterns (Miles, 2010)

Standing aids digestion, bowel function and bladder drainage (Dobrich, 2010; Puliti, 2010)

Standing facilitates the formation of the hip joint in early development (Labandz, 2011)

Standing stretches muscles, preventing the onset of contractures (Salem et al., 2010; Hagglund 2009)

Standing improves skin integrity by relieving pressure encountered during sitting (Labandz, 2011 & 2010; Wechsler, 2011)

Standing increases bone density and reduces the risk of fractures (Pope, 2007)

Standing enables kids to interact eye-to-eye with their peers (Wechsler, 2011)

Standing increases skin integrity by relieving pressure encountered during sitting (Labandz, 2011 & 2010; Wechsler, 2011)

Standing improves respiration and voice control (Labandz, 2010; Watanabe, 2010)

Standing improves wellbeing, alertness and sleep patterns (Miles, 2010)

Standing facilitates the formation of the hip joint in early development (Labandz, 2011)
Normal Child Development Chart

Every healthy child will have the 4 different stages of development

**GROSS MOTOR**  
(It’s the physical development of the child)

**FINE MOTOR**  
(Ability of child to use the hand)

**LANGUAGE**  
(Helps child to talk, express and communicate)

**SOCIAL**  
(Helps child to talk and make friends with others)

**BY 3 MONTHS**
- Lies on stomach and holds up head
- Holds fingers
- Makes sound, laughs, cries
- Looks at faces

**BY 6 MONTHS**
- Rolls over with head control
- Grasps and moves objects from one hand to the other
- Turns to sound
- Smiles at people
- Sits without support
- Takes object to mouth
- Repeats sounds
- Play simple games
- May crawl

**BY 9 MONTHS**
- Pulls to stand
- Holds objects in both hands
- Respond to simple commands
- Gives toys when asked

**BY 1 YEAR**
- Stands alone
- Hold objects between thumb and fingers
- Ask for things with words and gestures
- Drinks from cup

**BY 1 1/2 YEARS**
- Kicks a Ball and Runs
- Enjoys building
- Identify body parts
- Does opposite to what has been told

**BY 2 YEARS**
- Jumps on two feet
- Sorts different objects
- Starts using simple sentences
- Copies parent’s action

**BY 3 YEARS**
- Balance on one foot
- Copies circle
- Identifies color
- Plays with other children

**BY 4 YEARS**
- Jumps on one foot
- Copies triangle
- Talks clearly and tells stories
- Prefers sex appropriate activities

**BY 5 YEARS**
- Copies square

*Normal Child Development Chart*

Developed by: CBR Development & Training Centre  
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The University of Alberta - Canada
Small children usually spend a lot of time on the floor. A prone board is a wedge used on the floor to help to develop a child's head control.

The Floor table can be used for read, write, eat and play with toys while child is sitting upright.

A seat made for a child to sit on the floor. It is useful for the child to develop sitting balance and a good position to use hands.

A Special chair is to allow a child to sit comfortably with good posture.

A standing frame is used to allow someone to stand for short periods when they would not be able to stand. This device will helps to achieves standing.

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Other Developmental Aids
Future Plans:

Please tick appropriate checkbox

☐ Advised for regular therapy

☐ Advised to enroll in the regular school/ special school/ Anganwadi school for the better improvement

☐ Reverse walker could be provided later to the standing frame

Rehabilitation facilities at Mobility India:

- Physiotherapy /Occupational therapy service;
  - *Neuro developmental therapy,*
  - *PNF technique,*
  - *Accessibility / barrier free environment,*
  - *Visual & auditory stimulation*

- Amputation Rehabilitation; Pre operative, Post operative, Pre-prosthetic management,

- Prosthesis & orthosis services with Gait (WALK) training facilities.

- Rehabilitation for elder people.

- Wheelchair service provision based on WHO guideline,

- Developmental aid & assistive devices service provision.

- Rental services of wheelchair, crutch, walker, cane .

- Mobile taxi service for wheelchair user.
Mobility India (MI) is a registered society, established in 1994 in Bangalore, Karnataka and our regional resource centre is in Kolkata, West Bengal. MI’s objective is to provide support to ensure that people with disabilities have equal rights and a good quality of life, particularly the poor people living in rural areas and urban slums.

Reverse Walker

Posterior Support Walkers are walking aids, the person pulls from behind. Lightweight posterior gait trainer is an advance height adjustable pediatric safety roller that improves postural alignment and maximizes the potential for walking. Posterior walker have been proved suitable by the researchers.