

Clinical reasoning and evidence based practice document

The Vision Table.

The Vision Table is a height adjustable table designed for use in the home, school and work environments. The table supports optimal posture in standing and sitting and has a number of accessories which allows each table to be designed to an individual's needs.

This document has been produced to assist occupational therapists and other clinicians to understand:

- Who can benefit from the Vision Table
- Some of the features and values
- Application of the Vision Table in daily occupations
- The clinical justification and reasoning for providing the table
- Where funding can be sourced

Who can Benefit?

Children and young people: The Vision Table has been successfully used in educational environments for children with additional needs. The adjustability of the Vision Table allows it to be used with different children within schools and the height and flexibility of the angle of the worktop, supports optimal posture for undertaking school-based activities.

Some postural seating does not allow a child to lean forwards towards the table to engage in activity. The flexibility of the Vision Table means the tabletop can be placed nearer to the child to prevent deterioration of posture.

Adults: The combination of the height adjustability and angle of the tabletop allows documents to be placed in front of users which is especially beneficial for those with visual impairments.

Frequent postural changes when working, benefits a wide range of people. The ability to alternate between sitting and standing at the Vision Table can improve productivity and reduce the risks associated with static postures.

People with limited range of movement in the upper limbs can benefit from the Vision Table, as items can be placed closer to them and kept in place with the magnetic accessories. In addition, the ergonomic arm supports sustain the upper limbs near to the tabletop.

Features and values:

The Vision Table has a built-in safety stop, which detects if something is stuck when the tabletop is moving and in addition, moves away from the object, allowing it to be removed.

The tabletop is magnetic and accessories such as the magnetic ruler, allow papers to be fastened to the tabletop, even when it is at angle.

The leg frame is available with lockable castors, allowing the flexibility to move the Vision Table and brakes to ensure stability when it in use.

There is no cross frame on the table allowing unhindered access for wheelchair users.

There is a wide variety of tabletop options, with a fixed and tiltable side of various sizes, manual or electric height adjustment, three tabletop sizes.



Application in daily occupations:

Productivity: Work-based job demands, such as use of IT including video calls, drawing, written work. School work including writing, art, and use of IT. Also, food preparation can be carried out on the Vision Table and used within the kitchen environment.

Self-care: Items placed on the table can allow a person to independently undertake self-care occupations. For example, A mirror placed on the table, allows an individual to apply make-up, brush and style hair.

Leisure: Hobbies such as reading, crosswords, puzzling, use of a tablet for gaming, communication, social media, mark making, messy play, drawing, baking. The use of a communication device placed on the Vision Table is essential for connection to family, friends and the outside world.

Justification for the Provision of the Vision Table

Statutory Services:

The information in this document can be used to assist with justification for the recommendation of the Vision Table. When working in statutory services, funding for equipment not kept in a local store or available on an agreed catalogue is usually requested via a clinical reasoning document. This is then sometimes reviewed by a manager or a panel of senior staff responsible for budgets. It is the reliance on this document to be a robust, clinically reasoned and risk assessed explanation of why the equipment is required, which ultimately leads to funding being agreed. It is important to remember that RCOT (2019) states that:

“The ultimate professional rationale for your intervention or activity... is the enhancement of health and wellbeing through the promotion of occupational performance, engagement and participation in life roles”.

Furthermore, the Professional Standards for Occupational Therapy Practice, Conducts and Ethics (RCOT, 2021) stipulates occupational therapists **“develop.... personalised recommendations based on the occupational performance needs, choices and aspirations of those who access the service” (section 4.5.2.)**.

Therefore, regardless of any criteria that may or may not be written, it is part of an occupational therapist’s code of conduct to support intervention that enhances occupational performance and support a person’s aspirations. Any clinical reasoning should cover this, as well as risk assessments and an objective view of how a person’s wellbeing will be enhanced by the provision of equipment.

Work:

When undertaking an occupational health assessment, specifically a Display Screen Equipment assessment, a risk assessment should be completed. The Health and Safety Executive has a standardised 'checklist' that identifies risks in a work area, (<https://www.hse.gov.uk/pubns/ck1.pdf>) although some therapists use their own document. The checklist or risk assessment identifies areas of concern and can be used to clinically justify to an employer, the need to purchase a Vision Table. Furthermore, the vision table can be purchased to prevent static postures and reduce the risk of repetitive strain injury (RSI) which is difficult to identify in the early stages as deterioration occurs over time. The NHS provides some advice on RSI and work <https://www.nhs.uk/conditions/repetitive-strain-injury-rsi/>

For Children:

Under section 17 of the Children Act 1989, local authorities are under a general duty **“to safeguard and promote the welfare of children within their area who are in need...by providing a range and level of services appropriate to those children’s needs”**.

A disabled child is classed as a “child in need”.

The 1989 Act states that:

“every local authority shall provide services designed to minimise the effect on disabled children within their area of their disabilities [and] to give such children the opportunity to lead lives which are as normal as possible”.

Therefore, when assessing for and making recommendations for the Vision Table which supports a child’s ability to engage in daily occupation (and in turn a ‘normal life’), a clinician is supported by the law set down in The Act.

For Adults:

The Care Act (2014) (Wales – Social Services and Wellbeing Act 2014) is an important piece of legislation which places a duty on local authorities to promote an individual’s wellbeing. In turn, a local authority must consider the impact on any decision made about them on that person’s wellbeing. In addition, the local authority has a legal duty to prevent, reduce and delay needs from worsening. For example, if the posture adopted by a person when engaging in a daily occupation such as reading could worsen, leading them to become more dependent; the provision of a Vision Table should be considered as an intervention to prevent this deterioration.

The core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life (DoH, 2016). It is important that an occupational therapist understands a person's goals in order to advocate and provide support to achieve them. As occupational therapists, we understand the importance of goals related to leisure occupations which the Vision Table can support.

Clinical Reasoning when recommending a Vision Table

Each person is unique and has individual goals, aspirations and needs. An occupational therapy assessment should provide the clinician with an understanding on the person's limitations on occupational performance. This section may help with documentation and clinical reasoning when recommending the Vision table.

- **Improves Posture:** Postural management is a 24-hour approach which involves assessment of the positions an individual uses throughout the day and night (Hutton and Coxon, 2011). Postural management seeks to enhance and maximise engagement in occupation (productivity, self-care and leisure), promote communication and enable choice.
- **Allows for frequent postural changes:** Working in one position (static postures, static muscle load) can cause pain and exacerbate musculo-skeletal conditions and mental health issues (Hanna et al, 2019). A height adjustable Vision Table in the workplace can assist with reducing pain and promoting productivity.
- **Supports disabled people at work:** The Vision table provides a 'reasonable adjustment' for disabled people to allow them to meet their essential job demands in the workplace. The tiltable tabletop allows documents to be placed closer to the user.
- **Minimises Fatigue:** Static postures and muscle fatigue negatively affects attention and cognitive function.
- **Assists with therapy:** Having no cross bar on the Vision Table means that a therapist can easily sit opposite the user and allows them to adopt a more appropriate posture when delivering hands on therapy.
- **Supports a treatment programme:** The Vision Table can be used as part of a treatment programme of purposeful activity, e.g. baking, cooking, fine motor skill activities, reading, writing and mark making.
- **Provides an environment that promotes play:** Play is an essential form of child development and the Vision Table allows a child with limited upper limb movement to reach and manipulate objects during play.

- **The Vision Table is Modular:** The table can be specified to be bespoke to a user's needs, with various tabletop sizes available with numerous options for the size of the fixed tabletop and location of the tiltable tabletop (central, left or right).

Much emphasis is placed on the importance of seating to support posture; however, unless any activity taking place whilst seated is promoting good posture, the benefits of the seating can be diminished. It is important to consider the things people need to do, want to do or are expected to do as part of their daily life, this applies to work, self-care and the sometimes over-looked aspects of leisure. For example, feeding and reaching items on a table, using a tablet and reading a book can all negatively affect posture if they are not placed appropriately in front of the user. A risk assessment can help to clinically reason a piece of equipment and there are standardised tools available online or from NHS/local authority employers. The completion of a risk assessment can be invaluable when demonstrating how posture can be adversely affected without the provision of a Vision Table.

Alternative Sources of Funding

Charities/Third Sector Organisations

Funding for equipment for adults and children is available from sources outside of the local authority. A helpful website to assist people to pursue alternative funding is www.disability-grants.org. This website has information on a wide range of third sector organisations that will assist with disability-related equipment.

The charity www.turn2us.org.uk also has information on grants for equipment and how to access them. Remember, most grants require supporting information from a clinician involved in a person's intervention and if you signpost people to charitable organisation, you still may have to assist.

Access to Work

This is a grant provided by the government which assists disabled people or those with a mental health problem to carry out their work role. Under The Equality Act, an employer must make reasonable adjustments to accommodate for disabilities and/or mental health challenges. The criteria states that the person must be at least 16 years old and live in

England, Scotland or Wales. It also only applies to paid work (voluntary roles are unfortunately not covered), this includes as an employee, being self-employed or undertaking an apprenticeship.

The employer or employee usually pay for the items and claim the costs back.

More information (and the application) can be found at www.gov.uk/access-to-work

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