

## Medical Equipment Request and Justification

RE: \_\_\_\_\_

DOB: \_\_\_\_\_

### History:

\_\_\_\_\_ is a \_\_ year-old female, with a diagnosis of Multiple Sclerosis diagnosed in \_\_\_\_\_. Susan functions in a power chair with little to no motor sparing in her upper or lower extremities. \_\_\_\_\_ is dependent on a power wheelchair for all mobility needs and is non-ambulatory due to her diagnosis. It is our desire to supply as complete a picture as possible here within the limitations of a letter. Should you need any additional information, please contact us and we would be happy to assist in any way we can.

\_\_\_\_\_ has been evaluated for the following equipment by a team consisting of her physicians, therapists, attendants, equipment specialists and other individuals involved with her necessity to be actively involved in a standing program. The following information has been gathered for your review to document the need for the specific requested product. This document is meant to make sure that the proper standing device be obtained for her with a minimum of delay.

### **Evaluation:**

\_\_\_\_\_ has been evaluated in a standing frame for proper and safe standing protocols. Following are some major considerations and results from this evaluation. This is not a complete list but just some of the major points of review that were examined.

### **Client UE strength and function:**

\_\_\_\_\_ has no functional hand grasp, function or strength in her hands or upper extremities.

Complaints of pain and/or discomfort: \_\_\_\_\_ is currently having radiating numbness in her UE and minor pain in her upper back after

sitting for short periods of time, which is consistent with sitting in a wheelchair without the ability to stretch and properly position her.

**Evaluation of her seated position:**

\_\_\_\_\_ sits with a slight pelvic rotation, pelvic obliquity and a posterior pelvic tilt. Her feet are on a one piece foot platform to support her lower extremities. At this evaluation, it seems that her seated posture and her lack of weight bearing in a proper position has facilitated and will continue to create a thoracic kyphosis and a mild right side rib hump and spinal rotation. If she is not allowed to achieve a proper weight bearing position, this kyphosis will continue and create additional back pain, neck pain and pressure, positional instability and respiratory involvement. Also evident is the scoliosis that is forming from sitting without a full stretch facilitating the rib hump and elimination of her lumbar flexibility. This type of posture increases the risk of sacral sores and minimizes her ability to balance her seated posture and her head while in her wheelchair. This pattern shows as she is seated by blocking her body with one arm and leaning onto the other one for additional support as she is seated. Standing will assist in stretching these collapsing areas to allow her better balance and reduction in both tightness and discomfort while reducing skin pressures and placing her in a better seated posture while in her wheelchair.

**Evaluation of lower extremity position and function:**

At this point \_\_\_\_\_ lower extremities position to neutral with minor effort. She has mild clonus and spasticity in her lower extremities which is common with her diagnosis. \_\_\_\_\_ has mild tightness in her hips, ankles and knees and throughout her lower extremities which stretches to neutral after approximately 20 minutes of standing.

**Transfer ability:**

\_\_\_\_\_ is a full assist transfer.

**Environmental concerns:**

\_\_\_\_\_ home environment has the space for the needed standing device and doorways of proper size to allow the unit to be moved about and used in all areas, facilitating an easily-maintained standing program.

### **Current seated posture:**

While seated, \_\_\_\_\_ exhibits an increasing thoracic kyphosis forcing a kyphotic posture that compromises her balance, respiratory status, skin integrity and independence level. Susan exhibits a right side asymmetrical spasticity created by her clonus and contracture pattern that has created her right rib hump and spinal rotation. \_\_\_\_\_ wheelchair is fitted with Lateral supports to assist in maintaining her ability to sit in her powered mobility device and a head control driving system.

### **Range of motion:**

\_\_\_\_\_ exhibits decreased range in the lumbar region of her back with resultant tightness throughout her spinal column and hips, shoulder tightness and decreased range in her neck in extension and flexion. Client shows a marked decrease in the ability to maintain her posture over even a short period of time and an increase in pressures over the day as she continues to sit in a static position.

### **Ability to stand:**

\_\_\_\_\_ was evaluated for the appropriate product, with the best fit and function being the Symmetry by Prime Engineering. During this evaluation, her contractures were reduced and the stretch that she received was obvious to all of us, including \_\_\_\_\_. \_\_\_\_\_ neck and back achieved neutral after about 30 minutes in standing with her hips being placed in mild hyperextension. Her lower back, although very tight, began to neutralize and stretch allowing her to bring her head to a better position and a stretch closer to neutral. Evaluation of the client showed the client was able to tolerate fully standing and a full stretch with no negative effects or hyper-reflexia. A regular program of standing will also assist her in maintaining her sitting balance and assist in reducing further effects from not weight bearing and other exacerbations from her Multiple Sclerosis. Standing on a regular basis will also assist in reducing her lower extremity edema and maintaining her lower extremities in neutral at a level that she would be unable to accomplish or maintain with passive stretching.

## Conclusions:

\_\_\_\_\_ is at risk for multiple complications due to the lack of proper equipment to stand her in a full upright posture. The predictable path of increased contractures and decreased function and ability due to her diagnosis and time since onset is obvious and needs to be addressed immediately. The risks associated with not supplying the proper unit for this client could include elimination of her independence, inability to operate her chair, and performance of normal care becoming very difficult to impossible. Other associated health risks for her include skin integrity issues that could be incredibly costly both monetarily and physically.

There is no doubt that without the proper equipment, this client's contractures will continue to progress and her range will decrease. At that point, costs for intervention will increase greatly and a much wider range of equipment will be necessary to treat these problems. It is the intent of this evaluation to show the best use of funds and equipment for this client.

Following is our equipment recommendations and justifications:

**Symmetry Adult Standing Device:** This system allows for \_\_\_\_\_ to be lifted to a fully upright posture and positions her hips into mild hyperextension for full weight bearing. This system will support all of the client's needs, give a full stretch allowing for the greatest advantage to her postural complications and support her ongoing needs for standing and stretching. The hydraulic component of this system will allow for a no stress lift for client and caregiver. This system also will be able to be modified for future needs without replacement of the complete unit.

**Symmetry Swivel Seat:** This addition to the unit allows for the client to be easily placed into the stander without needing to continually adjust and take the system apart getting her into it.

**Back assemblies:** The back assemblies are required to support \_\_\_\_\_ lower and upper back while she uses the Symmetry.

Lateral supports: As in her wheelchair these supports hold \_\_\_\_\_ in a straight posture, keeping her asymmetry to a minimum and making sure that she stands as straight as possible.

Hip Guides: To maintain the best possible standing position, Hip Guides are recommended to assist in supplying a three point positioning system for \_\_\_\_\_. This will help to maintain the best standing position possible while she is utilizing the equipment.

Part of this review includes the evaluation of the best unit for her needs with the least cost. Due to the level of involvement listed above, \_\_\_\_\_ would be unable to extend her arms, grip the necessary devices and safely raise or lower herself into any manual type stander. The minimal difference in cost to place her in the correct unit is immediately justifiable based on her inability to use a manual stander, along with all of the other considerations and goals for a proper standing protocol at her level of involvement.

It is our hope that we have been able to supply all of the information needed to fund this medically necessary piece of equipment. Keep in mind we have attempted in a few pages to create a document that includes the information that is important to the acquisition of this unit for \_\_\_\_\_. The information that we have included is what we feel are some of the major points but there are many other reasons that support this decision. Please advise us if there is any other specific information that you would require for the approval of this piece of equipment.

Signed

\_\_\_\_\_ Date: \_\_\_\_\_