

Date: _____

Medical Equipment Request and Justification

RE: _____

DOB: _____

History:

_____ is a __ year-old female with a diagnosis of Amyotrophic Lateral Sclerosis. It is our desire to supply as complete a picture as possible with this 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 physician, 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 provide any needed information to make sure that the proper 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 of the 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 limited hand grasp and strength in her right UE and right Hand due to her condition. Client is however able to utilize her Left Hand in a normal strength pattern and has good Left UE Arm function while standing in the Granstand III stander. Her position in this product allows her to reach and range her upper extremities and perform multiple tasks. While standing _____ is able to work on the range of her upper body and getting her shoulders into a more neutral posture.

Evaluation of her seated position:

_____ sits in a mild thoracic kyphosis with mild asymmetry in her pelvis due to the level of her injury and balance with her feet on the wheelchair footplates.

Evaluation of lower extremity position and function:

_____ lower extremities position to neutral but have mild to moderate spasticity in an extensor pattern. She shows with tightness in her hips, pelvis and lower back from sitting in her mobility product regardless of the passive ROM program that he performs or is performed with him. Standing on a fairly regular basis _____ will continue to reduce her contractures, spasticity and tightness in her lower extremities. Passive stretching will not fully stretch her tightness. This tightness in her lower back and pelvis could be very dangerous for Lisa's function, skin, and ability to be properly seated. Weight bearing in a proper standing position will address these issues and assist in maintaining her lower extremities in a neutral position.

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, _____ currently sits balanced and is able to properly control her chair safely. She exhibits a thoracic kyphosis in sitting that reduces when he stands and stretches.

Range of motion:

_____ exhibits some decreased range in the lumbar region of her back with resultant tightness throughout her spinal column and hips, shoulder tightness and decreased range in extension and flexion.

Skin pressures:

The Granstand III unit prescribed reduces the shear force on her skin and hence eliminates the risk of problems from any pressure or shear force while standing.

Ability to stand:

_____ was evaluated for the appropriate product, with the best fit and function being the Granstand III by Prime Engineering. During this evaluation, her contractures were reduced and the stretch that he received was obvious to

all of us, including _____. _____ neck and back achieved neutral while standing with her hips being placed in mild hyperextension. Her lower back and legs neutralized allowing more movement and function of her upper extremities and also allowed her to bring her head to a more neutral and correct position. A regular home program of standing will assist in maintaining her sitting balance and reducing any further effect from not weight bearing. Standing on a more regular basis with current and up to date equipment will also assist in reducing her lower extremity spasticity and maintaining her lower extremities in neutral at a level that he 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 in a full upright posture. As is well documented standing has positive effect on pulmonary function, respiratory function, urinary and bowel function, bone density and multiple other benefits, of which _____ will need at her injury level.

The predictable path of increased contractures and decreased function and ability due to her injury and the effects of being seated for an extended period of time can be addressed by her working in a consistent standing program. _____ found immediate, consistent and continued relief from her neck and back pain while standing and reduction in spasticity when reseated in her mobility device.

There is no doubt that without the proper equipment for this client to continue this program at home this client will continue to lose her posture and function while dealing with the effects of long term seated posture. 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.

Part of this review includes the evaluation of the best unit for her needs with the least cost. Due to the UE 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. Her size and function would also make her unable to use any type of manual stander. The risks associated with a manual stander are unacceptable and there would be no cost savings to place her in a

unit that she would be unable to use. 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.

There is no doubt in any of our minds that this motivated client will be compliant in a personal program with equipment that he has access to. The benefits to this client would be continual and he understands those benefits and will work to maximize them with little to no outside intervention. The minimal cost for this equipment is more than justified and we feel that this information comes across clearly in this letter. Following is our equipment recommendations and justifications:

Granstand III Adult standing system (see attached brochure): This stander allows for _____ to be lifted to a fully upright posture and positions her hips into mild hyperextension for full weight bearing.

This unit will allow use without the need of having multiple persons to assist and supplies a safe lift with the best possible position for elimination and reduction of her contractures and support in a correct standing posture.

The Granstand III unit also eliminates the risk of transfers, decreases the amount of space required to use and allows for lifting directly from the wheelchair.

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 will be able to be modified for future needs without replacement of the complete unit.

Small Upper Body Pad: This will allow for the client to have an increased anterior contact while standing, facilitating better posture, a greater upper body stretch and a longer standing program.

Tray: The Granstand III is standard with this system and will increase her ability to position herself while standing

Multi-Adjustable Knee System:

This positioning system will allow clients LE to be put into a more neutral posture and accommodate for the mild rotation at her ankles while supporting the LE in the best position.

Height Adjustable Foot System: This feature allows matching of the footplate height of the client's wheelchair eliminating repositioning and maintaining proper lower extremity alignment. This is very important in _____ case due to her height, weight and her foot position while using her mobility device. This will also allow the unit to be moved while in use and function as a transfer device. This will decrease the risk of injury for _____ and her attendant care and allow for an additional function to this unit as a standard feature at no extra charge.

Pull-to-Place Sling (included): This feature allows the Granstand III to be utilized with no lifting required for the client and eliminates risk for injury. A no charge modification to this sling with longer pull to place straps in red to locate them easily against her back cushion and upholstery is also recommended.

Steel Caster Upgrade: Upgrading the standard casters to the steel casters would be recommended due to the height and weight of the client and the areas that the product would be used in.

It is our hope that we have been able to supply all of the information needed to supply this necessary piece of equipment. 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 equipment purchase decision. Please advise us if there is any other specific information that you would require for the approval of this piece of equipment.

Respectfully Submitted,