

Physical Therapy Department Letter of Medical Necessity

Name: _____

Date

_____ is an adorable 3 y.o. girl who has a diagnosis of severe neuromuscular and developmental delays secondary to a sub-occipital encephalocele. She has a VP shunt in place. She was hospitalized on _____ for increased seizure activity. She has dormant MRSA in her airway. She is currently utilizing bilateral AFO's and TLSO to stabilize her scoliosis. She also has bilateral knee immobilizers for nighttime use. _____ presents with a slight leg length discrepancy on the right side and 50 % right hip subluxation. She is non-verbal but can vocalize. She is nonambulatory and requires a gait trainer during our sessions and maximum assistance to facilitate a step pattern. Her transition from EI to the _____ Public School System had been very difficult and is not yet in a school program. Her primary care physician is _____ from _____ Pediatrics Associates. She is also followed by _____, M.D. a physiatrist from _____ Medical Center in _____. On _____ client underwent Botox injections to her bilateral hamstrings. She has been receiving outpatient PT services with focus on improving overall functional mobility, strength and development of motor skills. She has recently begun receiving speech and language services at The _____ Center for Children.

Home Environment:

_____ lives in an apartment with her parents. There are 4 small steps to enter the home. Her parents are not financially able to afford a car and have to rely on public transportation for all transportation needs.

Current Equipment:

She has an Otto-Bock Kimba stroller that is approximately 2 years old. This stroller does not have a transit system and is not transposable. Unfortunately most of the city buses are older buses and still have the positioning bar that slides within the wheel and not the locking wheel mechanism of the modern buses. Her current stroller wheels are not large enough for the stabilizing bar to feed through, thus she cannot use public transportation. The family is left to walk to many medical appointments or everyday outings. She has currently outgrown the stroller. She also has a Prime Engineering BTS stander and a Manatee bath seat.

Strength/Gait:

_____presents with decreased muscle strength throughout her extremities and her trunk. Her primary form of floor mobility is scooting on her back; however, not consistently. She is beginning to develop a step pattern while in the Lite Gait and more recently with more success in the Kid Walk gait trainer. She requires maximum assistance initially but will take 2–3 cycles of reciprocal steps. She will bounce up and down and is beginning to shift her trunk and pelvis side to side. She can accept approximately 60 % of her body weight. She requires minimal assistance to laterally weight shift to allow clearance needed to clear her foot. She truly enjoys being in this upright supported position. She can accept approximately 40–45 minutes in the Kid Walk gait-training device. She can roll from her back to her right side and requires maximum assistance to the left side. She can maintain quadruped for 1–2 seconds with contact guard assistance. She will progress from sit to stand with moderate to maximum assistance. She presents with a strong extensor thrust with any type of emotion.

ROM:

She presents with increased muscle tone in her upper and lower extremities. She has a kyphotic posture and scoliosis. She has bilateral hamstring, ITS's and heel cord contractures.

She was seen by her physiatrist and was referred to our seating and mobility clinic for a much needed gait trainer. As mentioned she utilizes a Lite Gait partial weight bearing system over the treadmill and the Kid Walk gait trainer during our sessions together. We trialed two types of mobility devices. The systems that were trialed were the Rifton Pacer fully equipped and the Pony walker.

_____ has a very petite stature and even the smallest Pony was not adequate for appropriate positioning. The Pony walker can tilt to help initiate a step pattern however children would have to hold onto the frame thus placing more weight into upper extremities and trunk which is abnormal weight bearing. The shoulder girdle functions abnormally when a child weight bears through their UE. Several studies have shown weight bearing thorough the shoulder increases risk of injury and wear and tear on joints that were not designed to bear weight. The Pony frame prevents access to the desired location. She could not reach the table that housed her communication device as the Pony frame and UE supports collided with the table.

She trialed the Rifton Pacer that belongs to the center. This also proved ineffective. The Pacer was adjusted down to size, but she was not able to move the Pacer in any direction. **The** Rifton Pacer is a good pre ambulating device but does not provide the

child the opportunity to experience functional ambulation, social and cognitive development. The frame is cumbersome design does not allow the child to access the environment they just walked to (i.e. desk, table, toys etc.) She could not take a step nor maneuver/turn the heavy and cumbersome frame. The turning radius on the Kid Walk is less, and the light weight design promotes successful ambulation.

An immediate difference was seen when _____ tried the Kid Walk. She was able to bounce up and down. The Kid Walk was adjusted to tilt forward as she required this position to initiate a step pattern forward. The Kid Walk has a posterior frame allowing the child to access what is in front of them. They can complete the functional skill of ambulation and functional reaching which improves cognitive and social development. This system also allows freedom of movement and access for the upper extremities to improve function. **_is able to** propel the Kid Walk forward _____has no ability to access her environment (toys. people. food, etc.) without an adult's assistance. After trying the Kid Walk for 2 months of 45-minute sessions twice a week....._was able to move herself forward by taking 2-3 cycles of reciprocal steps.

_____has complete access to her environment and can ambulate 2-3 feet. She is making significant progress with her goal of ambulation and with the Kid Walk she will also complete her goal of successful locations she desires to reach in her environment. The Kid Walk promotes and facilitates normal/typical hip and pelvis movement verses the Rifton sling seat and Pony's rigid seat. The seat on the Kid Walk swivels thus promoting normal pelvic movement. The trunk supports on the Rifton and Pony keep the child in a static position. The Kid walks trunk and pelvis supports move laterally to help facilitate weight shifting thus improving the step pattern.

Typical gait incorporates many hip/trunk movements that are facilitated by the dynamic design of the Kid Walk. This design frees up the treating therapist or caretakers hands to assist with other needs during the gait training session.

_____truly appears to enjoy the freedom to move within her environment without the assistance from a care taker. She will even attempt to kick a ball placed in front of her while in the Kid Walk. She has made incredible progress over the last few months in muscle control and functional movement. Our goals are not just functional ambulation because that would only increase frustration. The child can get to the desired object however they could not reach it because of the design of both the Pony and Rifton frames.

Please understand the importance of this special request for _____ to receive the Kid Walk gait trainer. It has been the only device light weight enough for her to initiate stepping on her own. The dynamic design facilitates normal/typical trunk, pelvis and hip movements. She not only can reach her goal of functional ambulation but also functional location which will promote social and cognitive development.

We would like to thank you in advance for your time and consideration with our request. If you have any questions or require additional information please do not hesitate to contact me at _____ voice mail extension _____.

Sincerely,
