

EasyStand Bantam Sit to Stand Stander with Supine Option Sample Letter of Medical Necessity/Justification

Date: 00.00.00

Client: Joe Doe

D.O.B.: 00.00.00

Weight: 40 lbs

Height: 36"

Diagnoses: **Absence of Vertebra** **ICD-9**
Chromosome Anomaly
Scoliosis Kyphoscoliosis of the spine

To whom it may concern,

History:

Joe is a 6y/o male with Absence of Vertebra, Chromosome Condition Anomaly and Scoliosis Kyphoscoliosis of the Spine. Joe is considered medically fragile and is ventilator dependent. He tolerates periods without the ventilator as long as his oxygen saturation is maintained at a certain level. Joe's condition is characterized by multiple orthopaedic deformities that significantly restrict his mobility and function. In particular, he presents with hip flexion and knee flexion contractures bilaterally, as well as spinal and rib deformities. This limits his ability to assume and maintain various functional postures. Range of motion measurements were taken with hip/knee contractures noted as follows: Hip extension -52 degrees LLE, -40 degrees RLE, knee extension -63 degrees LLE, -42 degrees RLE. Joe uses a XXXXXX device for upright sitting and mobility. He is dependent on caregivers to assist him with all aspects of mobility and self-care.

We are writing this letter to provide documentation of medical necessity for a specifically configured stander. Joe attends an approved private school five days per week. Because of his medical condition, he is frequently absent from school. He requires a stander in the home so that he can continue weight bearing activities during periods of extended absence from school, including summer vacation so as to not lose ground on ROM gains. In addition, Joe is now receiving treatment with Baclofen and would gain the most benefit (in terms of increased range of motion and tolerance to weight-bearing activities) if a home standing program is implemented right away.

Goal:

To start a home weight bearing program to maintain Joe's lower extremity ROM. In addition, standing has been shown to improve circulatory, gastrointestinal, bladder and respiratory functions (1, 2, 3) all of which have been compromised by Joe's multiple orthopaedic deformities. During the previous school year, Joe was able to tolerate standing in a supine stander (XXXXX Stander) for thirty minutes in the classroom. In January 2009, his standing program was put on hold secondary to a progressive windswept hip position and hip pain with extension and weight-bearing activities. Joe had right hip surgery in June 2009. Dr. Smith, his orthopedic physician requests a return to his weight bearing/standing program.

Don't Forget!

Technology considered:

At this time, Joe is no longer able to tolerate lying/standing fully supine or prone on a flat surface because of his orthopedic deformities and lower extremity contractures. For this reason, a Supine or Prone Stander is no longer appropriate. He does not tolerate the angles of lower extremity extension that are required to be positioned in the XXXXX stander (or other similar supine standers). A basic Sit to Stand stander with a planar seat and back was considered. The basic Sit to Stand stander is not supportive enough to meet Joe's body positioning needs.

Outcomes of trial:

Joe demonstrated the ability to tolerate this supportive standing device for up to twenty minutes at a time when he was offered a trial in February 2010 using the **EasyStand Bantam Sit to Stand Stander with supine option**. Because of his orthopedic deformities, joint contractures and respiratory status Joe requires a stander that is highly adaptable to his specific positioning needs. The Bantam sit to stand stander with optional supine positioning is our recommendation.

Support & alignment options needed:

- A **Supine** option that allows the stander to be positioned from sit to stand, supine or anywhere in between to accommodate for his lower extremity and thoracic orthopedic deformities, as well as respiratory function.
- A **contoured seat** to accommodate his asymmetrical pelvis.
- A **high contoured back with built in lateral trunk supports** to accommodate his unique spinal deformities.
- **Multi-adjustable foot plates** to achieve the best possible alignment of his lower extremities.
- **Foot straps** to safely maintain his feet on the foot plates and prevent injury if his feet were to slide forward or back while standing.
- A **positioning belt** to maintain pelvic position and to prevent injury from sliding while transitioning to/from stand and while standing in the device.
- A **Shadow tray** for anterior support and upper extremity positioning during functional fine motor tasks.
- A **headrest** is necessary for proper posterior support and alignment when the stander is in the supine or tilted position.

 *Don't Forget!*

Home program:

Joe's home standing program would consist of once a day for 20 minutes as tolerated, increasing to twice a day for 30 minutes at optimum. The family and caregivers have trialed the stander and are able to use it successfully and safely with Joe in their home.

Conclusion & Clinician's signatures:

The above items have been determined to be medically necessary for Joe, and are in no way for his, or the families convenience. Thank you in advance for your review of this much needed item for Joe. Please feel free to contact me if you have any questions.

Sincerely,

Physical Therapist

Physician

Supporting research evidence:

1. Stuberg WA. Considerations related to weight-bearing programs in children with developmental disabilities. *Physical Therapy*: 72(1) : 35-40, 1992 Jan
2. Dunn, R. B, Walter, J.S., Lucero, Y., Follow-up assessment of standing mobility device users. *Assist Technol*, 10(2), 84-93, 1998
3. Hoenig H, Murphy T, Galbraith J, Zolkewitz M. Case study to evaluate a standing table for managing constipation. *SCI Nurse* 2001 Summer; 18 (2):74-7