

Sample documentation. Information has been de-identified.

March 7, 2010

To the Medical Insurance Company of Rhonda Smith:

**RE:** MR# 123-456-789

We had the pleasure of seeing Rhonda Smith for a comprehensive Mobility Assistive Equipment (MAE) evaluation per the referral of her primary care physician. She was seen by an interdisciplinary team that included a rehabilitation therapist, certified rehabilitation technology supplier, and a physician with specialty in physical medicine and rehabilitation.

She is a 40-year-old woman with Cerebral Palsy - Spastic Quadriplegia since birth. She has also had surgeries to her shoulders for severe osteoarthritis and surgery to her right hand for tendon releases within the past 10 years. She currently uses a Group 3 power wheelchair equipped with tilt in space and a custom molded seating system. The equipment is five years old and in poor repair due to her active lifestyle. The equipment also no longer meets her needs as she tends to slide out and has difficulty repositioning. She also uses a standing frame once per day however her ability to transfer in and out of the device has become more challenging with risks for falls.

Rhonda lives alone in her own apartment with a trained service dog. Surprisingly, given her significant disability, she does perform all of her ADLs with modified independence, increased time, and potential risks for falls. Her Assistive Technology and dog play a significant part in her ability to live independently.

Our interdisciplinary team assessment of Rhonda's seating and mobility needs determined that the Permobil C500 Group 4 power wheelchair with passive standing, tilt in space, recline, elevating leg rest, and seat elevator is the most reasonable and cost effective alternative in meeting her needs. This equipment was chosen as it will meet Rhonda's seating and mobility needs as well as allow her to stand on a more routine basis to improve for function without having to transfer to a stationary stander which is a laborious process placing her at risk for falls and injuries.

This equipment is needed for the following reasons:

- She cannot ambulate even with the use of an assistive device due to increased tone in the lower extremities.
- She does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair due to upper extremity tone with decreased coordination.
- She is not a candidate for a scooter as she would not be able to safely transfer to and from a scooter nor would she be able to maintain postural stability and position in a scooter seating system.
- The use of a powered mobility device has significantly improved her ability to participate in mobility related activities of daily living and she has not expressed an unwillingness to use one.

- She is not a candidate for a Group 1, 2, or 3 power wheelchair as she requires passive standing as well as other seat functions which are only available on a Group 4 power wheelchair base.
- Power tilt-in-space and recline are necessary as she has limited ability to reposition herself as well as increased tone throughout her body.
- Elevating legrests are necessary to assist in managing lower extremity spasticity, edema, and comfort. Elevating leg rest are also a necessary component for the standing feature.
- A seat elevator is needed as it will allow her to transfer more independently, safely, and efficiently by raising the seat to transfer downward. Likewise, it will also allow her to reach and carry out tasks at different surface heights given her limited upper extremity function. This feature is also necessary to operate the standing feature.
- She needs to be able to stand in order to range her lower extremity joints and decrease muscle spasms in her lower extremities, as well as prevent the development of further contractures.
- Her need for all these seat functions is consistent with the Rehabilitation Engineering & Assistive Technology Society of North America's (RESNA) Position Papers on these devices. See Arva et al (2009), Arva et al (2009), and Dicianno et al (2009).

Please refer to the attached documents for details as needed. Also attached is a copy of the detailed product description from Alan Ford, ATP of Action Mobility, Inc., prescription, and chart notes further indicating the medical necessity for this device.

Without this device Rhonda will have no safe, effective, or independent means of mobility or function either within her home or in the community. She would therefore be at risk for decreased ability to participate in any meaningful mobility related activities of daily living such as getting to the kitchen and reaching different objects and surfaces to prepare meals, bathroom for toileting and bathing, or bedroom for dressing and sleeping. Also without the use of this device she will be at significant risk for further joint contractures, pain, discomfort, and falls resulting in costly medical interventions and an overall decreased quality of life. There are no other treatment alternatives for addressing these seating and mobility needs that we are aware of.

Please give careful consideration in reviewing these recommendations and do not hesitate to contact us should you need clarification of her needs or have any further questions.

Sincerely,

Physician Signature

Therapist Signature

Cc: Medical Records  
Rocky F. Deperno, MD - PCP  
Rhonda Smith - Client  
Alan Ford, ATP - Rehabilitation Technology Supplier

**University Of Pittsburgh Medical Center**  
**CENTER FOR ASSISTIVE TECHNOLOGY**  
**CLIENT EVALUATION & IN-TAKE FORM**

**Therapy Evaluation Date:** January 14, 2010  
**Physician Face to Face Evaluation Date:** January 14, 2010  
**Home Evaluation Date:** January 28, 2010  
**Specifications Received from Supplier:** February 17, 2010  
**Date Letter Completed:** February 28, 2010  
**Date Letter Signed by Physician:** March 7, 2010

**1. PRE-ASSESSMENT SCREENING:**

**NAME:** Rhonda Smith  
**MEDICAL RECORD NUMBER:** 123456789  
**ADDRESS:** 351 Oliver Street, Nashville, TN 62821  
**TELEPHONE NUMBER:** 615-555-1212  
**DATE OF BIRTH:** June 30, 1969  
**AGE:** 40  
**PRIMARY DIAGNOSES:** Cerebral Palsy with Spastic Quadriplegia (343.9)  
**SECONDARY DIAGNOSES:** Shoulder surgeries 2004 & 2005 due to severe osteoarthritis. Left hand tendon releases to allow hand to open for grip.  
**INSURANCE #1:** XYZ Insurance  
**INSURANCE #2:** None  
**REFERRAL SOURCE:** Rocky F. Deperno, MD – Primary Care Physician

**REASON FOR REFERRAL:** New Mobility Assistive Equipment (MAE)

**TYPE OF CURRENT MAE:**

- a. Power Wheelchair: Group 3 mid wheel drive with tilt in space and custom molded seating system.
- b. Stationary Stander: Easy Stand
- c. Loft-Strand crutches for stand-pivot transfers

**HOURS PER DAY USING CURRENT MAE:** in power wheelchair for 16 hours per day.  
Stands in stationary stander for about 15 minutes.

**AGE OF MAE:**

- a. Power wheelchair 5 years old

**PROBLEMS WITH CURRENT MAE:**

- a. Power Wheelchair: front an-ti tippers get in the way for stand pivot transfers
- b. Stationary Stander: Takes 15 minutes to get in and out. Pushes knees out of alignment. Have to stare at wall when standing.

**HEIGHT:** approx. 4'7.5"

**WEIGHT:** XXX lbs.

**PREFERRED SUPPLIER:** Action Mobility, Inc.

**TRANSPORTATION RESOURCES:** GMC Savanah Van with lift. Friends drive the van as she does not drive. Also uses Paratransit.

**EDUCATION/EMPLOYMENT:** Employed as a clinical coordinator at Children's Hospital.

**LIVING SITUATION:** Lives alone in an accessible apartment. She has a service dog. She does not have attendant care. A cleaning person comes every 2 weeks.

## **2. THERAPY FACE TO FACE ASSESSMENT:**

**ADL STATUS:** Rhonda reports she is modified independent with most ADLs however with increased time and struggle.

- **Bathing:** Can step in and out of the shower with loft-strand crutches and grab bars. Uses shower bench and hand-held shower. Reports transfers are difficult with concerns for falling.
- **Hygiene:** Independent at wheelchair level to sink.
- **Dressing:** modified independent with increased time using reacher and sock aid.
- **Self-Feeding:** independent at wheelchair level.

**Instrumental ADL Status:** Rhonda can direct her IADL needs as needed. She is dependent on powered mobility to get around both in the home and community. She depends on friends to drive her in her van for shopping, banking, medical appointments, veterinary visits, etc.

- **Meal Preparation:** Independent using microwave or toaster oven for light meals and pre-prepared foods. Uses disposable utensils as she cannot reach sink to wash dishes.
- **Housecleaning:** Cleaning person every 2 weeks.
- **Managing Finances:** Goes to bank however teller must come out from behind counter. She also uses online banking resources.
- **Shopping:** Friends take her shopping in her van.
- **Medication Management:** Independent
- **Laundry:** Cleaning person performs heavier laundry duties such as bed sheets. Rhonda does a laundry load per week but struggles to reach.
- **Care of Others:** Able to feed her service dog and light groom once per day. Groomer comes to the house. Friends drive her to the Vet.

**Transfer Status:** Performs a stand-pivot transfer with forearm crutches, seat elevator, and/or grab bars. Transfers can be laborious and time consuming with risk for falls. Difficulty rising from a low seat to floor height.

**Weight Shift:** As with transfers, weight shifts are only partially effective. Cannot perform a push-up. Leans side/side and forward. Uses tilt in space for most effective weight shift.

**Functional Mobility:** Cannot functionally ambulate. A few steps with forearm crutches but slow and unsteady with risks for falls. Timed Up & Go test was deferred based on observations of transfers. Independent mobility with power wheelchair.

**Community Mobility:** Independent only with power wheelchair.

**Cognition:** Fully intact.

**Leisure Interests:** Church, friends, reading, computer, watch football, go to Predators hockey games. Uses track ball and height adjustable desk. Uses stationary "New Step" bike for exercise.

**Home Accessibility:** Accessible apartment with tight maneuvering spaces in kitchen and bathroom. Refer to Rehab Tech Supplier report below.

## **Functional Mobility Assessment (FMA) TOOL**

**DIRECTIONS TO CLIENT:** Please tell me your level of agreement that best matches your ability to function with your current means of mobility. All examples may not apply

to you, and there may be tasks you perform that are not listed. (Go to [www.fma.pitt.edu](http://www.fma.pitt.edu) or [www.few.pitt.edu](http://www.few.pitt.edu) for additional instructions if necessary)

6= completely agree

5= mostly agree

4= slightly agree

3= slightly disagree

2= mostly disagree

1= completely disagree

0= does not apply

1. My current means of mobility allows me <u>to carry out</u> my daily routine as independently, safely and efficiently as possible: (e.g., tasks I want to do, need to do, am required to do- when and where needed)	4
Comments: could be better if I could stand and move around.	
2. My current means of mobility meets my <u>comfort needs</u> : (e.g., heat/moisture, sitting tolerance, pain, stability)	4
Comments: not sitting well and constantly sliding	
3. My current means of mobility meets my <u>health needs</u> : (e.g., pressure sores, breathing, edema control, medical equipment)	4
Comments: do get swelling, tilt helps, custom mold helps a little with breathing	
4. My current means of mobility allows me <u>to be as independent, safe and efficient as possible</u> : (e.g., do what I want it to do when and where I want to do it)	2
Comments: feel limited – cannot reach things as seat does not elevate, constantly having to ask people for help esp when service dog cannot assist	
5. My current means of mobility allows me <u>to reach and carry out tasks at different surface heights</u> as independently, safely and efficiently as possible: (e.g., table, counters, floors, shelves)	1
Comments: seat does not elevate	
6. My current means of mobility allows me <u>to transfer</u> from one surface to another: (e.g., bed, toilet, chair)	4
Comment: can transfer but very hard and could do it better if seat elevated	
7. My current means of mobility allows me <u>to carry out personal care tasks</u> : (e.g., dressing, bowel/bladder care, eating, hygiene)	4
Comments: very limited with meal prep as I cannot reach kitchen sink – have to use paper plates. Otherwise can do most other ADLs with increased time and effort.	

8. My current means of mobility allows me <u>to get around indoors:</u> (e.g., home, work, mall, restaurants, ramps, obstacles)	3
Comments: I can get around depending on what I am doing. I am moving but not as functional as I want to be.	
9. My current means of mobility allows me <u>to get around outdoors:</u> (e.g., uneven surfaces, dirt, grass, gravel, ramps, obstacles)	4
Comments: I can get around but could be better.	
10. My current means of mobility allows me <u>to use personal or public transportation</u> as independently, safely and efficiently as possible: (e.g., secure, stow, ride)	5
Comments: Use both and current chair works pretty good.	

### **3.THERAPY PHYSICAL MOTOR ASSESSMENT:**

**UPPER EXTREMITY FUNCTION:** Functional AROM throughout however limitations in right wrist extension and bilateral elbow extension. Increased tone with decreased coordination throughout more on right than left. Has isolated hand movements on the left for some fine motor function. She is left hand dominant.

**LOWER EXTREMITY FUNCTION:** Hip flexion limited to about 65 degrees on the right and 90 degrees on the left however with good bilateral extension to neutral. Bilateral knee extension limited to -45 degrees. Noted 2" leg length discrepancy on the left. She wears bilateral AFOs. With AFOs removed, ankles tend to invert. Increased tone noted throughout.

**POSTURE (SITTING & SUPINE):** Tends to slide forward in the seat due to extensor tone with difficulty repositioning. Good static sitting balance to edge of mat but cannot accept challenges to her balance as she tends to fall back and to the right. Sits with pelvic obliquity and rotation to the right with significant lumbar lordosis and cervical hyperextension to maintain her balance point. Can go from sit to supine with bed rails with increased time and effort. In supine she is more symmetrical at the pelvis and spine.

### **4. GOALS FOR A NEW SEATING & MOBILITY DEVICE:**

1. Still need to be able to tilt
2. Low enough to transfer but raise seat
3. Standing for benefits of weight bearing, be more functional, and to stand in church
4. Elevate legs for edema and comfort
5. Reach counters and shelves
6. Eat off real plate versus paper plate

### **6. EVALUATION PROCEDURES:**

## **CLINICAL TRIALS/SIMULATION:**

**Devices Tried:** Following discussions with Rhonda and review of product options with Alan Ford, ATP of Action Mobility, Rhonda tried a Permobil C500 stander in the clinic. She had no difficulty operating the device as she is a seasoned power wheelchair operator. She was able to assume a standing position from supine. She tolerated standing even though posture was slightly rotated to right and some medial (inward) flexion of the knees. The tilt/recline and elevating legrests combination allowed her to more effectively reposition herself. The seat elevator improved her ability to perform a stand pivot transfer and will improve reach when she is unable to stand.

**Client Impressions:** Rhonda reported that she was satisfied with the performance of the power wheelchair and seat functions and wishes to pursue it as a reasonable alternative for safe and effective mobility within the home and community.

**Home Assessment:** A visit to the home was conducted by Alan Ford, ATP, a demo of the device, and her primary OT on January 28, 2010. Reports from the visit include:

1. The proposed power wheelchair will enter, exit, maneuver, and fit in her van. It is compatible with her 4-point tie down system.
2. She can enter and exit the home with an automatic door opener.
3. She has an open living and dining room area.
4. She has a narrow galley kitchen that she can pull into and back out. In standing she can reach her counters, cupboards, sink, and freezer.
5. She can enter and maneuver in the bedroom as well as pull up to the side of the bed for transfers.
6. She can get under her height adjustable computer workstation, access the keyboard and mouse, and turn the computer on/off.
7. She can pull up to and reach her stacked washer/dryer located in a closet at the end of the hall.
8. She can pull into her bathroom and get under the sink.
9. She will need to stand and take a step to transfer onto her shower bench.

Overall she was satisfied with the operation and maneuverability of the power wheelchair in her natural environment. She deferred a visit to her worksite or other locations in the community as she felt the wheelchair would maneuver without issues based on this home trial.

## **7. RECOMMENDATIONS:**

**Mobility Assistive Equipment:** Permobil C500 Group 4 power wheelchair with standing feature.

**Supplier:** Alan Ford, ATP

**Estimated Length of Need:** 99 months - Indefinitely due to nature of diagnosis.

<b>INTERVENTION &amp; SPECIFICATION</b>	<b>JUSTIFICATION</b>
<b>Seat-</b> Permobil Corpus seat.	Provide appropriate base support and pelvic positioning.
<b>Seat Frame –</b> Tilt-in-space and reclining backrest seating system	Provide for gravitational postural realignment to reduce further development of collapsing spinal

	deformities. Allow for weight shifts to reduce the potential for pressure sores. Provide comfort for long-term sitting throughout the day.
<b>Seat Frame -</b> Power seat elevator	Necessary to allow Rhonda to be able to transfer more safely and independently as she has difficulty rising from a seat that is too high or too low. Likewise it will also assist her in carrying out tasks at different surface heights when she is unable to stand due to environmental restrictions. The seat elevator is also a necessary component to operate the standing feature.
<b>Seat Frame -</b> passive standing	Rhonda has used a stationary stander for several years. It has allowed her to maintain range of motion and function. Her ability to transfer herself in and out of the stander is now challenged with risks for falls therefore her opportunity to stand is limited.
<b>Lap Belt-</b> push-button pelvic belt	Provide safety and stability when operating wheelchair. Provide additional pelvic positioning in conjunction with seat cushion.
<b>Thigh Guides /Abductor Wedge-</b> long thigh guides with adjustable and removable hardware.	Provide appropriate lower extremity alignment in both sitting and especially in standing.
<b>Leg /Foot Support-</b> power elevating leg rest with knee blocks and stand and drive assembly.	Provide appropriate foot support. Allow for recumbent position to assume standing position. Accommodate limitations in knee range of motion. Assist with spasticity management. Assist with edema management.
<b>Back Support-</b> Permobil Ergonomic backrest with lateral supports.	Provide appropriate back support and trunk stability. Reduce the potential for further development of spinal deformities.
<b>Head Support-</b> Corpus headrest and multi-adjustable removable mounting hardware	Provide head support when tilted and/or reclined back.
<b>Arm Support-</b> full-length height adjustable armrests and armpads	Provide appropriate arm support and additional trunk stability through weight bearing in the upper extremities.
<b>Tires /Casters-</b> standard tires and casters with flat free inserts	Standard options. Flat free inserts are necessary as Rhonda does not have the physical capability or resources to repair a flat tire and could become stranded.



<b>Wheel-Locks /Anti-tippers-</b> front anti-tippers	Provide safety and stability of the device.
<b>Tie Downs-</b> standard transportation anchor points	Provide safety and securement of the device when being transported in a vehicle.
<b>Controller-</b> R-Net programmable proportional joystick mounted on the left with retractable mounting hardware with R-Net expandable controller with multiple seat function control kit and toggle switches for seat control kit	Necessary to operate device. Programmable to configure the driving parameters specific to Rhonda's needs due to decreased coordination in her hands.
<b>Batteries-</b> Group 24 gel cell batteries and charger	Necessary to power device.
<b>Miscellaneous-</b> chest bar	Necessary to provide anterior trunk stabilization in the standing position.
<b>Miscellaneous-</b> transfer handles.	Provide a secure surface to push and pull from during stand pivot transfers.

**IMPLEMENTATION PLAN:** The specifications of this prescription will be submitted to Rhonda's referring physician and insurance carrier for authorization. Upon approval the specifications will be provided by Alan Ford, ATP and delivered to the Center for Assistive Technology for fitting and delivery. Upon delivery, Rhonda will be trained in the use of the mobility device and will demonstrate safe and effective use. In addition, she will be given information about its maintenance. Follow-up appointments will be scheduled as needed to modify the equipment as well as to verify that it continues to meet her needs.

This concludes our face to face assessment and we are all in agreement.

\_\_\_\_\_  
Date: \_\_\_\_\_  
signature physician (physiatrist)

\_\_\_\_\_  
Date: \_\_\_\_\_  
signature therapist

Cc: Medical Records  
Rocky F. Deperno, MD - PCP  
Rhonda Smith - Client  
Alan Ford, ATP - Rehabilitation Technology Supplier

## **References**

- Arva, J., Paleg, G., Lange, M.L., Lieberman, J., Schmeler, M.R., Dicianno, B.E., Babinec, M., & Rosen, L. (2009). RESNA position on the application of wheelchair standing devices. *Assistive Technology*, 21 (3): 161-168.
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- Dicianno, B.E., Margaria, E., Arva, J., Lieberman, J.M., Schmeler, M.R., Souza, A., Phillips, K., Lange, M., Cooper, R., Davis, K., & Betz, K.L. (2009). RESNA position on the application of tilt, recline, and elevating legrests for wheelchairs. *Assistive Technology*, 21(1), 13-22.