



SAMPLE of LETTER of MEDICAL NECESSITY for REFLUX DISORDER

The following equipment is being requested for the patient named above:

- ❖ SPIO Vest (Stabilizing Pressure Input Orthosis)

Diagnosis and Prognosis:

_____ is a child with a complicated medical history of failure-to-thrive secondary to gastro-esophageal reflux disease, suppressed immune system with multiple urinary tract infections, colds and fevers, and several hospitalizations. _____ also has difficulty with sensory integration, making it difficult for him/her to accurately discriminate between “threatening” and “safe” sensory input. He/she is often in a high-alert/vigilant state, as he/she feels the need to protect himself/herself from things that are messy, fabrics that don’t feel good on his/her skin, movement that is unpredictable, things/places that are loud, and things/places with strong odors. In this high-alert/fight-or-flight state, we often experience problems with digestion, which is the case for _____.

_____ receives 100% of his/her nutrition through a gastrostomy tube; he/she has been on 23 hour/day continuous feeds at a rate of 48-50 ml/hour. He/she has been “stuck” at this rate for several months; if the amount or rate was increased he/she would gag and vomit.

In recent months, _____ has been participating in occupational therapy and feeding therapy sessions at _____. His/her mom and aunt have been working with him/her at home to decrease his sensory sensitivity, especially in the areas of touch and movement. _____ is making good progress in these areas; he/she is becoming less anxious when he/she touches foods, and is playing with more and more types of foods. Over the last two weeks, _____ has started to tolerate 6-7 bolus feedings per day, with each 50 ml feeding given within 10-12 minutes. His/her anxiety around food seems to be decreasing, and he/she is gagging/vomiting less.

With continued medical intervention and therapy to address his/her sensory sensitivities, _____ prognosis for improving his/her oral intake is good. He/she also has a good prognosis for becoming more tolerant of typical toddler sensory experiences, such as playing on moving playground equipment, playing with a variety of textures such as sand and play dough, and going to places which might be loud or have strong aromas such a restaurants, parks, the beach, etc.

Reason equipment is needed:

SPIO's are made from a multi-directional stretch lycra-blend fabric. The snug orthotic surrounds the body with pressure-touch and proprioceptive input which promotes the release of calming/modulating chemistry. SPIO's also provide a "second skin" physical barrier between the patient and his/her environment, which helps the child feel calm.

When _____ feels less threatened by the sensory input in his/her environment, he/she comes out of his/her high-alert/fight-or-flight state. He/she then has fewer episodes of gagging and vomiting, and is able to retain more nutrition. The SPIO vest will be used in conjunction with other therapy activities in order to increase the amount and variety of foods _____ can eat, and the amount and variety of typical toddler sensory experiences he/she can tolerate.

Equipment Trials:

Although we haven't used a SPIO vest in therapy yet, _____ enjoys playing with SPIO fabric. We play dress-up by dressing stuffed animals in SPIO pants and shirts. _____ also craves the secure feeling he/she gets from wearing his/her "spandage," which is a stretchy tank-top bandage designed to help with the positioning of his feeding tube. _____ always wants his spandage around his/her tummy, and becomes very upset when it is removed. For these reasons, it appears that _____ will enjoy wearing a SPIO vest, and will benefit from the stability/security it provides.

I certify that the above equipment is medically necessary for the treatment of the patient's diagnosis.

Clinician's Signature & Date:
