



SAMPLE of LETTER of MEDICAL NECESSITY for CP, SPASTIC QUADRIPLEGIA; POST HIP SURGERY

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

- ❖ SPIO (Stabilizing Pressure Input Orthosis) Vest, Pants and Gloves

Diagnosis and Prognosis:

_____ has moderate to severe mixed spastic quadriplegia with tone and fluctuations from moderate hypotonia to moderate to severe hypertonus. _____ has had major hip reconstruction surgery, including bilateral femoral osteotomies, in the past year and is still in a period of recovery of function from that intervention. _____ has poor active shoulder, trunk, hip stability and movement control. As he/she attempts supported standing, his/her legs tend to collapse in flexion and abduction. He/she wears DAFOs and this provides him/her a more stable and predictable base of support; but hip, knee, trunk and shoulder activation is unpredictable and problematic.

Reason equipment is needed:

_____ also has considerable difficulty with hand and wrist control both in active weight bearing support on arms and in fine motor and ADL skills. During the above assessment, he/she responded very positively, with less fisting and hypertonus and greater active movement control to the SPIO flexible compression gloves. _____ requires the SPIO vest, providing shoulder-trunk-hip bracing combined with SPIO pants for pelvis-hip-knee bracing and the SPIO gloves; all to ultimately improve active head, shoulder, hand, trunk, hip, and knee stability and balance as well as movement and tone control and to recover maximum supported standing and walking skills, post hip surgery.

Equipment Trials:

Recently in therapy _____ has been assessed using several SPIO Flexible Compression Orthoses to support shoulders, trunk and hips with additional support to pelvis, hips and knees. While wearing this support his/her trunk and limb control in support sitting, standing and walking were much improved with greater and longer ability to take active weight on his/her legs and hold his/her trunk and head actively balance. This bracing system offers _____ not only immediate improvement in stability, balance, movement and tones

control, but much greater possibilities to manage greater and greater movement and balance challenges for active strengthening both in therapy sessions and throughout his/her daily activities.

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

Clinician's Signature & Date:
