**Sample Letter of Medical Necessity (LMN) for Active Aid 285 Tilt**

* **Date of Service/Evaluation for a Shower Commode chair:** 01.15.19
* **Client name**: Jim XXXXXXXXX
* **DOB:** 6.14.1995
* **Ht:** 5’9”
* **Wt:** 150 lbs.
* **Ordering Physician**: Dr. XXXXXXXXXXXXXX
* **Reason for referral**: Evaluation for Shower Commode chair and a new wheelchair cushion (see separate LMN for cushion).

**DX- summary of medical condition, diagnosis/onset, prognosis and all co-morbid conditions:**

Jim is a 24yo male who sustained a spinal cord injury from an MVA on 10.1.18. He has a diagnosis of T5 SCI. Jim has been a patient of mine in outpatient PT on two separate occasions. Since his injury, he has had significant lower extremity spasticity with worsening contractures due to range of motion restrictions in his legs. Thankfully, he does not have a current history of pressure sores but is at risk.

**Evaluating therapist expert credentials**. As a DPT from the Medical University of XXXXXXXX, I have been working at the XXXXXXXXXXX XXXXXX, a Regional Healthcare outpatient PT clinic, for 8 years where I became a Neuro specialist and a Certified Orthopedic Manual Therapist (OMT-C).

**Functional/Physical Assessment**; Jim is wheelchair dependent and unable to functionally use his lower extremities, as he has 0/5 manual muscle testing strength in his lower extremities except 1/5 (trace strength) in his hip extensors and abductors. Jim unfortunately must remain in a sitting position for all daily activities, including meals, dressing, bathing, and for overall mobility around his home and in the community. He can do an assisted sliding board transfer with one caregiver to his wheelchair and other surfaces. His L/E spasticity and contractures are an issue in sitting- both in the wheelchair and in the borrowed commode /shower chair.

**History: Details about the client’s current equipment:**

Jim’s house has a new roll in shower, but Jim has been using an old, borrowed Shower Chair, with a very hard seat and no ability to tilt (15-20 degrees) him back to accommodate for this L/E spasticity and contractures. When his spasticity kicks in, his legs shoot out which has caused three near falling accidents and hastened the need for this Shower /Commode evaluation.

**Documentation of multiple other less costly devices considered**

A couple of tilt shower/commode chairs were considered during our evaluation on 1.15.19- A XXX XXXXXXX, XXXXXXX and the Active Aid 285 tilt. The xxx xxxxxxxx didn’t have the correct size aperture/cut out for perineal cleaning, nor did the leg/foot rest hanger configuration work with Jim’s tone. The XXXXXXX had the correct cut out but the seat was too firm and caused discomfort for Jim. The Active Aid 285 tilt in space 16” W X 18” D stainless steel frame, with 5” dual locking casters was chosen for stability, support and seat comfort (prolonged bowel program) and to provide safe positioning for Jim during showers. His caregiver is able to assist him to transfer into this system and bath him in a roll in shower as well as use for his daily bowel program.

**Documentation and justification of the model of device being recommended as well as each additional positioning/support component**

To maintain his position during showering, Jim needs the ability to keep his hips in flexion to decrease spasticity, and to tilt back between 10-20 degrees to help maintain that positioning. When in the Active Aid 285 Rehab Shower Commode chair with tilt, Jim needs additional positioning components listed here;

* A P13621 large head rest during tilting to prevent neck strain and for safe positioning when in the shower.
* P61126 16″Wx18″D Ensolite® Front/Rear Open Seat for perineal cleaning.
* The PR13581 & PL13581 Right and Left Goose neck Swing away- lift off leg supports with PR11100 & PL11100 Right and Left foot plates with heel loops for positioning of L/E for alignment and stabilize with his L/E tone and contractures.
* PW60884 Waist /pelvic positioning belt for safety and to stabilize his pelvis.
* 60800-2 – 2 pr. front & rear. Of 5” dual locking Casters for safety and to stabilize the shower commode chair when in the shower, or when transferring into the shower chair for bathing or bowel care program.
* P13611 Left & P13612 Right -Armrest with pad to support U/E’s during shower or bowel programs.
* P61139 16” wide Adjustable Sling Back for back/posterior support of trunk.
* PW60884 Waist/Pelvic belt to keep Jim safe and secure in the seat of the shower commode chair when showering.
* P11093 Bodypoint Trunk belt for anterior support/stabilization of trunk when showering and when using the chair for his bowel program.
* P13423-Pan/Hanger for front/rear seats. This is the frame and pan necessary for using the device in commode setting.

**Documentation of home assessment**

XXXXXXX is Jim’s DME/CRT Provider. Therese XXXXX ATP, SMS from XXXXXXX Provider performed a home evaluation on to 1.18.19 to confirm and document the size of the shower and that the bathroom would accommodate the Active Aid 285 with Tilt, which it does.

Therese was also able to confirm that Jim’s caregiver(s) are available daily (M-F) to assist with transfers for shower and bowel care programs. Jim’s parents are available to assist on the weekend. All caregivers were educated in use of the device.

**Current plan of care:**

Jim will use the shower chair bi weekly for bathing in the afternoon and once a day for bowel care in the am. He has a caregiver available for transfers and assistance.

The undersigned therapist is not affiliated with, nor contracted with, the company providing the DME or Complex Rehab Technology.

Please feel free to call or write if you have any questions regarding this recommendation.

Clinician signature:

Physician signature: