**Sample 720 Bariatric Rehab Shower/commode chair**

Letter of Medical Necessity (LMN)

* Date of Service: 00.00.2019
* Client name: X X
* DOB: XX-XX-XX
* Ht: 5’8”
* Wt: 370 lbs.
* Ordering Physician: Dr. ZZZZZZZZZZZZZZZ
* **Reason for referral:** Rehab Shower Commode Chair Evaluation
* **DX- summary of medical condition**: XX is a 50 yo male who has had a L above knee (AK) amputation in December of 2018. He has wound healing issues and is just beginning to work on transitioning to a possible temporary prosthesis for the start of weight bearing skills. Co-morbid conditions include: DMII, History of PE, Neuropathy, Morbid Obesity, Obstructive Sleep Apnea.
* **Evaluating therapist expert credentials**: My name is ZZZZ ZZZZZZZZZ, I have a DPT from the University of XXXXXXXXX in XXXXXXX and have been working both inpatient and outpatient at XXXXXXX XXXXXX Hospital for the past 15 years. I’m OCS and NCS certified.
* **Functional/Physical Assessment**;

**Skin Integrity**- Impairments- Wounds healing L skin graft, using ZZZZZZZZZ and ZZZZZZZZ to cover incisions areas with some maceration.

**Sensation**- is intact on the L hip and glute, with numbness from glute to amputation site. R LE upper leg is normal but numbness to sharp /dull on the right foot.

**Strength**- observed to have decreased strength - L 3-4+ R3-4+ at hip and R 4-5 for knee.

**Coordination**- is Intact as is motor planning.

XX transfers with modified 1 person assist in a flexed pivot.

Due to XX LE R weakness, L AK amputation, wound healing issues and morbid obesity as well as other comorbid issues, it has been requested by XX Physician as well as this treating therapist that XX have a Rehab Shower commode chair that he can propel and will support him in a safe manner for Hygiene/showers and for use as a commode.

* **Shower /Commode History**: Prior to the L Leg amputation XX was using a bariatric shower tub bench to aid in daily showers and a standard toilet for toileting. Since the leg amputation and history of poor wound healing, along with other comorbidies including increased weight gain, we feel this client will be safest and best supported using a Bariatric Rehab Shower Commode Chair with large rear wheels. During hospitalization and rehab, XX and his wife have modified their existing bathroom from a bath tub to a roll in shower, do to escalating medical/physical changes.
* **Documentation of devices considered**: On 00.00.2019 XX was in to OP Clinic for the evaluation of multiple shower commode chairs to determine the best device for him. Only bariatric devices were considered with wt. limits of 500-600 lbs. (Bariatric) as XX is currently 370 lbs. His weight has increased since amputation by 20 lbs., as well as his seated trunk and body width requires a 24” wide device, as does his L leg due to healing issues.

We considered a XXXX XXXXXXX Bariatric XXXXXX shower chair but found at clinic trial that the back support was not wide enough for XX posterior trunk and shoulder width. We also reviewed a XXXXX basic bariatric shower commode chair and found that the seat depth and seat padding material didn’t work with XX’s seat depth and L leg stump. Next, we trialed an Active Aid 720 Bariatric Rehab Shower Commode Chair. XX, felt this was the most comfortable for his back width and his L Leg stump with the Enosolite padded seat and back. It also had 24” rear wheels which XX was able to access for independent propulsion.

* **Documentation and justification of the model of device being recommended as well as each additional positioning/support component required for that individual client to use the device safely and effectively.**

We determined that the Active Aid 720 Bariatric Rehab Shower Commode chair P13600-24” Wide by 20” Deep with a max wt. capacity of 600lbs. had the best positioning, comfort and safety for XX.

P61096- 24” Wheels (pr.) with basic hand rim will allow XX to move the Shower commode chair independently, for max. function.

P13769 – Bolted Axles with Tipping levers (pr.) are necessary for safety, since XX is missing his L L/E, the tippers will give added rear stability, compensating for the lack of additional wt. in the front of the chair due to the leg amputation.

P13283-2- 6” Locking Casters (pr.) will give the chair good stability while XX is transferring into for shower or commode use.

P61119- 24” W x 20” D Ensolite Front /Rear open Seat will support XX”s gluteal area and give complete support to his L- AK Stump. The front /rear opening allows XX to have that opening either direction for perineal cleaning. During the trial we found that rear opening appears to work for independent reach for cleaning while still giving good support to the L leg.

PW11094- Velcro Waist/pelvic belt for 22”-24” wide seat frames gives XX added fore/aft and lateral stability, especially when wet and in the shower.

P13584 & P13585- Left & Right hand -Armrest with Pad- give XX lateral stability when seated while having the ability to flip up for open clearance during flexed stand pivot transfers into the chair.

PR13581 Right Gooseneck Leg Rest &

PR11099 Right Foot Plate- the Right-side leg rest with foot plate will give proper foot and leg support to XX right leg for lower body stability in showering and toileting. Left side is not needed due to amputation.

P13594-24” Wide Solid Back- gives XX posterior trunk support for upper body stability when showering.

* **Documentation of a home assessment:** On 00.00.2019 Ben Boyd with ZZZZZZZZZ Supplier was at XX’s home and confirmed that the prescribed Active Aid 720 Shower Commode chair has 360 degree turn radius and access the hand-held shower. XX’ wife also was able to demonstrate use and access to the device if she should need to assist.
* **Plan of care/use**: XX will be using the Active Aid 720 daily for showers and 2 times daily for toileting.

The above item(s) are medically indicated and necessary for the patient and caretakers to use as part of a rehabilitation plan designed to prevent medical complications and to increase the patient’s functional abilities

Please feel free to contact me if you have questions regarding these recommendations.

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

Sincerely,

Clinician signature:

Supplier signature:

Physician signature: