



This information is provided by Adaptive Imports Clinical Educator, Melissa Tally, PT, MPT, ATP. Please reach out to Melissa@adaptiveimports.com regarding questions or Sales@adaptiveimports.com for assistance with completing the order form.

SAMPLE LOMN Head Support

Name:	Date of Assessment:
DOB:	Diagnosis:
Height: Weight:	Physician:
Therapist/Consultant:	Equipment Supplier:
Funding:	

Patient was seen this date for an equipment evaluation for a means of external head support as result of presenting complex medical diagnoses and need for adapted external support for all ADLs, mobility, functional positioning, and medical management. Patient is not able to maintain cervical midline position due to diagnosis and presenting motor impairment causing risk of aspiration, impaired airway control, poor oral motor skills, impaired line of sight, decreased access to visual activities, communication, and participation. (Enter Name), ATP of (Enter Company) was consulted regarding the adaptive equipment needs. The patient was accompanied by (enter caregiver) who remained in the room and participated in the session.

Reasons for today's visit:

1. The physician has identified needs related to patient’s diagnosis(es) and referred for evaluation for adaptive external postural support to improve functional head positioning for improved line of sight, decrease risk of aspiration, improve oral motor feeding, improve access to AAC/communication and inhibit asymmetry.
2. Patient has a diagnosis of (enter diagnoses) and requires external positioning device to support midline cervical position and can be mounted to (*all adaptive equipment, wheelchair, stander, bath chair, floor sitter, etc.*) to support access to (*assisted ADLs, oral motor feeding, communication, line of sight, etc.*)

Adaptive Equipment

Patient currently uses the following equipment: (*Listing additional equipment here can add to reviewer understanding medical presentation of patient- omit if not relevant*).

Seating and Positioning:

Stander / Gait Trainer:

Mobility:

Bathing/Toileting:

Sleep:

Transport:

AAC/ Computer access:

Past Medical History: *Provide information regarding onset of diagnosis and any relevant background information.*



HOME ENVIRONMENT AND TRANSPORTATION CONSIDERATIONS

Patient lives at home with ***. Home is a (*condo, apartment, 2-Single story, ranch, etc.*) with (#) stairs to enter *with/without* *** ramp access necessary. The home has an (*open, sectioned, non-accessible, etc.*) area. Bedroom and bathroom are on the *** floor. The bathroom is (*accessible, non-accessible, equipment used*). The bedroom is (*upstairs, 1st level, etc.*) with (*standard, adaptive*) bed and *** medical supplies. Patient has access to (*vehicle, adapted van, car seat/adapted car seat*) for transit. Patient requires (*Describe level needed*) assistance for all self-care needs and mobility. For transfers, (*Level*) Assist is required. Patient dependent for all care, positioning, access, and mobility.

CURRENT MEDICAL/PHYSICAL STATUS (*complete what is relevant*)

Cognitive Status:

Skin Condition/Integrity: (*describe any concerns*)

Bowel/bladder: (*improved head control can support overall GI function/access*)

Hearing/Vision: (*critical to discuss visual access needs to justify head support*)

Oral Motor Skills: (*critical to discuss oral motor needs/risks to justify head support*)

Cardio-respiratory status: disease related compromise requires tilt for improved respiration and swallowing.

Tone/Movement/Strength: abnormal and extensor muscle tone throughout. Decreased functional movement due to abnormal and extensor tone and decreased strength.

Orthopedic considerations: (*discuss supporting midline and further asymmetry*)

Bed confined: nights, and periods of rest as result of complex medical needs.

Chair confined: *** hours/day. (*Typically, 3-6 hours younger children, 8-10 hours for complex patients and teens*)

MEASUREMENTS: (*Headaloft is one size fits all as all components are included*)

FUNCTIONAL STATUS

Comment: requires full external support and assistance for all MRADLs, positioning and mobility. full external support to align for functional positioning for access, upright positioning, adapted mobility, and activities of daily living.

UE Function:

LE Function:

Activities of Daily Living (ADL's): dependent for all MRADLs and all positioning

CLINICAL ASSESSMENT

Sitting Posture:

Pelvic Tilt/Obliquity/Rotation:

Leg Position:

Scoliosis:

Lordosis/Kyphosis:

Head Position:

Shoulder/Scapula Position:

Balance:

ROM/Strength Limitations:



Presenting Problem: Midline Head Control

As a result of the medical diagnosis, the patient presents with abnormal muscle tone, postural control, and asymmetry, resulting in limitations in maintaining safe position of the neck and head for function, access and ADL/medical management. An external head support that can mount to any positioning equipment with a head rest of high back support is recommended to provide midline cervical control, improve access and line of sight, provide safe access to oral motor ADLs and decrease risk for asymmetry and aspiration.

Equipment Considered: *(review all supports considered and ruled in/ruled out)*

Examples to review for Rule Out: current head rest, Danmar Hensinger Collar, HeadPod, etc.

Rule In for Headaloft: Headaloft provided optimal midline control to support access to safe oral motor ADLs, improved airway control/decreased risk for aspiration, improved access/line of sight and can easily be used for functional activities as needed and mounted to multiple pieces of equipment the patient uses daily.

Patient and Family Education:

Discussed the recommendations from this appointment, including management of recommended equipment, safe mounting, proper use, process of acquiring new equipment, and estimated time frame until delivery. Patient/Caregivers verbalized an understanding of the information provided.

Goals of Recommended Equipment

Head Support- External Positioning

- To provide a means for midline head control and alignment on any positioning equipment with head rest or high back to facilitate safe participation and access to ADLs, posture, and medical management.
- To promote neutral postures and lessen development of secondary complications such as scoliosis, impaired airway access and asymmetry.
- To provide a means for safe positioning with oral motor activities, access to AAC/communication, and carry-over of therapeutic exercise/activities prescribed by patient's therapy team and physicians.
- To provide an age-appropriate midline cervical position to improve participation and interaction with peers and caregivers, to further enhance patient's cognitive and social development.

Equipment Recommendation & Justification *(example Jenx Multistander)*

Headaloft- to included main support, forehead straps (S,M, L) and occipital pad.

Thank you for your time,

THERAPIST NAME

License #:

Date:

I have read and reviewed this Statement of Medical Necessity and Equipment Justification. I hereby attest and concur with the findings and recommendations made by this Licensed Certified Medical Professional.

MD NAME

License #:

Date: