SAMPLE LOMN Hoggi Bingo:

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 adapted seating and mobility as result of presenting complex medical diagnoses and need for adapted postural mobility and positioning for all ADLs, mobility, and dependent medical care. (Enter Name), ATP of (Enter Company) was consulted regarding bed positioning needs. The patient was accompanied by (enter caregiver) who remained in the room and participated in the session.

Reasons for today's visit:
1. Physician has identified need related to patient's diagnosis(es) and referred for evaluation for adaptive equipment for bed positioning.
2. Patient has a diagnosis of (enter diagnoses) and requires adaptive positioning for all functional activities. requires adaptive equipment for safe and functional positioning for ADLs, specifically sleep.
3. Patient is in need of an adapted seating and mobility system to allow proper access to dependent mobility, medical and ADL care and postural positioning as result of complex medical needs. Patient requires tilt and recline, access to safe transit to attend frequent medical visits and proper external support due to abnormal tone and postures.

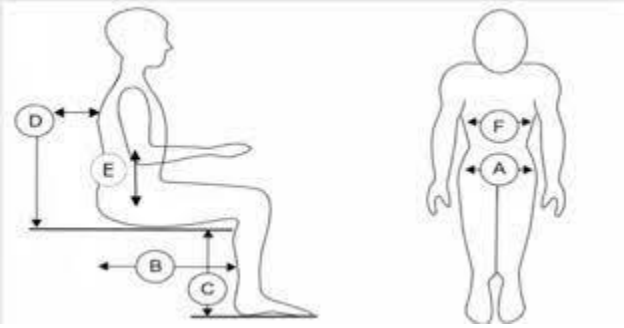
Adaptive Equipment
Patient currently uses the following equipment:
Seating and Positioning:
Mobility:
Bathing:
Transfers:
Bed:

Past Medical History:

HOME ENVIRONMENT AND TRANSPORTATION CONSIDERATIONS
Patient lives at home with ***. Home is a *** with *** stairs to enter with *** ramp access necessary. The home has a(n) *** area. Bedroom and bathroom are on the *** floor. The bathroom is ***. The bedroom is *** with *** bed and *** medical supplies. Patient has access to *** for transit. He requires *** assistance for his self-care needs and mobility. For transfers, *** Assist is required. Patient dependent for all care, positioning, access, and mobility.

CURRENT MEDICAL/PHYSICAL STATUS
Cognitive Status:
Skin Condition/Integrity: at great risk for skin breakdown secondary due to limited ability for independent repositioning and presents with recent concerns with (enter information)
Bowel/bladder:
Hearing/Vision:
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:
Ambulation/Functional Walking Status: dependent for all mobility needs
Bed confined: nights, and periods of rest as result of complex medical needs.
Chair confined: *** hours/day. *(Typically, 3-6 hours, 8-10 hours for complex patients*)

MEASUREMENTS
Height: Weight:
Seating Chart Measurements:



CURRENT FUNCTIONAL STATUS
GMFCS Level (I-V):
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:

SKIN CONDITION/INTEGRITY
Susceptible to decubitus ulcers: yes, as result of being dependent for all positioning and mobility.
Sensation: History of ulcers:
Location: Stage:
Ability to perform pressure relief -requires supportive positioning to allow frequent positioning changes and offloading of pressure from hip area during sleep to allow access to adequate pressure relief.

CLINICAL SUMMARY
Patient presents with abnormal muscle tone and impaired muscle strength, range of motion, dependent transitions, postural control, and balance, resulting in limitations in all mobility, positioning and ADL/medical management. Patient requires adaptive equipment that will support adapted dependent mobility, decrease the effects of abnormal tone, and facilitate upright positioning and access. By providing appropriate adapted mobility base with tilt in space and recline features as well as postural and medica supports, patient will be able to participate in necessary adapted mobility, access to assistive technology supports, attend required medical session and participate in functional activities. Patient is dependent upon complex adaptive equipment for all safe, functional positioning and mobility for all functional activities and activities of daily living (ADL's).

Equipment Considered:
Tilt in Space considerations:
Commercial item: commercial options are not able to support the size and complex medical needs of this patient and have been ruled out.
Manual wheelchairs: Several adapted mobility systems with appropriate external postural supports, tilt and recline to support medical management and postural needs and appropriate safe dependent mobility needs were considered.
***discuss/list options considered with reason for rule out. i.e.: "named" MWC with tilt function not appropriate as there is not safe functional option to carry all required medical supports.*

Patient and Family Education:
Discussed the recommendations from this appointment, including management of recommended equipment, safe transfers and transport with equipment, process of acquiring new equipment, and estimated time frame until delivery. Patient and parents were provided with the name and number of therapist and equipment vendor to call with any questions or concerns. Parents verbalized their understanding of the information provided.

Equipment Recommendations: Hoggi Bingo Recommendation Options with Justifications:
Bold items are required or typically recommended. Red items are accessories/configurations available based on patient need.

1. **Bingo Evolution Mobility Base** (size 1, 2, 2xl)-Required to provide appropriate base for necessary seating and tilting seat functions and adapted dependent mobility.
2. **Reclining backrest** -Required to allow backrest to recline which is required due to need for urgent medical care and pressure relief and position changes. (Add specifics based on diagnoses)
3. **Elevating Leg Rest**-Required to allow legs to be elevated due to decreased muscle strength and dependent positioning. Support proper alignment of legs in seated position as result of abnormal tone and posturing.
4. 4" Footrest Risers-Necessary component to allow proper placement of footrests due to leg length. (**could be required based on patient lower leg length, recommended when OT Plus seat frame is being used)
5. **Transit Option (Required for all bases**)-Necessary to allow for transportation in accessible vehicle to school, community participation and necessary medical appointments.

Seating Options:

6. **Bingo Evolution Contoured Seat**:(size 1, 2, 2XL (Color: Black, Berry Soft, Gray Soft, Turquoise soft)-Required positioning component which will help to stabilize the hips and pelvis to encourage upright postural support.
7. **Bingo Evolution Contoured Back:** size 1, 2 2XL (Color: Black, Berry Soft, Gray Soft, Turquoise soft) -Required positioning component to support midline trunk alignment and upright positioning.
8. OT Plus seat frame- required to support mounting of prescribed custom seating.
9. Custom seat and mounting hardware: required to support postural asymmetry and allow for optimal pelvic pressure distribution and base of support for functional seating.
10. Custom Back and mounting hardware: required to support postural asymmetry and allow for optimal trunk alignment and positioning to support functional seating and allow improved respiratory and swallowing function as well as access to AAC as needed.
11. **Lateral Trunk Support (2) and Lateral Trunk Support Hardware (2)-**Required support to prevent lateral lean due to scoliosis and support trunk in a midline posture due to decreased postural control and strength. Hardware is required to attach this support to the wheelchair frame.
12. Ankle Cuffs or Foot Straps- Necessary to support feet in proper alignment and control as result of abnormal tone.

****NOTE: Hip supports with hardware or Armrest are required**

13. **Hip Supports and Hardware**- required to provide proper upper leg positional support and allows surface to rest upper extremities. (**recommended with Evolution IUS seating)
14. **Height Adjustable Armrest (2**)-Required to provide additional UE support for trunk alignment and provide support surface to don upper extremity support tray (** recommended with OT Plus frame and custom seating)

15. Hip Pads Inside Armrest (2) -Required to be added to inside surface of armrest for upper leg support and accommodate patient size and hip width.
16. Removable Abduction Block- Necessary to support appropriate femur alignment due to abnormal tone and allow for proper pelvic weight bearing and stability for function.

Head Support:
17. **Headrest Lateral Support Pads (1) or Highrise Headrest pads (1)-**Required to promote neutral head position and limit lateral lean at the head.
18. Anatomic Head Support- required to provide posterior occipital head support for midline orientation and control due to abnormal tone and postures.

****NOTE: 5-Point harness or Chest Harness with Lap belt are required for safe transit. If a patient presents abnormal tone control/poor strength the Chest Harness with Lap Belt may provide increased postural alignment over the 5-point harness.**
19. **5-point Harness**-Necessary to promote increased upright trunk alignment as well as allow for safe transport in the community to school and medically necessary appointments
20. **Chest Harness-** Necessary to support midline trunk posture due to poor strength and abnormal tone and postures.
21. **Lap belt or 4-point lap belt**-Required to maintain safe pelvic stability and safe positioning while in the wheelchair. (**additional options include Groin Strap)

Additional Options:
22. **Upper Extremity Support Tray and Tray Mounting Hardware**-Necessary to provide functional surface for activities of daily living completion. Hardware is required to attach this support to the wheelchair frame.
23. **Canopy-**Required to protect patient from the sun due to sensitivity as result of medications and decreased ability to self-regulate body temperature. Patient is sensitive to overhead light (direct sunlight and florescent lights) and requires cover to improve visual access, support effects of Cortical Visual Impairment and limit risk for increased seizure activity.
24. **Oxygen Tank Holder-**Required to allow oxygen tank to be securely transported due to respiratory needs.
25. IV Pole-Required to allow access to medications and gastrostomy tube feeding.
26. 4in Seat Riser Mod-Required to allow seat to be positioned appropriately for patient's current size and positioning needs, including medical need to transport additional medical equipment on required respiratory tray (**recommended with respiratory base to allow increased storage capacity)
27. Vent Tray (3 piece removable)-Required to allow necessary medical equipment to be carried safely on the manual chair.
28. Complex Base Modification-Required to allow base to be adapted with additional support trays to accommodate need for medical equipment which is vital to Joey's care and medical needs. (**note this modification also includes moving foot brake to right- and left-hand brakes, see #26)

29. Right and Left Wheel Braking System & Lock (2)-Required safety component which locks the wheels and to allow safe mobility with increased weight of required medical equipment and vent tray.
30. Size 1 Seat Adapter Kit-Required component which allows the size 1 seat to be placed on required larger mobility base to accommodate patient need to transport medical equipment.
31. Cobra Indoor Hi Lo base-required to allow access to optimal postural control in the home as mobility base is not accessible to all areas or ADL access and assisted transfers/transfer training.
32. Grab Rail with upholstery-required to support access to upper extremity support and stability for upright positioning as result of abnormal tone and postures.
33. Calf Pad with foam insert-allows increased support of lower leg as result of asymmetry and contractures.
34. Coupling kit- connects 2 mobility bases of same size to allow functional dependent mobility with multiple individuals requiring dependent mobility and positioning.

Summary:
Patient is dependent for all postural support, adapted mobility and medical/ADL care and requires an adapted seating and mobility system to support the patient's complex medical conditions. He presents with decreased strength, impaired mobility, poor motor control, limited or decreased range of motion, impaired sensory processing, abnormal tone, limited extremity function, and limited ability to control his body. Please consider these recommendations for this adapted mobility system with recommended postural seating to support these medical needs.

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:

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.