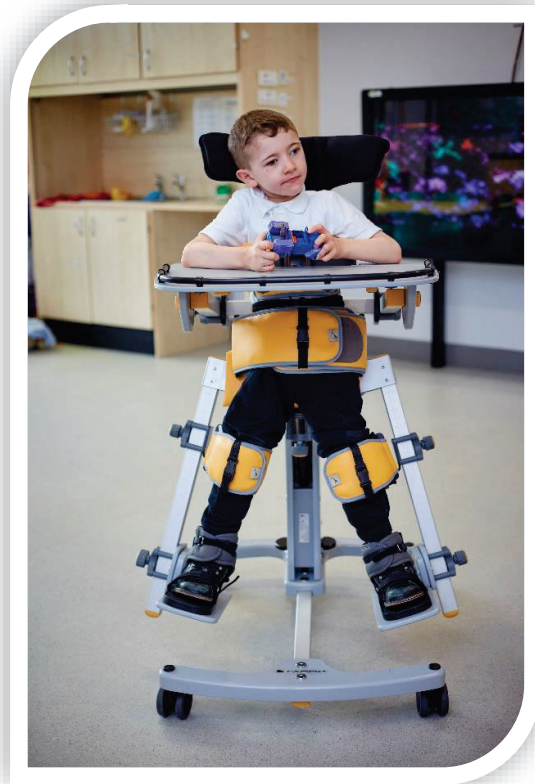




Sample Letter of Medical Necessity – Standz



Sample letters of medical necessity are not intended to provide exact guidance on how to apply for funding for any product or service. every patient is unique, with their own individual needs. ultimately, health care providers should undertake a robust clinical assessment of each patient and make an informed clinical decision regarding the appropriateness of a particular product for that patient. applications to any funding source must be factually accurate and accurately reflect the individual needs of the applicant patient.

Jenx cannot guarantee the success in obtaining insurance or third party funding of any kind.

Describe who you are, your role, client's name and state the equipment you are seeking funding for

I am a qualified (insert profession) and I am writing this report on behalf of X.

As X's therapist, I am requesting funding for a Jenx Standz. The Standz is a medical necessity which would not be required in the absence of disability, illness, or injury. The following report explains the medical justification.

Explain the client's diagnosis, disability and past medical history (Include functional ability and limitations in segmental body control, overview of other impairments)

X is 6 years old and has a diagnosis of Aicardi-Goutieres Syndrome Type 5. X is due to have bilateral adductor-psoas tenotomies in the coming months as a result of worsening hip migration noted in their regular hip surveillance.

Tone/Movement/Strength: X is affected by spastic quadriplegia, meaning they have high tone and weakness through all their limbs, but is predominantly low tone through their trunk. X is particularly affected by high tone hip flexors and adductors, knee flexors and ankle plantar flexors bilaterally, which causes restricted range of movement and pain at their lower limb joints. They have limited hip abduction to 20 degrees on the left and 18 degrees on the right. They have bilateral knee flexion contractures of 10 degrees. X has 6 monthly botulin toxin injections to their hip adductors and hamstrings to help manage tone and maintain range of motion, but these are becoming less effective. X wears bilateral AFO's to maintain neutral foot positioning through the day. X has good head control, but can fatigue without support over longer periods and when participating in activities. X is working hard in their therapy programme to maintain and develop upper limb function for interaction in their favourite hobbies, such as reading, for using their communication aid effectively and for practicing powered wheelchair control to improve independence.

Posture: In sitting and lying X adopts a moderate windswept posture in their lower limbs and pelvis that is partially correctable. There is a moderate lateral curve through their spine that is also partially correctable. Upper limbs rest quite flexed at the elbows, with external rotation and retraction at the shoulder girdles, but there is still full passive range of movement and some purposeful active movement. X is at risk of further postural deformities and contractures.

Ambulation/Functional Walking Status: X cannot ambulate without significant support, requiring a hoist transfer into a full body support posterior walker. X currently mobilises daily in this walker at school for around 15 minutes in duration. The duration of walking has gradually reduced to 15 minutes over the past year due to X's hip pain when ambulating. X enjoys using their walker however and asks to go in their walker to play with their friends every day.

Communication: X is affected by dysarthria which is more marked when they are tired. However, X has good cognitive ability and can communicate their needs well through their speech, but is also starting to explore using augmentative and alternative communication through an I-pad with the support of their speech and language therapist

Hearing: no concerns

Vision: Wears glasses for reading

Skin Condition/Integrity: X can be affected by painful Chilblains on their feet and is at great risk of pressure areas and skin breakdown due to their immobility

Cardio-respiratory status: Nil concerns at present. However, X is at risk of aspiration and subsequent respiratory complications due to an impaired swallow. X requires a modified diet with pureed food and thickened fluids

Explain the impact of the client's diagnosis on their life (Discuss the implications and limitations without access to therapeutic equipment)

X is dependent for nearly all care needs and activities of daily living, requiring significant support and modifications. X is unable to stand or sit independently and needs appropriate postural support equipment to achieve these positions and maintain symmetry. X is unable to mobilise without an appropriately supportive walker and needs assistance of carers for most repositioning. X uses a sleep system to ensure optimal comfort and positioning overnight.

Standing and ambulation are thought to play an important role in hip development and stability. X is currently awaiting surgery and could be at risk of further orthopaedic intervention later in life. The spastic muscles around X's lower limbs cause daily pain and abnormal positioning that are thought to be further risk factors for hip migration.

X struggles greatly with fine motor skills, but is working hard on gross motor movements to hold a book or toys in midline with appropriate postural support.

X is greatly at risk of social isolation and lack of interaction if not appropriately supported to experience activities and positions like their peers and family.

Provide an overview of the equipment for which you are seeking funding and the physical benefits in relation to the client (Explain how the equipment will provide physical benefits to the client's individual needs, support with clinical references if able)

The Jenx Standz is a highly versatile standing system that can support positioning in upright, prone, or supine and support both neutral or abducted standing. The Standz Size 1 can support children aged approximately 1 to 9 years with a maximum user weight of 45 kg, and the size 2 from approximately 5 – 14 years with a maximum user weight of 70 kg.

The Standz has a large selection of accessories and high adaptability to accommodate the unique and individual needs of users, meaning it can support almost any child in a standing position.

A systematic review has suggested appropriately – dosed standing programmes may have positive effects in children with neuromuscular dysfunction on healthy skeletal development, maintaining range of motion and spasticity, whilst enabling eye to eye interaction with peers. (Paleg et al, 2013).

For X, access to a Standz will enable appropriate postural support to prevent further deterioration in posture, whilst the modular features will encourage maintenance and even development of skills. Research

has suggested the ability to stand in abduction could have positive effects on reducing hip migration and maintaining range of motion, particularly after adductor-psoas tenotomy surgery in children with Cerebral Palsy (Martinsson & Himmelmann, 2011, Martinsson & Himmelmann, 2021). Standing in abduction is a feature which the Standz can offer, and the similar presentation of spastic quadriplegic Cerebral Palsy to the presentation of Aicardi-Goutieres syndrome in X mean these clinical findings could still be relevant in application with X. Furthermore, standing can provide a sustained stretch to X's spastic musculature, which in turn may maintain range of motion and may help reduce tone and pain.

Access to the Standz will ensure continued inclusion in standing activities with peers and family at eye level and can hopefully assist with continued access to X's mobility devices alongside the rest of their 24-hour postural management programme.

Describe the psychological benefits of equipment (Include benefits to carers and family as well as client if able, support with clinical references if able)

For X, the Standz will enable eye level interaction and inclusion in similar standing activities with their peers. It will encourage maintenance and development of upper limb and head control for play and independence in certain tasks. It could assist with continued access to X's walker and a reduction in pain by preventing postural deterioration alongside the rest of X's therapy programme. All these factors would be hugely beneficial to X's mental health and well-being.

X's carers are still understanding the complexities of X's rare disorder and are worried that X will regress in their skills. They are worried that if X no longer has access to an appropriate standing frame this will cause social isolation and exclusion. They are also distressed to see their child in regular bouts of pain.

The Standz will help show that X can maintain function and posture and continue to be included in as many activities as possible at school. Prolonged standing and stretching in abduction will hopefully have a positive impact on reducing hip migration, muscle tone and pain. These factors in turn will help provide some of the support, understanding and education carers need, having a positive impact on their mental wellbeing also.

Discuss other equipment experiences that have not been appropriate for client (Why were the other equipment not appropriate in relation to the client's needs? Re-iterate benefits of Standz in comparison, include specific details of other products as appropriate)

X currently accesses a supine stander that is not modular or adjustable enough to support and correct their posture and does not offer individual lower limb positioning. This standing frame is also now at its maximum height and can no longer offer any more growth for X. It does not offer a sturdy tray for positioning of an I-Pad, or a bowl for play, and does not feature shoulder support that can encourage protraction of the shoulder girdles to assist with upper limb function and reach.

The Standz can offer asymmetrical positioning of trunk laterals to correct spinal curvature, and offers rotational control at the trunk, pelvis and knees to assist with correcting rotation and wind sweeping posture. The individual leg positioning and hip abduction will be extremely beneficial post surgery. The Standz will also grow with X for a number of years, offering a variety of accessories for growth and body shape that will support X up into their teens.


Describe the equipment and accessories being requested for the client





X will require:

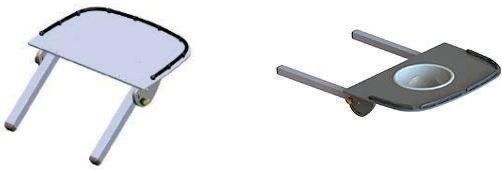




- 1 Standz Frame Size 2
- 1 2 Link Multigrip Headrest
- 1 Tray Mounting Bracket size 2
- 1 Multi – Position Tray with Bowl
- 1 Extension Wings
- 1 Standard Knee Supports
- 1 Rotation Control Knee Straps
- 2 Arched Foam Pads
- 1 Flip Away Lateral Supports with Strap Size 1
- 1 Flip Away Flexi Lateral Supports with Strap Size 1
- 1 Shoulder Support with Shoulder Protractors Size 1
- 1 Polyurethane Waistcoat Harness Size 2
- 1 Sandals Size 2 with Ankle Snug Size 2







Jenx Standz components and medical necessity



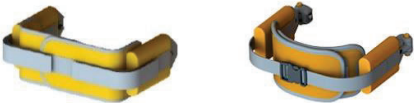

(Delete items as required)





Item	Description of Medical Necessity
<p>Standz Frame</p> 	<p>Available in 2 sizes to allow for growth and support varying user weight and size. Up to 45kg on size 1 and 70kg on the size 2, supporting an age range from around 1 year to 14 years old.</p> <p>Size 1 has a foot pedal and safety lock, whilst Size 2 has a cable operated lever and safety latch for tilt in space adjustments to assist with ease of transfers and safety for child and carer.</p> <p>Individual leg posts allow for individual positioning of hip abduction from 0-30 degrees and individual knee and foot positioning.</p>


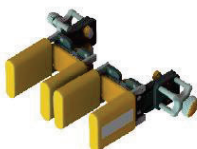
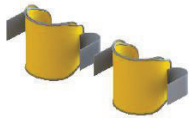



	<p>Angle adjustable footplates can be used to achieve neutral foot positioning and provide sustained stretching to calf muscles for children with high tone.</p> <p>Each frame comes with anti-microbial covers that are wipe clean for infection control.</p> <p>Weight bearing with a supportive frame can be beneficial for strength, bone mineral density, digestion, postural control, tone reduction, musculoskeletal development, and respiratory function.</p>
<p>Flat Head Support</p> 	<p>A simple yet effective head support pad for use in supine for children with reasonable head control. It can also be used in prone as simple head prompt for those with extensor tone or to extend the height of the chest pad.</p>
<p>Oval Head Support</p> 	<p>A simple, entry level head support for children who require minimal head positioning. Comes mounted on a flexible fixing bracket giving adjustment for height depth and angle.</p>
<p>Moulded Head Support</p> 	<p>Anatomically moulded polyurethane headrest for children who require minimal – moderate head support. Comes mounted on a flexible fixing bracket giving adjustment for height depth and angle.</p>
<p>Multigrip Headrests</p> 	<p>Mounted on a flexible bracket the headrest utilises interlocking fingers to mould the head pad to a variety of shapes to accommodate various head positions and shapes. Comes mounted on a flexible fixing bracket giving adjustment for height, depth and angle.</p>

<p>Multi-Position Tray</p> 	<p>Tray for use in prone or supine. Can be adjusted for height, angle, and depth to support a variety of positions and postural needs. Encourages play, interaction and functioning in the standing position. Provides a stable base from which a child can engage in midline activities and practice hand-eye coordination. Optional bowl can be used for encouraging tactile play and again hands to mid-line function</p>
<p>Prone Only Tray</p> 	<p>Shorter support arms allow for unobstructed movement of legs into the abducted position. The solid tray overlay can be removed to allow the included bowl to be used for encouraging tactile play and hands to mid-line function. Also available without a bowl.</p>
<p>Tray Elbow Blocks</p> 	<p>Aid in preventing retraction of the child's arms and promote a functional arm and hand position – used in conjunction with Tray Extension Wings.</p>
<p>Tray Extension Wings</p> 	<p>Strongly recommended for use in supine and just as effective when used in prone, these wings attach to the rear of the tray to offer a support surface for the child's elbows and prevent arms from slipping off the tray.</p>
<p>Padded Tray Extension Wings</p> 	<p>Offering the same support as tray extension wings, with the addition of being padded for comfort and protection for the elbow.</p>

<p>Full Tray Padding</p> 	<p>Pads the entire tray surface to give a soft surface for the child to lean against and prevents any discomfort caused by sudden uncontrolled arm and hand movement.</p>
<p>Tray Holder</p> 	<p>A clever addition that offers a solution of where to store the tray when it is not being used and reduce space usage and clutter in the surrounding environment.</p> <p>Available on Standz 1 only</p>
<p>Tray Mounting Bracket</p> 	<p>Required to mount the multi-position and prone tray – simply slots onto the Standz base and is adjusted using simple, comfortable wing knobs. Allows for the tray to be quickly changed from supine to prone or vice-versa, with no need to remove the mounting bracket.</p>
<p>Flat Shoulder Support</p> 	<p>A simple yet effective wide pad for prompting and supporting the shoulder girdles</p>
<p>Multigrip Body Support</p> 	<p>Can be used as an alternative shoulder protractor or to wrap around trunk for optimal positioning and stability.</p>
<p>Shoulder Support with Shoulder Protractors Size 1 and Size 2</p> 	<p>Shoulder protractors mounted to a flat shoulder pad, offers angle adjustment and promotes shoulder girdle stability.</p> <p>Size 2 compatible with Standz 2 only and is Required to achieve maximum user height and growth. Size 1 is compatible with both Standz and Standz 2</p>

<p>Waistcoat Harness</p> 	<p>Provides additional trunk and shoulder stability, particularly for children with low tone. Zip system allows for easy access to gastroonomy feed tubes, and for quick release if clinically indicated,</p> <p>Available in 4 sizes to accommodate growth, with the option of a more dynamic polyurethane material or slightly firmer wipe-clean outer surface fabric.</p>
<p>Waistcoat Mounting Brackets</p> 	<p>Required for Standz 1 to enable attachment of a waistcoat harness for those children with limited postural ability in the trunk</p>
<p>Lateral Supports with Strap</p> 	<p>Firm lateral support pads offer stability to the trunk, pelvis or both together, and the incorporated support strap can be used to facilitate extension or rotation.</p> <p>Flip away mechanism available on Standz 2 only can aid transfers and can be incorporated therapy sessions such to challenge and improve postural ability.</p>
<p>Flip Away Flexi Laterals with Strap</p> 	<p>Flexible lateral supports with incorporated support strap. Wrap around the body to give firm yet comfortable positioning. Can also be used at the pelvis if desired</p> <p>Flip away mechanism can assist with ease of transfers and can be incorporated therapy</p>

	<p>sessions such to challenge and improve postural ability</p> <p>Available on Standz 2 only</p>
<p>Rotation Control Strap</p> 	<p>A wide support belt designed to be used to position the pelvis, trunk or both together. Threaded through the support fixings the strap can be fastened securely around the child and then be pulled to facilitate extension or rotation with both anterior and posterior pull</p> <p>Available on Standz 1 only</p>
<p>Pelvic Support Board</p> 	<p>For use in prone positioning only, the Pelvic Support Board offers a full contact surface to facilitate the maximal extension into standing and prevent pelvic rotation, pelvic obliquity and provide hip flexor stretching</p>
<p>Pelvic Support Board Back Pad</p> 	<p>Used in conjunction with the pelvic support board, the back pad offers support for the child's trunk in the prone position where needed. It can also help reduce extensor patterning. A head support can also be mounted to the back pad to help keep a neutral head position for those children who hyper extend their neck when standing in prone.</p>
<p>Mini Kit</p> 	<p>Developed to facilitate standing for smaller children, helping to improve muscle development and weight-bearing through the feet. The Mini Kit can be removed once the child has grown sufficiently to allow the Standz unit to be used in its conventional format.</p> <p>There may be limitations on the range of leg positioning options given the small stature of the child and it is recommended that an assessment is carried out to identify the suitability of this accessory before purchase.</p> <p>Available on Standz 1 only</p>

<p>Knee Blocks</p> 	<p>Polyurethane Knee Blocks; adjustable for height, width, angle, and depth for individualised positioning and support. Available in 2 sizes, they are for smaller children and with padded, de-rotational knee straps. Contouring of knee blocks can provide comfortable positioning in prone, or supine if there is full knee extension available</p>
<p>Standard Knee Support</p> 	<p>Individual knee supports offering positioning in prone or the ability to accommodate knee flexion when used in supine (requires Knee Straps and arched foam pad when used in supine). Width and depth adjustable to correctly gutter the knee in position.</p>
<p>Standard Knee Strap</p> 	<p>Intended for use in conjunction with the standard knee supports, the standard knee strap simply holds the knee in the desired position and prevents knee flexion from occurring in supine or hyperextension in prone. Available in 2 sizes.</p>
<p>Rotation Control Knee Straps</p> 	<p>Intended for use in conjunction with the Standard Knee Supports the Rotation Control Knee Straps allow for a cuffing of the child's leg and allow for control of internal or external knee rotation and optimal lower limb positioning. Available in 2 sizes.</p>
<p>Multi – Axis Knee Supports</p> 	<p>Use for supine standing only. For use where there is the need to accommodate fixed knee flexion. Includes a simple foam pad is shaped to fit behind the knee to ensure a comfortable standing position when accommodating knee flexion. adjustable for height, width, angle, and depth Available in 2 sizes.</p>
<p>Arched Foam Pad</p> 	<p>A simple foam pad that is shaped to fit behind the knee to ensure a comfortable standing position when accommodating knee flexion with the standard knee support.</p>

<p>Sandals</p> 	<p>Available in different sizes to accommodate the size of foot, even when wearing splints. Provide support for optimal foot positioning and an optimum base of support for standing. Straps open from the back facilitating easy stand transfers into prone standing.</p>
<p>Ankle Snugs</p> 	<p>An accessory for the sandals that can provide extra comfort, support and sensory feedback around the foot and ankle complex.</p>
<p>Anti-Tamper Conversion Kit</p> 	<p>Allows for all wing knob adjustments to be converted to a tool fixing – ideal for environments where other children may tamper with the original wing knobs. Ensures safety and maintenance of correct postural set up where needed for specific environments</p>

Goals of Recommended Equipment (Client and Carer's voice should be central to goals, goals should be personal to client's individual needs)

X wants to continue accessing the walking frame as they 'enjoy it', despite current pain. They also want to stand like their friends.

X's carers wish for **X** to be as independent and as comfortable as possible, and to be supported in as many positions and activities as possible.

Goals of the Standz:

- To provide functional safe positioning that is fun and enjoyable
- To maintain and improve postural control
- To assist with development and maintenance of gross upper limb movement
- To allow for energy conservation
- To prevent postural deterioration
- To reduce likelihood of further orthopaedic and medical intervention
- To improve interaction with peers and surroundings
- To assist with continued access to supportive walker
- To help with participation in activities/hobbies at home and at school
- To assist with use of communication aid
- To reduce pain
- To provide a positional change and pressure relief

How does prescription of this equipment incorporate the F-Words in Childhood Disability (Rosenbaum & Gorter, 2011)?

Fitness – Regular and appropriate access to a Standz could have many significant positive health benefits for **X**. These benefits could include helping to prevent postural deformity, maintaining hip stability, reducing spasticity in **X**'s lower limbs or positively affecting alertness and cognitive function (Paleg et al., 2013), all important for staying fit and healthy! The abduction feature of the Standz could ensure the most successful outcomes following their upcoming adductor-psoas tenotomies.

Function – **X** enjoys using a standing frame at school and the Standz will ensure this will continue in a safe and supportive manner for their posture. The Standz will support therapy programmes to maintain and improve head and upper limb control and could assist with continued access to their walker.

Friends – **X** enjoys standing at eye level with their peers and access to a Standz will ensure this can continue on a daily basis. It will enable inclusion and interaction with their friends in standing school activities.

Family – The Standz will provide **X** with the most appropriate postural support to prevent further postural deterioration and functional regression, whilst enabling inclusion with their peers at school. This will ease carer worries and positively affect their mental wellbeing. The overall ease of use and safety features of Standz will ease the care burden at home when the standing frame is used in the school holidays. Carers have adaptations in the home with enough space to accommodate the Standz downstairs, and an overhead hoisting system to assist with transfers.

Fun – **X** can stand, interact and play with friends at school with access to the Standz. The addition of a tray with a bowl will support use of an I-pad, play with toys, messy play, reading books – some of **X**'s favourite interests!

Future – The Standz will grow with **X** and will continue to assist with postural protection, enhancement of function and enabling participation going forwards. The Standz may help achieve the best possible outcomes after the upcoming surgery whilst helping to prevent any further surgical input

Discuss costs of not having equipment/cost benefits with the equipment in place

A significant cost has already been attributed to an inappropriate standing frame and upcoming surgery. The Jenx Standz is the most appropriate standing frame for **X**'s individual needs and will grow with **X** and not require regular changes due to its adaptability and growth available.

Without the appropriate standing support, **X** is at significant risk of further postural changes and pain. This could lead to further expensive medical intervention and follow up care, such as further surgery, medication, and further equipment. The Standz could help prevent these further cost implications when used in conjunction with **X**'s current therapy programme.

Summary/Conclusion

The Jenx Standz will provide optimal standing positioning for **X**, where another device has failed. The Standz will help to prevent further posture deterioration whilst enabling maintenance of skills, inclusion and participation at home and in school.

It is essential funding is provided for the Standz to maintain and maximise function and minimise the risk of further secondary complications and further costly medical monitoring or intervention.

Signed:

Date:

Include pictures showing the different positions the Standz can support



References

Martinsson, C., & Himmelmann, K. Effect of weight-bearing in abduction and extension on hip stability in children with cerebral palsy. *Pediatric Journal of Physical Therapy*. 2011; 23 (2), 150-157.

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Paleg, G., Smith, B.A. & Glickman, L.B. Systematic review and evidence-based clinical recommendations for dosing of pediatric supported standing programs. *Pediatr Phys Ther*. 2013; 25(3): 232-247.

Rosenbaum, P. & Gorter J. The 'F-words' in childhood disability: I swear this is how we should think! *Child: care, health and development*. 2011; 38(4): 457-463.