

B O D Y P O I N T D E S I G N S

GIRAFFE LETTER OF JUSTIFICATION OUTLINE

Date

Insurance Carrier

Attn: Medical Review/ Authorization

Address

Re: Client's Name

Diagnosis:

DOB:

SS#

"Policy" or "Account" #

Dear (Medical Consultant, VR Counselor, Personal Care Rep, Special Ed Dir., etc)

***** is a ** year old male/female with a diagnosis of ***. He/she lives in (home setting) with (the level of) support. Due to these factors he/she demonstrates (list identified problems), when attempting to achieve a functional sitting position. This creates functional limitations as he/she (is unable to achieve sufficient head/ arm control required for activities of daily living/ group activities/ therapy sessions, inhibits breathing/ digestion/ circulation, developing contractures/ stiffness/ pain), and is unable to complete his/her therapy session plan of care.

A 'Giraffe' reclining and tilt-in-space therapeutic positioning sitter: This alternative positioning device is needed for ***** in order to maintain the optimum functional position while attending to activities of daily living and provide postural change required for pressure relief, intermittent resting and feeding needs.

Product Features: The 25° of tilt-in-space that is available with the Giraffe allows for weight shifting without removing ***** from the chair or changing his/her hip and knee angles. Maintaining flexed ankle, knee and hip joints assists in the inhibition of ***** abnormal reflex patterns. **The 30° range of the back angle** allows for the hip joints to be closed in order to inhibit an extensor pattern, or opened for relaxation.

The Giraffe has the unique patented design **Multi-grip head support** that is not available on any other product line. This allows for angle adjustment to aid in poor head control and neutral positioning for proper sitting posture. The upright supported sitting in midline that is achieved with Giraffe improves *****'s systemic functions; i.e. bladder, respiratory, digestion and circulation.

The armrests are independent and adjustable in height and angle. **The padded chest-positioning belt** is adjustable and will aid in stabilizing *****'s trunk in an upright position. **The lateral supports** provide thoracic supports due to poor muscle control and ataxic movements.

***** will also require an activity tray for **upper extremity support** while seated to assist him/her in maintaining his/her upright posture. The activity tray will also allow him/her to start working on age appropriate therapeutic activities at peer level.

Padded hip guides and an adjustable **pelvic positioning belt** are required to aid in neutral pelvic positioning. ***** tends to extend/flex his/her lower extremities and his/her trunk. The hip guides and pelvic belt will aid in keeping his/her hips in a neutral position. ***** will also require the use of **knee blocks** to align his/her lower extremities due to his/her high/low tone/unstable hip joints. Stabilization of his/her lower extremities and feet will ensure proper positioning of his/her pelvis while in the seated position. Footplates and **shoe holders** will align his/her lower extremities due to high/low tone/ataxic movements.

Alternative devices have been tried/considered (*name devices*) but failed to provide sufficient support to achieve a constructive upright sitting position or functional upper extremity and head control, and failed to prevent a destructive sitting position with (*windswept/ spastic muscle tone/ involuntary muscle spasm/ asymmetrical posture*). Therefore, the Giraffe is the least costly sitter that fulfills *****'s needs.

Please review the attached supporting documentation. (*E.g., photos, videos, assistive technology assessment, price quotation from vendor, letters/opinions of medical necessity from specialists, brochure or other information showing device- BP has a Jenx video*).

The Giraffe reclining and tilt-in-space therapeutic positioning sitter is age appropriate, accepted by the user, and his/her parents and peers. Due to the ease of operating the Giraffe, *****'s caregivers have been able to be trained to position him/her correctly in the chair in order to continue the therapeutic benefits in the home setting. All products that are distributed by Bodypoint Designs carry an unconditional guarantee against defects in workmanship and materials.

The above item is medically indicated and necessary for the patient and caretakers to use as part of a rehabilitation plan designed to increase the patient's functional abilities and to prevent medical complications.

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

Sincerely,