



P Pod Letter of Medical Necessity

J.T.
123 Main Street
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(800) 555-2222

Physician: (insert name here)
Therapist: (insert name here)
Insurance: (insert Primary Insurance)
Policy #:
Secondary Insurance: (Insert Secondary Ins)
Policy #:

DOB: (insert age)
Duration of Need: Lifetime
Diagnosis: (insert all diagnoses)
Height: (insert height)
Weight: (insert weight)

The following is medical necessity justification for a P Pod Postural Support Device for JT. JT is a ____ year old male with a primary diagnosis of Cerebral Palsy since birth. JT is non ambulatory due to spasticity in all four extremities and overall weakness. JT cannot sit without support. He currently uses a wheelchair with contoured seating to provide him with the needed support throughout his day at school. JT is currently a student at West Middle School in Anywhere USA. His communication is mostly non-verbal with gestures and a communication device. I have been treating JT in the clinical outpatient setting for approximately 2 years.

JT is currently confined to his wheelchair for the duration of the school day. At home JT is bed or wheelchair confined. Currently he has no other postural support device to use and he cannot be transferred to a standard desk or chair. Prolonged sitting in his wheelchair is beginning to result in muscle tightness in JT's lower extremities. This puts JT at risk for flexion contractures. Additionally, JT expresses discomfort after having spent most of his day in his wheelchair. Once he is removed from his wheelchair, he resists any attempts to put him back in the wheelchair.

I am recommending that JT receive a P Pod postural support device. The P Pod consists of a firm molded seating pod that provides good alignment for the trunk, head, and lower extremities. We have trialed the P Pod with JT for 4 weeks during his therapy time. The P Pod provides JT with the necessary support to keep his body in good midline position. The deep lateral support at the hip and trunk keeps his spine in good alignment to minimize the risk of the development of a scoliosis. The deep molded contours of the seat portion of the pod will prevent adduction and abduction of the lower extremities. The pelvic belt will maintain JT's position in the seat pod. The seat pod angle can be adjusted to suit JT. The pod can be tilted further back for rest and JT's comfort. But the pod can also be tilted more upright to allow JT to participate in activities, play, and family time. The P Pod also comes with a standard head support pad that will provide additional lateral support to keep JT's head centered in the seating system. JT will

also require the use of a foot bolster. This bolster is adjustable in height and will provide JT with required support for his lower extremities. JT requires a mobility base for use with the P Pod. The mobility base has push handles that allow a care giver to easily wheel the P Pod system from room to room. This will allow his caregivers to move JT throughout their home based on his needs. He will need to be transferred from the P Pod to the toilet, the bathtub, and to his bed. JT requires the use of a free standing tray. This will not only allow a place for JT's communication device, but also a place for toys or food when JT is working on self feeding tasks. The freestanding tray is both height and angle adjustable so that it can be placed in the best position for the specific task that JT is working on.

The proper postural support provided by the P Pod will help to improve JT's respiration, swallowing, and digestion. While using the P Pod JT has demonstrated decreased extensor tone and increased overall comfort. The height of the P Pod is at a level that will allow JT to interact with his peers and his siblings.

There is no other product that provides the same level of support combined with the unique design characteristics of the P Pod. For all of the above reasons, it is recommended that JT be provided a P Pod with the specified accessories.

Mr. or Mrs. Physical Therapist

Dr. Doctor

Date

Date