



Sample Letter of Medical Necessity for Freedom Concepts Chill-Out Chair

Patient:
DOB:
Diagnosis:
Date:

To Whom It May Concern,

PATIENT is a **AGE GENDER** with a diagnosis of Cerebral Palsy and a history of seizures, cortical vision impairment, encephalomalacia and other conditions of the brain. He currently receives physical therapy two times per week at XXXX Therapy. The **PATIENT** also receives occupational and speech therapy at this facility.

PATIENT presents with global weakness, poor balance, and postural control, and decreased motor control. They also present with increased muscle tone in upper and lower extremities. **PATIENT** is unable to sit or stand independently. They require minimal to moderate assistance maintain sitting in ring sit and sits with increased cervical and trunk flexion. **PATIENT** requires maximal to dependent assistance to stand and quickly demonstrates knee, hip, and trunk flexion when placed in the position. They require dependent assistance for transfers, positioning, and all activities of daily living. **PATIENT** demonstrates minimal voluntary control of arms, legs, and head. As **PATIENT** lacks head control, they require maximal assistance to maintain head in upright position when in sitting or other functional positions.

PATIENT lives at home with his mom and dad and has strong family support. At home, **PATIENT** has limited options for safe and supportive positioning. They require their parents to hold them or to be propped on the couch, surrounded by pillows to prevent falling off. The Chill-Out Roll'er Chair would provide support for **PATIENT** and would allow his parents to play or perform therapeutic activities, such as reaching or tracking objects, instead of only holding him. **PATIENT** presents with fluctuations in muscle tone, which causes them to slide down the surfaces they sit on. The **3-point padded pelvic positioning belt** on the Chill-Out Roll'er Chair provides adequate pelvic stabilization to ensure safety in the chair. The padding and positioning of this chair would also allow **PATIENT** to relax their muscles to allow for increased comfort with sitting. The **ottoman** of the Chill-Out Roll'er Chair would allow for lower extremity elevation and increase circulation, prevent skin breakdown, and reduce edema. **The leather material** of the Chill-Out Roll'er Chair allows for easy cleaning to maintain good hygiene and prevent skin breakdown. The **occiput cushion** with this chair will provide head support while also allowing movements of their head.

PATIENT has utilized the Chill-Out Roll'er Chair during physical therapy sessions. **PATIENT** tolerated this chair very well. It provided a comfortable seating alternative while working on tracking objects, using their vision and auditory systems, and while working on reaching for objects. With



PATIENT fully supported, they are able to utilize cervical and upper extremity muscles and prevent overuse of these muscles when maintaining an upright sitting posture.

PATIENT would greatly benefit from the Chill-Out Roll'er Chair with the above listed features to provide them with the most support, comfort, and safety while at home. **PATIENT** will be using this chair daily while interacting with family and pets and while participating in therapeutic activities. It will allow for improved independent function, positioning, well-being, and socialization as well as decreasing caregiver burden. Thank you for your time. I can be reached at XXX-XXX-XXXX with any questions.

NAME / CREDENTIALS