

To Whom It May Concern:

Thomas is a 41-year-old male with the diagnosis of ALS since 7/2005. His PMH includes: PEG and vented 10/08. At this time, he presents with complete quadriplegia, poor trunk strength and poor head control secondary to weak cervical spine musculature, inability to communicate verbally and compromised swallow and secretion management. Thomas is dependent in all ADL's and self-care. He is transferred using a Hoyer lift. Thomas is non-ambulatory and requires a wheelchair for mobility in his home environment. He requires a wheelchair to access the bathroom for toileting and hygiene, bedroom to sleep and living room. He is dependent in wheelchair propulsion.

Presently, Thomas is seated in a tilt in space wheelchair, from the ALS loaner closet. He sits 12+ hours a day in this chair in a laterally flexed posture, this loaner is not the proper size or configuration and clearly he needs his own wheelchair. He is uncomfortable and his positioning is poor.

Thomas lives in a private apartment with his significant other. His home is completely wheelchair accessible including the bathroom. He requires a wheelchair for mobility to access the bathroom, bedroom, and living area; all areas of his home.

Thomas's physical evaluation shows the following:

- Quadriplegia
- Right Pelvic Obliquity .5 inch, leading to a functional scoliosis
- Gravity dependent posture
- Back Pain 6/10
- Neck laterally flexed left/rotated to left
- Poor trunk strength
- Edema bilateral lower extremities

MMT:

Bilateral U.E.'s: 0/5

Bilateral L.E.'s: 0/5

Neck: 0/5

Trunk: 0/5

Thomas is no longer able to sit in an upright posture. He requires tilt-in-space and recline for:

1. Pressure Relief- he is unable to move his body in order to relieve the pressure.
2. Postural Control: he requires gravity to assist him in staying back in the chair in a neutral posture. He falls forward in a standard chair; sits in a posterior pelvic tilt, kyphotic sitting posture and forward head. This posture inhibits his swallowing, breathing, and ability to interact.
3. Pain Relief- he needs to change his position frequently throughout the day via tilt and elevating leg-rests for pain control.

4. Visual Field- he needs to be tilted 20-30 degrees to achieve a functional visual field. This range is required to compensate for his cervical spine weakness. Without tilt and recline he is unable to support his head against gravity and remains in a forward flexed posture.
5. Respiratory Care and Hygiene- he requires recline to allow the back to retract allowing access to his tracheotomy for cleaning and suctioning.

A reclining manual wheelchair is inappropriate because:

1. Recline without tilt placed excessive pressure on Thomas's sacrum.
2. Reclining/un-reclining caused Thomas to slide forward and sit in very poor posture that he cannot correct once he is in it.
3. Recline alone does not afford the pressure relief and pain relief benefits of tilt in space, recline combination affords.

Seating System:

-BioDynamics Custom Back with Lateral Trunk Supports and Hip Guides off the arms.

Justification

BioDynamics Custom Back with Lateral Trunk Supports and Hip Guides- Due to the complexity of his postural deformity and the extent of his paralysis, standard off the shelf products do not let us meet his needs. He sits in a very posterior posture and off the shelf products did not provide enough pelvic and trunk control to accommodate this posture. The foam in these backs was not forgiving enough to prevent pressure sores over this coccyx, sacrum and spinous processes. He was uncomfortable on all the off the shelf products he trialed. He must have posterior and lateral support in the back to maintain mid-line. Thomas needs swing away lateral supports so that he can be safely transferred in and out of the wheelchair and so that the laterals can be moved away when he requires repositioning throughout the day, especially after toileting. This backrest also has hip guides, necessary to hold Thomas in midline. He has a functional curve curvature that requires correction that cannot be achieved without 3 points of control.

Angle Adjustable Foot Plate- required bilaterally accommodating his ankle contractures.

BioDynamics Vent Tray Mounting Bracket- Needed to securely mount Thomas's vent tray on the back of the chair, allowing it to have full clearance during the tilt and recline cycle. This vent needs to be secured in an upright position that allows his caretakers access to the controls at all times. A standard vent tray will not safely and securely mount this vent allowing access in an upright position.

Thomas's entire evaluation and prescription was completed with John Doe, Certified assistive technology practitioner from Home Medical Equipment present and involved in the recommendations made.

We urge to approve this equipment. It is vital to Thomas's safety and health, which is presently compromised by his poor positioning. Please feel free to contact us should you have any questions or concerns at 555-555-5555.

Thank you for your immediate attention,