BOUNCE PHYSICAL THERAPY, PC 4205 Longbranch Road, Ste. 8 Liverpool, NY 13090

LETTER OF MEDICAL NECESSITY

DATE:

NAME: ADDRESS: **PHONE:**

DOB:

PHYSICAL THERAPIST: Crystal A. Duda, MSPT Facility: Bounce Physical Therapy, PC 4205 Longbranch Road, Ste. 8

PHONE: (315) 214-3431

Please accept this correspondence as a statement justifying the following:

1.) Bilateral rear-entry, solid ankle, 2-layer AFOs

dx: spastic diplegic CP (G80.9)

Liverpool, NY 13090

2.) 20" knee immobilizer

dx: B hamstring contracture (M24.561 & M24.562)

has regressed with leg strength and has progressed contractures in both hamstrings and quadriceps. Hamstring length is R: -35°, L: -55°, normal for his age is -20°. Patellar angle is an indicator of quad length. ______s patellar angles are measuring 55°, bilaterally. Normal quad length allows a patellar angle of at least 70°. Subsequently, his gait is crouched in current AFOs, which are allowing anterior progression of tib-fib in the sagittal plane.

See photos #1 and #2

He requires bilateral, solid ankle, rear entry AFOs in order to limit anterior progression of tib-fib in the sagittal plane and load his weight posteriorly on his feet. This AFO type also allows for full and consistent heel strike during gait.

To address hamstring contractures, ______ requires a 20" knee immobilizer worn alternating legs, nightly.

It is medically necessary that ______ receive the following:

- 1.) Bilateral rear-entry, solid ankle, 2-layer AFOs dx: spastic diplegic CP (G80.9)
- 2.) 20" knee immobilizer

dx: B hamstring contracture (M24.561 & M24.562)

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LETTER OF MEDICAL NECESSITY PAGE 2 OF 2

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Physician:

Physician Signature:

Date:



PHOTO #1

Note hip and knees flexed with ankle dorsiflexed in standing.

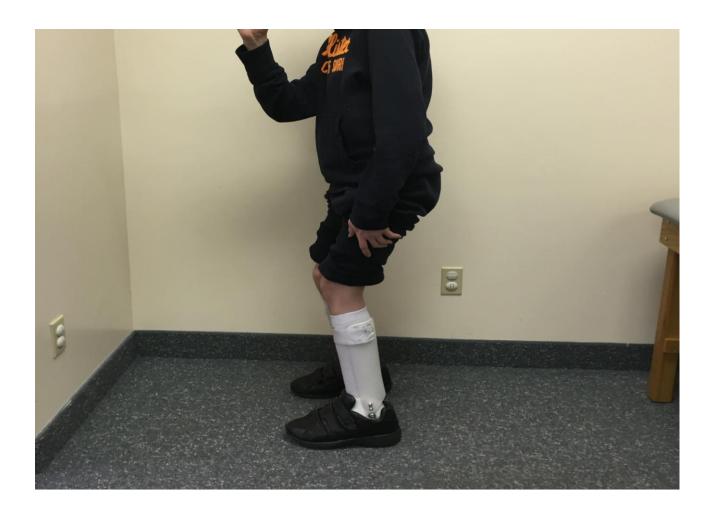


PHOTO #2

Note hip and knees flexed with ankle dorsiflexed in standing.