

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

LETTER OF MEDICAL NECESSITY

DATE:

NAME:

ADDRESS:

DOB:

PHYSICAL THERAPIST:

Crystal A. Duda, MSPT

Head Physical Therapist

Facility: Bounce Physical Therapy, PC
4205 Longbranch Road, Ste. 8
Liverpool, NY 13090

PHONE: (315) 214-3431

Please accept this correspondence as a statement justifying Reverse Last Shoes to address bilateral forefoot adductus. _____ presents with gait abnormality characterized by intoed gait with poor balance on level surfaces and frequent falls. Observation of standing reveals B forefoot adductus and WB on lateral borders of his feet as well as toe clawing into the floor.

He has forefoot adduction R: 8 degrees, L: 15. This is increased compared to normal age expectations for bone development. He has good potential to improve foot alignment and safety while walking, with daily wear of reverse last shoes as they support his forefoot in abduction and allow weight bearing through the first ray. At his age, this is the only intervention, which will address his needs.

It is medically necessary that _____ receive one pair of reverse last shoes for full time wear.

Physician:

Physician Signature: _____ Date: _____

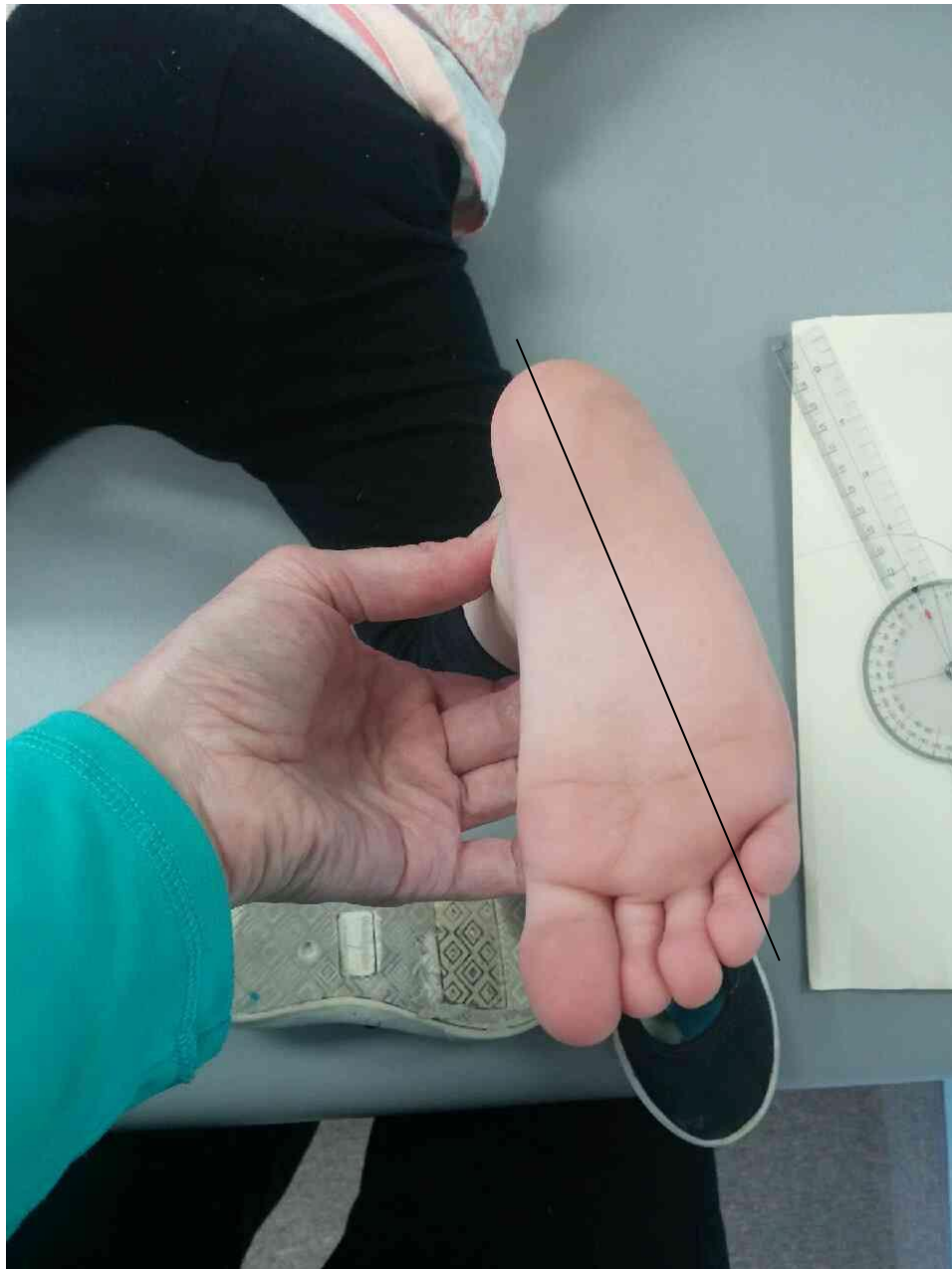


PHOTO #1

Note midline of calcaneus passes through the region of the fourth toe indicating considerable forefoot adductus on the right foot.

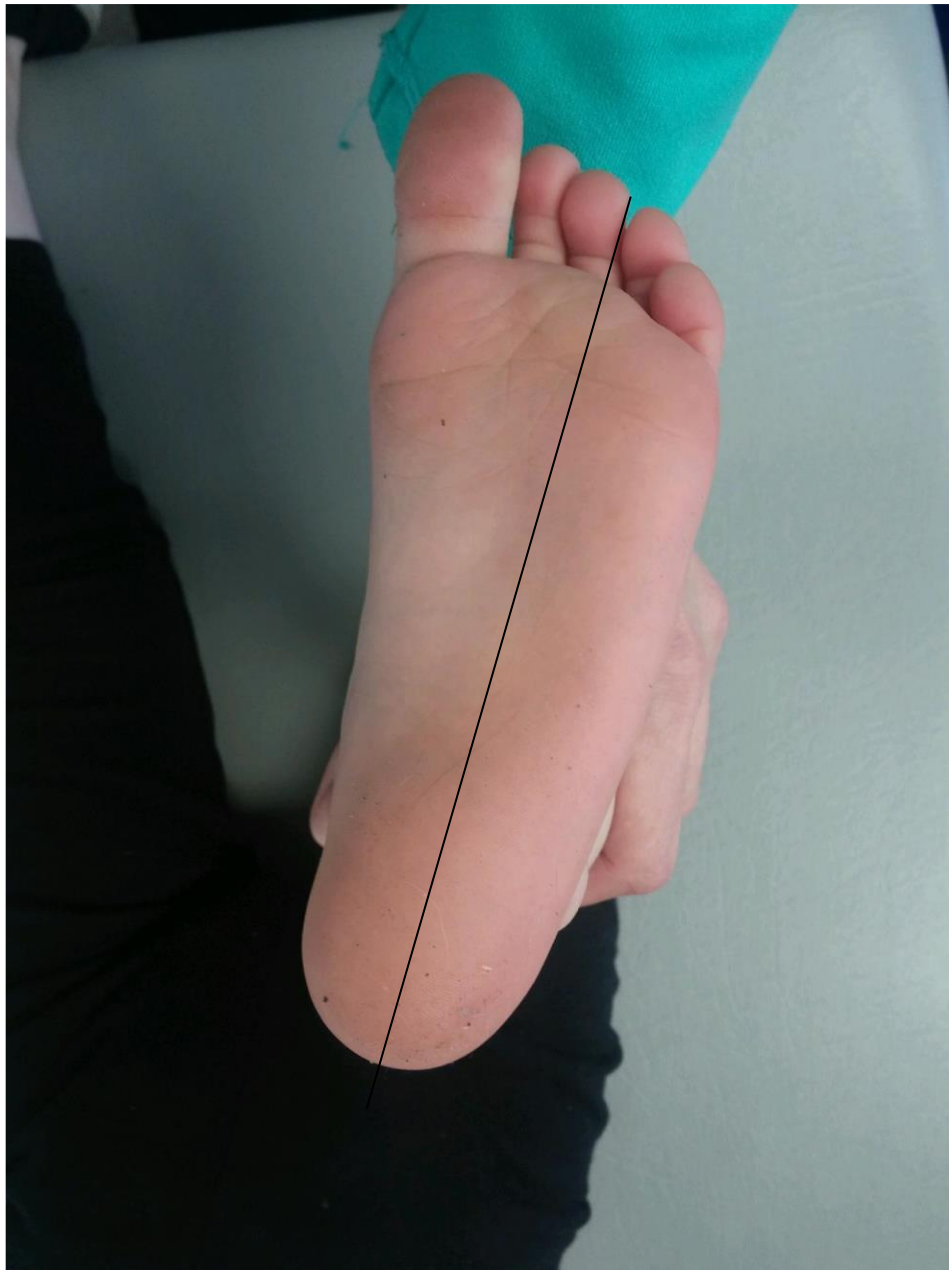


PHOTO #2

Note midline of calcaneus passes through the region of the third toe indicating moderate forefoot adductus on the left foot.