



Medical Justification Language for AEL Chest Support: One-Piece Buckle

AEL's sample Letters of Medical Necessity (LMNs) are solely intended as educational tools. These tools are for reference only and is not an official document for justification. The development of Letters of Medical Necessity should be ultimately left to healthcare professionals; and, the information provided within the LMNs should reflect the unique needs of the individual that the product is being purchased for.

****Methodology to apply the following justifications:**

When determining the level of equipment needed, begin with the basic level of equipment. Then, determine if the next level/style of equipment would be more appropriate for the client. If so, include the basic justification with aspects of the next level/style of equipment as necessary, as well as any further justifications as needed, which are listed below.

Basic Justifications

AEL AirLogic Chest Support: One-Piece Buckle

AEL's AirLogic One Piece Buckle Chest Support is medically necessary to assist the client in achieving improved trunk alignment as s/he presents with decreased trunk control and postural asymmetries* as a result of (insert diagnosis here if appropriate) and trunk weakness. This single-strap based chest support will maintain proper trunk neutrality, prevent the client's trunk from flexing forward while in a seated position, and aid in ensuring the client's trunk remains properly positioned against the wheelchair seat back. Specifically, the One Piece Buckle Chest Support offers a cosmetically friendly, non-invasive support, which offers upper torso contact with the client's upper torso and improved contouring to the body, resulting in an improved fit and accommodation for the asymmetries with which this client presents (reference any trunk asymmetries the client presents with here: ie. shoulder height differential, trunk rotation, etc.). Without use of this support, the client would be unable to sit self-supported within the wheelchair due to trunk weakness and decreased core strength, thus negatively impacting the client's respiratory capability, digestive performance, ability to perform MRADL activities and eliminating the ability of the client to independently self-propel the wheelchair (include if applicable and patient is self-propelling).

AEL's AirLogic One Piece Buckle Chest Support was specifically chosen for this client, as it has several benefits, which other types of anterior supports do not provide, that will aid in ensuring the client's safety, physiological function, comfort and skin integrity. The One Piece Buckle is designed with the opportunity to mount the support with specific orientation just under the axillary region (ie. the armpit), thus aggressively supporting the upper torso, resulting in improved respiratory function, functional performance and visual field utilization. AirLogic products are designed via a series of breathable fabrics and structural layers that maximize air flow under and through the trunk support, thus reducing the occurrence of moisture build up between the support and the client's skin surface, subsequently reducing the risk of skin breakdown and promoting improved skin integrity. **If the patient has a history of skin breakdown or skin integrity issues, note this here to further support the justification.



(Select one of the additional options below to include depending on the needs of the client):

In the event the client presents with **abdominal ascites or abdominal distention due to any variety of abdominal diagnoses (liver cirrhosis or cancer for example)**, the above justification may include the following:

The One Piece Buckle Chest Support is medically necessary as its upper torso design offers the abdomen to be completely free from the support surface. Due to the client's abdominal distention as a result of his/her (insert diagnosis here), the client is not able to tolerate a full-length anterior-based posture or trunk support, as a full length support will place pressure on the abdomen, resulting in increased discomfort and pain, as well as decreased wheelchair tolerance, with the risk of physiological ramifications.

In the event the client presents with **adipose (fatty) tissue to the abdomen, and a standard, anterior support will not suffice, as the abdomen protrudes far more anteriorly as compared to the chest**, thus effecting the fit of a standard anterior support, the above justification may include the following:

The One Piece Buckle Chest Support is medically necessary as its upper torso-based design offers the abdomen to be completely free from the support surface. This client presents with notable adipose (fatty) tissue to the abdomen, and a standard support will not provide the ideal fit as the difference in position of the chest and torso in relation to the abdomen is too great. In order to ensure improved wheelchair tolerance, patient compliance and comfort, resulting in improved MRADL performance, this upper torso-based chest support which is shorter in height, thus clearing the abdomen should be implemented.

In the event the client presents with a **PEG tube/feeding tube, ostomy system, peritoneal port (usually used for chemotherapy treatment), ileostomy or any other form of port or tube system in the anterior abdomen**, the above justification may include the following:

The One Piece Buckle Chest Support, which is designed to provide the necessary support to the upper torso, and avoid the abdominal surface, is medically necessary as this client presents with (insert port, or tube system noted above here), and any posture support which would cover or apply pressure to the above named device is contraindicated. In order to protect the integrity of the implanted device, this upper torso-based chest support is required.

In the event the client has a presentation/diagnosis of **correctable kyphosis**, the opening sentence of this above justification may include the following:

*If the client presents with correctable kyphosis, note this above by including the statement, "namely, correctable kyphosis" after postural asymmetries in paragraph #1.