



## Medical Justification Language for AEL Lateral Pads

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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 listed below.

### **\*\*Other considerations when selecting lateral supports**

It is important to consider the patient's method of transfer to/from the wheelchair as well as the level of tone, asymmetry or extraneous motions which the client may present with. All lateral supports must include a pad selection coupled with a bracket selection to ensure success with mounting. Please see the lateral supports hardware section for additional justification information which pertains specifically to hardware and brackets.

### **Basic Justification**

#### **AEL Lateral Supports: Plastic and Metal-Based Pads**

Due to the client's decreased trunk control and reduced core strength, resulting in a diminished capacity to manage his/her posture, the client will require dual lateral pads. These pads will be placed snugly against his/her chest wall in order to ensure the client's trunk is properly supported while preventing undesired movement. This proximal stabilization is required in order for the patient to independently perform activities which require upper extremity functioning, including MRADLs and wheelchair self-propulsion (include if applicable). Without the application of lateral supports, this client will present with increased risk of trunk asymmetry, this impeding his/her capability to independently perform MRADL tasks and wheelchair self-propulsion (if applicable).

In the event the client presents with a diagnosis of **scoliosis** or **a risk of physiological ramifications**, the following statement may be included.

Note: If a formal scoliosis diagnosis has not been documented, the terms 'lateral trunk flexion' or 'lateral flexion of the trunk' may be utilized:

Prolonged, unsupported sitting in a client who presents with diminished trunk strength may promote the progression of lateral flexion and continued scoliotic asymmetry. These supports will prevent the progression of the client's spinal scoliosis, thus preventing subsequent issues such as respiratory compromise, digestive or bowel/bladder issues which may result from continued scoliosis progression.



In the event the client **requires a metal-based pad upgrade**, the following statement may be included:

This client will require a metal-based lateral pad in order to provide additional trunk support and resistance to excessive force resulting from extraneous movements, increased tone, and writhing motions (include all that apply). This metal-based pad presents with an increased durability and resistance to force, which the plastic-based pad will not offer. Without a metal-based pad, the client will experience inadequate trunk support and run the risk of frequent equipment breakage.

In the event the client **requires a curved trunk pad upgrade** (applicable to either metal or plastic-based pads), the following statement may be included:

The increased conformity and support, of a curved trunk pad is required by this client in order to more aggressively support the trunk and reduce the risk of anterior trunk flexion.

In the event the **client requires a flared trunk pad upgrade** (applicable to either metal or plastic-based pads), the following statement may be included:

Due to the client's anatomical structure and in consideration of the amount of soft tissue in the region of lateral pad, a flared trunk pad is required to allow the distal end of the trunk pad to deflect away from the client's trunk, thus significantly reducing the risk of the distal edge of the pad placing increased pressure onto the client's soft tissue and maintaining adequate skin protection and integrity. Without this flared pad option, the client would be at risk for skin breakdown at the distal end of the lateral pad.



## Basic Justification

### **AEL Lateral Supports: Wood-Based Flat Hip Pads (For Hip Guide Use)**

Due to the client' presentation of (include all that apply): decreased lower extremity (LE) strength, abnormal tone, reduced LE motor control, external rotation and/or abduction of the femur, wood-based hip pads are required to neutralize the femurs and prevent external rotation and abduction of the femur, thus resulting in neutral alignment and improved positioning, ideal weight bearing and pressure distribution thru the contact area as well as improved pelvic stability, resulting in optimal upper extremity functioning with MRADL performance.

In the event the client **requires a short (8" or less) hip pad** the following statement may be included:

A short hip pad will be beneficial to this client, as the primary objective is to stabilize the proximal femur and pelvis, thus promoting increased trunk control, pelvic stability and subsequently, improved MRADL performance. This shortened hip pad, will aid in supporting the pelvis, while keeping the path of transfer clear.

In the event the client **requires a long (greater than 8") hip pad** the following statement may be included:

The increased depth of this hip pad will allow a greater degree of support along the lateral femur, which will serve to block the external rotation and/or abduction of the femur, and promote neutral alignment while maintaining skin integrity due to the extended depth of the pad and improved surface area. Without the use of this extended depth, the client may attempt to externally rotate or abduct the femur, resulting in an area of significantly increased pressure and skin breakdown to the lateral femur at the distal end of the shorter pad option. An extended pad with a greater depth will not only serve to achieve proper pelvic and lower extremity positioning, but prevent the risk of pressure injury or skin breakdown as well.

In the event the client **requires a contoured hip pad modification** due to the use of an anti-thrust or in some cases a wedge cushion, the following statement may be included:

The client is currently using an anti-thrust (or wedge if applicable) cushion and therefore will require a hip pad modification in order for the hip pad to accommodate to the anti-thrust styling of the cushion. This hip pad modification will be necessary to properly fit and ensure proper function of the hip pad to the client with the anti-thrust cushion in use.

### **AEL Lateral Supports: Other Options and Considerations**

In the event the client **requires a waterfall foam modification**, the following statement may be included:

Due to the client's anatomical structure, s/he presents with a history of pressure injury and decreased skin integrity, and will require a waterfall foam modification to the recommended lateral/hip pads in order to protect the contact areas on the skin near the borders of the pad. Without use of the waterfall modification, the edges of the pad may not adequately protect the client's skin, and the client runs the risk of increased pressure and skin compromise at these borders.