



Building for the Future

Comprehensive Evaluation and Interview to
Address the Equipment Needs of the Pediatric Client



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Presenters:

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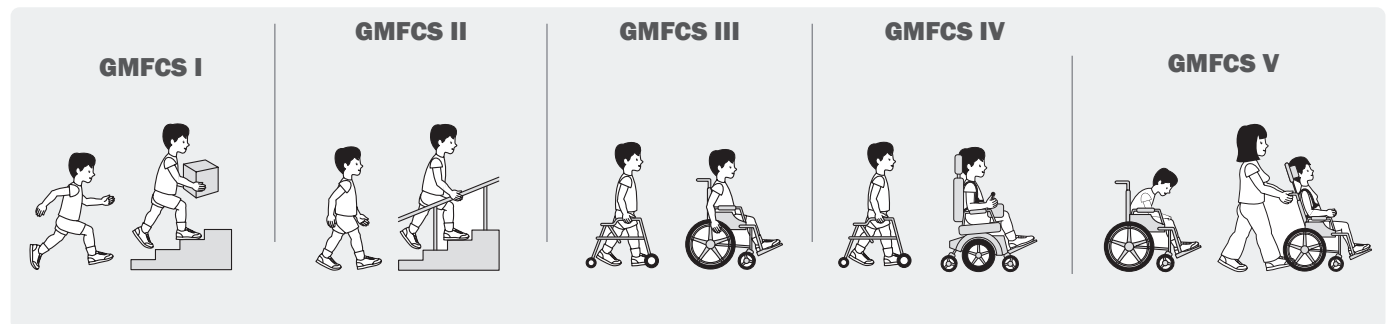
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GMFCS

Gross Motor Function Classification System Expanded and Revised



GMFCS Level I - Run, jump, climb stairs without railing

GMFCS Level II - Need railing to climb steps, independent community ambulator, usually not running or jumping

GMFCS Level III -Using a stepping device out in the community during school age but go back into power mobility when they're older; not successful independently with manual mobility

GMFCS Level IV -May use a stepping device with limitations indoors, use power outdoors

GMFCS Level V - Transported in a dependent manual wheelchair

Generally, a child or young person over the age of 5 years will not improve their GMFCS-E&R level. If, for example, a child is classified at a Level IV at the age of 6, then it is likely that they will need to use a mobility device throughout their life.

The Six F-Words for Child Development

1



FUNCTIONING

I might do things differently but I CAN do them. How I do it is not important. Please let me try!



2 FAMILY My family knows me best and I trust them. Listen to them. Talk to them. Hear them. Respect them.

3



FITNESS

Everyone needs to stay fit and healthy both physically and mentally. Help me find ways to keep fit.



4 FRIENDS Having friends is important. Please give me opportunities to make friends.

5



FUN Life is about having fun. Please help me do the activities that I find the most fun.



6 FUTURE I am growing up every day, so please find ways for me to participate and be included in my community

When to Start with Equipment to Help Meet Developmental Milestones:

Current research suggests starting:

- **Seating** - 3 months at a 45-degree angle with a tray and toys, works towards upright by age 6 months
- **Standers**- 9 months
- **Stepping Devices** - 9 months

Equipment Process:

Pre-evaluation Prep - Gather as much information as possible about the client before the evaluation, because you only have an hour.

CLIENT INFO:

- Age
- Diagnosis
- Postural Issues

FUNDING:

- Who is the payor?
- What's the policy on prior authorization criteria?
- Policies vary from state to state. Many states may require trials.

EQUIPMENT HISTORY:

- Is this a new client?
- Is this a return client with other orders in process or completed?
- Is this the client's first piece of equipment?

REFERRAL SOURCE:

- Who provided this referral – A physician? A therapist? A service coordinator?

Comprehensive Evaluation Strategies:

The goal is to frame the evaluation as a collaborative investigation into the caregiver's and/or client's goals rather than a sales pitch.

1. "Read the Room" Investigative Approach

Instead of just looking at the client in the wheelchair, stander or stepping device, visualize their entire 24-hour cycle. Think F-Words: Function, Family, Fitness, Friends, Fun, Future.










- **Be a "Functional Detective":** Observe not just the physical impairment, but how the environment and current equipment create barriers to safety and independence.
- **The 24-Hour Rule:** Ask about daily activities—sleeping, toileting, bathing and transportation—to ensure the equipment integrates into their whole life, not just their seated hours.

2. "Inquiry over Prescription"

Using questions builds trust and uncovers "hidden" clinical needs. Use open-ended prompts to let the client define their own success.

- **Instead of:** "You need a bath chair."
- **Try:** "How is bath time going?" or "Do you feel like you have a safe way to bathe your child?"
- **Instead of:** "You need a wheelchair."
- **Try:** "How do you get around in the community with your child?"

Essential Components of a Letter of Medical Necessity

	Written by a professional		Paint a picture of the client		Describe therapeutic goals & benefits for new equipment
	Describe trials/use with this equipment & others if necessary		Include family involvement with trials		Include pictures/videos
	Provide clinical reasoning for each line item		Clearly state problems that will occur without the procurement of this equipment		Include clinical documentation justifying options

Glossary:

AA or CA: Adjusted age or corrected age

B & B: Bowel and bladder

Cerebral Palsy (CP): A group of permanent conditions that affect movement and posture development. Caused by damage to the developing fetal or infant brain.

DAYC-2: Developmental Assessment of Young Children

EI or ECI: Early Intervention, or Early Childhood Intervention

GMA: General Movement Assessment

GMFCS: Gross Motor Function Classification System

HINE: Hammersmith Infant Neurological Examination

MRI: Magnetic Resonance Image

Neuroplasticity: The brain's ability to change, adapt, and rewire itself in response to experience

Waiver Program: A government-authorized initiative that "waives" specific, standard regulations to provide tailored benefits, services, or flexibility, most commonly seen in Medicaid.

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