

## Nighttime Positioning Assessment

### *Statement of Medical Necessity and Equipment Justification*

Name: \*\*\*

Date: \*\*\*

Date of Birth: \*\*\*

Referring Physician: \*\*\*

Weight (actual): \*\*\*

Medical Diagnosis: \*\*\*

Height/Length: \*\*\*

MRN: \*\*\*

Consultant: (enter vendor) \*\*\* , ATP

Vendor: \*\*\*

Date of Onset: \*\*\*

Funding: \*\*\*

\*\*\* was seen this date for a Nighttime Positioning Assessment to determine the most appropriate positioning strategies to be used every night. \*\*\* , ATP of (enter vendor) was also present.

\*\*\* was accompanied by \*\*\* who remained in room and participated in the session.

#### Reasons for today's visit:

1. \*\*\* has a diagnosis of \*\*\* and significant abnormal tone and requires adaptive positioning for all functional activities and \*\*\* is not supported well in his/her bed.
2. \*\*\* is only sleeping \*\*\* hours per night using current strategies. He/she is being repositioned every \*\*\* hours and is not receiving the amount of quality sleep needed for appropriate rest and development.
3. \*\*\* has tried many types of positioning strategies using items such as: \*\*\* (pillows, bean bags, wedges, etc.) with poor results.
4. \*\*\* has a history/risk of becoming entrapped in the rails of a traditional hospital bed.
5. \*\*\* may benefit from reduced medication utilization at night with the implementation of a successful nighttime positioning program.
6. \*\*\* is in need of a Jenx Dreama nighttime positioning system to be used in place of a traditional mattress to allow for support of his/her tonal patterns, support respiratory needs and decrease risk for aspiration and pressure issues and bedrail entrapment risks.
7. Physician has identified a need related to \*\*\*'s diagnosis(es) and referred for evaluation for adaptive equipment.

#### Past Medical History:

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## **ASSISTIVE TECHNOLOGY ASSESSMENT**

### **HOME ENVIRONMENT AND TRANSPORTATION CONSIDERATIONS**

\*\*\* lives at home with his/her \*\*\*. Home is a \*\*\* with \*\*\* stairs to enter. The home has an open living area. The bathroom is standard with tub/shower and \*\*\* adaptive equipment. The bedroom is/not accessible to her needs at this time. He/she is sleeping \*\*\* due to her physical and medical needs. He/she is in need of a Jenx Dreama nighttime positioning system to support his/her physical and medical needs. \*\*\*'s family uses \*\*\* transportation, \*\*\* rides in a \*\*\*. He/she requires total assistance for his/her self-care needs and mobility. For transfers, full caregiver assist and maximal assistance is required.

### **CURRENT MEDICAL/PHYSICAL STATUS**

**Cognitive Status:** \*\*\*

**Skin Condition/Integrity:** \*\*\* at great risk for skin breakdown secondary to limited ability for independent repositioning and his/her skin is very dry and he/she is totally dependent for all positioning. His/her caregivers change his/her positioning frequently at night for proper pressure and skin management, he/she is positioned in his/her \*\*\* custom manual chair throughout the day.

**Bowel/bladder:** \*\*\* dependent and requires maximal assist for transfers

**Hearing:** unremarkable with no history of deficits

**Vision:** visual processing delay

**Cardio-respiratory status:** \*\*\* is at significant risk for aspiration if not supported functionally as result of tonal postures. His/her \*\*\* wheel chair has \*\*\* seating to support him/her in upright for proper respiratory and swallowing. When in his/her bed he/she requires significant external support to align her asymmetries in more neutral position in conjunction with semi electric bed function to position her to allow for open airway and proper swallowing with decreased risk of aspiration.

**Tone/Movement/Strength:** \*\*\* abnormal muscle tone throughout. Decreased functional movement due to abnormal tone and decreased and impaired strength. \*\*\* (orthopedic description)

**Orthopedic considerations:** \*\*\* is at risk for hip subluxation and spinal curvature as result of his/her abnormal tone. He/She curves to the \*\*\* with hips shifted and flexed \*\*\*. He/She is flexible/fixed and requires full external support to maintain appropriate posture.

**Ambulation/Functional Walking Status:** non-ambulatory

**Bed confined:** nights only, 10-12 hours per day, requires full assist for all daily living skills and requires maximal caregiver assist for all medical management

**Chair confined:** 10-12 hours/day.

## **MEASUREMENTS**

A: Hip Width:
B: Chest Width:
C: Thigh Width:
D: Lower Leg:
E: Seat Depth:
F: Seat to Axilla:
G: Seat to Elbow:
H: Seat to Shoulder:
I: Seat to Top of Head:
J: Elbow to Hand:

### **CURRENT FUNCTIONAL STATUS**

**GMFCS Level (I-V):** \*\*\*

**Comment:** He/She requires full external support for all postures and positioning for all MRADLs and function.

**UE Function:** Active movement in upper extremities is decreased bilaterally with significant deficits in both sides.

**LE Function:** On lower extremity exam, he/she is severely limited and weak, is unable to stand or ambulate without supports, is non-ambulatory and requires full assist for standing.

**Transfers:** total assist

**Activities of Daily Living (ADL's):** total assist for all MRADLs and medical management.

### **CLINICAL ASSESSMENT**

**Sitting Posture/Balance:** Sitting balance is poor. He/She is unable to remain in an upright, midline posture for extended periods without maximal external supports..

**Pelvic Tilt/Obliquity/Rotation:** \*\*\* has posterior pelvic tilt with forward progression at the pelvis due to abnormal muscle tone. \*\*\* requires custom and contour positioning to promote neutral postures.

**Leg Position:** internal rotation noted with significant adduction

**Scoliosis:** lateral curvature noted to the \*\*\* with \*\*\*rotation and shoulders rounded with flexible/fixed positioning with maximal external support

**Lordosis/Kyphosis:** \*\*\* kyphosis noted.

**Head Position:** fair head control, with head flexed and tilted to the right due to decreased cervical and trunk strength

**Shoulder/Scapula Position:** symmetrical when provided proper positional stability

**Balance:** Standardized balance assessment not performed due to cognition and abnormal tone. She requires full external support for all positioning. Righting/Equilibrium reactions are delayed, with significant fixing due to instability, with poor balance control. Protective Extension reactions are absent in all directions. \*\*\* tolerates movement well with a moderate level of gravitational insecurity

**ROM/Strength Limitations:** Manual muscle testing was not performed as result of cognition and abnormal tone presentations. He/She presents with non functional gross reaching movements in her arms as a result of her tone. \*\*\* presents with endurance/strength that are decreased secondary to diagnosis. Her range of motion is decreased, limited, with significant contractures in both upper and lower extremities. Active ROM is significantly limited at less than \*\*\*% of functional range. Passive range of motion is limited at \*\*\*% of functional range with the following measurement taken this date:

Left knee extension \*\*\* degrees, flexion \*\*\* degrees  
Right knee extension \*\*\* degrees, flexion \*\*\* degrees  
planter flexion bilaterally limited to neutral

### **SKIN CONDITION/INTEGRITY**

**Susceptible to decubitus ulcers:** yes -- dependent for all positioning

**Sensation:** good

**History of ulcers:** no

**Location:** n/a

**Stage:** n/a

**Ability to perform pressure relief:** requires total assist and requires full external support for all midline positioning to reduce risk of pressure sore, aspiration and respiratory function. Family currently repositioning her 4-5 times and he/she has frequent pneumonia

### **CLINICAL SUMMARY**

\*\*\* presents with impaired muscle strength, range of motion, functional positioning, transitions, fine motor skills, postural control, balance and gross motor skills, resulting in limitations in all postural positioning, mobility and function. \*\*\* requires adaptive equipment that will support safe functional positioning for night time to allow for improved postural alignment, improved respiration and decreased risk of pressure ulcers and aspiration to decrease the effects of his abnormal tone and accommodate her postural deformities. By providing appropriate adapted positioning and proper external support in an age appropriate postural mattress system device, she will be able to engage, interact, and gain access to all of her required environments. \*\*\* is dependent upon her adaptive equipment for positioning and mobility for all functional activities.

### **Equipment Discussed:**

Sleep: \*\*\* is in need of full external support while she is sleeping to allow for proper safe alignment for pressure relief and reduce risk of aspiration. The Jenx Dreama nighttime positioning system is being recommended this date as it best supports her tone and postural needs and can be used safely with the hospital bed for optimal support and safety.

### **Patient and Family Education:**

Discussed the recommendations from this appointment, including prescribed equipment, equipment management, safe transfers with equipment, process of acquiring new equipment and estimated time frame until delivery. Patient and Mother and Father were provided with name and number of therapist and vendor to call with any questions or concerns. Mother and Father verbalized understanding of the information provided.

### **Goals of Recommended Equipment**

#### **Alternative Seating/positioning**

To provide functional safe positioning within the home for carryover of prescribed therapeutic exercise and medical management program including dress, medication management, feeding, and alignment to decrease risk of pressure and aspiration.

To limit development and/or progression of orthopedic deformities to the hips, pelvis, and spine by providing appropriate seating and positioning in all environments

To provide pressure relief and appropriate external support during sleep

To provide means of safe and functional transfers within the home

To improve self-regulation for independence in functionality to complete tasks

### **About the Dreama Nighttime Positioning Mattress**

The Dreama Nighttime Positioning Mattress is one of only two commercially available, adjustable positioning systems worldwide designed specifically for nighttime use. It can be more advantageous than using pillows, wedges and bolsters for some individuals because:

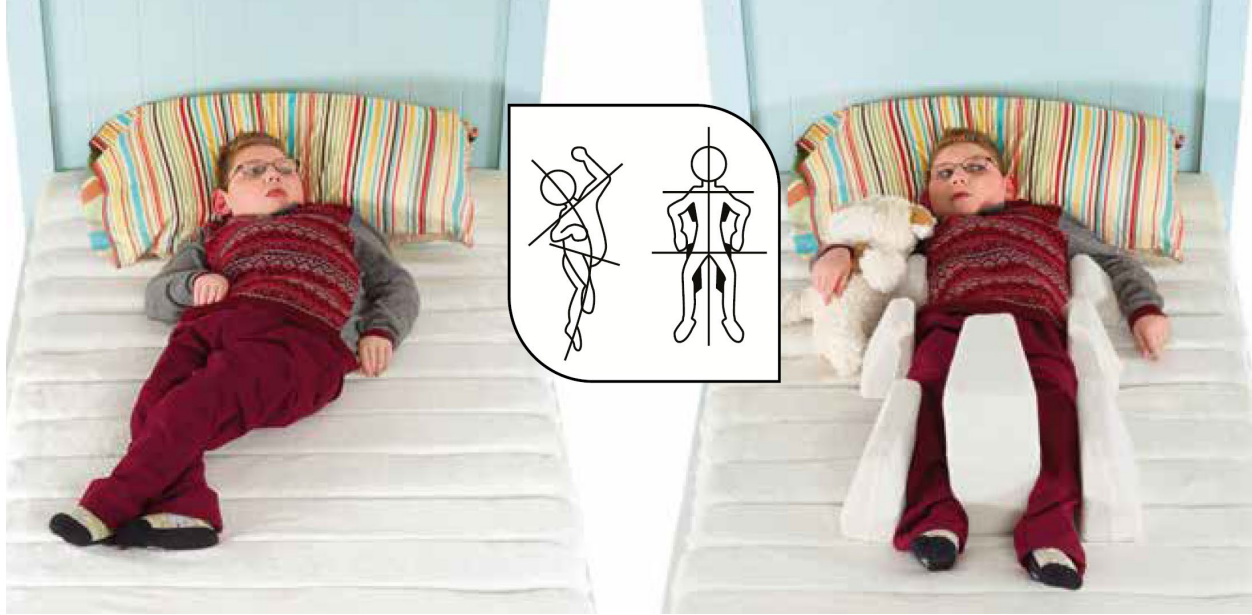
- The support surfaces remain in one place once adjusted, and therefore the desired therapeutic posture is maintained throughout the night.
- It allows for positioning in more than one posture, allowing the client to spend some nights in a therapeutic supine position, and other nights in a therapeutic sidelying position if desired. Being able to sleep in a variety of therapeutic positions supports optimal body system functioning and health. Some individuals can also be positioned in the mattress during the day for an out of wheelchair alternate position, or for naps.
- The primary sleep surface is softer, more comfortable and better designed to distribute pressure than a regular mattress or wedges/ bolsters. A comfortable sleeping surface is critical to getting a good night's sleep, which is important to support a healthy immune system, body tissue repair and growth.
- Good skin integrity is promoted by the use of pressure relieving foam in separate individual sections which allow air circulation.
- The flexible mattress base and support pieces are adjustable, therefore the system will last a very long time, providing consistent nighttime therapeutic positioning if the client's body or condition changes.

### **Equipment Prescribed**

Jenx Dreama Positioning Mattress

Side lying kit: all components necessary to simulate positioning in photo below. \*\*\* needs to be properly supported when on her right or left side to ensure she does not roll forward face first into the mattress with risk of suffocation, roll back with risk of aspiration and overall mattress will support proper pressure relief.

(COPIED AND PASTED IMAGE FROM WEBSITE OF DREAMA)



Additional supports needed: Necessary to allow for added positioning in supine as shown in the photo below. External supports necessary to inhibit tonal postures of flexion, leaning and rotation. The supports will prevent her from sliding in the bed when in head of the bed is elevated for increased posture and respiratory function and decreased risk of aspiration.  
Abduction Block with terry cloth cover  
2 Medium positioning pads with terry cloth cover  
Large hoop with terry cloth cover

Thank you for your consideration,

\*\*\* PT, MPT, ATP  
License #:  
DATE:

I have read and reviewed this plan of care and recommendations for this patient. I hereby attest and concur with the findings and recommendations made by this Licensed Certified Medical Professional.

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\*\*\*, MD  
License #:  
Date: