

# Playpak

## Sample Letter of Medical Necessity

Portable Early Intervention Therapy Kit



Every child is unique, and every child is assessed individually to see which products are required to meet their specific individual needs. Health care providers will make the ultimate decision on which products are appropriate for an individual, based on their clinical judgement, and the funding applications will take these individual requirements into account. Firefly cannot guarantee the success in obtaining insurance funding.

### Sample Letter of Medical Necessity

\*Please note – for sections highlighted in blue, please replace with details specific to the child's presentation and clinical need. The text provided is for example purposes only.\*

## Introduce yourself, highlight your relationship with the client and describe the product for which you are seeking funding.

As Jane Doe's therapist, I am requesting insurance funding for a Firefly Playpak Early Intervention Therapy Kit. This DME has been prescribed by Jane's physician and is a medical necessity which would not be used in the absence of disability, illness or injury. The Playpak is essential in the development of early skills required for Mobility Related Activities of Daily Living (MRADL) such as: lying symmetrically in prone, side-lying and supine, rolling between positions, 4-point and tall kneeling, and sitting. As well as stretching and strengthening growing muscles, these activities will help to integrate Jane's primitive reflexes into co-ordinated motor patterns, thus assisting neurological and musculoskeletal development. The following explains this medical justification.

**Explain the child's diagnosis and disability.** (Include ability to stand, sit, walk or transfer, and limitations in control of trunk, head or limbs resulting from the condition, diagnosis or injury.)

Jane is a X year old boy/girl who has been diagnosed with XX.

Sensory and Comms: She has sensory integration disorder and presents with reduced cognition. She is non-verbal with greatly delayed communication and social skills.

Strength and tone: Jane has fluctuating tone with decreased strength in her trunk. She has some degree of passive postural control in her head and upper trunk but has very limited active and reactive control. Jane is unable to maintain symmetrical postures or move between positions such as crawling, rolling or sitting independently. She has limited motor control of her upper and lower limbs and is unable to use cutlery, hold a pencil, sit, stand or walk independently.

Surgery and medications: Jane has had bilateral tenotomies last year and receives Botulinum-A injections 6 monthly.

Jane's lack of motor control makes it difficult for her to participate in everyday activities, causing her to miss out on play with friends or family events. Jane needs to practise foundational postures which are the building blocks of motor control in order to integrate her primitive reflexes and develop co-ordinated motor control. Only by passing through these early postures and movements can she work towards independent sitting, standing and upright movement.

## Discuss the impact of the child's diagnosis on their life. What will the implications be without Playpak?



Jane has low/mixed/fluctuating/high muscle tone and if left without adequate support will adopt an asymmetrical posture. This position makes it difficult to communicate with others, focus on objects or engage with her family. Jane's condition is such that she does not experience the movement patterns and joint loading necessary to stimulate normal soft tissue and bone growth. This is detrimental to her long-term musculoskeletal development and she is at risk of muscle shortening, spinal deformity and hip subluxation which are associated with pain, difficult hygiene and high-risk surgery.

Novak et al (2017) in a systematic review summarised that infants with any type of topography of CP who receive early, intense, rich, task-specific training-based interventions at home have better motor and cognitive skills at one year than those who receive normal care.

#### Describe the current therapy scenario and what this entails

During her physiotherapy sessions, Jane has access to specialised equipment which supports her in a variety of postures from which she can work to develop head, trunk and limb control. However, this equipment is not available at home so Jane's family aim to replicate the therapy environment using cushions or pillows. These unstable items do not provide adequate support and Jane adopts destructive asymmetrical postures where appropriate muscles are not developed through the correct range. Incorrect exercise will be ineffective and could cause lasting damage by encouraging abnormal muscle patterns thus specific paediatric equipment is required.

#### How will the Playpak benefit the child?

The Playpak enables Jane to be safely positioned in a variety of different positions including:

- Back lying (supine) is a starting position where full body weight is supported by the surface. This makes it a very secure position to work on the building blocks of physical, cognitive, sensory, and communication skills. It will develop her awareness of her body is in space (proprioception) and how to achieve and hold symmetry. It encourages the use of both arms and legs, and starts to build on core stability and muscle strength. Back-lying is a great position to work on visual skills, like fixing and focusing and Jane can engage with a parent's face to bolster her speech and language skills.
- Side-lying is a transitional position which we move through and out of, for example, when rolling from back lying to tummy lying and vice versa. Learning how to maintain side lying and move through it is essential for developing the skills for side sitting and sitting up. It also makes it easier for the hands to come together without the effect of gravity and is useful for muscle imbalance or hemiplegia, either working the affected or unaffected side.
- Tummy-lying (prone) is often the next developmental position. It helps develop head control and with the head lifted free it can rotate to the left or right. This position will develop the extensor muscles of Jane's neck and back which are important for crawling and upright sitting. Self-supporting the hands and arms will generate

shoulder girdle and upper limb strength while reaching for a toy will teach weight transfer, again a useful skill for crawling.



- Sitting is a fundamental skill which opens a child's world to a plethora of new MRADL such as feeding, playing and communicating. It is a social position from which Jane can engage others while developing her body and spatial awareness. The upper limbs are free to manipulate objects while the lower limbs can help maintain balance. The long-sitting position stretches out tight hamstring muscles which are prone to shortening in children with disabilities due to extended periods of sitting in conventional chairs.
- Four-point kneeling is a follow-on skill which strengthens all four limbs, stretching muscles and loading joints and bones. It is great preparation for crawling. Jane can practise reaching for toys, learn weight transfer and 3-point balance, while being safe to fall down and try again.
- High kneeling is another intermediate posture which will develop Jane's skills for transitioning from sitting to standing. It will work her pelvic, abdominal and back muscles while stretching the quadriceps and practising balance. Supportive equipment will give Jane the confidence to use this position to reach, twist and stretch during play.

These six key positions are the building blocks to further motor development.

For children with sensory processing difficulties, an additional sensory element can be added to encourage movement, using squeaky toys, bright coloured balls, sweet smelling flowers, wet and dry materials, rough and smooth textures or their favourite tasting foods.

## **Describe the equipment and accessories being requested.** (Include details on adjustments for growth.)

The Playpak has been developed to enable children to continue their regular therapy outside the hospital environment. It is designed and manufactured as durable medical equipment and is a registered medical device.

- The Playpak consists of a base mat, which acts as the bag and contains rolls, wedges and supports that stick together in various ways to form an entire activity centre. The Playpak supports Jane in a variety of positions including the key postures for motor development: supine, side-lying, prone, sitting, 4 point-kneeling and high kneeling.
- The Playpak parts can also be used in dozens of different ways to suit the child's individual needs, for example an asymmetrical set-up to suit hemiplegia or asymmetrical muscle tone.
- The Playpak is suitable for infants up to age 4, maximising the potential for neuroplasticity in the young brain. Research has shown that early intervention programmes have lasting effect on function.
- The Playpak is light, compact and easily portable. It can be folded up easily to be used at any location, including the park or grandparent's house.
- The Playpak fabric is soft but easy to clean. It is comfortable to ensure therapy time can be maximised.

## **Describe the Firefly Playpak components being requested.** (Delete components as appropriate.)



In order to meet Jane's development needs I am requesting funding for the Firefly Playpak, with the features and accessories described below.

Item	Description of Medical Necessity
Fabric Floor Mat	The colourful floor mat has 'Velcro lining, to which all components can be easily and se- curely attached/removed. All positioning components fit within this main section and it can be folded up as one unit for storage or transport.
Long and Short Roll	These rolls can be used on their own or with other support elements to provide the right level of support for the chosen activity.
Small and Large Horseshoe	These sturdy profiled cushions are designed to give the child lower and upper back support, while allowing hands to be free for play. They can also be used under the chest or tummy to help the child prop up on their arms.
Positioning strap & headrest	This versatile strap can be used in addition to the rolls for extra support when needed at the front, sides or back. The blue cushion may be used to promote symmetry where required or increase flexion when placed under the things to dampen high tone.
	Playpak also comes with a therapy guide, featuring advice and easy-to-use instructions that show you how to use each clever little piece to create different sitting and lying posi- tions, as well as how to perform all the recom- mended developmental activities.



**Discuss the cost of alternative caring methods, reiterating the benefits of the Playpak.** (Describe how other potential therapy methods/equipment which have been considered are not adequate. Include specific details e.g. the make and model of less expensive items and the reasons they have been rejected.)

High-cost therapy rolls and wedges could be assembled to offer similar support however as well as being much more expensive they are more difficult for parents to use at home and more complicated for therapists to advise on without specialist knowledge. They are also bigger and bulkier than Playpak. There are no other commercial systems which offer a compact portable therapy gym.

#### Summary/conclusion.

This unique DME is essential for Jane to continue her therapy at home and develop her neuromotor skills. Jane requires support to practise a range of postures and movements which are the foundations of motor development, including sitting, standing and walking. The Playpak, a lightweight, portable activity set can be used in multiple configurations and at multiple locations ensuring therapy becomes part of everyday life. Using it regularly will increase Jane's ability to perform ADL and thus reduce the lifetime costs of further disability equipment and care. This will have massive physical and psychological benefits to Jane and her family and I strongly recommend that it is funded.

#### Include pictures of the different Playpak early intervention therapy configurations.





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