

Power Mobility Options in Neurorehabilitation

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Ochsner Medical Center
Physical Medicine & Rehabilitation
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DISCLOSURE

None pertinent to the presentation.

Objectives

1. To be familiar with terminology of Power Mobility Devices
2. To understand the difference between different Power Mobility Devices
3. To understand the different option for customizing a PMD.
4. To review the elements of a mobility evaluation
5. To write a prescription for a PMD.
6. To know when to refer to a speciality wheelchair clinic.

OUTLINE

1. Introduction
2. Definitions
3. Differences between scooters and power wheelchairs
4. Customization of Power Mobility Devices (PMDs)
5. Mobility Assessment
 1. History
 2. Physical
 3. Assessment
6. Case study
7. Conclusion

- Mrs. Smith presents to the clinic with the chief complaint: 'I want an electric chair'
- She has an ad or two from her AARP magazine

ALL-NEW mobility technology

Introducing the world's lightest mobility scooter with anti-tip technology

The So Lite™ Scooter is easy to transport and almost impossible to tip over.

Like millions of other Americans, I struggle with mobility. For years, I watched my quality of life slip away, as I was forced to stay home while friends and family took part in activities I'd once enjoyed. I thought I'd made some progress when I got a mobility scooter, but then I realized how hard it was to transport. Taking it apart and putting it back together was like doing a jigsaw puzzle. Once I had it disassembled, I had to try to put all of the pieces in the trunk of a car, go to wherever I was going, and repeat the process in reverse. Travel scooters were easier to transport, but they were uncomfortable and scary to drive. I always felt like I was ready to tip over. Then I found the So Lite™ Scooter. Now there's nothing that can hold me back.

Years of work by innovative engineers have resulted in a scooter that's designed with seniors in mind. They created Electronic Stability Control (ESC) that makes it virtually impossible to tip over. If you try to turn too quickly, the scooter automatically drives down to prevent it from tipping over. The battery provides powerful energy at a fraction of the weight of most batteries. With its rugged yet lightweight aluminum frame, the So Lite™ Scooter is the most portable scooter ever—but it can hold up to 275 pounds—yet weighs only 40.8 pounds without the battery! What's more, it easily folds up for storage in a car seat, trunk or even on an airplane. It folds in seconds without tools and is safe and reliable. Best of all, it's designed with your safety in mind, from the newest technology and superior craftsmanship. Why spend another day letting your lack of mobility ruin your quality of life? Call now and find out how you can get a So Lite™ Scooter of your very own.

Why a So Lite™ Scooter is better:

- Latest "No-Tip" Technology
- Lightweight and yet durable
- Folds and locks in seconds
- Easier to operate

The So Lite™ Scooter

Exclusive Electronic Stability Control helps prevent tipping




It's not a Wheelchair... It's not a Power Chair... It's a **Zinger!**

Call Now for FREE Shipping

Meet the future of personal transportation.

More and more Americans are reaching the age where mobility is an everyday issue. Whether from an injury or from the everyday aches and pains that come from getting older—getting around isn't as easy as it used to be. You may have tried a power chair or a scooter. The Zinger is NOT a power chair or a scooter! The Zinger is quick and nimble, yet it is not prone to tipping like many scooters. Best of all, it weighs only 47.2 pounds and folds and unfolds with ease so you can take it almost anywhere, providing you with independence and freedom.

Years of work by innovative engineers have resulted in a mobility device that's truly unique. They created a battery that provides powerful energy at a fraction of the weight of most batteries. The Zinger features two steering levers, one on either side of the seat. The user pushes both levers down to go forward, pulls them both up to brake, and pushes one while pulling the other to turn in either side. This enables great mobility, the ability to turn on a dime and to pull right up to tables or desks. The controls are right on the steering arm so it's simple to operate, and its exclusive footrest swings out of the way when you stand up or sit down. With its rugged yet lightweight aluminum frame, the Zinger is sturdy and durable yet lightweight and comfortable! What's more, it easily folds up for storage in a car seat or trunk—you can even gate-check it at the airport like a stroller. Think about it, you can take your Zinger almost anywhere, so you don't have to let mobility issues rule your life. It folds in seconds without tools and is safe and reliable. It holds up to 250 pounds, and it can go up to 5 mph and operates for up to 8 hours on a single charge.

Why spend another day letting mobility issues hamper your independence or quality of life?

Zinger Chair

Just think of the places you can go:

- Shopping • Air Travel • Bus Tours
- Restaurants—ride right up to the table!
- Around town or just around your house

The Zinger folds to a mere 10 inches.

Not intended for use by individuals restricted to a sitting position and not covered by Medicare or Medicaid. Zinger is not a medical device.




Introduction

- Ambulation: a key human function.
- Amazing interplay of CNS, musculoskeletal systems.
- Ideally: w/o mobility devices
- When it fails, mobility aides are needed in escalating fashion:

1. A cane:

- single prong cane
- narrow or wide-based quad cane



2. A walker:

- standard walker
- rolling walker
- hemiwalker
- Rollator walker



3. A wheelchair

- manual wheelchair
- transport wheelchair..
- Sports wheelchair



4. A Power Mobility Device

Definitions:

- Power Mobility Device (PMD) or Power-Driven Mobility Device (PDMD)
- Two major types.

Electric Scooter
Power Operated Vehicle (POV)



Power Wheelchair (PWC)



PMDs

1. General Advantages

1. Increased safety
2. Energy conservation
3. Improved independence with Activities of Daily Living.
4. Reducing load on joints (hips, knees, shoulders, hands...)
5. Reducing pain
6. Adaptability for different medical conditions
7. Psychological benefits
8. Decreased risk of decubitus ulcers!

2. General Disadvantages:

1. Cost
2. Disuse of upper and lower extremities
3. Weight gain
4. Need for regular charging
5. Need for regular maintenance
6. Possibility of serious accidents
7. Increased risk of decubitus ulcers!

3. For PMDs

1. A prescription is not sufficient
2. Face-to-face evaluation is needed
3. Documentation of medical necessity is needed

PMDs: Electric Scooters

AKA: Power Operated Vehicle (POV)

Available in 3-wheeled or 4-wheeled versions



1. Advantages:

1. Generally lighter
2. Usually transportable
3. More user friendly for outdoor use
4. Less expensive
5. Presence of a basket (shopping, portable oxygen..)
6. 4-wheeled models offer more stability

2. Disadvantages

1. Need for good ROM and strength at shoulders, and hand grip to use tiller
2. Need for good trunk control
3. Transfers are more difficult
4. Presence of a Tiller in front that may block some functions (sitting at table, working at a desk..)
5. Less Maneuverable (higher turning radius)
6. Not adaptable for disease progression.



PMDs: Power Wheelchair

1. Advantages:

1. Ease of use (joystick)
2. Maneuverability (smaller turning radius and 3-point turn width)
3. Lack of frontal obstruction
4. Adaptability for disease progression
5. Customization



2. Disadvantages:

1. Generally heavier
2. More difficult to transport (may need a lift mechanism attached to car)
3. More expensive
4. More complicated



3. Group I, II or III

PMDs: Power Wheelchair: CUSTOMIZATION

A. Customizable Controls: Joystick left right



head control

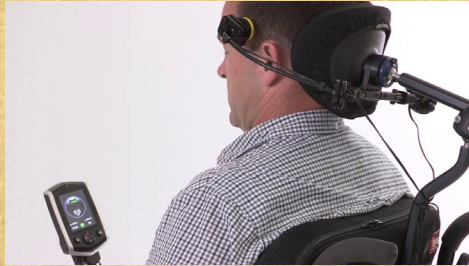


sip-and-puff

Rear/Attendant



eye gaze



PMDs: Power Wheelchair: CUSTOMIZATION

B. Power Components:

1. Power tilt/recline
2. Power leg elevation
3. Power standing
4. Power seat elevation



PMDs: Power Wheelchair: CUSTOMIZATION

C. Body part support
head, trunk, legs,...



D. Pressure Relief:



E. Mounting Ventilator



F. Mounting Communication Devices



PMDs: Power Wheelchair: CUSTOMIZATION

G. Availability for different terrains



PMDs: Coverage-Medicare Criteria

A. GENERAL COVERAGE CRITERIA:

- B. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
- A. Prevents the beneficiary from accomplishing an MRADL entirely, or
 - B. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - C. Prevents the beneficiary from completing an MRADL within a reasonable time frame.
- C. The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- D. The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.
- A. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
 - B. An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.

E.

F. POWER OPERATED VEHICLES

- G. A POV is covered if all of the basic coverage criteria (A-C) have been met and if criteria D-I are also met.

- H. The beneficiary is able to:
- A. Safely transfer to and from a POV, and
 - B. Operate the tiller steering system, and
 - C. Maintain postural stability and position while operating the POV in the home.
- I. The beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
- J. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- K. The beneficiary's weight is less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV – i.e., a Heavy Duty POV is covered for a beneficiary weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a beneficiary weighing 428 – 600 pounds.
- L. Use of a POV will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home.
- M. The beneficiary has not expressed an unwillingness to use a POV in the home.

- A. If a POV will be used inside the home and coverage criteria A-I are not met, it will be denied as not reasonable and necessary.
- Group 2 POVs (K0906, K0907, K0908) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary.

If a POV will only be used outside the home, see related Policy Article for information concerning noncoverage.

A power wheelchair is covered if:

- B. All of the basic coverage criteria (A-C) are met; and
- C. The beneficiary does not meet coverage criterion D, E, or F for a POV; and
- D. Either criterion J or K is met; and
- E. Criteria L, M, N, and O are met; and
- F. Any coverage criteria pertaining to the specific wheelchair type (see below) are met.
- G. The beneficiary has the mental and physical capabilities to safely operate the power wheelchair that is provided; or
- H. If the beneficiary is unable to safely operate the power wheelchair, the beneficiary has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided; and
- I. The beneficiary's weight is less than or equal to the weight capacity of the power wheelchair that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC – i.e., a Heavy Duty PWC is covered for a beneficiary weighing 285 – 450 pounds; a Very Heavy Duty PWC is covered for a beneficiary weighing 428 – 600 pounds; an Extra Heavy Duty PWC is covered for a beneficiary weighing 570 pounds or more.
- J. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.
- K. Use of a power wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home. For beneficiaries with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.
- L. The beneficiary has not expressed an unwillingness to use a power wheelchair in the home.

PMDs: General Coverage Criteria

- PMD: A patient has a **mobility limitation** that significantly impairs his/her ability to participate in one or more **mobility-related activities of daily living (MRADLs)** at home in a consistent, safe and timely manner that cannot be compensated for with the use of a cane, walker or by propelling an optimally-configured manual wheelchair.
- PMD: not covered if needed mostly for use outside the house.
- Electric Scooter: covered if the patient is able to:
 - transfer to and from a POV, and
 - Operate the tiller steering system, and
 - Maintain postural stability
 - Safely maneuver it at home.
 - Has the mental capabilities for safe use of a POV in the home.
- Power Wheelchair: covered if above not apply and
 - Patient or caregiver is willing to use PWC to improve participation in MRADLs at home.

PMDs: Mobility Assessment/ Face-to-face evaluation

History & ROS: focus on Medical Comorbidities that affect mobility:

- Neurological Diseases (Strokes, ALS, Multiple Sclerosis, Parkinson's disease, Peripheral Neuropathy, Falls ...)
- Musculoskeletal Diseases (RA, OA, Chronic Low Back Pain...)
- Cardiovascular (CAD, advanced CHF...)
- Pulmonary (COPD, pulmonary fibrosis...)
- Other: morbid obesity, amputations...

Physical Exam: focus on deficits that affect mobility:

- Neurological: muscle weakness, sensory loss, increased tone, impaired muscle control, impaired gait, cognition...
- Musculoskeletal: joint swelling, loss of ROM, painful ROM...
- Cardiovascular: murmurs, irregular rhythm...
- Pulmonary: rales, wheezing...
- Other: functional vision...

PMDs: Mobility Assessment/ Face-to-face evaluation

Assessment/Plan:

- Summary of H&P and Physical Exam findings,
- Decision process and justification of the more appropriate PMD, and customization if applicable.
- If patient fails to meet criteria for PMDs, recommend other DME (rollator, manual wheelchair, transport wheelchair...)

Generating:

A. Note containing Face-to-face mobility assessment

B. Prescription for PMD

Send/fax A & B to **wheelchair vendor**

C. For Medicare & Managed Medicare: manually fill a 7-element form

Send/fax A, B & C to **wheelchair vendor**

D. For Peoples Health: Mobility Assistive Equipment Face-to-face evaluation

Send/fax A, B & D to **Peoples Health**

E. For some patients (e.g. Medicaid) or types of DME (e.g. higher level/customized PWC): referral for seating assessment by Physical or Occupational Therapy may be needed.

Seven Element Written Order

1. Patient Name: _____

2. Face to Face Completion Date: _____

*Per Medicare guidelines, use either the date of the office visit (when mobility equipment was discussed) or the date you concur with and sign the PT/OT evaluation - **whichever is the most recent date.***

3. Equipment Recommended: _____

4. All diagnoses relating to the need for recommended equipment:

5. Estimated Length of Need in Months, 1-99 (99= Lifetime): _____

6. Doctor Signature x _____
(No Signature Stamps)

Doctor Name (printed): _____

7. Date: _____

PEOPLES HEALTH

Re: Mobility Assistive Equipment Face-to-Face Examination

The following information is needed to support medical necessity for the use of a power operated vehicle (POV)/scooter or power wheelchair (PWC) in the home for the Peoples Health patient listed below. Please answer in detail the questions below that are applicable to the device you are requesting, and fax this completed page, along with your medical records that include the following information, to **504-849-6979**.

1. Relevant history
2. Diagnosis supporting the need for a power mobility device
3. Symptoms that limit ambulation
4. Ambulatory assistance
5. Musculoskeletal and neurological examination

Patient Name: _____

Date of Birth: _____

Member ID Number: _____

For POVs and PWCs What is your patient's mobility limitation and how does it interfere with the performance of activities of daily living?

For POVs and PWCs Why can't a cane or walker meet this patient's mobility needs in the home?

For POVs and PWCs Why can't a manual wheelchair meet this patient's mobility needs in the home?

For POVs Does your patient have the physical and mental abilities to transfer into a POV and to operate it safely in the home?

For PWCs Why can't a POV (scooter) meet this patient's mobility needs in the home?

For PWCs Does your patient have the physical and mental abilities to operate a power wheelchair safely in the home?

Physician Signature: _____ Date: _____

(#286364-4249126) 04:30 PM

Fax this form back and
this barcode will help
process your request
faster.

4/22/2013 12:42



- Mrs. Smith presents to the clinic with the chief complaint: ‘I want an electric chair’
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Zinger Chair

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Not intended for use by individuals restricted to a sitting position and not covered by Medicare or Medicaid. Zinger is not a medical device.



Case Study:

HPI:

Mrs. Smith is a 78-year-old black female with multiple medical problems who is presenting to the Physical Medicine Clinic for **evaluation for a power mobility device**. Her past medical history significant for hypertension, diabetes mellitus type 2, diabetic peripheral neuropathy, hyperlipidemia, CAD, combined systolic and diastolic CHF, atrial fibrillation, chronic anticoagulation with Coumadin, status post AICD, CKD stage 4, PAD, breast cancer status post left lumpectomy, renal cancer status post left nephrectomy, chronic osteomyelitis of the right foot (followed up closely by Podiatry for wound care), arthritis, chronic low back pain with right radiculopathy .

The patient lives with her husband in a single-story home with **3 steps** to enter. She is independent with feeding, dressing and toileting. She requires assistance for bathing with a walk-in shower and shower chair. She **ambulates** using a 4- prong cane. She is restricted by shortness of breath, lower extremity weakness, impaired balance, limited weight-bearing on the right foot, bilateral leg numbness, chronic low back pain with right sciatica (up to 9-10/10), bilateral knee pain (8/10). She has history of frequent falls. She cannot propel a **manual wheelchair** due to shortness of breath, fatigue, bilateral shoulder pain (8/10), hand pain (6-7/10), and upper extremity weakness.

Case Study:

PMH:

1. Anemia in ESRD (end-stage renal disease)
2. Anticoagulant long-term use
3. Atrial fibrillation
4. Breast cancer
5. CHF (congestive heart failure)
6. CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min
7. Colon cancer
8. Coronary artery disease
9. Diabetes mellitus type II
10. Diabetic retinopathy
11. History of amputation of lesser toe of right foot
12. Hypertension
13. Mixed hyperlipidemia
14. Obesity
15. OSA (obstructive sleep apnea)
16. Osteomyelitis of right foot
17. PAD (peripheral artery disease)
18. Paroxysmal atrial fibrillation
19. Polyneuropathy in diabetes
20. Type 2 diabetes mellitus with stage 4 chronic kidney disease

Review of Systems

- Constitutional: Positive for **fatigue**.
- Eyes: Negative for visual disturbance.
- Respiratory: Positive for **shortness of breath**.
- Cardiovascular: Negative for chest pain.
- Gastrointestinal: Negative for nausea and vomiting.
- Genitourinary: Negative for difficulty urinating.
- Musculoskeletal: Positive for **arthralgias and gait problem**. Negative for **back pain and neck pain**.
- Neurological: Positive for **weakness**. Negative for **dizziness and headaches**.
- Psychiatric/Behavioral: Negative for behavioral problems.

Case Study

• Physical Exam

Constitutional:

- General: in no acute distress.
- Appearance: well-developed.
- Comments: Coming to the clinic in a manual wheelchair propelled by husband.

•

HENT:

- Head: Normocephalic and atraumatic.

Cardiovascular:

- Rate and Rhythm: Normal rate and regular rhythm.
- Heart sounds: Normal heart sounds.

Pulmonary:

- Breath sounds: Normal breath sounds.

Abdominal:

- Palpations: Abdomen is soft.

Musculoskeletal:

BUE:

- RUE: ROM: decreased at shoulder (70 deg active abduction)
- LUE: ROM: decreased at shoulder (70 deg active abduction)
- +ve Heberden's & Bouchard's nodes.

BLE:

ROM:

RLE: full. Rt foot in DARCO sandal

LLE: full.

Knees:

RLE: +ve crepitus.

LLE: +ve crepitus.

-ve tenderness over lumbar spine.

Neurological:

Awake, alert. Follows simple commands well.

BUE:

Strength:

RUE: 3/5 at shoulder abduction, 4 elbow flexion, 4 elbow extension, 4 hand grip.

LUE: 3/5 at shoulder abduction, 4 elbow flexion, 4 elbow extension, 4 hand grip.

Sensation to pinprick:

RUE: intact.

LUE: intact.

DTR:

RUE: +1 biceps, +1 triceps.

LUE: +1 biceps, +1 triceps.

BLE:

Strength:

RLE: 3/5 at hip flexion, 4 knee extension, 4 ankle DF, 4 ankle PF.

LLE: 3/5 at hip flexion, 4 knee extension, 4 ankle DF, 4 ankle PF.

Sensation to pinprick:

RLE: decreased in stocking distribution up to calf.

LLE: decreased in stocking distribution up to calf.

DTR:

RLE: +1 knee, +1 ankle.

LLE: +1 knee, +1 ankle.

Case Study

Assessment:

Diagnosis

1. Gait Disorder
2. Diabetic Peripheral Neuropathy
3. Combined systolic and diastolic CHF
4. Chronic Obstructive Pulmonary Disease
5. Dyspnea On Exertion (DOE)
6. Chronic Low Back Pain with right sciatica
7. Osteoarthritis of knees
8. Osteoarthritis of shoulders
9. Osteoarthritis of hands
10. Frequent falls
11. Morbid Obesity

ICD 10

R26.9
E11.42
I50.4
J44.9
R06.09
M54.41
M17.0
M25.511, M25.512
M19.041, M19.042
R29.6
E66.01

Case Study

Summary/Plan:

- The patient was seen today **for mobility evaluation** for a power mobility device due to significant impairment at home.
- The patient has multifactorial **gait impairment**.
- The patient is not able to ambulate safely at home.
- The patient is **unable to use a walker** functional distances due to lower extremity weakness due to debility, DOE because of CHF and COPD, foot numbness due to peripheral neuropathy, chronic low back pain due to DJD, bilateral knee pain due to OA.
- The patient is **unable to use an optimally-configured manual wheelchair** in the home in order to perform **Mobility Related Activities of Daily Living**, due to upper extremity weakness due to debility, DOE because of CHF and COPD, bilateral shoulder and hand pain due to OA, morbid obesity with higher energy consumption of wheelchair propulsion..
- The patient has intact **cognition** and should be able to use a power mobility device well at home.
- A prescription for a **power wheelchair** was generated.
- A **scooter is not appropriate** due the patient's trouble clearing the ledge, bilateral shoulder pain and restricted range of motion and to maneuverability restrictions at home.
- This will allow the patient to go safely to the kitchen, dining room or living room for feeding & socialization. It should also help with energy conservation and reducing the risk of falls which could be detrimental to her health due to anticoagulation with coumadin
- The patient is to return the Physical Medicine/Mobility clinic as needed.

Power Wheelchair prescription

7 element written order

HME - OTHER [EQ248] (Order 948008627)
 General Supply
 Date and Time: 5/8/2023 12:38 PM
 Department: Home Physical Medicine & Rehab
 Rel By/Authorizing: Mahmoud M. Sarmini, MD

Patient Demographics
 Patient Name: JOHN SMITH
 Legal Sex: Male
 DOB:
 Address:
 Phone:
 Plan:
 Sponsor Code:
 Group Name:
 No coverage found

Primary Coverage
 Plan:
 Sponsor Code:
 Group Name:
 No coverage found

Reason for Exam
 Priority: Routine
 Dx: Gait disorder [R26.9 (ICD-10-CM)]; Diabetic peripheral neuropathy [E11.42 (ICD-10-CM)]; Chronic combined systolic and diastolic congestive heart failure [I50.42 (ICD-10-CM)]; Chronic obstructive pulmonary disease, unspecified COPD type [J44.9 (ICD-10-CM)]; Chronic bilateral low back pain with right-sided sciatica [M54.41, G89.29 (ICD-10-CM)]; Primary osteoarthritis of both knees [M17.0 (ICD-10-CM)]; Primary osteoarthritis of both shoulders [M19.011, M19.012 (ICD-10-CM)]; Primary osteoarthritis of both hands [M19.041, M19.042 (ICD-10-CM)]; Frequent falls [R29.6 (ICD-10-CM)]; Morbid obesity with BMI of 50.0-59.9, adult [E66.01, Z86.43 (ICD-10-CM)]

Comments: Rx:
 Power Wheelchair;
 Lifetime need
 Face-to-face evaluation: 05/08/2023

Associated Diagnoses	ICD-10-CM	ICD-9-CM
Gait disorder - Primary	R26.9	781.2
Diabetic peripheral neuropathy	E11.42	250.50357.2
Chronic combined systolic and diastolic congestive heart failure	I50.42	428.42428.0
Chronic obstructive pulmonary disease, unspecified COPD type	J44.9	496
Chronic bilateral low back pain with right-sided sciatica	M54.41G89.29	724.2724.3338.29
Primary osteoarthritis of both knees	M17.0	715.16
Primary osteoarthritis of both shoulders	M19.011M19.012	715.11
Primary osteoarthritis of both hands	M19.041M19.042	715.14
Frequent falls	R29.6	V15.88
Morbid obesity with BMI of 50.0-59.9, adult	E66.01Z86.43	278.01V85.43

Order Questions
 Question: Type of Equipment: POWER WHEELCHAIR
 Height: 5' 5"
 Weight: 330 lbs

Comments

Printed by Mahmoud M. Sarmini, MD [207118] at 5/8/2023

Page 1 of 2

Comments (continued)
 Rx:
 Power Wheelchair;
 Lifetime need.
 Face-to-face evaluation: 05/08/2023
 Physician Signature
 Signature: M. Sarmini Date: 5/8/2023
 Print Name: MAHMOUD SARMINI, MD
 HME - OTHER
 Electronically signed by: Mahmoud M. Sarmini, MD on 05/08/23 1236 Status: Active
 Ordering user: Mahmoud M. Sarmini, MD 05/08/23 1236 Ordering mode: Standard
 Electronically signed by: Mahmoud M Sarmini, MD Lic # MD.11105R NPI: 1770505786

Printed by Mahmoud M. Sarmini, MD [207118] at 5/8/2023

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Seven Element Written Order

- Patient Name: JOHN SMITH
- Face to Face Completion Date: 5/8/2023
 Per Medicare guidelines, use either the date of the office visit (when mobility equipment was discussed) or the date you concur with and sign the PT/OT evaluation - whichever is the most recent date.
- Equipment Recommended: Power wheelchair
- All diagnoses relating to the need for recommended equipment:
R26.9, E11.42
I50.42, J44.9, M54.41
M17.0, M19.011, M19.042
R29.6, E66.01
- Estimated Length of Need in Months, 1-99 (99= Lifetime): 99
- Doctor Signature x M. Sarmini
 (No Signature Stamps)
 Doctor Name (printed): MAHMOUD SARMINI, MD
- Date: 5/8/2023

PMD Prescriptions

Local DME/PMD Vendors	Tel	Fax
DURAMED	504-467-4057	504-467-4053
Mr. Wheelchair	504-834-2810	504-834-6457
National Seating and Mobility	504-729-4047	888-283-1364
NuMotion	985-893-5644	985-893-5694
Ochsner Total Health Solutions	504-834-8114	504-834-8113

After receipt: PMD vendor should communicate with patient and his/her insurance.

They may do a home assessment prior to delivering the PMD.

Suggest: give the patients the phone number of PMD vendor so they can communicate directly.

PMD: Summary

- PMDs can significantly help the patient's mobility, independence and well being.
- It important for prescribing physicians to be familiar with types and indications of different PMDs.
- Prescribing them requires methodic assessment and documentation of all contributing comorbidities.
- Electric scooter are usually the starting point.
- Power wheelchairs are more expensive and allow customization. They need more detailed documentation.
- Communication with wheelchair vendors is very important.

THANK YOU