

Sample Clinical Reasoning Form – Jenx Multistander



Sample letters of medical necessity are not intended to provide exact guidance on how to apply for funding for any product or service. Every patient is unique, with their own individual needs. Ultimately, health care providers should undertake a robust clinical assessment of each patient and make an informed clinical decision regarding the appropriateness of a particular product for that patient. Applications to any funding source must be factually accurate and accurately reflect the individual needs of the applicant patient.

Jiraffe cannot guarantee the success in obtaining insurance or third-party funding of any kind.

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Describe who you are, your role, client's name and state the equipment you are seeking funding for

I am a qualified (insert profession) and I am writing this report on behalf of X.

As X's therapist, I am requesting funding for a Jenx Multistander. The Multistander is a medical necessity which would not be required in the absence of disability, illness, or injury. The following report explains the medical justification.

Explain the client's diagnosis, disability and past medical history (Include functional ability and limitations in segmental body control, overview of other impairments)

X is 18 months old and has a diagnosis of diplegic cerebral palsy, GMFCS level 3. X has shown early signs of bilateral hip displacement after their first x-ray and is now under yearly review of this as part of a hip surveillance programme.

Tone/Movement/Strength: X has weakness through their lower limbs and lower trunk. There is evidence of increased muscle tone through their lower limbs, particularly hip adductors and flexors, hamstrings, and calf muscles. X demonstrates good head control and upper limb movement during floor mobility and play with toys. X has full passive range of movement through their lower limbs except lacking a few degrees of ankle dorsiflexion due to high tone/contracture. X has recently been prescribed a regular small dose of Baclofen to help manage the tone through their lower limbs.

Posture: X rests with knees flexed and hips adducted and is at significant risk of further contracture through lower limb muscles. X floor sits with marked 'W' posture in lower limbs.

Ambulation/Functional Walking Status: Not yet mobilising independently, starting to crawl via 'bunny hop' pattern. Not yet pulling to stand independently, but able to stand with crouched pattern at lower limbs and facilitation from therapist/carers.

Communication: Speech delay – under care of Speech and Language team. Can say a few simple words such as 'Mama'.

Hearing: No concerns.

Vision: No concerns.

Cardio-respiratory status: No concerns.

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Explain the impact of the client's diagnosis on their life (Discuss the implications and limitations without access to therapeutic equipment)

X is delayed with typical gross motor milestones and is not yet able to pull to stand or walk independently. This can affect their development not only physically, but also emotionally and cognitively – impacting on their ability to interact eye to eye with peers at nursery or to explore their surroundings for play. At an age when **X**'s neural development should be at its most prolific, the lack of opportunity to interact with others/their surroundings appropriately could have a significant and long-lasting impact.

Standing and ambulation are thought to play important role in hip development and stability, and **X** is currently at risk of significant orthopaedic intervention later in life. The spastic muscle forces around **X**'s lower limbs that cause daily pain and abnormal positioning are thought to be further risk factors for hip migration.

If **X**'s lower limb posture is not managed appropriately now, during growth periods this could have a significant impact on other body structures, such as development of scoliosis through their spine.

X requires a significant amount of carer help, much more so than the typical 2-year-old, and will likely be dependent on some amount of care and equipment to assist mobility into adulthood due to their permanent disability. However, **X** has the potential to improve greatly with their independence and mobility with the appropriate early support.

Provide an overview of the equipment for which you are seeking funding and the physical benefits in relation to the client (Explain how the equipment will provide physical benefits to the client's individual needs, support with clinical references if able)

The Jenx Multistander is a highly versatile standing system that can support positioning in upright, prone, or supine and support both neutral or abducted standing. The Multistander Size 1 can support children aged approximately 9 months to 6 years and a maximum user weight of 35 kg, and the size 2 from approximately 2 – 13 years with a maximum user weight of 60 kg.

The Multistander has a large selection of accessories and high adaptability to accommodate the unique and individual needs of users, meaning it can support almost any child in a standing position.

A systematic review has suggested appropriately dosed standing programmes may positively benefit children with neuromuscular dysfunction in their skeletal development, maintaining range of motion and reducing spasticity, whilst enabling eye-to-eye interaction with peers. (Paleg et al, 2013). Standing frames can also positively influence respiratory and cardiovascular systems, bladder and bowel function, cognitive function, improved confidence and self-esteem, improved ability to communicate, improved physical activity levels and mobility, supporting outcomes

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across all domains of the International Classification of Functioning, Disability and Health framework (Goodwin et al, 2018; Paleg & Livingstone, 2022; Krarup et al, 2024).

A recent position paper and scoping review has reaffirmed this evidence and explicitly stated that standing devices support the prevention of comorbidities accumulated from prolonged sitting in those with physical disability and that the use of standing frames should no longer be considered experimental in their use, they are a medical necessity (Masselink et al., 2024).

For **X**, access to a Multistander will encourage further development of physical milestones and it will encourage improvement of postural control and balance. Research has suggested the ability to stand in abduction could have positive effects on reducing hip migration percentage and maintaining range of motion (Martinsson & Himmelmann, 2011, Martinsson & Himmelmann, 2021), a feature which the Multistander can offer. Furthermore, standing can provide a sustained stretch to **X**'s spastic musculature, which in turn may maintain range of motion and may help reduce tone and pain. International Clinical Practice Guidelines have given a conditional recommendation for regular use of standing equipment to decrease hip migration and maintain hip range of motion (Morgan et al., 2021). They emphasise the importance of supported weight-bearing beginning close to typical development – so it is paramount that **X** receives funding for this standing frame as soon as possible.

The ability of the Multistander to offer positioning in upright, prone, supine, and with hip abduction, ensures a truly holistic and individually tailored therapy programme can be achieved for **X**, supporting a variety of therapy goals.

Describe the psychological benefits of equipment (Include benefits to carers and family as well as client if able, support with clinical references if able)

For **X**, the Multistander will enable eye level interaction with their peers, which will enhance their social, emotional, and psychological development.

X's carers are still understanding their child's needs and their condition and need as much support as possible during an overwhelming period of their lives. They are worried that **X** will not walk independently and will not be able to make friends. It is distressing for them to see their child in regular bouts of pain. The Multistander will help show that **X** can still progress with developmental milestones and enable inclusion at nursery. Prolonged standing and stretching will hopefully have a positive impact on reducing muscle tone and pain. These factors in turn will help provide some of the support, understanding and education carers need and have a positive impact of mental wellbeing.

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Discuss other equipment experiences that have not been appropriate for client (Why were the other equipment not appropriate in relation to the client's needs? Re-iterate benefits of Multistander in comparison, include specific details of other products as appropriate)

X is currently using a simple upright stander which is not appropriate for their needs and posture. The stander does not allow for abducted standing that can provide a prolonged stretch to adductor muscles and provide potential benefits for hip integrity. This stander also does not accommodate a lot of growth and will likely only last until the age of 3 or 4. **X** currently becomes quite fatigued after 20 – 30 mins of standing in upright and will start to lean forward with rounded shoulder posture which impacts use of upper limbs for playing while standing. Having the option of supine positioning and graded prone positioning allows for rest periods after therapy or for challenging development of extensor muscles further. The Multistander would be a much more suitable and variable option to support the unique and individual needs of **X** and will accommodate a larger period of growth.

Describe the equipment and accessories being requested for the client X will require:

- 1 Multistander size 1 Abduction frame
- 1 Support Board Set size 1
- 1 Pair of Sandals size 2
- 1 Pair of Ankle Snugs size 2
- 1 Oval Head Support
- 1 Multi – use Tray
- 1 Pair of Knee Blocks Size 1
- 1 Pair of Small Hip Support Pads
- 1 Pair of Flexible Thoracic Support Pads with Strap Size 1

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Use descriptions of medical necessity below to assist with the clinical need in relation to the client, delete items as appropriate.

Jenx Multistander components and medical necessity

(Delete items as required)

Item	Description of Medical Necessity
Multistander Frame 	Available in 2 sizes to allow for growth and support varying user weight and size. Up to 35kg on size 1 and 60kg on the size 2. Size 2 has option of either manual or powered actuator dependent on needs and to assist with ease of transfers for child and carer. Angle adjustable footplate can be used to achieve neutral foot positioning and provide sustained stretching to calf muscles for children with high tone. Angle adjustable frame enables graded and appropriate positioning dependent on child's postural control Weight bearing can be beneficial for strength, bone mineral density, digestion, postural control, tone reduction, musculoskeletal development, and respiratory function. This frame has a small footprint perfect for fitting in X's home environment. The manoeuvrable frame is also perfect for accessing multiple rooms/environments at home for X to explore. The open base and low footplates enable easy practice of standing transfers to develop skill. The overall height adjustment of the frame will encourage floor play with peers but also play at table height – encouraging more environmental exploration and enrichment.

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Support Board Set 	Provide support around the hip and trunk, needs to be included as part of a minimum safe configuration for a user. Made from comfortable and hygienic polyurethane that is easily wiped clean. The support boards are essential to X for minimum safety, attaching other supportive accessories, providing stability to the trunk and hip
Oval Head Support 	A simple, entry-level head support for children who require minimal head positioning. Comes mounted on a flexible fixing bracket giving adjustment for height depth and angle. X will be using the Multistander in both Supine and Prone positions – to provide variety in positional, sensory and physical experience. The standing frame will be used regularly to maximise X's development. X can fatigue after short periods and this headrest will be an essential prompt in supine for more restful period in the standing frame – such as standing to watch television
Moulded Head Support 	Anatomically moulded polyurethane headrest for children who require minimal – moderate head support. Comes mounted on a flexible fixing bracket giving adjustment for height depth and angle.
Multigrip Headrests 	Mounted on a flexible bracket the headrest utilises interlocking fingers to mould the head pad to a variety of shapes to accommodate various head positions and shapes. Comes mounted on a flexible fixing bracket giving adjustment for height, depth and angle.

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Multi-use Tray 	Tray for use in prone or supine. Can be adjusted for height, angle, and depth to support a variety of positions and postural needs. Encourages play, interaction and functioning in the standing position. Provides a stable base from which a child can engage in midline activities and practice hand-eye coordination. The tray can open up a world of exploration in both supine and prone positions for X. It is a sturdy and adjustable area for practicing many skills – handling toys, using an iPad, practicing writing or jigsaws. The overlay is perfect for suction toys and hand holds to aid upper limb function and hand-eye coordination.
Tray Elbow Blocks 	Attach to Multi-use Tray. Used to encourage arms into a midline position and/or to block excessive retraction for optimal functioning and postural management.
Chest Prompt and Support Board Covers 	The Chest Prompt is a small foam sternal prompt, used to encourage extension of the thorax and help improve head control. Needs to be used in conjunction with support board covers that are machine washable for ease of cleaning.
Thoracic Support Pads 	Available in 2 sizes for differing body shapes. These pads are flexible to provide wrap around support and contouring around the trunk. Adjustable for height and width and accompanied with a rotational control strap to ensure maximum trunk control or accommodation individual postures. Provide a greater surface area of contact for those who require great facilitation and support. This also significantly increases the level of proprioceptive feedback X experiences in standing, helping them feel

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	more secure. They can be reduced in support incrementally through tool-free methods to challenge and develop trunk control.
Multigrip Body Support 	Can be used in Supine as a shoulder protractor or to provide additional lumbar support between the trunk and pelvic boards. For optimal positioning and stability.
Waistcoat Harness 	Provides additional trunk and shoulder stability, particularly for children with low tone. Zip system allows for easy access to gastronomy feed tubes, and for quick release if clinically indicated, Available in 4 sizes to accommodate growth, with the option of a more dynamic polyurethane material or slightly firmer wipe-clean outer surface fabric.
Hip Support Pads 	Polyurethane Support Pads can be used at the hips or chest and are adjustable for height, width and angle and can be off set to brace a scoliosis or accommodate and support unique positioning needs. Support Pads come with appropriate size de-rotational strap for comfortable and stable positioning. The support pads are sturdy and adjust in multiple planes so they can placed precisely around X's posture to create optimal stability, comfort and safety in standing. They can easily be adjusted through tool-free methods to aid clear transfers and to challenge and develop skill as part of therapy.

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Knee Blocks 	Polyurethane Knee Blocks available in 2 sizes, adjustable for height, width, angle, and depth to promote postural alignment and enhance stability. Accompanied with padded, de-rotational knee straps for comfortable positioning. The knee blocks can be used in prone, or supine so are perfect for matching X's programme which will include a variety of different standing positions. They can adjust in multiple planes to align X's lower limb posture for optimal stability and weightbearing. They can accommodate lower limb contractures should X's posture change in the future
Abduction Accessory 	Multistander size 1 offers the option of abduction which allows 0-30 degrees of individual leg abduction in 5-degree increments. Available as either a standalone accessory to retrofit to existing Multistanders manufactured after 2015 or as a complete base unit ready to customise with accessories. The addition of the abduction accessory offers children the opportunity to continue standing at peer height in either a neutral or abducted hip position. This feature can be important for sustained stretching to spastic hip adductors and medial hamstrings, maintaining hip stability and delaying hip migration. This accessory is essential for giving X a prolonged stretch to their hip adductors and improved alignment. It will help with maintaining ROM, hip stability and comfort through the day.
Sandals 	Available in different sizes to accommodate the size of foot, even when wearing splints. Provide support for optimal foot positioning and an optimum base of support for standing. Straps open from the back facilitating easy stand transfers into prone standing. These sandals will help provide optimal control, stability and weightbearing through X's feet and

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	lower limbs. The open back is perfect for practicing standing transfers into the prone position.
Ankle Snugs 	An accessory for the sandals that can provide extra comfort, support and sensory feedback around the foot and ankle complex. The angle snugs will provide an additional layer of comfort and sensory feedback at X's feet and ankles.
Sandal Raising Blocks 	The raising block kits give the sandals that extra bit of height where needed, for example when accommodating a leg length discrepancy. 2 sets can also be used to raise the height of the footplate on the standing frame and maximise the available growth (if not using abduction accessory).

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Goals of Recommended Equipment (Client and Carer's voice should be central to goals, goals should be personal to client's individual needs)

X's carers wish for their child to be able to stand and to interact with their peers at nursery, to mobilise as much as possible, to be in less pain.

Goals of the Multistander:

- To provide functional safe positioning that promotes physical development – pulling to stand at a stable surface independently within the next 6 months, mobilising short distances with an appropriate mobility device within the next 12 months
- To develop and improve postural control
- To allow for energy conservation
- To improve balance
- To prevent postural deterioration
- To reduce likelihood of orthopaedic and medical intervention
- To improve interaction with peers and surroundings, particularly the ability to play in a safe eye level standing position
- To reduce pain

How does prescription of this equipment incorporate the F-Words in Childhood Disability? (Rosenbaum & Gorter, 2011)

Fitness – Regular and appropriate access to a Multistander could have many significant positive health benefits for X. These benefits could include helping to prevent postural deformity, maintaining hip stability, reducing spasticity (in turn reducing pain) or positively affecting alertness and cognitive function (Paleg et al., 2013), all important for staying fit and healthy!

Function – Use of the Multistander regularly alongside X's current therapy programme will encourage development of X's postural control, transfer ability and standing tolerance. Developing standing ability will also positively affect X's future ability to stand longer and mobilise with an appropriate walking aid. Standing with support at the lower limbs and trunk currently will allow X to focus more on developing their head and upper limb control and hand eye coordination, which is extremely important for their play and participation.

Friends – X attends nursery regularly and is currently not standing often due to not having an appropriately supportive standing device. The Multistander will enable X to stand and play with their friends at nursery daily and take part in more fun and learning at eye level with their friends.

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Family – Use of the Multistander will greatly reduce the support and care **X** requires to stand safely at home or at nursery. The benefits in function, fitness and participation of regularly using the Multistander will help show to **X**'s carers that **X** will still develop with their skills, make friends and be more comfortable and ultimately positively affect their mental wellbeing.

Fun – The Multistander will enable lots of safe standing play at nursery or at home! It will mean **X** can partake safely in fun activities with their friends and family, such as water table play, cooking in the toy kitchen or placing balls in the toy basketball net.

Future – The Multistander will grow with **X** and the option of a size 2 Multistander will ensure they can have prolonged access to a safe and supportive standing device that will continue to assist with postural protection, enhancement of function and enabling participation

Discuss costs of not having equipment/cost benefits with the equipment in place

A significant cost has already been attributed to an inappropriate standing frame. The Jenx Multistander is the most appropriate standing frame for **X**'s individual needs and will grow with **X** and not require regular adjustments due to its adaptability.

Without the appropriate standing support, **X** is at significant risk of further postural changes and pain. This could lead to expensive medical intervention and follow up care, such as surgery, medication, and further equipment. The Multistander could help prevent these further cost implications when used in conjunction with **X**'s current therapy programme.

Summary/Conclusion

The Jenx Multistander will provide optimal standing positioning for **X**, where other devices have failed. The Multistander will help to prevent further posture deterioration whilst enabling inclusion and participation at home and in nursery.

It is essential funding is provided for the Multistander to maximise development potential and minimise the risk of secondary complications that may require costly medical monitoring or intervention.

Signed:

Date:



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Include pictures showing the different positions the Multistander can support



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References

Goodwin, J., Colver, A., Basu, A., Crombie, S., Howel, D., Parr, J. R., ... & Cadwgan, J. Understanding frames: A UK survey of parents and professionals regarding the use of standing frames for children with cerebral palsy. *Child: care, health and development*. 2018; 44(2), 195-202.

Krarup, L. H., Holsgaard-Larsen, A., Rasmussen, H. M., Kyed, S. Ø., & Pawlowski, C. S. How best to support parents in the management of standing frame usage in home settings: A mixed methods study. *Child: Care, Health and Development*. 2024; 50(5), e13310.

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Martinsson, C. & Himmelmann, K. Abducted Standing in Children With Cerebral Palsy: Effects on Hip Development After 7 Years. *Pediatr Phys Ther*. 2021; 33(2), 101-107.

Masselink, C. E., Detterbeck, A., LaBerge, N. B., & Paleg, G. RESNA and CTF position on the application of supported standing devices: Current state of the literature. *Assistive Technology*, 2024; 1–18.

Morgan, C. et al. Early Intervention for Children Aged 0 to 2 Years With or at High Risk of Cerebral Palsy: International Clinical Practice Guideline Based on Systematic Reviews. *JAMA Paediatrics*. 2021; 175(8), 846-858.

Paleg, G., Smith, B.A. & Glickman, L.B. Systematic review and evidence-based clinical recommendations for dosing of pediatric supported standing programs. *Pediatr Phys Ther*. 2013; 25(3): 232-247.

Paleg, G. & Livingstone, R. Evidence-informed clinical perspectives on postural management for hip health in children and adults with non-ambulant cerebral palsy. *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach Throughout the Lifespan*. 2022; 15(1): 39–48.

Rosenbaum, P. & Gorter J. The 'F-words' in childhood disability: I swear this is how we should think! *Child: care, health and development*. 2011; 38(4): 457–463.

Other useful references:

"We recommend a standing program in a standing device at 45–60 min daily to maintain ROM for

non-weightbearing infants with cerebral palsy" Strong recommendation given in the following resource:

McNamara, L., Morgan, C., & Novak, I. Interventions for Motor Disorders in High-Risk Neonates. *Clinics in perinatology*. 2023; 50(1), 121–155.

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