

# Rifton TRAM Funding Guide

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## Introduction

The Rifton TRAM is designed to provide medical and functional benefits to a person of any age who is unable to transfer or walk independently. These benefits might include addressing specific medical needs, improving body structure and function, or increasing activity and participation. The TRAM is considered durable medical equipment (DME) and categorized as complex rehab technology (CRT). To ensure best outcomes, the TRAM must be custom configured to fit the particular needs of a client.

As every clinician knows, detailed and thorough documentation of medical necessity is critical when applying for funding for any CRT device. This workbook is designed to provide clinicians, DME suppliers and clients with guidance on how to evaluate a client's medical needs, configure the TRAM accordingly and make a strong case for medical necessity.

This guide was prepared with invaluable assistance from the National Assistive Technology Advocacy Project at Neighborhood Legal Services in Buffalo ([www.nls.org](http://www.nls.org)).





## Product Description and Code

The Rifton TRAM can be a patient transfer system, a sit-to-stand device and a gait trainer; therefore there is no HCPCS code that adequately describes it. It is a device that combines these three essential functions in one compact unit. The only appropriate code is E1399 (DME, Miscellaneous). To date, Medicare has not been a factor because there has been no recognition of the TRAM as a multifunction device by Medicare, and thus no adequate reimbursement.

## The Evaluation and Documentation Process

This process typically involves a rehab team that includes the client, physician, therapist and DME supplier. It forms the foundation for determining the functional benefits the TRAM will provide as well as why the device is medically necessary for the individual. Finally, the process determines how the device will be configured and other similar details that the funding source may require.

### 1. The therapist or physician determines medical necessity for seated transfer or supported ambulation (or both).

A qualified professional must determine that the TRAM is appropriate and medically necessary for the client in order to perform seated transfers, sit-to-stand transitions or supported ambulation. This is accomplished by clinical assessment and a review of the risks and benefits associated with the device. The assessment should include the following information:

#### Client Data

- Demographics
- Funding source(s)
- Employment or school information

#### Physical Findings

- Diagnosis, onset and prognosis
- Height and weight
- Medical history
- Chief complaints or presenting problem
- Functional status (ambulation, transfers, ADLs, etc.)
- Other equipment used or tried

Next, explore how seated transfer, sit-to-stand or supported ambulation will improve independence with functional activities, looking particularly at these activities:

#### Toileting

Above-the-waist lifting with no under-body sling makes toileting possible for people who would otherwise be diapered, promoting better hygiene. Sit-to-stand function enables some male clients to use a urinal independently; upright positioning promotes normal, healthy bladder function.

#### Feeding

Upright posture and mobility aids digestion.

#### Dressing and Bathing

Regular use of the TRAM can improve trunk and limb strength and reduce spasticity, all of which helps with tasks like dressing and bathing.



Now consider how seated transfer, sit-to-stand or supported ambulation will improve the client's health and the specific physical issues that have been identified. The assessment of physical status might include ROM, strength, skin integrity, sensation, posture, GMFCS level, mobility, balance, tonal influences and reflexes. Also include:

### **Skin health**

Avoiding pressure ulcers is critical; consider ITs, sacrum, scapulae, vertebrae.

### **Bowel and bladder**

Upright posture can aid urination and prevent constipation, UTIs and kidney stones.

### **Spasticity and joint contractures**

Standing and walking can help, particularly in the lower extremities.

### **Bone mineral density**

Immobility can increase the risk of osteoporosis or osteopenia.

### **Respiratory function**

Upright posture helps clear the airway and increases lung capacity and depth of respiration.

### **Gastro-intestinal management**

Standing helps prevent reflux and allows gravity to assist with digestion.

### **Cardiovascular issues**

Standing and walking improve circulation, orthostatic hypotension and endurance.

### **Cognitive and psycho-social development**

Being upright and at eye level with peers can promote social and cognitive development.

### **Transfer status**

- Description of sitting balance and postural control
  - a. Without TRAM
  - b. With TRAM
- Experience with seated transfers
- Description of current transfer methods and outcomes

### **Gait status**

- Description of ability to stand/bear weight, standing balance and postural control
  - a. Without TRAM
  - b. With TRAM
- Experience with supported ambulation
- Description of current gait program and outcomes

Finally, the documentation should include the client's measurements that are necessary to determine proper configuration of the device and establish its appropriateness. Note that measurements taken in the seated position may not translate exactly to the standing position.



## 2. Once medical necessity has been established, the rehab team determines the appropriate base and accessories.

Using the assessment data and goals for the client, consider device options and select a TRAM configuration that comprises the least costly, equally effective alternative (LCEEA).

### TRAM and accessory considerations:

- **Standard base TRAM** enables toileting transfers, sit-to-sit and sit-to-stand transfers, and gait practice. The larger wheels make it easier to maneuver over carpeted floors or thresholds than the low base TRAM.
- **Low base TRAM** provides the same functionality as the standard base TRAM, but the smaller (3") wheels lower its profile for better access under hospital beds.
- **Scale** can measure a client's weight during a routine transfer. It can also be programmed to measure the client's weight-bearing while standing, allowing the caregiver to track progress.
- **Forearm supports** allow positioning of shoulders and arms to assist weight-bearing, promote forward leaning during transfers and walking, and improve strength and endurance of shoulder girdle to assist head control.
- **Walking saddle** provides safe support and weight-bearing assistance while allowing movement during sit-to-stand transfers and walking.
- **Directional locks** prevent casters from swiveling. When used on the rear wheels they make the TRAM easier to steer during gait practice. When used on opposite front and rear wheels, they keep the TRAM moving in a straight line and prevent lateral movement.
- **Additional battery** may be necessary for a heavily used TRAM, allowing one battery to charge while the other one is in use.
- **Additional thigh straps** are used to accommodate cleaning schedules of a heavily used TRAM, allowing one set of leg straps to be cleaned while the other is in use.

Next, the therapist and client schedule an appointment to trial the TRAM in collaboration with a DME supplier who is familiar with the device and can supply equipment for the trial.

- Before a funding source will purchase or reimburse for equipment, a client is often required to trial the equipment to prove that it is effective, and to support the claim of medical necessity. If less costly equipment has been trialed and proven unsatisfactory, documentation of unsuccessful trials should be included in the application.
- Based on the results of this trial, determine the specific TRAM configuration required as well as any necessary accessory support options.
- Ensure the client and caregiver understand the functions of the TRAM and are able to use them successfully.
- Consider where the TRAM will be used and make sure it is appropriate to the environment. Check for doorways that are too narrow, thresholds that could pose barriers, corners that are too tight to maneuver around, etc.

## 3. Once the rehab team has identified the TRAM configuration required, they assemble supporting documentation.

Requests to a funding source for authorization of the Rifton TRAM are typically submitted by the DME supplier, and must be accompanied by clinical documentation from a licensed physician or occupational or physical therapist. The participating clinician should establish their credentials at the outset by providing their title, education, licenses, clinical experience and any relevant specialties or areas of focus.

The documentation must communicate the process that was followed, the options that were considered and the medical necessity for the requested equipment. It should include all of the following items, using information from the TRAM Evaluation Worksheet.



### **A detailed Letter of Medical Necessity (LMN) containing:**

- The writer's expert credentials
- Client's name, date of birth, weight and height
- History and physical exam by clinician, including summary of medical condition, diagnosis or onset, prognosis and co-morbid conditions
- Functional and physical assessment including but not limited to, strength, range of motion, tone, sensation, balance, ADLs, IADLs and functional status
- Documentation of other devices considered and why they are ineffective for the client
- Documentation of trialed devices and outcomes of the trials
- Justification of the TRAM as well as each option and accessory
- Evidence that the caregiver has demonstrated the ability to use the TRAM safely
- Outline of the prescribed transfer or gait program recommendations
- Any applicable research to support intended outcomes

### **A prescription from the client's physician**

This can take the form of a cosignature on the LMN stating the physician agrees with the findings and recommendations of the rehab team.

All appropriate medical professionals involved in the client's care should also co-sign the LMN or provide additional documentation to support the application. In addition to the primary physician and occupational or physical therapist, other medical disciplines that might be included are:

- Physiatry (rehabilitation medicine)
- Neurology
- Orthopedics
- Cardiology
- Urology
- Speech therapy
- Pathology
- Psychology
- Algiatry (pain management)
- Gastroenterology
- Rheumatology
- Developmental disabilities medicine

### **Documentation that the TRAM is appropriate for the client's environment**

### **Detailed quote or order form for items being requested**

### **Any other information required by the funding source**

Occasionally funding sources require additional information. Be sure to include them in the final submission.



## Funding Requests and Decisions

Federal law states that the primary goal of Medicaid is to provide medical assistance to persons in need and to furnish them with rehabilitation and other services to help them “attain or retain capability for independence or self-care.” 42 U.S.C. § 1396. State laws and policies may also provide language that can be referenced as interpretive guidance. Each Medicaid recipient has specific legal rights known as “due process” granted to them when they apply for DME. These rights include the right to a timely decision, the right to a notice of intent when a decision is made and the right to a Fair Hearing if the application is denied or modified. This includes decisions made by Medicaid Managed Care Plans. The notice of intent must contain specific information about the proposed action: the intended decision, the agency’s justification, relevant state laws or regulations, and information on the right to a Fair Hearing.

## The Appeals Process

The Medicaid Fair Hearing is an opportunity to challenge and overturn a Medicaid denial or the modification of a DME request. In addition to the federal law cited above, many states have their own regulations and procedures for the Fair Hearing process. The most important things to be aware of are:

- The deadline for appealing the decision and requesting a Fair Hearing
- How to request a Fair Hearing
- How to obtain documents or information the agency used to make its determination
- How to request legal assistance (The current directory of the Protection and Advocacy for Assistive Technology (PAAT) projects is available at <http://www.nls.org/Disability/NationalAssistiveTechnologyProject>)

If the client is going to a Fair Hearing, the following will be helpful:

- Witnesses such as therapists, personal care aids, and friends or family who can assist in explaining the client’s medical needs.
- Medical documentation or medical notes that indicate medical necessity.
- Peer reviewed literature that shows how the client’s medical need can be addressed by this device.

It is best to have a trained advocate at the Fair Hearing, in case it becomes necessary to appeal the finding in court. A trained advocate will make sure the Fair Hearing record is properly preserved which is essential for a successful appeal. To find such an advocate, contact your state’s Protection and Advocacy program.



## Federal Regulations and Definitions Affecting Coverage for DME

Until recently, while the definition of DME used by Medicare was consistent across the country, the definition used to administer Medicaid varied from state to state. Some states borrowed the definition employed by Medicare while other states created their own definition.

In February 2016 however, the Centers for Medicare and Medicaid Services (CMS) published final regulations entitled "Medicaid Program; Face-to Face Requirements for Home Health Services; Policy Changes and Clarifications Related to Home Health." (81 Fed. Reg. 5530, 42 CFR 440.70) which clarified this confusing situation. Some key points on how these new regulations will affect Medicaid recipients in every state are:

- As defined, "[e]quipment and appliances are items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use and can be reusable or removable. State Medicaid coverage of equipment and appliances is not restricted to the items covered as durable medical equipment in the Medicare program." 42 CFR 440.70(b)(3)(ii)
- Individuals seeking medical equipment cannot be subject to a homebound requirement. Medical equipment can be provided in any setting, other than an institutional one, in which normal life activities take place.
- States may not have exclusive medical equipment lists for Medicaid coverage. They can use lists for pre-approved items or administrative convenience. A list cannot be used as "an absolute limit on coverage." States must provide a reasonable and meaningful procedure for requesting items not on the list, based upon a showing of medical need. If a request is denied, the applicant must have a right to a Fair Hearing
- For medical equipment, there must be a face-to-face meeting with a physician or certain non-physician practitioners (NPPs) within six months of a request for medical equipment. The NPP can be a nurse practitioner, a clinical nurse specialist or a physician's assistant meeting certain federal and state requirements. This face-to-face meeting may occur through a tele-medicine visit

These regulations went into effect on July 1, 2016, but states are allowed one to two years to implement all of these changes. These regulatory changes are long overdue and will make it easier to secure funding for medically necessary devices.

## Glossary of Terms

**Complex Rehab Technology (CRT):** A subset of the broader category of durable medical equipment (DME). It is a term used to describe products and services that include individually configured manual wheelchairs and power wheelchairs, adaptive seating and positioning systems and other specialized equipment such as standing devices and gait trainers that require evaluation, fitting, configuration, adjustment or programming. The term CRT is often used to distinguish this complex type of equipment from medical commodities that can be purchased off-the-shelf.

**DME Supplier (also known as a CRT supplier):** A company that orders, receives, assembles, delivers and adjusts the equipment for the client and also instructs the client and caregiver(s) on proper use of the equipment.

**Durable Medical Equipment (DME):** While the definition may vary by funding source, Medicare's definition is most commonly used, defining DME as any equipment which is:

- Able to withstand repeated use
- Prescribed by a physician to be used primarily for a medical purpose
- Generally not useful in the absence of illness or injury
- Appropriate for use in the home

**Least Costly Equally Effective Alternative (LCEEA):** A funding source typically limits its coverage to the item that is the least costly equally effective alternative. "Effective" means that the device addresses the client's medical and functional needs and allows safe access and use. Accordingly, when more than one treatment option (service or equipment item) is available, the physician's and therapist's recommendation should be the "least costly" of the available "equally effective" options.

**Letter of Medical Necessity (LMN):** A letter justifying the need for the equipment being prescribed. It is typically written by a therapist and co-signed by a physician.

**Private Payer:** Funding/insurance that is privately acquired, typically a benefit of employment.

**Public Payer:** Funding that is publicly provided, such as Medicaid or Medicare.

**Rehab Team:** A group of professionals who work with the client and caregiver to evaluate the client's medical and equipment needs. Team members may include a physician, a physical therapist, an occupational therapist and a DME supplier.



# TRAM Evaluation Worksheet

## Introduction

This worksheet provides clinicians, suppliers and clients with an outline of the evaluation process to determine medical justification for a TRAM and to determine the most appropriate options to meet an individual's needs. It has been designed for use in combination with the TRAM Funding Guide on the preceding pages.

This worksheet does NOT replace the letter of medical necessity (LMN), the physician or NPP chart notes or the medical records. The information in this evaluation worksheet will help the clinician collect data that can then be used to write the detailed LMN for the client.

All appropriate medical professionals involved in the client's care as it relates to the benefits offered by the TRAM (such as standing) should sign the LMN. Examples include: psychiatry (rehabilitation medicine), neurology, orthopedics, cardiology, urology, primary care, occupational therapy, physical therapy, speech language pathology, psychology.

## I. Client Data

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DATE OF EVALUATION

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NAME

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ADDRESS

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CITY, STATE, ZIP

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HOME PHONE

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WORK PHONE

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SOCIAL SECURITY #

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DATE OF BIRTH

## Parent or Guardian

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NAME

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ADDRESS

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CITY, STATE, ZIP

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HOME PHONE

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WORK PHONE

### Primary Funding Source

NAME

ID #

GROUP #

CLAIMS PHONE

CASE MANAGER

### Secondary Funding Source

NAME

ID #

GROUP #

CLAIMS PHONE

CASE MANAGER

### Client's Employment/School Information

EMPLOYER/SCHOOL

ADDRESS

CITY, STATE, ZIP

TITLE/GRADE

SUPERVISOR/EDUCATOR

## II. Physical Findings

Diagnosis/Prognosis: \_\_\_\_\_

SEX

HEIGHT

WEIGHT

ONSET OF DISABILITY

Medical history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chief complaints/Presenting problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Functional Status: \_\_\_\_\_

Ambulation:  None  Wheelchair for mobility  Limited-Device used: \_\_\_\_\_

Walking Distance: \_\_\_\_\_

Mild assist  Moderate assist  Maximum assist

Transfer:  Independent  Dependent  One person assist  Two person assist

Method: \_\_\_\_\_

Activities of daily living:  Independent  Partial assist  Dependent

Living environment:  Home  Apartment  Institution  Single level  Multi-level

Owns  Rents

Transportation:  Car  Van  Public transportation  Other \_\_\_\_\_

Cognitive level:  On age level  Delayed/Impaired

Understands safety of self & others  Developmental/Psycho-Social need for standing

Comments: \_\_\_\_\_

Communication:  Verbal  Non-verbal  Augmentative Communication-Device

Comments: \_\_\_\_\_

## Physical Status

**Sitting Balance:**  Good—hands free capability to weight shift  Fair—hands free only

Poor—propped & hand support  Dependent—needs external support

**Muscle Strength: U/E**  Normal  Reduced  None

**L/E**  Normal  Reduced  None

### Sitting Posture (unsupported):

Posterior pelvic tilt:  None  Fixed Flexible  Other \_\_\_\_\_

Anterior pelvic tilt:  None  Fixed Flexible  Other \_\_\_\_\_

Pelvic obliquity:  None  Fixed Flexible  Other \_\_\_\_\_

Pelvic rotation:  None  Fixed Flexible  Other \_\_\_\_\_

Kyphosis:  None  Fixed Flexible  Other \_\_\_\_\_

Lordosis:  None  Fixed Flexible  Other \_\_\_\_\_

Scoliosis:  None  Fixed Flexible  Other \_\_\_\_\_

Head/neck hyperextension:  None  Fixed Flexible  Other \_\_\_\_\_

Leg abduction:  None  Fixed Flexible  Other \_\_\_\_\_

Leg adduction:  None  Fixed Flexible  Other \_\_\_\_\_

Wind sweeping:  None  Fixed Flexible  Other \_\_\_\_\_

Leg length discrepancy:  None  Left: \_\_\_\_\_ inches  Right: \_\_\_\_\_ inches

Other: \_\_\_\_\_

**Lower extremity range of motion** (seated):

Hip flexion (normal 0° to 125°): Left \_\_\_\_\_ degrees Right \_\_\_\_\_ degrees

Knee extension hip at 90°: Left \_\_\_\_\_ degrees Right \_\_\_\_\_ degrees

Ankle dorsi-flexion: Left \_\_\_\_\_ degrees Right \_\_\_\_\_ degrees

Other (e.g. hip subluxation, ankle inversion/eversion, orthotics used, etc.): \_\_\_\_\_

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**Tonal influences/reflexes:**

Hypotonia  Hypertonia  Extensor  Flexor  ATNR  STNR  Positive support

Ankle clonus  Other \_\_\_\_\_

**Skin integrity:**  Intact  Red area  Open area  Scar tissue  History of pressure ulcers

**Area:**  Ischial tuberosity  Coccyx  Spine  Other \_\_\_\_\_

**Sensation:**  Normal  Impaired  Non-sensate Level

**Bowel:**  Continent  Incontinent  Training  Constipation  Irregularity

Other \_\_\_\_\_

**Bladder:**  Continent  Incontinent  Training  Current/history of UTI  Kidney Stones

Other \_\_\_\_\_

**Sitting Status**

Description of ability to maintain sitting position: \_\_\_\_\_

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**Standing Status**

Description of ability to stand/bear weight: \_\_\_\_\_

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**Is this the clients first transfer device, or a replacement?**  First  Replacement

If item is replacement:

Current transfer device and when obtained: \_\_\_\_\_

Issues with current transfer device requiring replacement: \_\_\_\_\_

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Is individual on a current gait training program?  Yes  No

If yes, describe results: \_\_\_\_\_

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Therapies received:  PT  OT  Speech  Other \_\_\_\_\_

Other notes: \_\_\_\_\_

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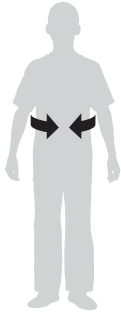
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### III. Sizing

1. Girth Measurement (between 22" and 60") \_\_\_\_\_
2. Patient Weight (less than 350 lb.)  Yes  No

### IV. Transfer Device(s) Considered

Document each transfer device considered in the areas below and list why it was ruled out or why it is being chosen for the client.

Name of Device: \_\_\_\_\_

Pertinent Findings: \_\_\_\_\_

Transfer method:  independent  one-person  two -person

Name of Device: \_\_\_\_\_

Pertinent Findings: \_\_\_\_\_

Transfer method:  independent  one-person  two -person

Name of Device: \_\_\_\_\_

Pertinent Findings: \_\_\_\_\_

Transfer method:  independent  one-person  two -person

### V. Gait Device(s) Considered

Document each gait device considered in the areas below and list why it was ruled out or why it is being chosen for the client.

Name of Device: \_\_\_\_\_

Pertinent Findings: \_\_\_\_\_

Transfer method:  independent  one-person  two -person

Name of Device: \_\_\_\_\_

Pertinent Findings: \_\_\_\_\_

Transfer method:  independent  one-person  two -person

Name of Device: \_\_\_\_\_

Pertinent Findings: \_\_\_\_\_

Transfer method:  independent  one-person  two -person

## VI. TRAM Base and Accessories Recommended

Use the following table to verify pertinence of TRAM for transfer and ambulation, as relevant to the client's functional status:

A	B	C	D	E	F
Level	Functional Status	Rise/Stand	Ambulate	Transfer	Toilet
0/1	<ul style="list-style-type: none"> <li>Independent or stand-by assist with transfers and ambulation</li> <li>Bears weight fully</li> </ul>	TRAM not needed			
2	<ul style="list-style-type: none"> <li>Assist of 1 to sit, rise, stand, ambulate</li> <li>Understands, cooperates</li> <li>Sits independently or with support</li> <li>Bears weight fully</li> <li>Upper body and extremity strength</li> <li>Weighs 350 pounds or less; stands 6'4" or less to use TRAM</li> </ul>	TRAM (if pulling or lifting resident to stand)	TRAM not needed		
3	<ul style="list-style-type: none"> <li>Assist of 2 to sit, rise, stand, ambulate</li> <li>Understands, cooperates</li> <li>Sits independently or with support</li> <li>Bears weigh partially</li> <li>Upper body and extremity strength</li> <li>Weighs 350 pounds or less; stands 6'4" or less to use TRAM</li> </ul>	TRAM & Walking Saddle	TRAM & Walking Saddle	TRAM & Thigh Straps	TRAM & Thigh Straps
4	<ul style="list-style-type: none"> <li>Total Assist; not able to rise, stand or ambulate</li> <li>Sits with support</li> <li>Cooperates</li> <li>Non-weight bearing</li> <li>Limited upper body and extremity strength</li> <li>Weighs 350 pounds or less; stands 6'4" or less to use TRAM</li> </ul>	N/A	N/A	TRAM & Thigh Straps & Seat Strap	N/A

In the space provided, describe the functional status of the client for the activities in columns C, D, E and F.

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### Considerations and Outcomes of TRAM Trial

- Does the client have consistent access to the device (including transfer considerations and care giver availability)?  Yes  No
- What support options/accessories are necessary to properly position the client?
- Does the device have enough adjustment and accessory options to allow for individual fit and allow for growth or body changes?  Yes  No
- Is this device appropriate for the client's home environment or the environments in which it will be used?  Yes  No
- Did the client remain medically stable throughout the trial?  Yes  No
- Additional comments to justify device selection:

## VII. Summary

**A TRAM is being recommended for the following reasons** (check those applicable):

- Improve/Maintain range of motion:  Current Issue  At risk
- Decrease joint/muscle contractures:  Current Issue  At risk
- Management of atrophy in the trunk and leg muscles:  Current Issue  At risk
- Improve strength to trunk and lower extremities:  Current Issue  At risk
- Decrease muscle spasms:  Current Issue  At risk
- Improve/Maintain bone integrity/skeletal development:  Current Issue  At risk

- Lessen/Manage the progression of scoliosis:  Current Issue  At risk
- Manage pressure (ulcers) through changing positions:  Current Issue  At risk
- Improve bowel function and regularity:  Current Issue  At risk
- Aid in kidney and bladder functions:  Current Issue  At risk
- Strengthen cardiovascular system and build endurance:  Current Issue  At risk
- Improve circulation:  Current Issue  At risk
- Reduce swelling in lower extremities:  Current Issue  At risk
- Improve independence with activities of daily living:  Current Issue  At risk
- Improve cognitive and psycho-social:  Current Issue  At risk

**Transfer and/or gait program recommendations** (incl. frequency/duration):

**TRANSFER**

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**GAIT**

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**Describe in detail the current problems and associated costs this client may be having due to the absence of the transfer and/or gait program listed above:**

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**Evaluation completed by:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_