

**BOUNCE PHYSICAL THERAPY, PC  
4205 Longbranch Road, Ste. 8  
Liverpool, NY 13090**

**LETTER OF MEDICAL NECESSITY**

**DATE:**

**NAME:  
ADDRESS:**

**PHONE:**

**DOB:**

**PHYSICAL THERAPIST:**

**Crystal A. Duda, MSPT**

**PHONE: (315) 214-3431**

**Facility:** Bounce Physical Therapy, PC  
4205 Longbranch Road, Ste. 8  
Liverpool, NY 13090

Please accept this correspondence as a statement justifying the following:

- 1.) Bilateral rear-entry, solid ankle, 2-layer AFOs  
dx: spastic diplegic CP (G80.9)
- 2.) 20" knee immobilizer  
dx: B hamstring contracture (M24.561 & M24.562)

\_\_\_\_\_ has regressed with leg strength and has progressed contractures in both hamstrings and quadriceps. Hamstring length is R: -35°, L: -55°, normal for his age is -20°. Patellar angle is an indicator of quad length. \_\_\_\_\_s patellar angles are measuring 55°, bilaterally. Normal quad length allows a patellar angle of at least 70°. Subsequently, his gait is crouched in current AFOs, which are allowing anterior progression of tib-fib in the sagittal plane.

**See photos #1 and #2**

He requires bilateral, solid ankle, rear entry AFOs in order to limit anterior progression of tib-fib in the sagittal plane and load his weight posteriorly on his feet. This AFO type also allows for full and consistent heel strike during gait.

To address hamstring contractures, \_\_\_\_\_ requires a 20" knee immobilizer worn alternating legs, nightly.

It is medically necessary that \_\_\_\_\_ receive the following:

- 1.) Bilateral rear-entry, solid ankle, 2-layer AFOs  
dx: spastic diplegic CP (G80.9)
- 2.) 20" knee immobilizer  
dx: B hamstring contracture (M24.561 & M24.562)

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PAGE 2 OF 2**

**DATE:**

**NAME:  
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**PHONE:**

**DOB:** 03/28/1997

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**Physician:**

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_



PHOTO #1

Note hip and knees flexed with ankle dorsiflexed in standing.



PHOTO #2

Note hip and knees flexed with ankle dorsiflexed in standing.

