

Justifying the Bodypoint Dynamic Arm Support

The following are examples of justification for the Bodypoint Dynamic Arm Support. You may incorporate one or many of the justifications based on clinical indications. Inclusion of these justifications does *not guarantee* appropriate funding.

Clinical Presentation:

- Hemiparetic shoulder
- Clinical documentation of decreased ROM in the upper extremity
- Complaints of shoulder pain in the resting seated position
- Flaccid upper extremity due to injury or neurological event
- Increased flexor tone in the UE and hand following stroke, other neurological event, or injury
- Risk for subluxation of the shoulder

Clinical Indications:

- Contracture prevention and management
- Reduction of shoulder pain
- Mitigate impact of abnormal upper extremity tone
- Strength and proprioceptive training of the upper extremity
- Prevent & minimize shoulder subluxation
- Minimize injury to the upper extremity

Justification Options:

The Dynamic Arm Support is necessary to correctly position the hemiparetic upper extremity of Mr. Smith.

....the three points of contact will limit shoulder pain and subluxation by providing properly positioned support at the elbow, forearm, and hand. The arm support will be mounted on a height-adjustable armrest to ensure proper support.



....the three points of contact on the dynamic arm support will aid in positioning Mr. Smith's upper extremity to limit or prevent contractures of the upper extremity often seen with (DIAGNOSIS HERE)

....the three points of contact that help support the entire upper extremity will provide proprioceptive input allowing for a return of upper extremity function.

....the adjustable hand block with flex fingers allows for optimal position of the hand and can be progressively positioned to minimize contractures of the wrist and hand. The flex fingers will allow for changes in tone at the hand while encouraging return to a functional resting position.

....the adjustable forearm pad can be rotated and used to block unwanted movement of the forearm due to changes in tone. It will be positioned medial/lateral to prevent excessive pronation/supination of the forearm that can cause pain and interfere with function.

....the dynamic pivot plate on the dynamic arm support allows Mr. Smith to perform independent range of motion (ROM) exercises to maintain function and ROM in his shoulder for ADL's such as dressing and hygiene. It can be easily accessed by Mr. Smith or his caregiver.

....the quick-release feature is necessary to ensure safety during transfers and allow for Mr. Smith to actively participate in activities that require his wheelchair to be positioned under a table.

....the progressive positioning allowed by the dynamic arm support will allow Mr. Smith to progress with his functional and positioning goals without replacement of parts or components. The position can be changed based on progression of function and changes in tone.