

# READI STEADI®

Anti-Tremor Orthotic Glove System

## PHYSICIAN ORDER: CERTIFICATE OF MEDICAL NECESSITY OT EVALUATE AND TREAT

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

Patient's /Caregiver's Email (required): \_\_\_\_\_

The custom orthoses are medically necessary for this patient's medical condition. **ICD -10:**

**INDICATIONS:**

- Conservative management of hand and arm tremors associated with diagnosis of, but not limited to: Parkinson's, Essential Tremor, dystonia, PTSD, other psychological disorders, and Multiple Sclerosis.
- Average of 50% or more reduction in resting, action and dystonic hand and arm tremors.
- Management of residual tremors after DBS and/or for the contralateral side.
- Intolerance to medications routinely prescribed for tremor symptoms.

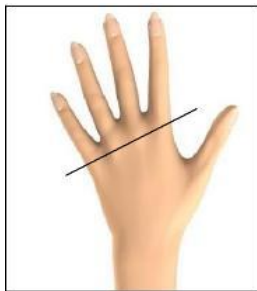
**CONTRAINDICATIONS:**

- Recent shoulder, arm or hand injury
- Unmanaged arthritis or swelling of arm or hand
- Severe intolerance to moderate compression garments
- Acute MS and/or other auto-immune exacerbation
- Severe shoulder subluxation, dislocation and/or hemiplegia
- Skin abrasions/ excessive bruising

Length of use:  
Lifetime

**CUSTOM FABRICATED HAND ORTHOSIS:**

Hand and Arm Measurements:



Right Quantity \_\_\_\_\_

\_\_\_\_\_ inches

Left Quantity \_\_\_\_\_

\_\_\_\_\_ inches

Measure across knuckles (MPs) of hand.  
Please do NOT wrap tape measure around hand.

**CUSTOM FABRICATED ARM ORTHOSIS:**



Right Quantity \_\_\_\_\_

\_\_\_\_\_ inches

Left Quantity \_\_\_\_\_

\_\_\_\_\_ inches

Measure around the forearm 2 inches below the elbow crease.  
Please wrap tape measure around forearm.

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Physician's Fax Number

\_\_\_\_\_  
Physician's NPI