

# READI-STEADI®

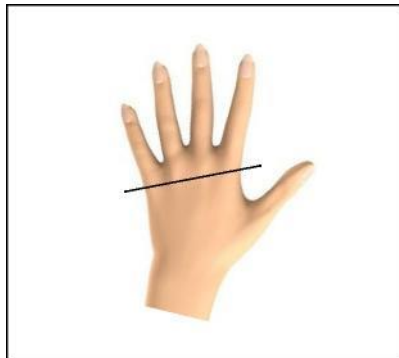
Anti-Tremor Orthotic Glove System

## PHYSICIAN ORDER: Letter of Medical Necessity OT Evaluate and Treat

1. Name of Patient: \_\_\_\_\_  
Signature of Patient: \_\_\_\_\_  
Date: \_\_\_\_\_ DOB: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

2. **I n d i c a t i o n s :** **C o n t r a i n d i c a t i o n s :**
- 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.
  - Normal skin integrity with no evidence of wounds, bruising or severe allergies.
  - Management or residual tremors after DBS and/or contralateral side.
  - Intolerance to medications routinely prescribed for tremor symptoms.
- 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

### 3. Hand and Arm Measurements:



**Right:** \_\_\_\_\_ " inches  
**Left:** \_\_\_\_\_ " inches

Measure across knuckles (MPs) of hand. crease. Please do not wrap tape around hand.



**Right:** \_\_\_\_\_ " inches  
**Left:** \_\_\_\_\_ " inches

Measure around the forearm 2 inches below elbow

4. The Read-Steady® is medically necessary for this patient's medical condition ICD-10: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
VA Physician's NPI:

#### FOR OFFICE USE ONLY:

#### ASSESSMENT:

Left Hand \_\_\_\_\_  
Right Hand \_\_\_\_\_  
Left Arm \_\_\_\_\_  
Right Arm \_\_\_\_\_

Application Received on: \_\_\_\_\_  
Production ordered on: \_\_\_\_\_  
Follow-up Appt Completed on: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_