**PT/OT Clinical Justification for EMOD Outline**

***Letter should have a heading with PT/OT information and clients name, DOB and Medicaid #.***

***All letters must be signed and dated to be considered legitimate.***

**I: Client Profile:**

1. Health Condition or Disability Specific Information:

* Client has the following medical condition, which affects his/her daily function:

o State source of information-for example, client/medical reports/family stated.

o List medical conditions/disability diagnosed.

*TIPS: Be concise, avoid jargon, describe unfamiliar conditions in simple language.*

2. Level of Mobility

* Brief paragraph including the following:

o Primary method of mobility

o Walking and standing tolerances (if applicable)

o Balance ability

o Transfer ability/technique-on/off bed, chair, toilet; in/out bath, shower

o Ability to use stairs and how many

o Ability to manage ramps and hills

o Community access-public transport options used, private vehicle use

3. Level of Independence

* Brief paragraph including the following:

o Independence with activities of daily living: personal and domestic

o Information related to person’s need for modification (for example, caregiver assists client in shower because she/he is unable to safely transfer in/out of shower or turn taps on/off)

4. Use of Equipment

* Brief paragraph including the following:

o Currently used equipment

o Future needs and clarification of how future needs were determined, in respect to the modification (for example: client will be in a wheelchair long-term and will therefore require a modification addressing long-term wheelchair accessibility.)

o Measurements of wheelchairs, hoists, etc., to be included

**II: Brief Description of Property:**

o Include details of present housing situation

This section is to give the reader an understanding of the house layout and the problems the client is experiencing or likely to experience in the future so that he or she is able to understand the need for the modification and/or suitability of the property.

If a problem is identified or is anticipated due to the nature of the disability/medical condition, the report should indicate how the client is coping with the problem. For example, if it is noted that the client has difficulty coping with stairs and the current accommodation has five steps, the report should indicate how the client is coping with the stairs or if a modification is required.

1. External Access (if applicable)

o Site of accommodation-for example, sloping block, busy road

o Paths/driveways

o Stairs-how many and if there are handrails

o Security screens-any the department has installed

o Access to mailbox, trash cans, and clothesline

Is the client experiencing problems with any of these areas or, because of the nature of the client's disability, does the physical/occupational therapist expect that he or she would be experiencing difficulties?

2. Internal Access

o Floor levels

o Corridor and door widths

Is the client experiencing problems in this area?

3. Bathroom/Toilet

o Type of facility currently in place - for example, shower over bath, square bath, separate shower and bath facilities

o ls the toilet combined in the bathroom or in a room adjacent?

o Height of hob or bath

o Type of flooring

o Existing modifications (if any)

Is the client experiencing any problems with any of these areas?

4. Kitchen

o General layout, for example, large kitchen used for dining as well as meal preparation

o Type of stove-for example, upright electric

Is the client experiencing any problems with any of these areas?

5. Laundry

o Location of laundry and if there are paths to clothesline

Is the client experiencing any problems with any of these areas?

7. List any other issues arising.

**III: Recommendations:**

This section is intended to describe how problems identified in the housing situation section are to be solved and linked with the original request. Justify all modifications and show that the least expensive and easily achieved modifications have been considered before a modification has been requested-for example, before recommending a bath be removed, note that a bath board was trialed or not suitable for a stated reason.