

VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP) CLINICAL PRACTICE RECOMMENDATIONS (CPR) FOR ISSUANCE OF RECREATIONAL AND SPORTS EQUIPMENT

I. PURPOSE

The purpose of this clinical practice recommendation (CPR) document is to provide VA clinicians and administrative personnel with criteria and guidance for issuing recreational and sports equipment to veteran beneficiaries.

II. BACKGROUND

The Under Secretary for Health directed VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group to establish a Prosthetic Clinical Management Program (PCMP). The objectives were to coordinate the development of clinical practice recommendations for prosthetic prescription practices and contracting opportunities to ensure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

Each veteran is entitled to an individualized evaluation. The clinician will take into account the veteran's medical diagnoses, prognosis, functional abilities, limitations, goals, and ambitions. Evaluation of mobility will assess musculoskeletal, neuromuscular, pulmonary, and cardiovascular capacities and response, effort, quality and speed of mobility, and overall function.

Section 1710 of Title 38, United States Code (USC) expressly authorizes VA to provide veterans with medical services and "such other supplies or services as the Secretary determines to be reasonable and necessary." Section 17.38 of title 38, Code of Federal Regulations (CFR), sets forth the benefits package that VA furnishes to veterans enrolled in the VA system. That regulation provides, in part, "care referred to in the 'medical benefits package' will be provided to individuals only if it is determined by appropriate health care professionals that the care is needed to promote, preserve or restore the health of the individual and is in accord with generally accepted standards of medical practice." VA identifies recreational and sporting equipment as a supply. In many cases, recreational and sporting equipment meets the definition of 38, USC § 1710 (6)(E)(i) as a wheelchair or artificial limb depending upon the equipment being requested.

III. DEFINITIONS

- A. **Recreation**: Diversional activities or interests which lead to constructive or productive uses of leisure time that will contribute to the veteran's rehabilitation goals.
- B. **Recreational Leisure Equipment**: Any specialized equipment intended for recreational activities that do not inherently exhibit an athletic or physical rehabilitative nature. Examples include, but are not limited to, adaptive devices for hobbies, crafts, games, and sporting activities such as fishing and hunting.
- C. **Recreational Sports Equipment**: Any specialized equipment intended to be utilized in a physically active or competitive environment. Examples include, but are not limited to, sport wheelchairs, sit skis, hand cycles, and artificial limbs adapted for sports.

IV. GENERAL CONSIDERATIONS

- A. **Recreational Leisure Equipment (Motorized/Power)**: Motorized and power equipment or equipment for personal mobility intended solely for a recreational leisure activity should not be provided. Individuals requesting a power wheelchair must meet eligibility criteria as outlined in the VA Prosthetics and Sensory Aids Service (PSAS) Prosthetic Clinical Management Program publication "Clinical Practice Recommendations for Motorized Wheeled Mobility Devices: Scooters, Pushrim-Activated Power-Assist Wheelchairs, Power Wheelchairs, and Power Wheelchairs with Enhanced Function." Motorized and power equipment designed for recreational leisure activities do not typically support a rehabilitative goal. Examples of this type of equipment would include motorized boats or all terrain vehicles. Veterans who are eligible for automobile adaptive equipment may request to have this type of equipment which they purchase themselves modified to accommodate their disabilities. These requests will be approved on a case-by-case basis and will never exceed the two vehicles in four-year rule as outlined in VHA Handbook 1173.4, Automobile Adaptive Equipment Program, dated October 30, 2000.
- B. **Recreational Leisure Equipment (Non-Motorized/Power)**: Items required for leisure activities that do not entail personal mobility can be provided to veterans who require the equipment to compensate for the loss or loss of use of a body part or function in the pursuit of a leisure activity. Examples include Braille dominoes, card holders, and equipment that compensates for physical limitations such as a modified hand-grip, cuff or support to substitute for loss of hand function.

- C. Recreational Sports Equipment (Motorized/Power):** Requests for motorized and power equipment or equipment for personal mobility associated with a sports activity is restricted to those veterans with limited options for recreation and sports participation without a power device. An example is a power wheelchair for power soccer for a high level tetraplegic.
- D. Recreational Sports Equipment (Non-motorized/Power):** Devices specifically designed for use by individuals with disabilities that do not entail motorization may be provided. These include sports wheelchairs, sport devices, hand cycles and prosthetic devices. While standard (non-adaptive) products are not provided, modification, adaptation and customization of a standard product may be provided to allow the individual to use the equipment. An example is a standard bicycle will not be purchased, but a modified handgrip and gear shifter may be provided to allow a veteran with an upper extremity amputation and prosthetic device to operate the bicycle safely.
- E. Loaner and Demonstration Equipment:** All loaned equipment and equipment used for demonstrations should also adhere to the indications and contraindications listed in this CPR.

V. INDICATIONS FOR RECREATIONAL SPORTS EQUIPMENT

Recreational Sports Equipment may be considered for issuance to any veteran who exhibits the loss or loss of use of a body part or function for which adaptive equipment is indicated. The prescribed equipment must be of a nature that it specifically compensates for their loss of use and is designed for individuals with physical disabilities. Recreational Sports Equipment may be issued to those veterans who are seeking to enhance their health and attain higher rehabilitative goals through recreational sports activities.

All of the following additional specific indications must be met:

- A.** The veteran has received medical clearance to participate in the activity for which equipment is being requested.
 - 1. Medically cleared; no contraindications identified.
 - 2. Onset of disability occurred at least six months before permanent equipment is issued; it is well documented that neurologic recovery and functional gains due to rehabilitation efforts are most likely to occur within the six months immediately post injury.

Thus, it is prudent to delay issuance of any optional prosthetic items, such as recreation or sports equipment, until the long-term disability and resultant equipment needs are more certain.

3. Skin is intact across all surfaces that will be in contact with the prescribed equipment. Skin integrity is an essential factor in the overall health of our disabled veterans. Many recreational activities require either vigorous physical activity, repetitive activity, or prolonged positioning that may lead to an increased risk of the development of skin breakdown. Thus, serious consideration of the potential impact to skin integrity must be considered before recreational sports equipment is issued.

B. The veteran has received comprehensive education regarding:

1. VA policy surrounding use of recreational sports equipment.
2. Activities available in relation to the veteran's specific disability.
3. Equipment options available for chosen recreational activity.

C. The veteran has demonstrated commitment to a chosen activity as demonstrated by one or more of the following:

1. Participation log documenting frequency and duration of exercise or recreational pursuit (such as exercise or riding log to qualify for hand cycle). Prior to issuance of definitive sports equipment, use of loaned sport-specific equipment is optimal, as it allows the veteran to experience the range of options available. When sport-specific loaned equipment is not available, documentation of consistent exercise by alternate means will suffice, such as wheelchair propulsion, ergometer use, and home or gym exercise program.

2. Registered member of organized activity or athletic team (such as a member of local wheelchair basketball team to qualify for basketball wheelchair), with evidence of consistent participation with the organized activity or team.

3. Consistent participation in sport-specific camps or clinics (such as National Disabled Veterans Winter Sports Clinic, local adaptive ski program, or week-long adaptive ski camp to qualify for mono-ski).

D. The veteran has identified availability of consistent opportunity and access for chosen activity (such as proximity to or consistent travel to snow environment to qualify for adaptive cross-country skis).

E. The veteran has completed equipment trials. Trials with several appropriately configured equipment alternatives are recommended as a variety of options exist. Prescription of base equipment and all

accessories must be justified in writing by the prescribing clinician to provide evidence that all selections are appropriate-based on anticipated level of participation.

- F. Evidence that the chosen device meets a veteran's identified goals from the comprehensive evaluation is documented. In addition to participation goals, the device must adequately address identified goals relative to skin protection, support, comfort, performance, and safety.
- G. The veteran demonstrates the ability to use proposed equipment safely and effectively which may include transfers to and from the device and comprehensive equipment management.
- H. The veteran has identified a consistent means of transporting the device.
- I. The veteran has identified appropriate means of storage for the device.
- J. For veterans who smoke, smoking cessation support has been offered as required by VHA Directive 2003-042, "National Smoking and Tobacco Use Cessation Program" and consistent with VA and Department of Defense Clinical Practice Guideline for Tobacco Use Cessation located at http://www.oqp.med.va.gov/cpg/TUC/TUC_Base.htm.

VI. CONTRAINDICATIONS FOR RECREATIONAL SPORTS EQUIPMENT

The issuance of recreational sports equipment is contraindicated if any of the above criteria are not met.

VII. ACCESSORIES FOR RECREATIONAL SPORTS EQUIPMENT

- A. When medically justified, a patient lift may be prescribed to allow participation in a recreational sports activity where access is not available by other reasonable means.
- B. Adaptive interventions may be prescribed for equipment not purchased by the VA when the adaptation is medically justified and specifically related to the veteran's identified physical disability (such as seating interventions for a kayak to prevent skin compromise and musculoskeletal injury for high risk client).
- C. While not issued on a routine basis, accessory devices that allow transport of equipment may be provided when justified. Potential needs may include transport of sports device on a vehicle which requires an equipment carrier or an attachment of a standard wheelchair to a sports device (such as wheelchair tow bar that allows everyday wheelchair to be pulled behind a hand cycle). When a carrying device is considered for a vehicle, evidence that the intended vehicle is compatible with a proposed carrier must be included in the prescription justification. The need to

transport the device by vehicle to an alternate location must also be documented. Similarly, provision of a tow bar requires documentation that the tow bar is compatible with both the sports device and everyday wheelchair. The specific need for the tow device must be clearly delineated.

- D. While not issued on a routine basis, indoor training devices, such as simulation rollers for hand cycles or racing wheelchairs, may be provided when circumstances exist that prevent consistent use of the prescribed sports equipment in standard outdoor environments (such as seasonal inclement weather). Justification for the proposed training device must be included in the prescription documentation.

VIII. RESPONSIBILITIES

A. Prescribing Clinician/Clinical Team

1. When reviewing activity and equipment options, care must be taken to ensure that appropriate clinical training is available for use of the proposed equipment. No item(s) should be issued unless a qualified and competent VA clinician or qualified contracted clinician has participated in the selection and specifications of the prescribed equipment and can certify that the veteran can safely access and use the item(s). VA Medical Center tertiary facilities may be utilized for training if expertise is available; however, reimbursement for veteran travel to and from the tertiary centers is made in accordance with existing beneficiary travel policy. The prescribing clinician is responsible for providing an individualized evaluation of the veteran. The clinician will take into account the veteran's medical diagnoses, prognosis, functional abilities, limitations, goals, and ambitions.

2. The clinician is responsible for providing and documenting a comprehensive evaluation, assessment, and treatment plan. The prescribing clinician provides clinical oversight during the entire process of equipment issuance - from initial evaluation to final product delivery, fitting and education. When the prescribing clinician decides to utilize support staff at any point in the process, tasks requiring specific clinical expertise, such as mobility skills training, equipment management, and safety should be addressed by a qualified clinical professional. Associated non-clinical tasks, such as equipment assembly, identified adjustments and education regarding equipment maintenance and repairs, may be performed by a qualified professional who is not a clinician, at the discretion and direction of the prescribing clinician.

3. The specifics of the following must be ensured and documented by the clinician:

- a) The veteran meets all specified indications for the prescribed equipment.
- b) No contraindications exist for the prescribed equipment.
- c) The selected equipment and accessories are appropriate and justified for the veteran.
- d) The specific and comprehensive equipment order is provided to Prosthetic and Sensory Aids Service.
- e) The final equipment is issued to the veteran with appropriate adjustments completed.
- f) Comprehensive education has been provided to the veteran.

4. The clinician is responsible for submitting VA Form 10-2641, Authority for Issuance of Special and Experimental Appliance, along with the supplemental form, Recreation and Sports Equipment Request (Attachment A), through the local Prosthetics Service and VISN Prosthetic Representative to VHA Headquarters, Prosthetics and Clinical Logistics Office.

B. Prosthetic and Sensory Aids Service (PSAS)

1. PSAS is responsible for forwarding the clinician's specific prescription which includes a comprehensive list of specifications and required clinical documentation justifying the equipment to VA Central Office, Prosthetics and Clinical Logistics Office (10FP) with VA Form 10-2641, Authorization for Issuance of Special and Experimental Appliances. If VA Form 10-2641 is returned to the medical center with approval, PSAS will purchase the equipment and ensure that appropriate fitting of definitive equipment is coordinated and training is provided by a qualified clinician. If a veteran is denied an item, the local PSAS will inform the veteran about appeal rights in accordance with 38 C.F.R. § 20.200 and 38 U.S.C. § 7105(a).

2. Spare Devices. PSAS should not buy back-up or spare devices because there will rarely be an emergent need for a veteran to use his or her recreational and sports equipment.

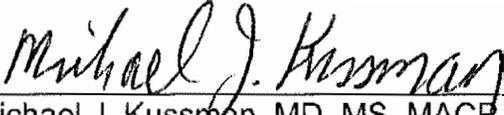
3. Repairs

a) PSAS will pay for repairs to issued equipment when:

- 1) An item is in need of a repair and there is no obvious sign of intentional or neglectful damage;

- 2) The item is still required as prescribed by a licensed qualified clinician; and
 - 3) The estimated cost of the repair does not exceed half the cost to replace the item.
- b) If the cost of the repair does exceed half the cost of replacing the item, in the absence of exigent circumstances, PSAS will replace the item.

APPROVED/DISAPPROVED:



Michael J. Kussman, MD, MS, MACP
Under Secretary for Health

RECREATION AND SPORTS EQUIPMENT REQUEST
Supplement to Form 10-2641

The following information must be complete and included with the required Authorization for Issuance of Special and Experimental Appliances (10-2641) form for recreation or sports equipment.

SPECIFIC EQUIPMENT REQUESTED (provide manufacturer and model):

** Please attach a detailed price quote from the manufacturer for the specific device being requested*

I. VETERAN BACKGROUND

Name:

Last 4 digits of SS number:

Diagnosis/Functional Impairment for which the device is being requested:

Date of Injury or Illness Onset:

Precautions/Limitations/Pain:

History of musculoskeletal injuries (please list):

Anticipated surgeries or potential change in medical status:

II. MEDICAL CLEARANCE

1) Does the veteran have medical clearance from a Primary Care Provider or Specialty Provider for participation in the proposed activity?

YES NO Approved by:

2) Are there any contraindications or concerns relative to the veteran participating in proposed activity?

YES NO If yes, please list:

3) Does the veteran have skin intact over the area which this device will contact?

YES NO Please describe current and past skin integrity concerns:

4) Is the veteran a smoker?

YES NO If yes, was smoking cessation support offered? YES NO

III. ACTIVITY SPECIFIC BACKGROUND

1) For which specific activity is the device being requested?

2) How long has the veteran participated in this activity?

3) How frequently does the veteran participate in this activity?

4) Prior to this request, has the veteran actively used the requested device or a similar device? YES NO
Details:

5) At what level does the veteran participate in this activity? (beginner, intermediate, advanced)

6) Has the veteran participated in this activity at an organized event or with an organized program?

(i.e. VA National Sports Program, local or regional event, member of a sport specific team or club, participation in instructional camp). YES NO

If yes, list dates, name of event or organization, and location:

7) Is veteran independent in transfers to/from intended device? YES NO

If NO, does veteran have appropriate and consistent support available? YES NO

If support available, who is that identified person(s)?

8) How does the veteran anticipate transporting the device?

9) Does veteran have enclosed storage identified for the device? YES NO

10) Has the veteran completed trials of various equipment options for this activity?

YES NO

If yes, please list equipment trialed and reason for specific equipment requested:

IV. LEISURE INTERESTS AND PARTICIPATION

1) Did the veteran receive a comprehensive evaluation regarding leisure, recreation and sports?

YES NO If yes, clinician who completed the evaluation:

2) Has veteran been issued any adaptive sports equipment in the past by the VA? YES NO

If yes, please list item(s) and date of issue:

3) Has the veteran been issued any adaptive sports equipment in the past by DoD? YES NO

If yes, please list item(s) and date of issue:

4) Has veteran purchased with his/her own funds any adaptive equipment in the past? YES NO

If yes, please list item(s) and date of purchase:

5) What are the veteran's goals surrounding participation in the proposed activity?

V. EDUCATION

- 1) Did the veteran receive comprehensive education regarding:
- a. Activities available with respect to specific disability?
YES NO
 - b. Equipment options available for chosen activity?
YES NO
 - c. Mobility skills training relative to chosen activity?
YES NO
 - d. Safe equipment management techniques?
YES NO
 - e. Skin protection, postural support and joint preservation while participating in activity?
YES NO

VI. DOCUMENTATION

Please attach all medical record documentation surrounding the requested equipment (e.g., clinical evaluation, assessment, goals, treatment plan, evidence for activity participation, outcome of equipment trials, identification of appropriate equipment specifications, accessories and/or necessary modification, etc).

This form was completed by:

Name and Credentials:

Service line/Facility:

E-mail:

Phone: