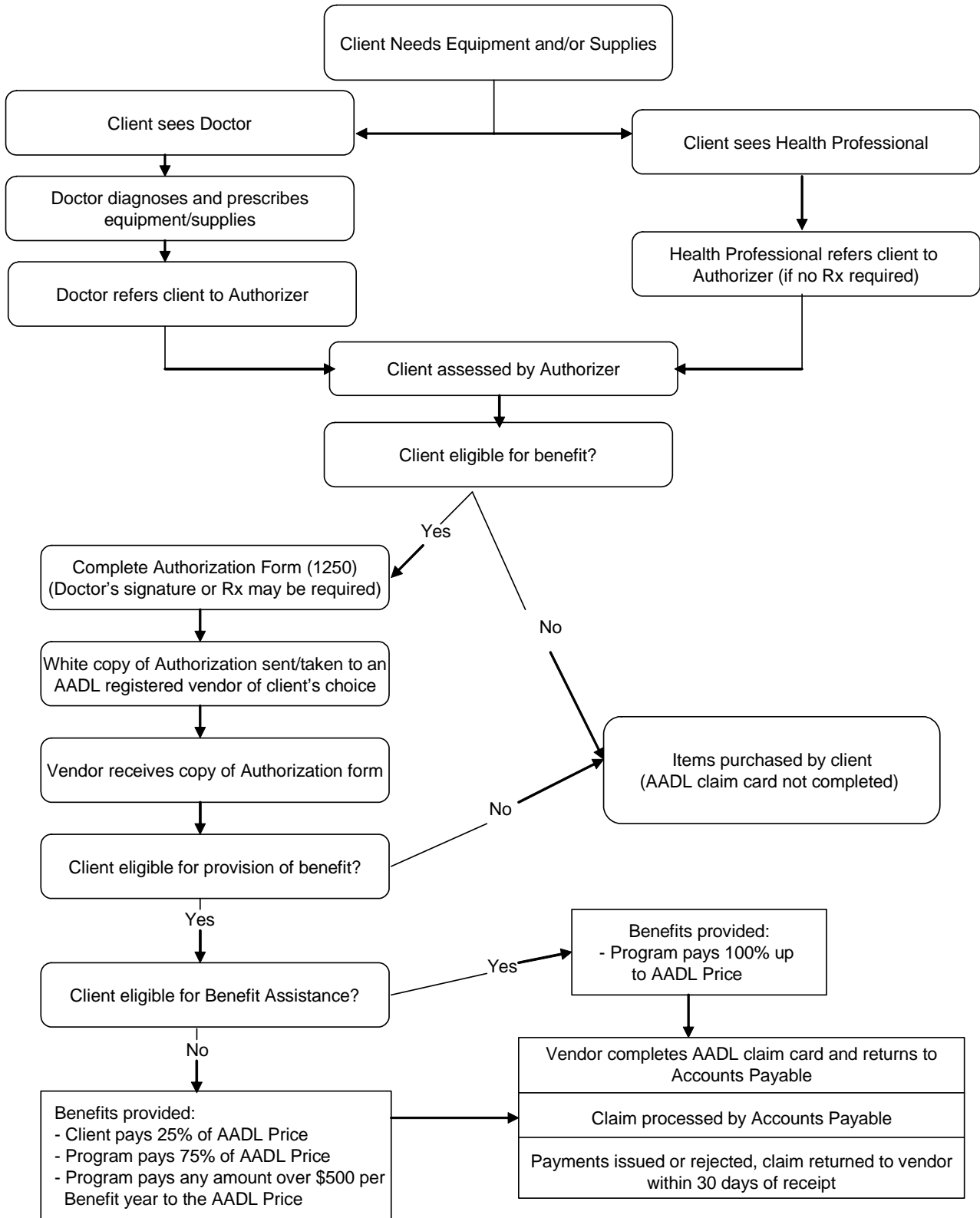


BACK AND ABDOMINAL / INGUINAL HERNIA
SUPPORTS – READY MADE

TABLE OF CONTENTS

	<u>PAGE</u>
1.0 PROCESS TO OBTAIN BENEFITS	S-2
2.0 AUTHORIZER	S-3
3.0 PRESCRIPTION	S-3
4.0 ELIGIBILITY CRITERIA	S-3
5.0 INSURANCE COVERAGE	S-3
6.0 AUTHORIZATION PROCEDURES	S-3
7.0 VENDOR RESPONSIBILITIES	S-4
8.0 BENEFITS	S-5

Process to Obtain “Back and Abdominal/Inguinal Hernia Supports - Ready Made “S” Benefits



2.0 AUTHORIZER

OT, PT, RN

3.0 PRESCRIPTION

- A medical doctor's prescription is necessary when authorizing ready-made back or abdominal/inguinal hernia supports. The prescription must indicate the applicable diagnosis for which the support is required and the specific support required. Must not include any vendor or manufacturer's advertising. Example:
 - Osteoarthritis of lumbar spine lumbar sacral support
 - Spondylolysis of thoracic spine dorsal lumbar support
- Must not include any vendor or manufacturer's advertising.

4.0 ELIGIBILITY CRITERIA

These benefits are not provided in Acute Care Facilities (unless part of Discharge Planning).

Clients needing these benefits for pre or post-operative use are **NOT** eligible.

5.0 INSURANCE COVERAGE

The AADL Program does not replace lost, stolen, or broken/damaged benefits. Clients are advised to purchase home owners'/tenants' insurance to cover the cost of replacements in these instances.

6.0 AUTHORIZATION PROCEDURES

- The Authorization Form is valid for a maximum of two years. The authorizer must indicate the appropriate expiry date on the form.
- The yellow original is sent to AADL. The white vendor copy and prescription are sent to the vendor of the client's choice. **NOTE: Benefits in this section must be supplied by a vendor who employs a certified fitter. Authorizers should advise clients of this requirement.**
- The client must be **reassessed** by their medical doctor and Program authorizer every **two** years. An Authorization Correction and Change Form is used to extend the expiry date and to make any changes to the catalogue number.

7.0 VENDOR RESPONSIBILITIES

The vendor must:

Employ a certified fitter. Proof of the fitter certification must be on file with the AADL Program. The certified fitter must do the actual fitting. If the authorizer has already provided the measurements on the authorization, the vendor's fitter is responsible for confirming these measurements and ensuring proper fit. If prior approval arrangements have been made by an authorizer with AADL, a mail order may be sent for an isolated client. In these circumstances two or more sizes should be mailed to the authorizer to ensure proper fit.

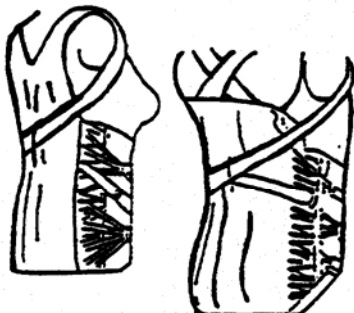
Maintain a wheelchair accessible fitting room and have a bed/table.

Maintain adequate inventory for assessment purposes. The assessment inventory must include a reasonable variety of sizes and styles.

Ensure ready access to "fresh" stock. Clients should be provided with "fresh" products due to the elastic/rubber in some of the products. A delivery time of three working days should be met whenever possible.

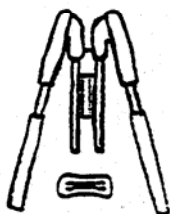
Not solicit Business. The client must not be contacted by the vendor to inform them that they are eligible for a replacement. Clients must not be sent yearly/bi-annual reminders. Garments are not replaced automatically every 12 months.

S206 DORSO-LUMBAR SUPPORT



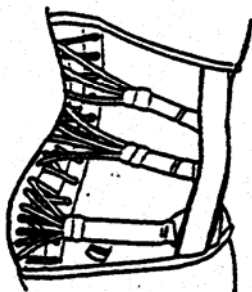
Woven cotton fabric with steels, snap or hook closure, shoulder straps, side laces. Variety of sizes.

S210 THORACO-LUMBAR INSERT



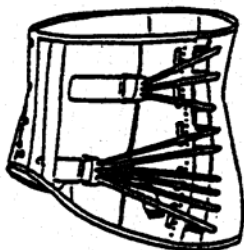
Converts a lumbo-sacral support into a dorso-lumbar support. Consists of aluminum uprights and casings.

S216 LUMBO-SACRAL SUPPORT



Woven cotton or dacron mesh; with metal stays. Variety of sizes.

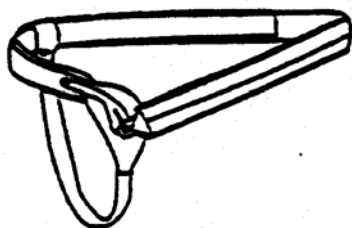
S221 SACROILIAC SUPPORT



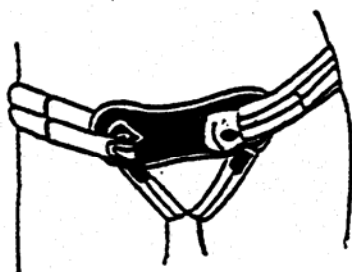
Woven cotton or polyester; with steels, side or front lacing; hook and eye or snap closure. Variety of sizes.

S-6

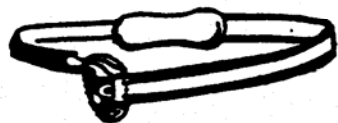
S231 INGUINAL HERNIA SUPPORT EXAMPLES



For single hernia, leather-covered pad.

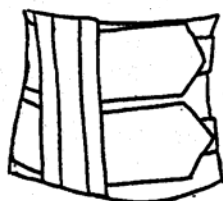


Double elastic truss for bilateral hernia.
Leather covered pads.



Spring truss, leather covered pad,
steel springs; for unilateral hernia.

S651 ABDOMINAL HERNIA SUPPORT



Woven or elastic support, usually with
pull straps.