

## Walker – Cane – Crutches Requirements

### 1) RX

- \*Type of equipment ie: Walker W Wheels, Cane, Quad Cane
- \*DX related to need for equipment
- \* Length of need = number of months or Lifetime=99
- \* Doctors signature – NO STAMPS
- \* Date of signature

### 2) Progress notes: Some form of **ALL 3** of these statements **MUST** be included

\*What is the patients mobility limitation (related to the applicable DX) that prohibits him/her from performing one or more of the following : toileting, feeding, dressing, grooming, and bathing ... IN THE HOME

\* Patient is able to safely use the: walker w/wheels, cane or quad cane

\* The mobility limitation can be sufficiently resolved with the walker w/wheels, cane, quad cane

NOTE: If you are ordering a walker with a SEAT you must state why the patient needs the seat ie: when walking with the walker from the living room to the bathroom patient is at risk for fall and needs a rest

**Progress note must be signed (no stamps allowed) and dated by ordering physician**

**Electronic signature is acceptable if it states “Electronicly Signed by ...”and the relative date**