

IPSIHAND™ PATIENT SELECTION GUIDANCE

PATIENT SELECTION CRITERIA CHECKLIST

- Chronic Stroke (\geq 6 months post-stroke)
- Age 18 or older
- Undergoing rehabilitation to facilitate muscle re-education and for maintaining or increasing range of motion in the upper extremity

OPTIMAL CANDIDATE CHECKLIST

- Able to hold head upright for without head support for 60 minutes
- Able to follow one step visual or written commands; severe cognitive impairment may not be appropriate for the device
- Visual skills within ability to follow graphics on a tablet

DOCUMENTATION NEEDED FOR MEDICAL NECESSITY

For any DME item to be covered, the patient's medical record must contain sufficient documentation of the patient's medical condition to substantiate the medical necessity. The information should include:

- Patient's diagnosis and current level of functional limitations
- Duration of the patient's condition
- Prognosis (The likely outcome or course of a disease; the chance of recovery or recurrence).
- Statement of benefit for increasing motor function as it directly relates to patients ADL's, IADL's, prior level of function, and subsequent independence or quality of life
- Timeline of reported trialed therapeutic interventions with result (Constraint-Induced Movement Therapy, Pharmacotherapy and Botox Injections, Assistive Devices and Orthotics, etc.)
- PT and OT notes (i.e. ADL) or Clinical course (worsening)

IpsiHand FDA Indications for Use

IpsiHand is indicated for chronic stroke patients (\geq six months post-stroke), age 18 or older, undergoing rehabilitation to facilitate muscle re-education and for maintaining or increasing range of motion in the upper extremity.

Read at <https://www.fda.gov/news-events/press-announcements/fda-authorizes-marketing-device-facilitate-muscle-rehabilitation-stroke-patients>

Contraindications

- Severe spasticity or rigid contractures in the wrist and/or digits
- Skull defects due to craniotomy or craniectomy that may interfere with EEG signal acquisition

If you have any questions about The IpsiHand Patient Selection Guidance, please call the Neuroolutions Patient Therapy Access Team at (833) 438-4774 or send an email to insurance@neuroolutions.com