



Acu Rehab Med
Empowering Wellness, Restoring Function

acurehabmed.com
630-926-8889

To:

Date:

Re: Patient Name

Date of Birth

Insurance ID #

Group#

The medical evaluation and examination of this patient demonstrated
Diagnosis codes

To Whom It May Concern:

I am writing to you for authorization of physical therapy treatment of dysfunctional elimination syndrome and concurrent impaired muscle performance. I ordered this therapy because it is medically necessary to improve or restore bladder and pelvic floor muscle function.

Dysfunctional Elimination in children occurs when the pelvic floor muscles (PFM) do not work together with the bladder and the normal voiding reflexes are disrupted. This leads to a chronic abnormal pattern of voiding which does not allow the bladder to empty completely. Some children experience difficulty urinating or controlling their bladder function, frequent bladder infections, constipation, not urinating enough during the day, or not sensing bladder fullness. Children can periodically have urinary leakage during the day or wake up wet in the morning or both. I am recommending therapy to relax and retrain the pelvic floor muscles.

The treatment to date has included

I determined a need for therapy due to one or more of the following criteria:

- ☐ The patient was unable to perform an appropriate pelvic floor muscle contraction when evaluated.
- ☐ The patient has detrusor instability and overactive bladder symptoms.
- ☐ The patient was unable to tolerate medications prescribed for the problem.
- ☐ The patient has had previous surgery for the problem and continues to present with symptomology.
- ☐ The patient is not a surgical candidate due to other medical problems.

I have referred this patient to (therapist) secondary to his/her extensive experience and expertise in this field.

I sincerely hope that you will support this conservative treatment and physical therapy intervention.

Sincerely,