

# LECKEY BeMe Seating System

## Sample Letter of Medical Necessity



### Introduction

*(Describe your relationship with the client, their disability, and the product requested.)*

As \_\_\_\_\_'s therapist, I am requesting insurance funding for a Leckey BeMe Seating System. This DME has been prescribed by \_\_\_\_\_'s physician and is a medical necessity which would not be used in the absence of disability, illness, or injury.

A seating system is an essential part of \_\_\_\_\_'s postural management program. It will support *him/her* in a functional position, enabling *him/her* to partake in many typical activities of daily living (ADL) such as feeding, eating, learning, and playing. Correct seating will also improve communication and socializing with family and friends, thereby promoting neurological development.

### Diagnosis & Disability

*(Describe child's ability to sit, stand, walk, and transfer, including the amount of assistance needed for each activity. Where appropriate, describe other related equipment in use, such as a mobility device, mechanical lift, etc. This may include a therapist's evaluation in place of this narrative. Below is an example. Individualize the description to the child you are seeking funding for.)*

\_\_\_\_\_ is a \_\_\_\_\_-year-old boy/girl who was diagnosed with \_\_\_\_\_.

**Sensory and communication:** He/she has sensory integration disorder and presents with reduced cognition. He/she is non-verbal with greatly delayed communication and social skills.

**Strength and tone:** \_\_\_\_\_ has (fluctuating/low/high/mixed) tone with decreased strength in his/her trunk. He/she has some degree of passive postural control in his/her

head and upper trunk but has very limited active and reactive control. He/she has limited motor control of his/her upper and lower limbs and is unable to use silverware, hold a pencil, sit, stand, or walk independently.

**Range of movement:** \_\_\_\_\_ has a normal range of movement in his/her knees but has a reduced range of movement in his/her right hip due to tight hip adductors.

**Surgery and medications:** \_\_\_\_\_ had bilateral tenotomies last year and receives Botulinum-A injections every 6 months.

**Equipment and transfers:** \_\_\_\_\_ has a standing frame, a toileting aid, and a stroller. He/she uses AFOs for 4-5 hours/day and is currently lifted for transfers.

## What are the implications for the child without a BeMe?

*(Include how the child is currently supported. Below are examples of children with different needs. Individualize the description to meet the child you are seeking funding for.)*

### EXAMPLE 1:

\_\_\_\_\_ does not have sufficient postural control to sit independently in a standard chair. He/she adopts a posterior pelvic tilt with thoracic kyphosis and cervical hyperextension and risks falling off the chair. This means that he/she is missing out on opportunities to develop fine and gross motor control through everyday activities such as playing, feeding, and drinking. He/she is also missing out on communication and interaction with friends and family as he sits in a passive position in a standard classroom chair.

\_\_\_\_\_’s family have tried to support him/her at a regular table and chair for short periods, but this is awkward and uncomfortable for them, and due to muscle weakness they have concerns for his/her safety. \_\_\_\_\_ does not have alternative seating at home, so he/she sits on an armchair sofa or on the floor to complete activities of daily living such as eating, playing, etc.

Due to \_\_\_\_\_’s impaired muscle tone, if he is left unsupported, he is at risk of developing a spinal deformity, which is associated with hip migration, surgery, and pain. He/she is also at risk of developing hip, knee, and ankle joint contractures.

### EXAMPLE 2:

\_\_\_\_\_ lacks any ability to sit upright without substantial postural support. It is unsafe for him/her to sit in a standard chair and in most seating systems, as they lack the ability to accommodate his/her postural asymmetries, which risks worsening his/her presentation and further deterioration to his/her spine and upper/lower limbs.

\_\_\_\_\_’s family has tried to support him/her in multiple devices; however, these have been unsuitable to keep him/her supported in a functional and comfortable position. This makes all activities of daily living from both \_\_\_\_\_’s and the caregiver’s perspective challenging. Insufficient postural support makes feeding and breathing difficult, as well as play and tabletop activities more challenging.

## What is the clinical evidence for supported seating?

The benefits of supportive seating are well-established, positively impacting physical, cognitive, perceptual, and sensory development (Dworak, 2005). Evidence supports its role in enhancing motor control of the head, trunk, and upper limbs (Sahinoğlu et al., 2017; Inthachom et al., 2020), reducing the incidence of hip deformities and the need for surgical interventions (Pérez-de la Cruz, 2017), and improving self-care and play skills (Angsupaisal et al., 2015). Moreover, supportive seating has been shown to have positive effects on the wider family dynamic (Stier et al., 2017; Barton et al., 2020).

Supportive seating provides:

- Better head control for improved vision, communication, and social interaction
- Improved upper limb function for learning and daily activities
- Support for bone, muscle, and joint development & positive influence on hip health
- Increased stability and comfort to improve postural control

## What are the equipment and accessory requirements?

*(Below is a list of BeMe components and example justifications. Only include requested components that are needed to meet the child's needs and delete all others. Individualize as needed.)*

BeMe is an adjustable seating system, available in four sizes, ranging up to 176lbs maximum user weight. BeMe comes with a wide range of accessory options to meet a variety of postural needs from basic to advanced. It is designed and manufactured as durable medical equipment and is a registered medical device. It features a depth and height-adjustable seat shell and backrest to accommodate growth. It has expandable 'accordion-like' foam which ensures there are no gaps in support, which optimizes postural alignment.

## SEAT CUSHIONS

**BeMe BASIC Seat:** A one-piece seat base with integrated anti-thrust provides up to 5" of growth. This promotes neutral pelvic alignment, reducing posterior pelvic tilt and forward migration to improve trunk stability and upper-limb function.

**BeMe MODERATE Contoured Seat:** Provides pressure redistribution, comfort, and enhanced pelvic stability. Individually adjustable trochanteric supports and a depth-adjustable ischial shelf create a customized pelvic well to maximize symmetry and postural control. Integrated femoral wells encourage optimal hip positioning in abduction and external rotation. The contoured seat accommodates up to 5" of growth.

**BeMe ADVANCED Split Seat:** Designed for children with complex needs, accommodating leg length discrepancy (up to 5"), pelvic rotation, abduction/adduction, and windsweeping. Individual femoral supports with a growable cushion overlay allows adaptation to growth and changing clinical needs.

## SEATING SUPPORTS

**4-Point Padded Pelvic Belt:** Optimal pelvic positioning is achieved through a 4-point padded pelvic support system. Each strap is anchored to the base using cam locks and guided through dedicated slots, allowing precise control over strap tension and pull direction. This configuration effectively counteracts asymmetry and enhances a stable, centralized pelvic position.

**Pelvic Cradle:** The pelvic cradle was chosen over a standard 4-point belt as it provides superior lateral and posterior control, offering desired pelvic support in all directional planes. The snug wrap-around fit provides deep proprioception, which helps enhance stability and calmness in the body.

**Femoral Guides:** Removable lateral femoral guides will help control excessive hip abduction for a child with low tone, enhancing their lower limb stability. Using medial and lateral guides supports management of hip abduction/adduction for a child with high tone or asymmetrical lower limb postures. Sizes are interchangeable and easily removed for transfers.

**Medial Thigh Guide:** Featuring soft foam and a smooth cover for enhanced child comfort, this support is removable for transfers. Providing medial thigh support will help maintain hip abduction for optimal hip health, prevent the knees from coming together, and assist with hygiene.

**Hip guides:** Provide lateral stability to the pelvis to maintain it in a central position. Rotates with the sacral section on the moderate and advanced backrest to provide optimal alignment.

## BACKRESTS

**BeMe BASIC Backrest:** This one-piece backrest is growable with mild lateral contouring, designed for children with mild trunk impairment. The stretchable accordion foam accommodates up to 5" of growth, ensuring continuous contact without gaps in support.

**BeMe MODERATE Backrest:** This three-segmented backrest with lumbar support system is designed for children with reduced trunk control requiring increased postural support. The lumbar support system aligns with natural spinal curvature, while 3D rotation and depth-adjustable sacral bracketry work with an overlapping foam design to promote lumbar extension and sustain upright posture. Provides 5" of height adjustment to accommodate growth.

**BeMe ADVANCED Backrest:** This 3D multi-segmented backrest has three independently adjustable padded supports, indicated for children with complex spinal asymmetries requiring a high level of postural control. The segments connect to an extendable central spine, allowing up to 5" of height adjustment, as well as depth and rotational adjustment, ensuring continuous contact and minimizing risk of further postural deterioration.

**25mm/50mm Spacer** (available on size 1 basic): Required as a component of the

backrest to facilitate a seat depth shorter than the standard specification

**15° Shoulder Spacer:** A tilted spacer specifically designed for the moderate backrest shoulder segment. It aligns the shoulder section closer to the naturally rounded curvature of the upper spine, increasing support offered to the user as well as improving the pull angle of a shoulder harness

## TRUNK & UPPER EXTREMITY SUPPORTS

**Dynamic Butterfly harness:** Is required and provides dynamic anterior trunk and shoulder support to maintain an upright, functional position for feeding, learning, and playing. Without the harness, the child will collapse into a kyphotic posture, which will reduce their ability to communicate, socialize, and participate. They are also a danger of spinal deterioration and associated long term health problems.

**Slimline laterals:** These slimline laterals are designed for a compact finish, maximizing the child's ability to function and move without restriction. They are adjustable in height, depth, and angle, allowing for precision trunk positioning and support. Without laterals, the child will lean to one side, affecting head control and upper limb function. It can also cause deterioration of the spine and will increase long-term health complications.

**Flip-away brackets:** Attach the slimline laterals to the back support and facilitate safe transfers without compromising support. Hardware is adjustable, so laterals can be offset in height to accommodate or correct asymmetrical trunk postures.

**Inset brackets:** These brackets are inset 1" to provide a more precise fitting to optimize trunk support.

**Lateral Protraction Pads:** Provide targeted support at the shoulders to help maintain a midline upper extremity position. By promoting improved alignment and stability, they support more functional use of the arms during daily activities. These pads also help limit excessive or unsafe shoulder or arm movements, reducing the risk of injury for children who may demonstrate sudden, uncontrolled, or high-amplitude motor patterns.

**Armrests:** Height, angle, and depth adjustable armrests that ensure effective upper limb and postural support, adjustment for optimal tray position for functional activity, and surface to assist with safe transfers.

## LOWER EXTREMITY SUPPORTS

**One Piece Footplate:** The single-piece footplate flips away to support easier standing transfers. It offers 15° of plantarflexion and dorsiflexion to optimize lower limb positioning. Angle, depth, and height are adjustable, and it adapts as the child grows, helping maintain optimal lower limb alignment. This alignment contributes to improved pelvic stability, which in turn promotes better trunk control, upper body function, and active participation in daily activities.

**Padded Footbox** (*single-piece footplate only*): Enables the child's feet to move freely within a contained, padded space. This option is appropriate for children who benefit from protection and sensory containment while allowing limited voluntary movement.

**Split Footplates:** Independently adjustable footplates allow each lower limb to be supported separately when there are differences in leg length, contractures, tone, or alignment. This promotes symmetrical lower limb support, contributing to pelvic stability and overall postural control.

**Sandals:** Provide controlled foot positioning for children requiring increased lower limb stability. Sandals secure the feet to the footplates, reducing unwanted movement and supporting a stable base for improved trunk and upper limb function.

**Booties:** Offer flexible foot positioning and serve as an introductory option for children developing tolerance to structured lower limb positioning or who require a soft, flexible option. Supports gradual progression toward more rigid foot control as clinically indicated.

**Ankle Huggers:** Required to maintain foot position on the footplates. Stabilizing the lower body is important for maximum upper body function. Provide gentle containment around the ankles while allowing some lower limb movement. Appropriate for children who require partial control of foot position to remain on foot support without full immobilization.

**Ankle Wraps:** When paired with the sandals, the ankle wraps provide a small amount of supported movement for children who cannot tolerate strict foot positioning.

## BASE OPTIONS

**Standard Multi-Height and Tilt Chassis:** The multi-height and tilt chassis supports use across home and school environments where surface heights vary. Adjustable seat to floor height can facilitate safer standing transfers, while tilt-in-space provides postural support, pressure relief, safer positioning during mechanical lift transfers, and opportunities for rest or activity.

**Interface Brackets:** The BeMe Seating systems are compatible with additional mobility bases such as a tilt-in-space manual wheelchair and power wheelchair. These brackets are transit-approved to safely secure the system on the mobility base.

## ADDITIONAL OPTIONS

**BeMe Headrest and Cover:** Multi-adjustable wings can be configured flat, contoured, or cradled for impaired head control, comfort and safety. A multiaxial stem allows precise positioning to meet individual needs. The cover protects the padding to optimize hygiene and durability.

**Upper Extremity Support/Tray:** Enables participation in essential tabletop activities such as play and feeding, while providing forearm support to reduce gravitational pull on the upper extremities, which helps improve trunk and head control.

**Dynamic Back:** Supports tone management and provides controlled sensory input. The dynamic function is adjustable in both directions for smooth movement and can be easily locked out for feeding, transfers, play, or transportation.

### What alternatives are available but not suitable?

(Give at least one example of another product that is similar but does not have as many features or benefits. This could also be a type of therapy in place of a product.)

A less costly alternative seating option, the \_\_\_\_\_ was assessed; however, it did not provide the same level of proximal pelvic and spinal support as the BeMe Seating System. The alternative chair utilizes a flat seat base and flat backrest, which do not align with the anatomical contours of the pelvis, femurs, or spine. As a result, the child is at risk of sliding forward, adopting a posterior pelvic tilt, and collapsing into a kyphotic posture, all of which reduces their ability to maintain a functional upright sitting position.

Even with multiple postural accessories added, the child's posture remained insufficiently supported. Significant gaps in trunk and spinal contact were observed, making it impossible for the child to sustain upright alignment. Additionally, the system was unable to accommodate the child's asymmetries, including leg length discrepancy and variations in tone or alignment. Without adequate contouring and adjustability, the child would be at increased risk for progressive spinal deformity, worsening pelvic asymmetry, compromised breathing and feeding, and long-term orthopedic complications if required to use this alternative seating system.

### Summary/Conclusion

Seating systems are an essential part of a 24-hour postural management program. They confer a wide range of benefits to children, including improvements in concentration, attention, visual tracking, upper limb function, head control, joint formation, and provide postural stability. The associated social and cognitive benefits of sitting comfortably and being able to interact with family and peers improve sleep, communication, and general well-being.

The BeMe is a versatile seating system that offers clinically superior postural positioning. The many features work together to stabilize the lower body to maximize upper body function. The wealth of configurations, adjustments, and accessories will ensure the seat can be tailored to carry on meeting the child's needs as they grow and develop and as such, I do not hesitate to recommend that it should be funded.

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