



Physician Authorization to Participate in Balance Training Letter of Medical Necessity (LMN)

Karen Owoc Medical Fitness
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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Pt. Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Date of Most Recent Evaluation: \_\_\_\_\_

Patient History and Diagnosis:

- \_\_\_ Cardiovascular disease \_\_\_ Stroke
\_\_\_ Pulmonary disease \_\_\_ Diabetes
\_\_\_ Peripheral vascular disease \_\_\_ Parkinson's
\_\_\_ Sarcopenia \_\_\_ Cancer: \_\_\_\_\_
\_\_\_ Osteoporosis/osteopenia
\_\_\_ Osteoarthritis: \_\_\_\_\_
\_\_\_ Other Dx: \_\_\_\_\_

Comments: \_\_\_\_\_

Recommended Treatment: Exercise Therapy / Balance Training

Objective: Reduce fall risk and improve or alleviate disease/condition by improving mobility, muscle health, gait speed, postural stability, and/or general physical function.

- Baseline and follow-up functional assessments to evaluate functional status, observe movement quality, assess balance confidence, and measure outcomes.
• A customized exercise prescription designed from patient assessment.
• Individualized balance training therapy that includes an effective combination of joint mobility, sensory stimulation, muscle strength, muscle power, static balance, dynamic balance, and gait enhancement exercises.
• Program design includes the 9 fundamental human movement patterns for effective functional training with progressions/regressions prescribed as appropriate.

Duration of Treatment: \_\_\_ 3 months \_\_\_ 6 months \_\_\_ 12 months

Summary: Customized exercise therapy / balance training based on research-proven functional assessments and delivered on medical fitness mobile application. Patient progress is tracked in real time.

Referring Physician: \_\_\_\_\_ Printed Name Physician Signature Date

License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_