

# VA Adaptive Sport Equipment Grant

# Veteran



Alfredo Lopez

U.S. Army (Retired)

22 Years

All Source Intelligence Analyst (10 Years) / Human Resource (12 Years)

Deployed to Iraq 2005 and Afghanistan 2008 & 2009

## **Adaptive Bike Riding Experience 2 years 5 months**

I use an adaptive 3 wheel trike bike to enhance my health and attain higher rehabilitative goals through recreational sports activities. I participate with veterans and the local community. San Antonio has a large cycling community.

# VA Adaptive Sports Definition

[Veterans Health Administration \(VHA\) Directive 1172.05, dated February 1, 2017](#)

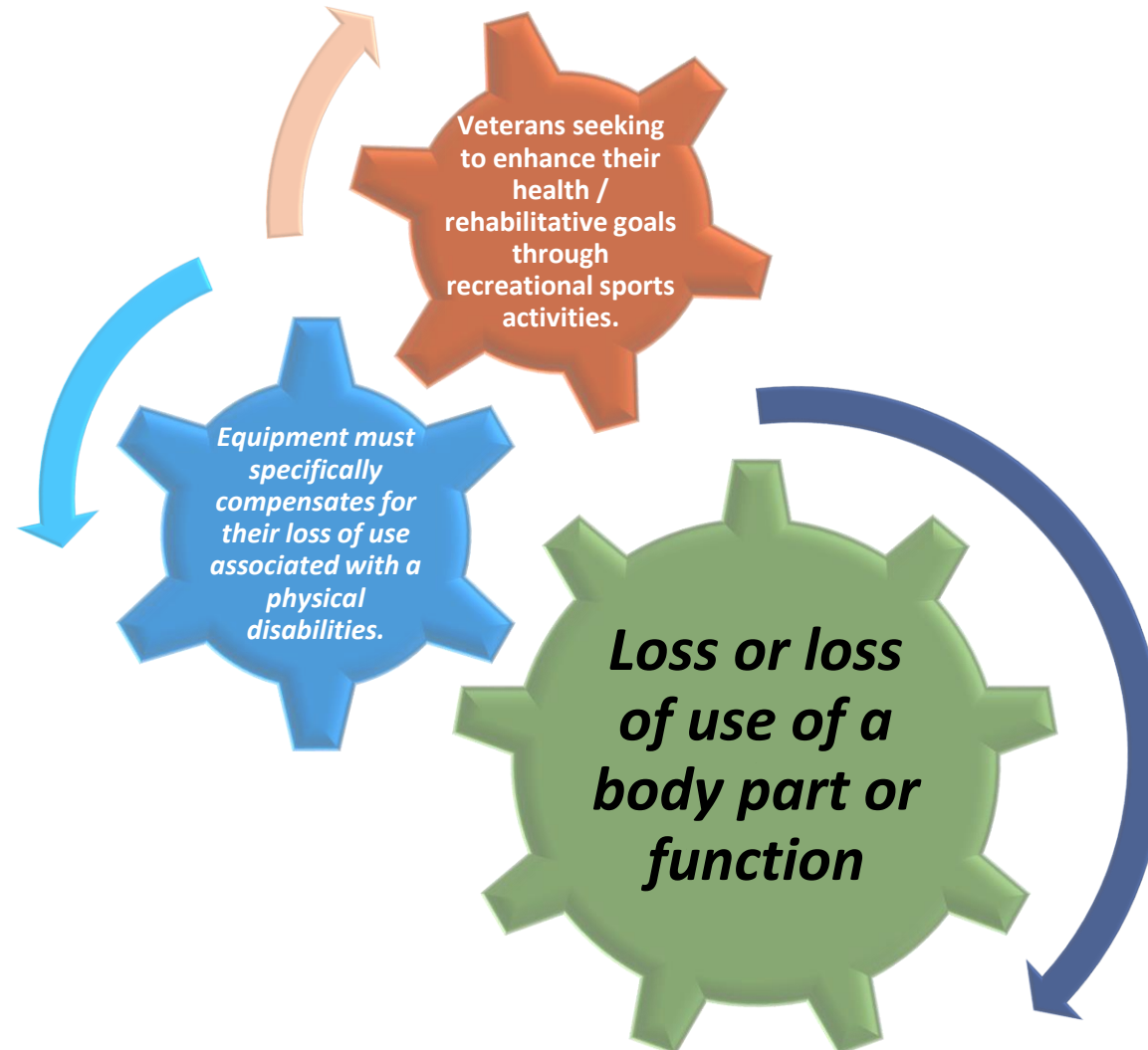
"**Adaptive Sports.** Recreational activities, areas and facilities *used primarily for* the benefit of *patients/residents participating* in *Recreation Therapy Service programs* will be under the direction and responsibility of the Chief, Recreation Therapy Service and/or designee.

# Eligibility for Adaptive Sports Equipment

Veterans Health Administration (VHA) Directive 1172.05, dated February 1, 2017

- Adaptive sports equipment may be considered for issuance to ***any Veteran who exhibits the loss or loss of use of a body part or function for which adaptive equipment is indicated.***
- The prescribed ***equipment must be of a nature that specifically compensates for their loss of use and is designed for individuals with physical disabilities.***
- Recreational Sports Equipment may be issued to those ***Veterans who are seeking to enhance their health and attain higher rehabilitative goals through recreational sports activities.***

# Eligibility for Adaptive Sports Equipment



# Eligibility for Adaptive Sports Equipment

## Veterans Health Administration (VHA) Clinical Management Program (PCMP) Clinical Practice Recommendations (CPR) for Issuance of Recreational and Sports Equipment

- Recreational Leisure Equipment (Motorized/Power)
- Recreational Leisure Equipment (Non-Motorized/Power)
- Recreational Sports Equipment (Motorized/Power)
- Recreational Sports Equipment (Non-Motorized/Power)
- Loaner and Demonstration Equipment

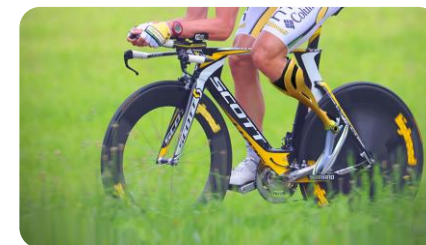
# Recreational Sports Equipment (Non-Motorized/Power)

Devices specifically designed for use by individuals with disabilities that do not entail motorization may be provided. These ***include sports wheelchairs, sport devices, hand cycles and prosthetic devices***. While standard (non-adaptive) products are not provided, ***modification, adaptation*** and ***customization of standard product*** may be provided to allow the individual to use the equipment. An example is a standard bicycle will not be purchased, but a modified handgrip and gear shifter may be provided to allow a veteran with an upper extremity amputation and prosthetic device to operate the bicycle safely.



Recreational Sports Equipment (Adaptive Equipment)

Customization of Standard Product



Standard (non-adaptive) equipment

# Documentations Needed

5 Categories the VA will require documentation

1. Veteran Background
2. Medical Clearance
3. Activity Specific Background
4. Leisure Interests and Participation
5. Education

# VA Adaptive Sport Equipment Grant Key Information/Documentation

## 1. Veteran Background

- Primary care provider referral for Recreational Therapy and Service recommended
- Quote from a bike vendor

## 2. Medical Clearance

- Medical clearance from the veteran's physician (Primary Care Provider, Orthopedic, and or other physician)
- Physical through the VA (must be on file within 1 year)
- Impairment does not contradict adaptive sport/equipment; not projected to have surgery or have had surgery within 6 months
- Skin is intact across all surfaces area in contact with prescribed equipment
- Ability to transport and store equipment
- Identify intentions to enhance health and attain higher rehabilitative goals through recreational sports activities

## 3. Activity Specific Background

- SW Valor Games, Para-Cycling Competition, Texas Regional Games and affiliation with a organized Team

## Leisure Interests and Participation

- Veteran registration in local events (Tour de Castroville, Tour de Cure, MS 150, and so on)
- Soldier Ride, Team Semper Fi/Team America's Fund bike rides, National Ability Center: Adaptive Mountain Bike Camp, Project Hero Challenge Rides/Honor Rides
- Exercise location/route and or riding log

## 5. Education

- Documentation to prove participation in Adaptive Sports Clinic:
  - Type and model of equipment
  - Trials (testing the equipment with the veteran)
  - Training received (how to use the equipment, nutrition, safety, hydration, and so on)
  - Adaptive equipment needed to safely participate in the sport

## 6. Documentation

Certified Recreational Therapist recommendation letter and trials of the recommended adaptive sport equipment

# Recreational & Sports Equip. Request Supplement to VA Form 10-2641

## RECREATION AND SPORTS EQUIPMENT REQUEST *Supplement to Form 10-2641*

The following information must be complete and included with the required Authorization for Issuance of Special and Experimental Appliances (10-2641) form for recreation or sports equipment.

**SPECIFIC EQUIPMENT REQUESTED** (provide manufacturer and model):

*\* Please attach a detailed price quote from the manufacturer for the specific device being requested*

### I. VETERAN BACKGROUND

Name:

Last 4 digits of SS number:

Diagnosis/Functional Impairment for which the device is being requested:

Date of Injury or Illness Onset:

Precautions/Limitations/Pain:

History of musculoskeletal injuries (please list):

Anticipated surgeries or potential change in medical status:

### II. MEDICAL CLEARANCE

1) Does the veteran have medical clearance from a Primary Care Provider or Specialty Provider for participation in the proposed activity?

YES NO Approved by:

2) Are there any contraindications or concerns relative to the veteran participating in proposed activity?

YES NO If yes, please list:

3) Does the veteran have skin intact over the area which this device will contact?

YES NO Please describe current and past skin integrity concerns:

4) Is the veteran a smoker?

YES NO If yes, was smoking cessation support offered? YES NO

### III. ACTIVITY SPECIFIC BACKGROUND

1) For which specific activity is the device being requested?

2) How long has the veteran participated in this activity?

3) How frequently does the veteran participate in this activity?

4) Prior to this request, has the veteran actively used the requested device or a similar device? YES NO  
Details:

5) At what level does the veteran participate in this activity? (beginner, intermediate, advanced)

6) Has the veteran participated in this activity at an organized event or with an organized program?  
(i.e. VA National Sports Program, local or regional event, member of a sport specific team or club, participation in instructional camp). YES NO

If yes, list dates, name of event or organization, and location:

7) Is veteran independent in transfers to/from intended device? YES NO  
If NO, does veteran have appropriate and consistent support available? YES NO  
If support available, who is that identified person(s)?

8) How does the veteran anticipate transporting the device?

9) Does veteran have enclosed storage identified for the device? YES NO

10) Has the veteran completed trials of various equipment options for this activity?  
YES NO

If yes, please list equipment trialed and reason for specific equipment requested:

# Recreational & Sports Equip. Request Supplement to VA Form 10-2641

## IV. LEISURE INTERESTS AND PARTICIPATION

- 1) Did the veteran receive a comprehensive evaluation regarding leisure, recreation and sports?  
YES NO If yes, clinician who completed the evaluation:
- 2) Has veteran been issued any adaptive sports equipment in the past by the VA? YES NO  
If yes, please list item(s) and date of issue:
- 3) Has the veteran been issued any adaptive sports equipment in the past by DoD? YES NO  
If yes, please list item(s) and date of issue:
- 4) Has veteran purchased with his/her own funds any adaptive equipment in the past? YES NO  
If yes, please list item(s) and date of purchase:
- 5) What are the veteran's goals surrounding participation in the proposed activity?

## V. EDUCATION

- 1) Did the veteran receive comprehensive education regarding:
  - a. Activities available with respect to specific disability?  
YES NO
  - b. Equipment options available for chosen activity?  
YES NO
  - c. Mobility skills training relative to chosen activity?  
YES NO
  - d. Safe equipment management techniques?  
YES NO
  - e. Skin protection, postural support and joint preservation while participating in activity?  
YES NO

## VI. DOCUMENTATION

*Please attach all medical record documentation surrounding the requested equipment (e.g., clinical evaluation, assessment, goals, treatment plan, evidence for activity participation, outcome of equipment trials, identification of appropriate equipment specifications, accessories and/or necessary modification, etc).*

This form was completed by:

Name and Credentials:  
Service line/Facility:  
E-mail:  
Phone:

# VA Form 10-2641

Department of Veterans Affairs		Last, First, Middle		Your address	
SECTION I - (To be completed by station)					
TO: VHA Chief Prosthetics and Clinical Logistics Office (10FP) Department of Veterans Affairs Central Office Washington, D.C. 20420		VETERAN'S NAME (Last, First, Middle)		VETERAN'S ADDRESS	
LAST 4 DIGITS OF SSN		DATE OF REQUEST		VETERAN'S STATUS AND ELIGIBILITY <input type="checkbox"/> SC <input type="checkbox"/> NSC	
SPECIFIC DISABILITY REQUIRING SPECIAL ITEM AND ICD 9 CODE					
FULL DESCRIPTION OF ITEM REQUESTED (Attach descriptive literature if available. ATTACHMENTS WILL NOT BE RETURNED.)					
ITEM NAME			WEBSITE		
MAKE			VENDOR		
MANUFACTURER			COST		
FDA APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO					
FULL MEDICAL CERTIFICATION FOR SPECIAL ITEM (Use reverse or attach additional sheets if necessary. ATTACHMENTS WILL NOT BE RETURNED.)					
NAME, TITLE, AND MEDICAL SPECIALTY OF PRESCRIBING PHYSICIAN			CERTIFICATION: I certify that the requested item has been prescribed as medically necessary for treatment of the prosthetics disability listed, and the funds for procurement are available.		
NAME AND LOCATION OF REQUESTING STATION			SIGNATURE OF PROSTHETICS CHIEF		
SECTION II - (To be completed by Central Office)					
DATE RECEIVED	ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> DEFERRED PENDING FURTHER JUSTIFICATION				DATE OF ACTION
CONCURRENCES SYMBOL INITIALS		REMARKS AND/OR INSTRUCTIONS/ REASON FOR DISAPPROVAL			
SIGNATURE AND TITLE					
SECTION III - (To be completed by Prosthetics Chief)					
IF APPROVED:			VENDOR		
HCPCS			COST		
NATIONAL ITEM FILE NUMBER			DATE PURCHASED		
VA FORM 10-2641 JUN 2008					

Your last 4 SSN

Leave it blank for your primary care

Service Connected or  
Not Service Connected

Date of Request

You may require an additional letter  
to justify adaptive sport equipment  
according to your disability

Primary Care Provider must submit  
request

Item name: Catrike

Website:

<http://www.easystreetrecumbents.com/>

Make: Catrike 700

Vendor: Easy Street Recumbents

Manufacturer: Catrike

Cost: \$2,950 (Make sure you have a cost  
estimate to submit to the VA)

# VA Adaptive Sports Equipment Grant Application

**Cover Page**

VA Form 10-2641 Page 1	Bike Quote Page 2
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**Tab 1**

Veteran Background Page 3	PSAS VACO 10-2641 checklist Page 4	Suppl. to VA Form 10-2641 Page 5	Suppl. to VA Form 10-2641 Page 6
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**Tab 2**

Medical Clearance Page 7	Orthopedic letter Page 8	Primary Care Prescription Page 9
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**Tab 3**

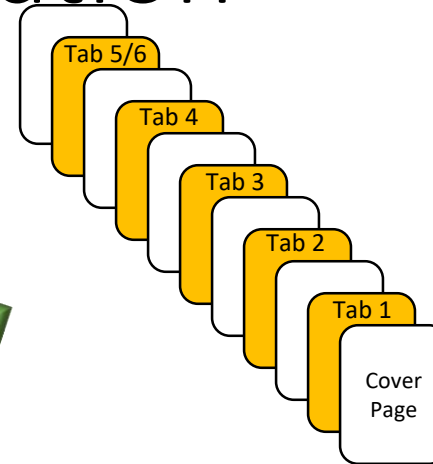
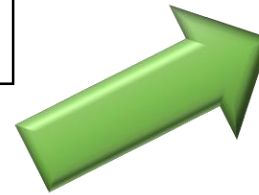
Activity Specific Background Page 10	SA Bike Clinic Flyer Page 11	SA Bike Clinic Certificate Page 12	* Certified Recreational Therapist Letter Pg. 13	Nutrition/Hydration /Bike Safety Page 14	SW Valor Registration Page 15	SW Valor Games Results Page 16	Bike Reg Competition Page 17	US Cycling Results Page 18
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**Tab 4**

Leisure Interests & Participation Page 19	Wallis Ride 2015 Page 20	Wallis Ride 2016 Page 21	Tour De Castroville Page 22	Soldier Ride Schedule 2015 Page 23	Soldier Ride Schedule 2015 Page 24	Soldier Ride Schedule 2015 Page 25
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**Tab 5/6**

Education / Document Page 26	* Certified Recreational Therapist Letter Pg. 27	* Certified Recreational Therapist Page 28	WWP Bike Camp in Seattle Page 29	WWP Bike Camp in Seattle Page 30	WWP Bike Camp Itinerary Page 31
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\*Note: You may interact with more than 1 certified recreational therapist

# Step by Step Instructions

Step 1. Make an appointment with your primary care provider at the VA. Request a referral to the Recreational Therapy and Services department for adaptive cycling. It is not required but makes the process a lot easier to verify the Veteran's interest and document participation.

Step 2. Submit Adaptive Sport Equipment grant application through your VA Certified Recreational Therapist/VA Primary Care provider. Submit VA Form 10-2641 (Authority for Issuance of Special and or Experimental Equipment) with EasyStreet Recumbents (VA registered vendor) and attach bike quote.

Step 2a. The Veteran's packet should have supporting documents from a doctor (letter head and or prescription), certified recreational therapist recommendation letter (required), letter from a coach, registration events, physical evaluation within a year (PM&R Wheeled Mobility Complex will let you know), documented clinics, and educational training.

Step 2b. Proof of is required by the organization that conducted the sports clinic (Name of veteran, organization's point of contact, title, email, address, certifications, sports clinic dates, type and model of equipment, trials, training received, and adaptive equipment needed to safely participate in adaptive sports.

Step 3. The application for adaptive sports equipment will be verified by Veteran's clinic for eligibility on the basis of loss or loss of use. The clinic will make an appointment to PM&R Wheeled Mobility Complex once everything has been verified.

Step 4. At the PM&R Wheeled Mobility Complex appointment a physical therapist will evaluate the Veteran if they are physically able to proceed and request the adaptive equipment. Ensure the veteran brings all therequired documents from the original packet. Sometimes the VA loses paper work.

Step 5. The PM&R Wheeled Mobility Complex will review the packet and verify the Veteran's eligibility for the adaptive sports equipment and forward to the local Prosthetics Department for approval/disapproval/or forward to VA Headquarters.

Step 6. The Prosthetics department will verify the Veteran's eligibility for the adaptive sports equipment. If approved, and the adaptive sports equipment is less than \$3,000, the local VA will order the equipment. If the adaptive sports equipment is greater than \$3,000 the request is forward to VA Headquarters in Washington D.C. for final approval or disapproval.

Step 7. Keep track of your application. It can take a while. My experience based off other veteran applications may take up to a 1 month or over 2 years (based on my interaction with veterans and servicemembers. **KEEP COPIES OF EVERYTHING!** Create electronic receipts if you can.

# Richmond VAMC Assistive Technology Adaptive Sports Program



Richmond VAMC  
Assistive Technology  
Adaptive Sports Program  
Reviewed by: \_\_\_\_\_  
Contact number: \_\_\_\_\_

## QUALIFICATIONS: Adaptive Sports Equipment

Clinical practice recommendation from the VHA Prosthetic Clinical Management Program states the qualifications are:

*"Recreation Sports Equipment may be considered for issuance to any veteran who exhibits the loss or loss of use of a body part or function for which adaptive equipment is indicated. The prescribed equipment must be of a nature that specifically compensates for their loss of use and is designed for individuals with physical disabilities."*

All of the following additional specific indications must be met:

- A. Medical Clearance
  - 1. Medically cleared with no contraindications
  - 2. Onset of disability occurred at least six months before permanent equipment is issued.
  - 3. Skin is intact across all surfaces that will be in contact with the prescribed equipment.
- B. Comprehensive Education about the following:
  - 1. VA policy surrounding use of recreational sports equipment.
  - 2. Activities available in relation to the Veteran's specific disability.
  - 3. Equipment options available for chosen recreational activity.
- C. Demonstration of commitment to a chosen activity by one or more of the following:
  - 1. Participation log documenting frequency and duration of exercise or recreational pursuit.
  - 2. Registered member of organized activity or athletic team with evidence of consistent participation with the organized activity or team.
  - 3. Consistent participation in sport-specific camps or clinics.
- D. Identify availability of consistent opportunity and access to chosen activity.
- E. Complete equipment trials.
- F. Evidence the selected device meets Veteran's goals is documented.
- G. Demonstrates safety and effectiveness when using the selected device including transfers to and from the device and comprehensive equipment management.
- H. Identify a consistent means of transporting the device.
- I. Identify appropriate means of storage for the device.



Richmond VAMC  
Assistive Technology  
Adaptive Sports Program  
Reviewed by: \_\_\_\_\_  
Contact number: \_\_\_\_\_

## Adaptive Sports Clinic:

### **Members:**

Physician from Physical Medicine & Rehabilitation Service  
Physical Therapist (Erin Brandon x7071)  
Occupational Therapist (John Moossa x3585)  
Recreational Therapist (Nicole Shuman x6433)

### **Adaptive Sports Clinic:**

Held every Thursday. Veteran may be required to participate in several appointments in the Adaptive Sports Clinic as part of the evaluation process.

### **Process:**

1. Veteran identifies interest in requesting adaptive sports equipment.
2. Veteran's primary care physician places assistive technology consult.
3. Veteran attends adaptive sports clinic for initial assessment (physician and therapist evaluations) and education regarding the program.
4. Veteran trials various equipment to determine most appropriate option.
5. Veteran demonstrates qualification – participation log, team participation, etc.
6. Veteran attends adaptive sports clinic for equipment evaluation.
7. Adaptive Sports Team and veteran determine the final recommendations for adaptive sports participation/equipment.
8. Equipment approval process:
  1. Equipment over \$3,000:
    - a. Assigned therapist completes necessary paperwork including assessment, 2641 (VA Central office require form), and quote from vendor,
    - b. Paperwork is turned in to the Prosthetics Service,
    - c. Prosthetics has 10 days to approve /deny and send to VISN6 Prosthetics,
    - d. VISN6 Prosthetics has 10 days to approve/deny and send to VACO Prosthetics, and
    - e. VACO Prosthetics has 10 days to approve/deny and send back to our Prosthetics Service
  2. Equipment under \$3,000:
    - a. Assigned therapist completes necessary paperwork including assessment,
    - b. Paperwork is turned in to the Prosthetics Service,
    - c. Prosthetics has 10 days to approve /deny.
9. Prosthetics has 7 days to complete purchase order.
10. Vendor completes order and mails equipment to the Richmond VA Medical Center.
11. Equipment is processed through the warehouse and is sent to the Prosthetics.
12. Prosthetics assembles equipment and notifies ordering therapist that the equipment is ready for distribution.
13. Veteran is scheduled for Adaptive Sports Clinic for final fitting.
14. Veteran attends clinic for final fitting, and if no modifications are required, takes equipment home with them.



# References

Clinical Practice Recommendations (CPR) <https://www.prosthetics.va.gov/psas/CPR.asp>

Recreational and Sports Equipment

[https://www.prosthetics.va.gov/docs/Recreational and Sports Equipment.pdf](https://www.prosthetics.va.gov/docs/Recreational_and_Sports_Equipment.pdf)

VA FORM 10-2641 Authority for Issuance of Special and/or experimental appliances (pg. 7 in the following link)

Paralyzed Veteran of America Handcycle/Recreational & Sports Equipment Guide.

Please refer to PSAS VA 10-2641, checklist for the Primary Care Provider or whoever is initiating or submitting the adaptive sports equipment packet.

<http://www.pva.org/atf/cf/%7BCA2A0FFB-6859-4BC1-BC96-6B57F57F0391%7D/Handcycle%20Reference%20Guide.pdf>

Richmond VAMC Assistive Technology Adaptive Sports Program

[http://www.richmond.va.gov/docs/AT2015Adaptive%20Sports%20Clinic\\_Final.pdf](http://www.richmond.va.gov/docs/AT2015Adaptive%20Sports%20Clinic_Final.pdf)

Recreational Therapy Service, February 1, 2017

[https://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=4327](https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=4327)