

# Emma's Gift

## Movement Detection Monitor Grants

funded by the  
**Emma Bursick Memorial Fund**

through the  
**Epilepsy Association of Western and Central PA**



**EPILEPSY**  
ASSOCIATION®  
OF WESTERN AND CENTRAL PA



Emma Bursick

## Emma's Gift: Movement Detection Monitor Grants Funded by the Emma Bursick Memorial Fund

The Emma Bursick Memorial Fund (EBMF) was established in 2009 in memory of Emma Bursick who died from Sudden Unexplained Death in Epilepsy (SUDEP) at the age of seven. EBMF's mission includes: funding for emergency medication programs and epilepsy research; community outreach via presentations & seminars; training for Medical Examiners, health care providers, and professional organizations; and grants that promote patient and family self-advocacy for improved epilepsy treatment, healthy living, and hopefully, a cure.

For more information about the Emma Bursick Memorial Fund,  
go to [www.emmabursick.org](http://www.emmabursick.org)

# MONITORS AND DEVICES

The Epilepsy Association of Western and Central PA (EAWCP) continues to research information on non-invasive seizure detection and monitoring devices as well as other developing technologies. Although these devices have not as yet been proven to prevent Sudden Unexplained Death in Epilepsy (SUDEP), we feel strongly that people living with epilepsy or seizure disorders should have information and resources at their disposal to support living well with seizures.

The EAWCP will provide financial support to qualified applicants through a grant from the Emma Bursick Memorial Fund for purchase of in-home monitoring devices. We encourage and strongly recommend the applicant communicate with manufacturers of these devices, as well as consult with doctors about the effectiveness of such devices for your specific needs. Please review the product options below.

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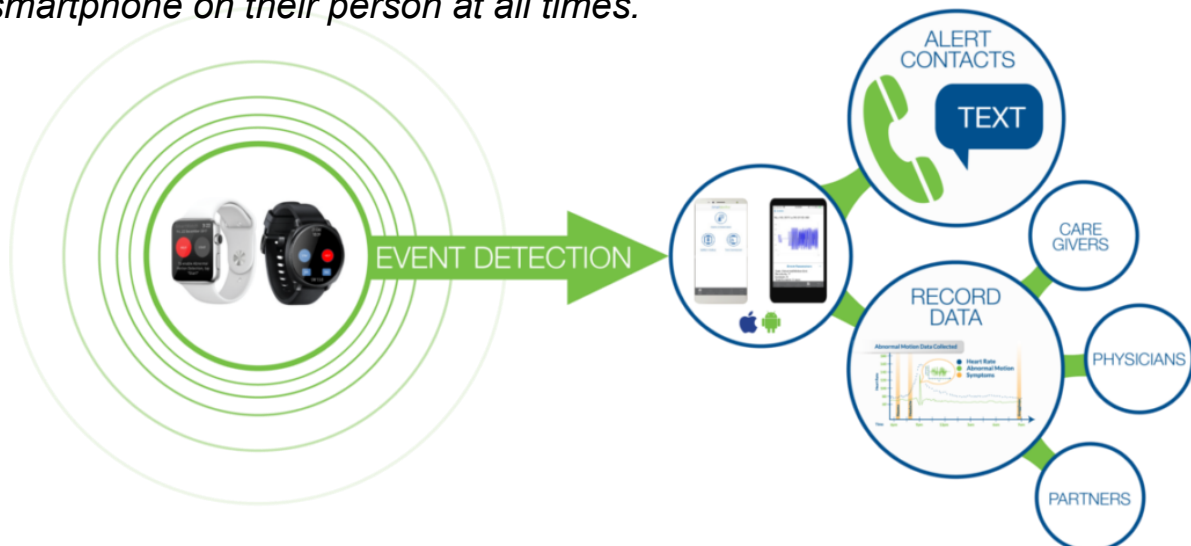
## SmartMonitor

The SmartMonitor is a movement detection and alerting software running on an Apple or Samsung smartwatch worn on the wrist. The watch is looking for 7 seconds of repetitive, shaking motion similar to that of a grand mal/tonic clonic seizure. Once the motion is detected, the SmartMonitor technology will alert family members within seconds via text message and phone call. The SmartMonitor also has a help button which the wearer can press to call for help for any reason.

For more information on the SmartMonitor, visit **[www.smart-monitor.com](http://www.smart-monitor.com)** or call **1-888-334-5045**.

### **IMPORTANT**

*It is important to note that if approved, this grant will cover the cost of the activation fee, the first year of service, and \$150 towards the compatible smartwatch of your choice. You will be responsible for the remaining cost of the smartwatch and the monthly fee after the first year of service. It is also important to note that the person wearing the watch must also have a smartphone on their person at all times.*



# Emfit Movement Monitor

The Emfit Movement Monitor is a bed monitor that triggers an alert when it senses repetitive muscle spasms like that of a tonic clonic/grand mal seizure. The Emfit Movement Monitor consists of two main components: a flexible and durable bed sensor placed under the mattress and a bed-side monitor with sophisticated embedded software. The Movement Monitor detects when a person has continuous fast movements over a pre-set amount of time (which is adjustable to suit your needs) and then triggers an audible alarm.

For more information on the Emfit Movement Monitor, visit [www.emfitcorp.com](http://www.emfitcorp.com) or call **877-32EMFIT**.



## **IMPORTANT**

*It is important to note that this grant will only cover the cost for the initial monitor and alarm pictured here. Any additional accessories are up to you to purchase.*

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# SAMi The Sleep Activity Monitor

SAMi is a sleep activity monitor which is placed facing the bed of the person with epilepsy. During sleep, audio-video information from a remote infrared video camera is sent to an application running on an iOS device such as an iPhone or iPod Touch. The SAMi app records and analyzes the video for unusual activity. If the SAMi notices repetitive movement, it will sound an alarm in the SAMi app.

For more information on the SAMi, visit [www.samialert.com](http://www.samialert.com) or call **303-335-0051**.

## **IMPORTANT**

*It is important to note that this grant will only cover two SAMi package options. Any additional accessories are your responsibility. Also, this device requires internet access and Apple devices.*



## DIRECTIONS:

Please print and complete both sections of this application and sign the terms and conditions.  
Applicant and Physician signatures are required for application to be processed.

**Mail or Fax completed application to:**  
Epilepsy Association of Western and Central PA  
1501 Reedsdale Street, Suite 3002  
Pittsburgh, PA 15222  
FAX: 412-322-7885

## APPLICANT SECTION - Page 1

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Is the applicant a parent and is this for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what is the applicant's relationship to the patient:

Self \_\_\_\_\_ Guardian \_\_\_\_\_ Housemate \_\_\_\_\_ Other \_\_\_\_\_

If Other, please explain: \_\_\_\_\_

## Address where monitor is to be shipped:

Same as above \_\_\_\_\_

Other: \_\_\_\_\_

## Name and Type of Monitor Being Requested (Choose One):

**Emfit:** \_\_\_\_\_ (accessories are not included in the grant)

**SAMi Alert:** SAMi Camera \_\_\_\_\_ Standard SAMi Kit \_\_\_\_\_  
(includes only the camera) (includes the camera, wireless router, and iPod)

**\*SmartMonitor:** Bronze Plan \_\_\_\_\_ Silver Plan \_\_\_\_\_ Gold Plan \_\_\_\_\_

Type of Smartphone Used: Android \_\_\_\_\_ iOS/Apple \_\_\_\_\_

(This grant covers the activation fee, first year of service, and \$150 of the SmartMonitor device you choose. You will be responsible for the remainder of the cost for the device upon ordering.)

☐ I understand that there may be additional costs involved in product accessories not covered by the grant and/or ongoing use of this monitor beyond the period of time covered by the grant. I understand and accept these terms.

\* Please note that the person wearing the SmartMonitor will need a smartphone with them at all times.



**APPLICANT SECTION - Page 2**

What type of seizures does the patient have? \_\_\_\_\_

Please describe what a typical seizure looks like: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long does a typical seizure last? \_\_\_\_\_

How often does the patient have seizures? \_\_\_\_\_

\_\_\_\_\_

How often does the patient have seizures at night or during sleep? \_\_\_\_\_

\_\_\_\_\_

When was the patient diagnosed with epilepsy? \_\_\_\_\_

What kind of epilepsy treatments is the patient currently receiving (medication, VNS, etc.)? \_\_\_\_\_

\_\_\_\_\_

Please list any other medical conditions the patient may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write a few sentences about how you think you would benefit from a movement monitor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐

*I have researched each movement monitor option and certify that the device I have selected is an appropriate match for the needs of myself/my loved one.*

☐

*I have spoken with a customer service representative from the device of my choice to resolve any questions and/or concerns about the device's effectiveness for the patient's seizure type(s).*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Emma's Gift Application



**Mail or Fax completed application to:**  
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1501 Reedsdale Street, Suite 3002  
Pittsburgh, PA 15222  
FAX: 412-322-7885

### PHYSICIAN SECTION

Patient Name: \_\_\_\_\_ Guardian Name: \_\_\_\_\_

Name of treating physician: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

E-mail: \_\_\_\_\_

Is this patient under your regular care for epilepsy/seizures?      YES      NO

If yes, how long have you been treating this patient? \_\_\_\_\_

Date patient was diagnosed with epilepsy: \_\_\_\_\_

Type and description of seizures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Frequency of seizures: \_\_\_\_\_

\_\_\_\_\_  
Does this patient have nocturnal seizures?      YES      NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What epilepsy-related medications, interventions, and testing have been completed to date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I believe that this patient would greatly benefit from a movement monitor for nocturnal seizure detection.

☐ I do not believe that this patient would benefit from a movement monitor because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# **Epilepsy Association of Western and Central PA**

## **GRANT TERMS AND CONDITIONS**

*Applicant: Please review and sign below to verify that you understand and agree to the terms and conditions specified.*

Non-invasive seizure detection and monitoring devices have not as yet been proven to prevent SUDEP, and are not currently approved by the United States Food and Drug Administration. The devices listed in the grant section of our website are those that we have confirmed to be currently in use. The Epilepsy Association of Western and Central PA (EAWCP) is not a manufacturer, distributor, broker, or seller of any of the products listed on the website. We do not warrant any of these devices, and do not accept responsibility for any of the consequences of active use of them. The EAWCP does not endorse any particular seizure monitoring device; selection of a listed device is the sole discretion of the applicant.

The EAWCP does not make cash grants to individuals. Grants will be issued on a one time basis per applicant based on application approval and fund availability. Payment for an approved device will be made by the EAWCP directly to the company that produces the device selected by the applicant from the list on the EAWCP website. The device company will be responsible for shipping the device and for addressing any questions, concerns or problems that may arise regarding usage of the device.

We encourage and strongly recommend the applicant communicate with manufacturers of these devices, as well as consult with doctors about the possible effectiveness of such devices for your specific needs.

### **ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

I, for myself and on behalf of my minor children, am aware of, understand, and assume any and all risks inherent in use of any and all monitors received under or in conjunction with this agreement. In consideration of the Epilepsy Association of Western and Central PA (EAWCP) providing the monitor under the Agreement, I agree to hold harmless and release the EAWCP, its owners, agents, and others acting on the EAWCP's behalf of all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to providing said monitor and/or its associates from any warranty or ordinary negligence. I further agree that I shall not bring any claims, demands, legal actions and causes of actions against EAWCP and its associates, as stated above in the same clause, for any economic and/or non-economic losses due to bodily injury, death, property damage and injury to, or loss by death for use of said monitor(s). The EAWCP makes no warranties of any kind, implied or actual, as to the function, suitability, safety, or intended use of said monitor(s).

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Applicant Signature

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Date