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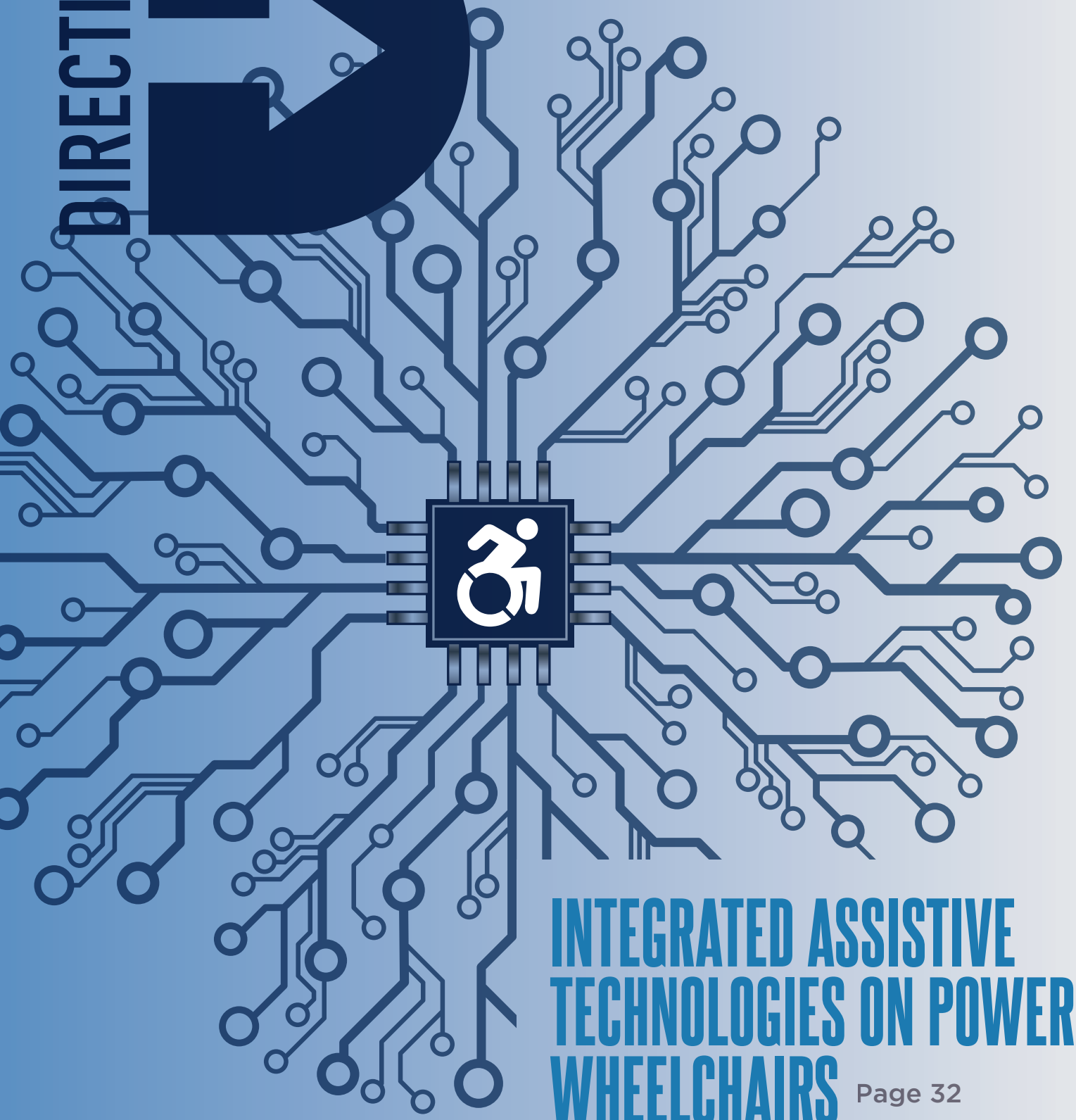

INTEGRATED ASSISTIVE TECHNOLOGIES ON POWER WHEELCHAIRS

Page 32

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2020 IS ENDING!

Written by: **GERRY DICKERSON, ATP, CRTS®**

The wildest, craziest, most controversial year in our lives … ever.

The pandemic impacts every aspect of our lives at some level. Some areas are affected more than others. Where I live and work, there has been an uptick in COVID-19 cases, and there are some discussions about potential lockdowns. I am not sure how the small businesses that remain would survive another lockdown.

I hope that you, your families, and the communities where you live and work remain safe and healthy.

On October 28, NRRTS held its first ever, virtual Open Meeting. It was a fantastic success! We had approximately 90 participants, including our newest NRRTS Registrants from Canada!

After a few brief introductions, Weesie Walker, ATP/SMS, executive director of NRRTS, began the program by introducing Bill Noelting's "Talk Rehab." If you haven't checked out Talk Rehab, follow this link: https://www.noelting.com/talkrehab. Some very cool stuff.

Walker then went on to introduce Noelting's teaser video, "Connections." You will be able to view this video and the entire Open Meeting on the NRRTS website.

Next, there was a request for client interaction photos. If you have photos from client interactions and the necessary photo releases, please send them to the NRRTS office. We need to tell our story!

Walker and Annette Hodges then went on to describe our continuing education program. IACET-approved CEUs, on demand webinars, the 2021 continuing education offerings, beginning with the founder of LUCI, Barry Dean. Social media, Unite4CRT and DIRECTIONS magazine were all highlighted.

Another important announcement was the re-publication of the book "Complex" by Mark Sullivan. You can order a copy or download a copy from the NRRTS website at www.nrrts.org/complex. The cost for the digital version is $10.00 USD, and the print copy is $15.00 USD. Money well-spent.

Next, Walker described the Complex Rehab Technology (CRT) Supplier Certificate program. This exciting, new certificate program is a game changer for our profession! Watch your email for the announcement that Course 1 is available.

Profound thanks to our Charter Corporate Friends, Corporate Friends, and acknowledgment to our fellow professional organizations that led to the discussion of NRRTS Canada, and then to the best part, in my opinion, the awards ceremony.

Our friend, colleague and fellow advocate Jenny Siegle received the Consumer Advocate of the Year Award a few months ago at her home, presented by Tom Hetzel, CEO of Ride Designs. Walker spoke of how amazing and deserving Siegle is of this award. Siegle is a passionate, articulate advocate for CRT. She gives an extraordinary amount of her time, energy and commitment to the CRT community.

Amy Odom presented the Distinguished Service Award to Tom Simon, ATP, CRTS®. Simon is an outstanding ATP, CRTS® working for Numotion in Texas. Simon is also a passionate advocate and dedicated member of the NRRTS board of directors.

It was then my turn to present the Simon Margolis Fellow Award. This year's award winner is Mike Barner from the University of Michigan Seating and Mobility Program. He is known to some of us as "Junior," to others as the "Aspargus King," and to everyone as Mike. He is another passionate advocate for the CRT community. A NRRTS board member, president-elect, president and past president, Barner now serves on the NRRTS Advisory Board. Congratulations, Junior!

I presented the last award to Weesie Walker. She received the NRRTS Fellow Award in 2012. With the passing of Simon Margolis is 2017, the board of directors voted to honor the memory of Simon by renaming the NRRTS Fellow Award to the Simon Margolis Fellow Award. This renaming gave the Fellow Award a deeper, more powerful meaning. Walker's lifelong commitment to the CRT community, her personal and professional grace, her skill and her leadership of NRRTS, made it a very easy decision for the NRRTS board to elevate her existing Fellow Award to that of the Simon Margolis Fellow Award.

It was my very deep honor and pleasure to present these awards to Mike Barner and Weesie Walker.

The meeting closed with the complete video "Connections" from Bill Noelting, and then some Q&A and fun conversation.

With the success of this first virtual Open Meeting, we are thinking of having them more frequently. NRRTS will send out notifications of upcoming meetings. Please pass the word along so we can include everyone interested in the world of "Complex" and "Connections."

Whatever you celebrate at this time of year, I hope you celebrate with the ones you love most.

Stay safe and healthy. Here is to an interesting 2021!

CONTACT THE AUTHOR

Gerry may be reached at GDCRTS@GMAIL.COM

Gerry Dickerson, ATP, CRTS®, is the current president of NRRTS and is a NRRTS Simon Margolis Fellow and RESNA Fellow.

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CRY ABOUT IT. WIPE YOUR TEARS. GET ON WITH YOUR LIFE.

Written by: **ROSA WALSTON LATIMER**

Prior to July 2014, Tina Pedersen was a spirited woman who led a full, active life. She had many interests and shared in the activities of her two children. "When my kids, Hannah and Hunter, were growing up, I participated in everything they were doing," Pedersen said. "I believe in leading by example, so if Hannah wanted to do cheerleading, I was a cheerleading coach. If Hunter wanted to play football, I was the football mom and organized fundraisers. Whatever they did, I was 100% fully immersed." Pedersen had also overcome breast cancer twice and bladder cancer twice.

On July 21, 2014, Pedersen walked into the hospital for minor surgery and, during the procedure, suffered a spinal stroke that left her legs paralyzed.

"I have the unique perspective of having gone, in a few minutes, from the walking community to the 'rolling' community," Pedersen said.

The 48-year-old's life situation may have changed drastically, but essentially Pedersen is the same dynamic person she has always been. Now she navigates life in a power wheelchair, but Pedersen's "life on wheels" possesses the same positive, energetic attitude that marked her life before this transformative event.

"My life changed in a few minutes when I woke up to no feeling in my legs," Pedersen said. "This event completely altered the trajectory of my life, but I was no stranger to fighting battles. No matter what life throws at us, we need to meet it head-on and make the best of it. Making the best of my situation and finding solutions to my challenges provides me with the opportunity to help others. I believe my experience is a good example of the fact anyone could find themselves as part of this amazing community in the blink of an eye. Let's have the world ready for us now, so when someone else needs accessibility and inclusion, they have one less challenge to face."

It didn't take long for Pedersen to begin adjusting to her new life. She immediately took her place as a fervent advocate for accessibility and inclusion for those with disabilities. "I've always been the person who was not going to let anything beat me. I hope to show others, especially younger women, that anything is possible

When your Zoom call with the state needs a little sparkle and wet noses. Tina Pedersen with Luke, Jacq, Bentley, and Logan.

"Super Hero" Tina Pedersen.

(l to r) Christina Battista, Jennifer Lariviere, and Tina Pedersen speaking to young students.

and crying about it isn't going to change a difficult situation," Pedersen said. "Cry about it, wipe your tears, and get it together so you can recognize a purpose in your circumstances. I have found my purpose and have a lot of life to live. I'm OK with who I was, and I am OK with who I am now. I have no choice but to accept my situation. I am living it. Of course, it isn't always easy. I cannot feel my legs; they are like jello. I have experienced difficulty with some family members who have not accepted my approach to this situation. They want me to do things that actually will help them feel better rather than benefit me. I hope that something is going to change somewhere down the road, but I have to face my reality now. We each have to do what is best for us."

> "THE RAMP MADE IT POSSIBLE FOR ME TO ACCESS MY HOME ON MY OWN, BUT THERE WERE STILL MANY PROBLEMS WITH ACCESSIBILITY INSIDE."

During the last six years, with the same intensity of spirit Pedersen has always applied to her circumstances, she has accomplished much. "When it was necessary to adjust my living situation, I, like anyone else, faced many barriers. It took over a year for me to afford, and to find someone to build, a makeshift ramp outside of my rented home," Pedersen said. "The ramp made it possible for me to access my home on my own, but there were still many problems with accessibility inside." In typical "Pedersen fashion," she continued to look for solutions to her housing issues and has partnered with Habitat for Humanity West Bay and Northern Rhode Island Inc. to build a home that is fully wheelchair accessible. "I am involved in every facet of building the home,"

Pedersen said. "A hammer is my new therapy! Working alongside many volunteers, including my son, Hunter, I've worked on floors and painted walls. I love that being in a wheelchair doesn't prevent me from participating in the construction of my own home." Pedersen is producing videos to document various stages of construction. "For example, a vendor is donating a chairlift, so I'll be able to go down into the basement," Pedersen said. "We are doing a video from the beginning to the end of that project. We have learned a great deal about the possibilities of making a house safe for a wheelchair user or aging homeowner, and I want to share that knowledge. This home is a genuine example of how to make a house fully accessible."

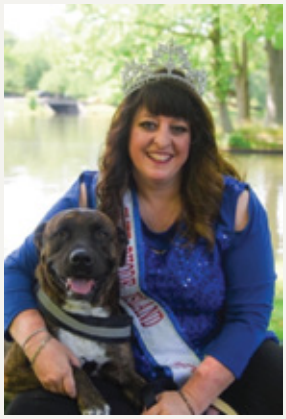
Pedersen is the founder and president of R.A.M.P. – Real Access Motivates Progress - a nonprofit organization with a mission to educate and advocate for accessibility and inclusion. Learn more at www.rampisinclusion.com "Before the restrictions relating to the pandemic, I was traveling to speak to organizations, sharing how to apply our philosophy and practices in other states," Pedersen said. "Now I'm using virtual events to continue to communicate with organizations in other areas, sharing ideas. No one can

CONTINUED ON PAGE 10

Tina Pedersen with Rhode Island Governor Gina Raimondo.

Tina Pedersen (front, center) and other participants in the 2019/2020 National American Women of Service competition.

Tina Pedersen with her daughter, Hannah; grandson, Carter; son, Hunter; and grandson, Sonny.



Tina Pedersen, 2018 Ms. Wheelchair Rhode Island with her service dog Logan.

CRY ABOUT IT. WIPE YOUR TEARS...
(CONTINUED FROM PAGE 9)

do this alone. It is going to take a collaborative effort to make a significant difference." Pedersen is also reaching out to local businesses to encourage Americans with Disabilities Act compliance and sensitivity to customers who may need accessibility.

> "I COMPETED WITH 32 WOMEN WHO WALKED ONTO THE STAGE. I WAS THE ONLY PARTICIPANT WHO USED A WHEELCHAIR, BUT BEFORE LONG, NO ONE SAW THE WHEELCHAIR. THEY SAW ME ..."

The unique "Red Bag" initiative of R.A.M.P. has been especially successful. "Whether you have a disability or not, the privacy of your health information, as well as easy accessibility to that information by first responders, is important. Our Red Bags are an inexpensive, simple way to accomplish this," Pedersen said. "Perhaps you have this information on your cell phone or a flash drive, but you might not be able to provide a password in an emergency." The Red Bag contains a card with the owner's emergency contact information, medical information, allergy alerts and your wishes in the event of an urgent situation. The convenient, zipper bag can also hold small amounts of medicine and medical devices such as a glucometer.

"First responders love the Red Bags! We sell them through our R.A.M.P. website ($3.00 USD/each), and for every bag we sell, we donate bags to the homeless, veterans, and nursing home residents," Pedersen said. "This is a simple idea that can make an urgent situation less critical. Word has spread through social media and word of mouth. I mail out bags almost every day and we've distributed over 50,000."

Pedersen's advocacy and education efforts are expansive. She produces podcasts, visits schools and speaks to organizations throughout the United States. On occasion, she dons a glitzy dress and competes in pageants that emphasize service to others. She was selected Ms. Wheelchair Rhode Island in 2018. This event recognizes women, who happen to be wheelchair users, for their advocacy for Americans living with disabilities. The organization chose Pedersen because of her ability to effectively communicate for and represent persons with disabilities to the general public, the business community and the legislature.

Pedersen was Rhode Island's representative in the national American Women of Service Elite event in 2019. This community service-based pageant was founded to empower all women to become the best version of themselves possible through service. It encourages women to mentor and inspire others to serve their communities. Participants are also recognized for public speaking abilities, confidence and volunteer work. "I competed with 32 women who walked onto the stage. I was the only participant who used a wheelchair, but before long, no one saw the wheelchair. They saw me," Pedersen said. "I finished as second runner-up last year and also received three individual honors: the Role Model Award, the Speech Award, and the Presidential Service Award. I competed again in September of this year in Maine under strict compliance with COVID restrictions. I received the

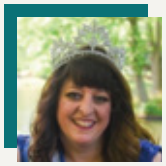
> "MY WORK WITH THE COMMISSION IS VERY IMPORTANT TO ME, THIS ORGANIZATION HOLDS OUR ELECTED OFFICIALS TO A HIGH STANDARD OF SERVICE TO OUR STATE'S RESIDENTS WITH DISABILITIES. WE ALSO HELP ENSURE THAT EVERY LEGISLATIVE BILL CONSIDERED ADHERES TO THE AMERICANS WITH DISABILITIES ACT."

individual Speech Award; however, I am most proud of being recognized as Volunteer of the Year for my 3,500 hours of community service."

Pedersen is vice chairwoman of the Rhode Island Governor's Commission on Disability and also serves as chair of the commission's Awareness Committee. This state organization ensures all people with disabilities are given the opportunities to exercise all the rights and responsibilities afforded to citizens of Rhode Island. "My work with the commission is very important to me," Pedersen said. "This organization holds our elected officials to a high standard of service to our state's residents with disabilities. We also help ensure every legislative bill considered adheres to the Americans with Disabilities Act."

"We are on this planet for such a very short time. I plan on using every single minute of my time to help make life better for others," Pedersen said. "Helping others fills my heart and greatly improves the quality of my life. I invite others to join me."

CONTACT
Tina may be reached at RAMPTINA@YAHOO.COM



Tina Pedersen is consumer advocate who resides in Rhode Island.

SELLING FREEDOM AND INDEPENDENCE

Written by: **ROSA WALSTON LATIMER**

Bret Tracy, ATP, has worked in our industry for 20 years and is currently the regional sales director for Merits Health Products Inc. – Eastern Region. "My biggest responsibility right now is building our sales team," Tracy said. "We have a very aggressive hiring process going on in the United States. When I joined Merits USA three years ago, there were 33 employees. We now have 87 and plan to hire up to 40 next year."

WOULD YOU TELL US MORE ABOUT MERITS PRODUCTS AND YOUR RECRUITING EFFORTS?

Merits is a manufacturer of Durable Medical Equipment (DME) products, a line of Group 2, and Group 3 power chairs. We also have a stairlift division and a division for seating and positioning products. I joined the Merits team three years ago as a regional sales manager and was recently promoted to regional sales director for all four divisions for the eastern United States.

Angela Dudley-Bret Tracy wedding July 29, 2020

In our recruiting process, I am focused on finding talented, like-minded sales representatives — people who have the passion, education and desire to help. Turnovers, mergers and acquisitions are all part of the business, but I most enjoy this exciting growth experience. One of the most important things I task myself with is recruiting top talent to come aboard with Merits.

HOW DO YOU IDENTIFY A TOP CANDIDATE?

Usually, a former business owner is a prime candidate. They are well acquainted with the accounting component, operations and all of the other aspects of the business in addition to selling a product. I have hired a good number of former business owners who have been successful. However, I try to remember how it felt to be the new guy when a manufacturer took a risk with me. So, I am also looking for that person who has a spark in their eye and, most importantly, has compassion in their heart. We want individuals who can truly see who is using our devices, understand their needs and relate this to our products.

We take our time and have patience, and this leads to a successful sales team. This is a niche field, and we can do a better job of making this industry and the career opportunities it offers more visible. No degree program launches you into this field, and regardless of whether you are a clinician, supplier, an ATP, or manufacturer, it is gratifying work.

TELL US ABOUT YOUR EXPERIENCE AND WHY YOU WERE PARTICULARLY DRAWN TO COMPLEX REHAB EQUIPMENT SALES.

After completing my MBA in Las Vegas, Nevada, I was looking for my first sales job to get the work experience I needed. I knew I wanted to be in health care sales, whether that would be pharmaceuticals or medical devices. Pride Mobility had opened a distribution center in Las Vegas, and in 2000, I began working for them. During the next 12 years, I moved up through the ranks from sales rep to regional manager with Pride. Ultimately, I was responsible for the region of Nevada, California, and Hawaii.

Between my time with Pride and coming to work for Merits, I worked at MK Battery and UPG. Still, during my time selling batteries, I remained passionate about complex rehab technology. In 2015, at a time when Merits was growing and

Bret Tracy: Quest for the Crest 50k Mount Mitchell, North Carolina.

Bret Tracy and daughter, Brette Tracy, spending play time at the Hope Vision orphanage in Port de Paix, Haiti

The family: Angela and Bret Tracy, Beck Tracy, Brette Tracy, Stone Tracy and Quen Hawkins.

"I FELL IN LOVE WITH THE EXPERIENCE OF MEETING THE CLIENTS AND KNOWING THE PRODUCTS I SOLD COULD CHANGE LIVES."

hiring direct sales reps, they recruited me for the western regional position. However, I had just moved to South Carolina, and I told them I didn't want to move back to the West Coast, but if they ever had a position available on the East Coast to call me. It wasn't too long before the regional manager position for their Eastern Region became available, and I joined Merits. It was the right decision, and I have truly enjoyed my time with them.

I have always believed I am a born salesman, so pursuing this career was natural. However, as I gained experience in this industry, I fell in love with the experience of meeting the clients and knowing the products I sold could change lives. Early on, I worked with patients who had, in some cases, been bed-ridden for many months because of an injury. To have the experience of putting them into one of our chairs and having them gain some mobility touched me deeply. One client went outside and looked up at the sun and said, "This is the first time I have been in the sunshine in over a year." I was 27 years old at the time, and I've never forgotten the joy on his face. I was profoundly impressed by the fact a product I was offering made this experience possible. It is amazing to help give someone that freedom, and that's how I've always viewed this equipment. I don't see it as a cumbersome wheelchair or a medical device. Instead, I feel we sell freedom and independence.

In my capacity as regional sales director for Merits, I still have some direct experience with our end users, but most often, I get called when there is an escalated issue. I thrive on those opportunities. They allow me a chance to demonstrate to both the supplier and the end user we truly stand behind our products. More often than an actual problem with our product, I discover perhaps there was a deficiency in end user education or a misunderstanding about the equipment's specific use. However, regardless of the base problem, I thrive on the opportunity to come in, sort of "throw on a cape," resolve an issue and take tension away. These situations provide us with a chance to display Merits' commitment to customers.

CONTINUED ON PAGE 14

Bret Tracy (right) and son, Slate Tracy, at Spartan Super Asheville, North Carolina.

SELLING FREEDOM AND INDEPENDENCE
(CONTINUED FROM PAGE 13)

IN ADDITION TO YOUR RECRUITING EFFORTS, WHAT OTHER CHALLENGES HAVE YOU ENCOUNTERED RELATING TO MERITS' GROWTH?

When a company experiences rapid growth, internal operations become a challenge. I thought 2019 was going to be our most challenging year ever. We had outgrown both our facility and the capacity of our IT system. In August, we moved our North American headquarters from Cape Coral, Florida, to Fort Myers, Florida. The physical move was very ambitious because we didn't take any time off. We accomplished our goal to make Fort Myers our official headquarters in three weekends with little disruption to our daily operations.

The second area that required attention because of our growth was our IT system. We accomplished a significant upgrade and complete overhaul in November of 2019. Our IT migration was just as challenging as the physical move; however, the changes the upgrade imposed on us turned out to be a blessing in 2020. The enhancements allowed us to give all of our employees laptops and headsets, so once the pandemic hit, our non-essential employees could work from home. Unless you were unloading trucks or driving a forklift, you didn't need to be in the building, yet we continued to serve our customers at the high standard we have established. Our staff worked together through these significant changes and interruptions with a positive attitude and dedication to their work that is typical of the Merits family.

"THE PHYSICAL MOVE WAS VERY AMBITIOUS BECAUSE WE DIDN'T TAKE ANY TIME OFF. WE ACCOMPLISHED OUR GOAL TO MAKE FORT MYERS OUR OFFICIAL HEADQUARTERS IN THREE WEEKENDS WITH LITTLE DISRUPTION TO OUR DAILY OPERATIONS."

WOULD YOU TELL US ABOUT YOUR FAMILY AND HOW YOU SPEND YOUR FREE TIME?

I am an avid trail runner. When the workweek is done, I'm lacing up running shoes and finding a single track to take me to a remote waterfall or mountain stream. I have enjoyed this for several years now, and I recently got married, so my wife, Angela, is now my running partner. We live in Fountain Inn, South Carolina, just outside of Greenville, and our house is within 100 miles of 250 waterfalls. In the last five years, I've been to about 100 of those waterfalls, so I'm only halfway done seeing them all. Since 2012 I have also participated in over 20 Spartan obstacle races in nine different states. My son, Slate, has done nine of those races with me.

Angela and I knew each other when we were in high school, and she was living in Florida when I realized I would be moving to the East coast. We met for dinner to catch up like old friends, and now, four years later, we're married! We have a blended family of five children. Three are attending college: her daughter, Quen Hawkins, and my son, Stone, are 22 years old, and my son, Slate, is 21. I also have an 18-year-old daughter, Brette, and a 15-year-old son, Beck.

CONTINUED ON PAGE 16

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SELLING FREEDOM AND INDEPENDENCE
(CONTINUED FROM PAGE 14)

CONSIDERING YOUR ACTIVE LIFE, ARE YOU ABLE TO MAKE TIME FOR CHARITABLE ORGANIZATIONS THAT ARE IMPORTANT TO YOU?

I have supported the ALS Association for many years, initially serving on the board of directors when I lived in Nevada. After I moved to South Carolina, I was a board member of ALS Association South Carolina Chapter for two years and am still very involved with that organization's important work.

> "IN VERY BROKEN ENGLISH, THEY SAID, 'THANK YOU! THANK YOU! THANK YOU!' SHARING IN THE JOY THOSE BOYS EXPERIENCED SIMPLY TAKING A SHOWER WAS THE BEST POSSIBLE REWARD FOR THE WORK WE HAD ACCOMPLISHED."

I've also been volunteering with our local church that supports an orphanage in Haiti. Two years ago, my daughter and I traveled with a church group to install running water to the dormitories at a new facility our church had helped build for the orphanage. Until we finished the project, it was necessary to carry water in five-gallon buckets from a tank at the bottom of a hill up to the dorms for personal needs and work in the kitchen. We installed a 500-gallon tank on the top of each of the dormitories and a PVC pipe gravity-led water system into the showers, sinks and toilets.

At the end of the trip, I was putting tools away, and as I came back up toward the boy's dormitory, I heard kids playing, along with the sound of running water. As a father, I instantly thought they were misusing the water. However, once I came around a corner, I saw four little Haitian boys who had just finished their showers and had the biggest smiles on their faces. In very broken English, they said, "Thank you! Thank you! Thank you!" Sharing in the joy those boys experienced simply taking a shower was the best possible reward for the work we had accomplished. We could not return to the orphanage to do more work this year, but I hope we'll be back in 2021.

(l to r) Bret Tracy, Madonna Long, Mark Smith and Josh McDermott, at Access2CRT.

CONTACT
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Bret Tracy, ATP is a regional sales director for Merits Health Products Inc. – Eastern Region and resides in Florida.

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'KEEP LEARNING!'

Written by: **ROSA WALSTON LATIMER**

"I began working as a Liberty clinical specialist for Ki Mobility almost two years ago," Allison Baird, MS, OT, ATP, explained. "I am responsible for the northeast region and work with therapists and suppliers in a variety of ways. I introduce the Liberty wheelchair, help them understand the value of this wheelchair for some of their patients and assist with evaluations. I also help work through documentation to provide a seamless process. I'm somewhat new to the manufacturing side of the seating industry, but I'm learning every day, and I have enjoyed the transition." Baird's experience and knowledge were an excellent fit for her work with Ki Mobility. "The Liberty wheelchair was created especially for stroke patients. My seating and neurological background was an especially good combination to prepare me to help therapists understand how they can use the wheelchair to position their patients in a way that will help prevent future problems."

This advanced clinician has a thorough knowledge of the challenges and rewards therapists experience. "I love this job because I have the opportunity to educate therapists and assist them as they serve their patients," Baird said. "I clearly remember seeing patients who were positioned poorly, often causing posture-related problems. A patient positioned appropriately from the beginning will realize the most benefit from rehab. I really can't emphasize this enough, and I like having the opportunity to help others achieve this goal."

Baird graduated from Misericordia College in northeastern Pennsylvania in 1999 when significant insurance funding changes were causing layoffs and staff reductions. "It was a struggle at first to find a job as an occupational therapist (OT,)" Baird said. "I ended up with multiple part-time jobs – subacute, a psych unit – whatever was available so I could get started as an OT." Eventually Baird began working in major hospitals in a variety of rehab services, including acute care, inpatient and outpatient. "Most of my career has been focusing on patients with complex injuries, trauma injuries or neurological diagnoses," Baird said. "My work with patients with chronic disabilities led to my learning about home modification and seating and positioning. I began to consult with the National Multiple Sclerosis Society, conducting home evaluations for safety and accessibility and giving my recommendations. While I was at New York-Presbyterian/Columbia University Irving Medical Center, I started working in a seating clinic, and the final three years of my clinical career, I managed the seating clinic."

Baird's positive attitude and enthusiasm for her work continue to keep her engaged. "From the beginning, one thing I liked about being a therapist is it is a broad field with many opportunities to learn. That is exciting to me whether I am learning more about seating or home modification, or maybe a new way of reaching out to patients," Baird said. "I have learned so much from my patients! They tell me strategies they have developed, and I thank them and tell them I'm going to use that with others." Baird also credits co-workers with her on-going education. "It encourages me when I see so many people in this field who are passionate and constantly striving to do better. We energize each other. At times the work is overwhelming with administrative rules, changes in insurance and regulations. It is reassuring clinicians and ATPs can support each other, problem-solve together and learn from each other. There have been many people who have had a positive influence on me personally and on my career," Baird said. "Especially during my time at Columbia, there were four ATPs who were exceptional – exceptional role models and exceptionally patient with me. I loved working with them and learned much from them that still impacts my work today." Now Baird works closely with three other members of the Ki Mobility Liberty team, and together they cover the entire United States. "Our team communicates with each other often, sometimes just to check-in. I also work closely with local suppliers and ATPs in my region. Again, I am always learning from these people!"

Baird's passion for education translates into advice for someone just beginning as a clinician. "Keep learning! If you feel you lack skill in a certain part of your responsibilities, consider working more in that area. If there is an area where you feel less confident, seek out related classes," Baird said. "Also, be aware of the possibility and efficiency of meshing your different experiences together. I believe you learn more by working in multiple areas. This empowers you to bring more skills to help your patients. For example, when I worked in inpatient, I used my outpatient experience to help me understand possible future results. I had an understanding of what my patient's priorities would likely be as they moved forward. If you always work in the same area, there is a danger of developing a kind of tunnel vision of the 'here and now.' This makes it difficult to look ahead at possibilities for your patients, and they need that knowledge and hope from you."

The transition to a new job and the challenge of handling responsibilities

Allison Baird with "Team in Training" friends before the start of the 2015 New York City marathon.

The family traditional homemade ravioli day to prepare for Christmas. Allison Baird (back, second from left?) with her cousin, Jaime; aunt, Rosie; mom, NAME; (front) sister-in-law, Ericka; and niece, Sofia.

Alison Baird's family at her niece's birthday dinner, February 2020.

Allison Baird (second from right) with New Jersey group and Congressman Leonard Lance (right), Capitol Hill Day 2018.

during the pandemic don't keep Baird from taking time to enjoy life. "I do lots of things for fun! I have a close family who enjoys being together," Baird said. "The women in my family always gather together to make homemade ravioli for Christmas, and now we are joined by my 2-year-old niece, although I'm not sure she'll be much help. This Christmas will be special!" Baird enjoys cooking and baking, but "I have to work off all of those cookies and other good things, so I started doing half-marathons several years ago," Baird said. "I like to be active, whether that means running, Pilates or ballroom dancing. I especially enjoy hiking in the fall."

Baird has always enjoyed traveling, and her responsibilities with Ki Mobility provide an opportunity for business trips throughout the region. "Of course, my job has been mostly virtual the past few months, but my company has been very supportive, and we have continued to assist those we serve through these trying times. Like everyone, I am looking forward to getting back to normal."

A career spanning 21 years means Baird has seen many changes in the work of a therapist. "Revisions in funding have greatly impacted our ability to consider individual limitations of patients. I see more emphasis on a disease code and what is considered typical norms for recovery from that particular code with less attention to functional gains," Baird said. "Some people do not fit into norms. It makes me sad to put someone in a box with little regard for their personal situation. For example, a patient who has multiple sclerosis might be allowed a certain number of visits in a year. What if that individual is having an especially difficult year and needs additional help? The answer is for the therapist to write very thorough documentation to justify the need for therapy. Of course, we are all well aware of the changes in documentation. When I first began as a therapist, I would handwrite a page or two, and now we have a 12-page electronic document. Despite changes such as this that put more responsibility on the therapist, there is also more emphasis on productivity. That expectation is

Allison Baird with New York group and Congressman Adriano Espaillat (back row, center) Capitol Hill Day 2018.

especially difficult in a seating clinic because you aren't going to see a patient for an hour, figure everything out, and go on to the next patient. The insight I have gained during my career helps me be more effective in supporting other therapists. I'm excited about this opportunity!"

CONTACT

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Allison Baird is a Liberty clinical specialist for Ki Mobility. She has worked as an Occupational Therapist since 1999 and received her ATP certification in 2015. Baird has worked in a variety of healthcare settings in NJ & NY including: Level 1 & 2 Trauma Centers, rehabilitation hospitals, and outpatient clinics. She was the advanced clinician and clinical coordinator for the Seating Program at NY Presbyterian- Columbia. In addition, she was a home modification consultant for the MS Society of NYC. Baird is a guest lecturer for the occupational therapy graduate program at Touro College and for the Art Therapy Graduate Program for the School of Visual Arts.

MEDICAL DEVICES AND WHEELCHAIR SEATING AND MOBILITY CONSIDERATIONS

Written by: **MICHELLE L. LANGE, OTR/L, ABDA, ATP/SMS**

Wheelchair seating is designed to provide postural support and stability, optimize function, provide a position of rest and manage pressure issues for wheelchair users of a wide range of ages, diagnoses and settings. Many wheelchair users also use specific medical devices that may require accommodation within the seating system or the wheelchair frame itself.

GASTROINTESTINAL (GI) SYSTEM RELATED MEDICAL DEVICES

Wheelchair users may have a variety of implanted devices related to feeding, digestion and elimination. These may include gastrostomy tubes (these may enter the digestive tract at various levels, i.e., G-tube, J-tube, etc.), cecostomy tubes (entering the colon) or an ostomy bag.

Certain secondary supports may cover or catch the edge of these medical devices. When a secondary support, such as an anterior vest style trunk support, covers a medical device, (such as a G-tube), this is not usually a concern, though access to the tube is now limited. If a cut-out is made in this anterior support, the edges are likely to catch on the device. The lower edge of a vest style anterior support may also catch on one of these medical devices. This "catching" can lead to irritation, leakage and even inadvertent removal of the tube or injury to the tissues surrounding the device. Occasionally, a pelvic belt may also interfere with a device placed low on the abdomen, particularly if a higher angle of belt attachment is required. It is critical to explore options of secondary support styles and angles of attachment to avoid interference with GI-related medical devices.

In general, placing seating components in front of the abdomen with constriction, such as an abdominal panel, can lead to issues with gastric emptying and digestion and possibly increase reflux and constipation in some clients.

Some wheelchair users require a "Kangaroo bag" for gravity assist or pump feeding via a gastrostomy. A pole can be mounted to the frame to support this equipment at the required height so that the client does not need to rely on a separate rolling IV style pole. The pole may need to be removable or fold in some way as to not impact accessibility.

RENAL SYSTEM RELATED MEDICAL DEVICES

Wheelchair users may utilize a variety of options to address incontinence. Incontinence is a critical issue in wheelchair seating, as urine and fecal matter have a very detrimental impact on skin PH

and moisture, heat and bacteria all decrease skin integrity – increasing risk of a pressure injury.

If a client is wearing some form of diaper or incontinence pads or underwear, these products can add to body dimensions. This needs to be compensated for in seat width and sometimes in back shape due to increased padding behind the buttocks. Control of the position of the pelvis can be more difficult if a bulky incontinence product is used. Often, a pelvic belt placed at approximately 60 degrees will end up just below this padding, providing better contact.

For a client using an internal or external catheter, it is critical that no seating components constrict or pull the tubing. Check the full cycle of movement of all mechanical or power seating (i.e., tilt, recline, ELRs) to ensure that the tubing is not pulled, as well. If the client is using a power leg bag emptier, it is important to place the end such that, when opened, no liquid contacts the wheelchair frame if possible. Leg bags can leak during tilt, so angle of tilt and leg bag placement must be considered. The leg bag should not be placed below the level of tilt, as this can lead to pulling or catching of the tube.

Some clients use a suprapubic catheter for voiding. A pelvic positioning belt may cover or 'catch' this medical device and can lead to discomfort. The belt may have to be moved to a lower position to prevent this interference. Bodypoint has a pelvic belt with ASIS pads which provide targeted contact at the ASISs without pressure against soft tissue. Finally, placing seating components in front of the abdomen with constriction, such as an abdominal panel or a pelvic belt mounted at a higher angle, can prevent full bladder emptying in some clients.

RESPIRATORY SYSTEM RELATED MEDICAL DEVICES

Wheelchair users may utilize medical devices to assist with respiratory function. This may include suction equipment, oxygen, tracheostomies (trach), and ventilation (including ventilation assistance such as CPAP or BiPAP, as well as ventilators).

If a client is using oxygen, the tubing may interfere with a head support and mounting hardware. The oxygen tank or concentrator must be supported by the wheelchair frame, either by hanging the straps on the push handles or using a dedicated holder designed for the specific model.

Clients with a trach must usually be placed in a neutral to slightly extended neck position, as neck flexion can sometimes impact trach function or occlude the opening. This is particularly important in children or people with shorter necks. The trach is typically secured to the neck with a strap. If a ventilator is attached to the trach, the tubing is typically secured to the trach in some way to prevent this from easily becoming disconnected. It is important that nothing in the seating system or wheelchair frame catches and/or pulls on this tubing. The tubing may also be secured to the client's shirt to minimize this risk. CPAP or BiPAP may only be used in bed but are sometimes used in the wheelchair. The mask and tubing, as with a ventilator, must not be pulled by the wheelchair seating system. The base equipment will also need to be supported on the wheelchair frame by some sort of tray or basket. These clients often have other medical equipment that will also need to be stored on the wheelchair, including oxygen, suctioning machine, and related supplies.

TONE MANAGEMENT DEVICES

Many wheelchair users with increased muscle tone have a Baclofen pump implanted as part of a tone management program. The pump itself is about the size of a hockey puck and is placed in the lower abdomen. Depending on the size of the client and the exact placement of the pump, certain secondary supports, particularly pelvic belts and anterior vest style trunk supports, may "catch" on the edge of the pump. While this should not interfere with the pump's functioning, this rubbing can lead to client skin irritation and discomfort. As mentioned above, placement of secondary supports should avoid contact with this medical device.

Other medical devices may temporarily or permanently impact wheelchair seating and mobility interventions. It is important to work with the medical team to be aware of potential risks and problem-solve solutions.

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Michelle Lange is an occupational therapist with over 30 years of experience and has been in private practice, Access to Independence, for over 10 years. She is a well-respected lecturer, both nationally and internationally, and has authored numerous texts, chapters and articles. She is the co-editor of Seating and Wheeled Mobility: A clinical resource guide, editor of Fundamentals in Assistive Technology, Fourth Edition, NRRTS Continuing Education Curriculum coordinator and clinical editor of NRRTS DIRECTIONS magazine. Lange is a RESNA Fellow and member of the Clinician Task Force. She is a certified ATP, certified SMS and is a senior disability analyst of the ABDA.

CRT UPDATE

Written by: **DON CLAYBACK, EXECUTIVE DIRECTOR OF NCART**

As of this writing we are a few days from the national elections. Once we have the results, we will be evaluating the impact on our Complex Rehab Technology (CRT) advocacy issues and initiatives and our plans for the remainder of this year and into 2021. In the meantime, below is an update on the activities and status of some key CRT topics along with other related information.

PERMANENT POLICY FOR CRT MANUAL WHEELCHAIR ACCESSORIES

Work continues to get the Centers for Medicare and Medicaid Services (CMS) to "make permanent" the temporary policy change that was included in 2019 year-end legislation to stop CRT manual wheelchair accessories (more appropriately referred to as critical components) from being subject to Medicare's Competitive Bid Program (CBP) pricing. This change would follow the same action CMS took for CRT power wheelchair accessories in 2017 and will eliminate the current inequity in coverage for people who use CRT manual wheelchairs.

This initiative got a major boost from a bipartisan House of Representatives letter sent to CMS Administrator Seema Verma with that request. The Congressional letter was led by Reps. John Larson, D-CT, and Lee Zeldin, R-N.Y., and was signed by 41 House members. The collective group included 26 Republicans and 15 Democrats, which showed solid bipartisan support.

Our sincere thanks goes to Reps. Larson and Zeldin for their continued leadership in protecting access to CRT for people with disabilities and to their 39 colleagues. We also thank all the CRT supporting organizations and individuals who reached out to their representatives asking them to add their signatures.

Now that the formal request to make a permanent policy change has been received at CMS, we are working with our Congressional supporters and CMS staff to build on the positive momentum and secure the needed policy change.

CRT REMOTE AND TELEHEALTH SERVICES

As part of COVID-19 related advocacy, the CRT Remote Services Consortium continues to pursue a permanent option for the use of remote and telehealth services for CRT once the public health emergency (PHE) expires. The good news is that Health and Human Services Secretary Alex Azar has extended the PHE through January 20, 2021, and it may be extended beyond that depending on future COVID-19 factors.

In related action, CMS issued Proposed Rule CMS-1734-P regarding Medicare payment policies for the physician fee schedule. This included proposals to allow expanded telehealth policies "for selective services" to stay in place once the PHE expires. Unfortunately, the proposed rule did not include physical therapy and occupational therapy services in the recommendations for permanency.

However CMS did ask for public input on this decision. To address this flawed plan, NCART submitted comments in support of permanently authorizing physical and occupational therapists as telehealth practitioners and including the related physical and occupational therapy codes as

authorized telehealth services. The comment letter was submitted in early October, and we are following up with CMS staff as they work to finalize the proposed rule.

The CRT Remote Services Consortium also continues to meet in developing guidelines and advocacy documents. The information will be shared to help in establishing guidelines and safeguards. NCART is also continuing discussions with targeted Congressional offices regarding the importance of keeping telehealth services a permanent option, how telehealth can benefit people with disabilities who require CRT and the need for federal legislation to give CMS the authority to take necessary actions.

COVERAGE OF POWER SEAT ELEVATION AND STANDING SYSTEMS

As reported, the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition has been leading efforts to secure Medicare coverage for power seat elevation and power standing systems. After six months of work, ITEM has submitted to CMS a formal Request for Reconsideration of the Medicare National Coverage Determination (NCD) for Mobility Assistive Equipment.

The stated objective of the request is to ensure that Medicare beneficiaries with mobility impairments have access to power seat elevation and power standing systems used with CRT power wheelchairs. This is the submission needed to set the stage for an official Medicare decision.

As part of developing this submission, ITEM convened dozens of experts, including power wheelchair users, clinicians, disability advocates, supplierss, manufacturers and others to prepare a comprehensive NCD request. The request is over 60 pages plus exhibits. It includes a comprehensive review of the clinical evidence, citing more than 120 peer-reviewed studies supporting the medical benefits for power seat elevation and power standing systems.

In addition, 60 national organizations across the disability and rehabilitation spectrum provided written support of the request, believing coverage is long overdue to ensure that people with mobility impairments can live their lives as independently as possible and maintain and improve their health and function.

ITEM and the other involved groups will be holding discussions with CMS and within Congress to increase awareness of the need and to provide any additional information needed to facilitate the acceptance of the reconsideration request and secure needed coverage.

MEDICARE COMPETITIVE BIDDING PROGRAM

CMS has issued an announcement regarding major changes to its planned start of Round 2021 of the Medicare DME Competitive Bidding Program. It was announced that they will not be moving forward with implementing competitive bidding in 13 of the 15 product categories that had been included in the original request for bids. Only two CBP product categories will be implemented

CONTINUED ON PAGE 24

MEET YOUR BOARD AND STAFF

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CRT UPDATE
(CONTINUED FROM PAGE 23)

on January 1, 2021: (a) off-the-shelf back braces and (b) off-the-shelf knee braces. Additional details are being sought and the DME industry will continue to work with CMS to ensure Medicare DME payment rates are set at sustainable levels to allow beneficiaries to obtain needed products and services.

CMS PROPOSED RULE FOR MEDICARE DME POLICIES

In late October, CMS issued Proposed Rule CMS-1738-P relating to Durable Medical Equipment matters that includes proposals regarding payment rates, coding and other areas. The proposed rule includes the following:

- Manual CRT Wheelchairs — Proposes language to incorporate the CRT federal legislation passed in 2019, recognizing that CRT manual wheelchairs and accessories have a permanent exemption from inclusion in any future Medicare Competitive Bidding Programs. While it is good to see this officially included in the CMS proposed rule, advocates need to continue to push our outreach to CMS to "make permanent" the temporary Medicare CRT manual wheelchair accessory policy that expires on June 30, 2021.

- Payment Rates for DME Items — Proposes to continue current relief for DME provided in rural areas at the 50/50 blended rate while other non-bid areas will be paid at 100% of the adjusted fee schedule. For DME items that were included in Round 2021 but which have essentially been removed, CMS is considering extending the current fee schedule adjustment rules "until new SPAs are calculated for the items once competitive bidding of the items has been resumed".

- Healthcare Common Procedure Coding System (HCPCS) — Includes proposed changes designed to make product coding applications, reviews, and modifications easier and more transparent.

- Benefit Category and Payment Determinations for New DME — Includes proposed changes to increase inclusivity and transparency in the processing of benefit category determinations and payment determinations for new DME.

We are conducting a more in-depth review and will be submitting formal comments on the proposed rule by the January 4, 2021 due date.

CONSIDER NCART MEMBERSHIP

If you are a CRT manufacturer or supplier and are not an NCART member, please consider joining before the year ends. Our industry needs a strong national association with unified involvement and support to help fight the ongoing negative trends in CRT coverage and payment. Your membership will enable us to continue advocating aggressively on behalf of you and your customers. For information on becoming an NCART member, check out the membership area at www.ncart.us or please email me directly to set up a conversation.

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Don Clayback is executive director of NCART. NCART is national organization of Complex Rehab Technology (CRT) suppliers and manufacturers focused on ensuring individuals with disabilities have appropriate access to these products and services. In this role, he has responsibility for monitoring, analyzing, reporting and influencing legislative and regulatory activities. Clayback has more than 30 years of experience in the CRT and Home Medical Equipment industries as a supplier, consultant and advocate. He is actively involved in industry issues and a frequent speaker at state and national conferences.

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MEET RESNA'S PROFESSIONAL STANDARDS BOARD

Written by: **ANDREA VAN HOOK, EXECUTIVE DIRECTOR, RESNA**

RESNA's Professional Standards Board (PSB), which handles oversight and compliance of RESNA's certification programs, added new members over the summer. The members of the 2020-2021 PSB are:

- Julie Piriano, PT, ATP/SMS – Chair
- Doug Rakowski, OT, ATP – Vice Chair
- Beth Speaker-Christensen, SLP, ATP – Vice Chair
- Cheryl Sheffield, OT, ATP – Secretary
- Jennifer Border, Consumer
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- Johnny Kelly, Consumer
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- Kyle Walker, ATP
- Alisa Brownlee, ATP – RESNA Board Liaison

PSB members are engaged in a number of important activities, including:

- Setting eligibility standards for initial certification and certification renewal.
- Designing, administering and maintaining certification exams.
- Maintaining a registry of RESNA certified professionals.
- Ensuring compliance with RESNA's NCCA accreditation for the ATP program and following best practices for certification programs.
- Serving as the final decision-making body for all complaints and disciplinary action.

The certification programs under the PSB's responsibility are the Assistive Technology Professional (ATP), Seating and Mobility Specialist (SMS) and the Rehabilitation Engineering Technologist (RET) certifications.

RESNA credentials are the standard of excellence for all of those in the assistive technology field. In addition to the rigorous initial application and examination requirements, applicants also agree to uphold the Code of Ethics and the Standards of Practice. Renewing ATPs, SMSs, and RETs recommit to these ethical standards, as well as demonstrating their continued practical experience in the assistive technology field in addition to completing education regularly to demonstrate their continued competency. This helps the public feel confident they are collaborating with a credentialed assistive technology professional committed to practicing in a way to achieve the highest quality of life for their clients.

To maintain this public trust and integrity, the Complaints Review Committee of the PSB is a very important and necessary aspect of the program. This committee oversees and enforces the Code of Ethics and the Standards of Practice when RESNA certified professionals have fallen short of their obligations. RESNA maintains a peer-reviewed Complaints Policy and enforcement process for the handling allegations of misconduct. Any member of the public or assistive technology professional who believes a RESNA certified professional has violated the Code of Ethics or the Standards of Practice can report alleged misconduct by filing a complaint. The Complaints Review Committee is committed to maintaining an enforcement process that is credible to the public and fair to professionals who find their conduct under question.

The certification section of the RESNA website has information on how to file a complaint, the complaint form, and the complaints process. Please visit www.resna.org/Certification/Ethics-and-Standards-of-Practice for more information.

THE END OF THE YEAR IS THE BUSIEST TIME FOR RENEWALS, AND BECAUSE OF THE HOLIDAYS, THERE ARE FEWER "IN OFFICE" DAYS.

Notice to those renewing their ATP:

Please scan and e-mail your paperwork to certification@resna.org, instead of using "snail mail" or FedEx. Due to COVID-19, staff is working remotely and the forwarding of physical mail is causing delays. Staff will then set up an invoice for you to pay online. If you need to pay by check, staff will provide the bank address. Please do not send checks in the mail to the office.

Do not wait until the last minute to submit your renewal paperwork! The end of the year is the busiest time for renewals, and because of the holidays, there are fewer "in office" days. It can take up to three weeks to process a recertification.

Updated RESNA Address and Phone

Please note RESNA's new address:
2001 K Street NW, 3rd floor North
Washington, D.C. 20006
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Fax: 202-367-2121
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REVIEWING 2020: RECOGNIZING MILESTONES AND CTF INITIATIVES — WINS AND LOSSES

Written by: **LESLIE JACKSON, OTR/L, OTD, ATP, CEASIII, PENNY J. POWERS PT, MS, ATP AND AMBER L. WARD, MS, OTR/L, BCPR, ATP/SMS, FAOTA**

INTRODUCTION

The year 2020 is one marked with both milestones and challenges, wins and losses, new learnings and many adjustments. While the COVID-19 virus certainly impacted service delivery and safety practices of Complex Rehab Technology (CRT) consumers, clinicians, and equipment suppliers, the year is also marked by significant events, including the 30th anniversary enacting the Americans with Disabilities Act (ADA). Equally important is the legacy paved by pioneering advocates and others who have passed away this year. There have been many losses on so many fronts. The aim of this article is to highlight milestones symbolic of our common ground and recognize initiatives advocating for consumers and stakeholders of CRT.

ADA'S 30TH ANNIVERSARY – CELEBRATE!

The CRT community recognized the significance of July 26, 2020, which marked the 30th anniversary since President George H. W. Bush signed legislation enacting the ADA (U.S. Department of Justice, 2020). This significant civil rights law supports and protects access, equal opportunity, full participation and protections from discrimination for people with disabilities (U.S. Department of Justice, 2020). While enduring impact of this legislation has forged pathways for access and protections from discrimination, the CRT community remains committed to the work that remains.

PIONEERING ADVOCATES

Justice has been defined as "a concern for justice, peace, and genuine respect for people" (Oxford English Dictionary, 2020). Two pioneering advocates who embraced and emulated a commitment to these principles were lost this year: the late Supreme Court Justice Ruth Bader Ginsberg and the late U.S. Representative John Lewis. As disability advocates and the CRT community reflect on the lives of these remarkable individuals, one thing is clear — both had genuine respect for all people and basic civil rights.

In response to the landmark 1999 ruling in Olmstead vs. L.C., Ginsberg composed the majority opinion, which affirmed the right of people with disabilities to live in the community (Diament, 2020). Ginsberg's written response "transformed expectations for how services for people with disabilities across the nation should be provided" (Diament, 2020, online). Ginsberg made an indelible impact as she championed for equality and upheld community access for individuals with disabilities under the ADA.

Lewis was also a steadfast advocate of the ADA. In 2018, when the U.S. House of Representatives voted to diminish certain provisions of the ADA, Lewis delivered a moving speech, advocated for the law's protection, and urged his fellow Congressional colleagues to respond accordingly. Described as "the conscience of Congress," Lewis was pivotal in leading initiatives that represented equality, justice and civil rights and spurring others toward action (Center for Disability Rights, 2020).

Both Lewis and Ginsberg shared a commitment to the principles of justice and both battled pancreatic cancer. Their passion for "we the people" as stated in the United States' Constitution was reflected in both actions and words and paralleled the principles of the ADA. The Clinician Task Force (CTF) and fellow colleagues share that passion to serve and advocate for constituents who require CRT.

CTF'S INITIATIVES FOR TELEHEALTH & COVID-19 RESPONSES

The CTF and the NRRTS sponsored a series of educational webinars for CRT stakeholders. These webinars were led by CTF Executive Director Cathy Carver, NCART Executive Director Don Clayback, and NRRTS Executive Director Weesie Walker.

The Clinician Task Force, partnering with NRRTS and U.S. Rehab, launched a series of CRT industry COVID-19 webinars. These informative webinars addressed CRT issues posed by the COVID-19 pandemic and provided updates on federal and state responses to the public health emergency. Industry experts shared CRT developments in regulatory changes, documentation requirements, and updates in advocacy efforts, including the

expansion of clinicians using telehealth-based technologies in service provision.

CRT industry leader Rita Stanley also led a series of webinars focused on the Centers for Medicare and Medicaid Services (CMS). The informative webinars provided CTF members with in-depth information about the organizational structure and processes of CMS. Participants also learned how to navigate CMS' processes through case examples of CRT issues.

In response to the COVID-19 pandemic, the CTF published several educational resources to support CRT clinicians and suppliers. Resources highlighted different types of personal protective equipment (PPE), creative methods used to support CRT stakeholders across settings, and addressed special circumstances precluding the wear of PPE for key population groups, based on guidelines published by the Centers for Disease Control and Prevention (CDC).

The CRT Decision Tree was published as the result of collaborative efforts of CTF members serving on a COVID-19 work group. The tool provides clinicians and suppliers with clinical guidance when considering an individual patient's needs and facilitating discussions to make appropriate decisions for service delivery. While administrative or departmental approval may vary, the CRT Decision Tree helps CRT suppliers to determine if clients with complex needs would be appropriate for in-clinic visits or if other service options, such as telehealth appointments, contacting an on-call clinician, exploring loan closet options, or deferring an appointment would be more appropriate.

CTF WORK GROUPS & COLLABORATIONS

In 2020, the CTF demonstrated continued forward-thinking, strong leadership, renewed commitments from members, and confidence from industry partners as evidenced by new and ongoing donations to the CTF mission. This energy has meant new members, a commitment from all involved for five hours of service to the CTF, collaborations with NRRTS, NCART, RESNA and other groups, and this series of articles for Directions. The CTF's Administrative Assistant Margaret Kennedy has worked tirelessly with board members to organize work and finances, provide updates to the website and provide member support on the front lines and behind the scenes. Highlights of the CTF work groups include:

1. Federal Advocacy — advocating for CRT on a federal level.

2. Separate Benefit Category and CRT bills.

1. Advocacy through participation in Capitol Hill Days, CRT awareness week and industry webinars.

2. Collaboration with ITEM Coalition to provide clinical input for power seat elevation/power standing technologies.

4. State advocacy — for Medicaid and/or restricted coverage or reduced access on the state level.

   a. Promoting NCART tool to collect data on Medicaid issues.

   b. Working with states on areas of concern — advocacy, education, cases, resources and support.

   c. Building on advocacy successes in Washington state, Michigan and California.

   d. Developing process to review coverage policies/barriers.

5. Clinical coverage for CRT — addressing coverage criteria for CRT items that are currently not covered or have inadequate funding which denies access.

   a. Power seat elevate and power standing is the primary focus.

   b. Continuing ITEM Coalition Project on these coverages.

   c. Continuing work on scholarly paper on power standing.

6. Education — Building capacity by educating novice clinicians (to SWM) as well as in academic settings.

   a. CTF members as mentors with webinar series.

   b. Working with universities on curriculum development.

   c. Developing and writing six DIRECTIONS magazine articles/year.

   d. Responding to need for education in the industry.

7. Telehealth work group is a subgroup of the CRT "Remote Services Consortium."

8. Collaborating with NRRTS to develop an additional document to the RESNA Service and Delivery Guide.

CONCLUSION

While the past year has brought about unique challenges, we are also reminded to celebrate the milestones and pay tribute to those we have lost.

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REVIEWING 2020
(CONTINUED FROM PAGE 29)

Their actions and our collective efforts continue to forge paths toward equality and access for individuals with disabilities. Under the strong leadership and guidance of Executive Director Cathy Carver and the executive board members, CTF members will continue to advance work priorities and lead educational initiatives to advance access to CRT. May we all be encouraged by the late Rep. John Lewis who stated, "Nothing can stop the power of a committed and determined people to make a difference in our society" (Lewis, 2012, p. 7). This quote embodies CTF's mission and its members' stance toward action. CTF members look forward to leading this charge in the coming year.

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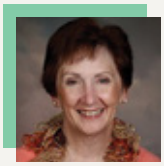
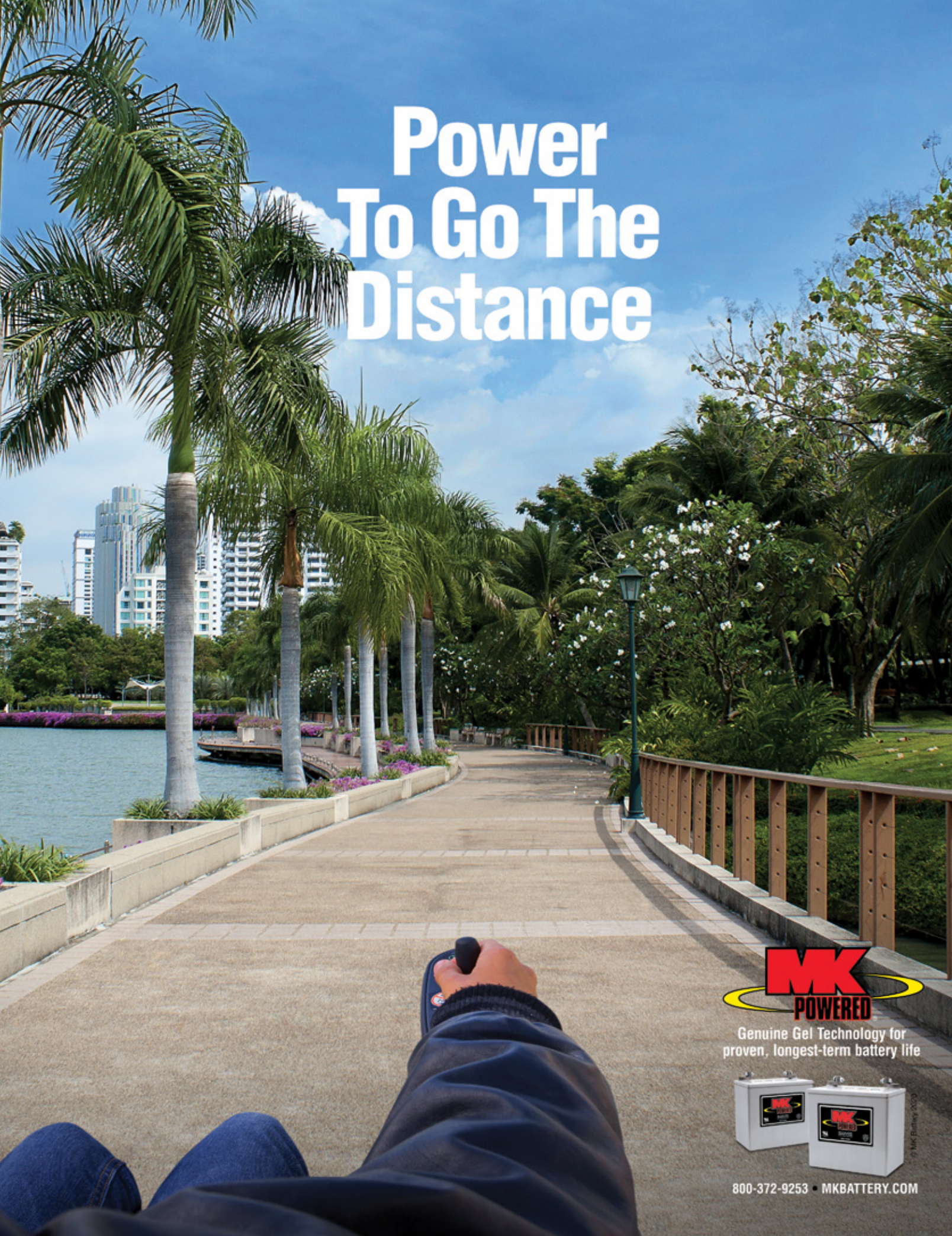
Leslie Jackson has been serving as a treating occupational therapist for over 20 years. Her clinical experience spans acute care, home health, school-based, long-term care, and outpatient settings. She earned her post-professional occupational therapy doctoral degree from Creighton University. In addition to her current practice for a seating and wheelchair clinic, she serves as associate professor at the Occupational Therapy Doctoral Program at Indiana Wesleyan University, where she teaches content about assistive technology, adult intervention and assessments, orthotic fabrication, clinical documentation, and health systems management and policy. Jackson is recognized as a Certified Ergonomics Assessment Specialist and is also LSVT BIG® Certified. She earned RESNA's Assistive Technology Professional certification in 2008. In 2013, she co-authored a chapter about spinal cord injuries and the brachial plexus in the Hand and Upper Extremity Rehabilitation: A Quick Reference Guide and Review (Second Edition). She has presented at the American Occupational Therapy Association's Annual Conference and continues to be involved in research and grant-related projects.

Penny J. Powers, MS, PT, ATP, is a Level IV physical therapist (PT) at Pi Beta Rehabilitation Institute at Vanderbilt University Medical Center. Powers is the lead PT for the Adult Seating and Mobility Clinic. Her practices involve specialty seating for a diverse adult population. She has had presentations accepted at national conferences including RESNA and APTA Combined Sections meetings as well as the International Seating Symposium. She serves as adjunct faculty at Belmont University, DPT program. She has had IRB approved research projects in collaboration with Belmont University for the past seven years. Powers sustains membership in APTA including the Neuro Section and RESNA. She currently serves on the executive board of the Clinician Task Force.



Amber Ward has been a treating occupational therapist for 23 years — 10 years in inpatient rehabilitation, and 13 years as full-time occupational therapy coordinator with persons with amyotrophic lateral sclerosis (ALS) and muscular dystrophies. She has treated a variety of patients, of all ages and functional levels. She currently is an adjunct professor at the Occupational Therapy Assistant program at Cabarrus College of Health Sciences in addition to working in the clinic. She received the RESNA Assistive Technology Professional certification in 2004, the Seating and Wheeled Mobility certification in 2014, and became AOTA board certified in physical rehabilitation in 2010. She runs the seating clinic at the Neurosciences Institute Neurology in Charlotte, North Carolina. She is involved with multiple research projects and is the author of two peer-reviewed journal articles about power wheelchairs with persons with ALS.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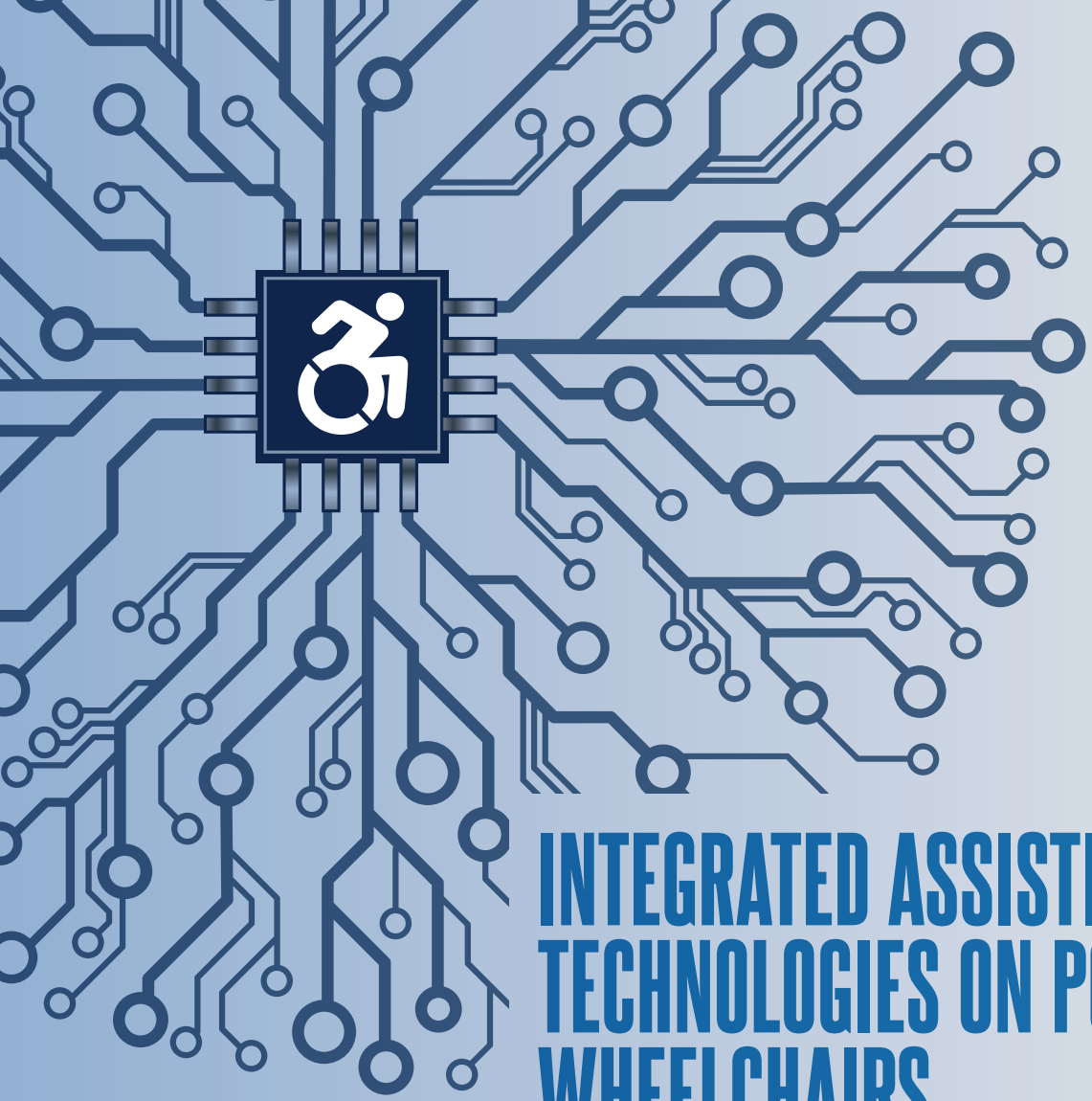

INTEGRATED ASSISTIVE TECHNOLOGIES ON POWER WHEELCHAIRS

Written by: **JILL BALDESSARI, OTRL, ATP AND LEAH BARID, OTRL, ATP**

As technology advances and evolves, the power wheelchair is no longer just a means of mobility but a hub of technology capable of organizing multiple devices to improve function. Complex rehab power wheelchair manufacturers are readily incorporating technology that allows users with limited mobility to control their phones, tablets, computers and environments via the wheelchair drive system.

Although forms of this technology have been available for years (Cook & Polgar, 2015), the setup and application of these features are rarely employed. This underutilization is often due to a lack of education, awareness and/or comfort with the technology by clinicians and ATPs. It is important for practitioners to learn how manufacturers have made this technology user friendly, to gain confidence in available features, and know when and how to introduce these features to users.

This article will outline the technologies integrated into power wheelchair electronics that connect to external assistive technology devices and highlight the unique features of four wheelchair manufacturers: Invacare, Permobil, Quantum, and Sunrise Medical. We will explore how these technologies interact with mobile devices, pair with computers and can be used to control the environment. Basic strategies for setting up and using wheelchair based assistive technologies will be reviewed. The goal of this article is to improve understanding of power wheelchair assistive technologies, improve outcomes, increase user independence, enhance occupational performance and improve overall user satisfaction.

HISTORY

While integrated assistive technologies are now commonplace among power wheelchair manufacturers, the evolution of this technology is of value to explore. In the late 1950s and early 1960s, efforts to develop assistive technologies were focused on residents of institutions and typically controlled a single function. If a user wanted to control items such as a call bell, typewriter, telephone or lights, multiple technologies were required. The resulting system was very cumbersome, fatiguing, and expensive. In response to this need, researchers at Stoke Mandeville Hospital in Aylesbury, England, developed a device that allowed the user to control multiple devices using one interface. The Patient Operated Selector Mechanism (P.O.S.M. or "Possum") was designed and developed for use by a young, athletic tetraplegic man who had been injured in a water-skiing accident (Maling and Clarkson, 1963). This innovation provided both communication and environmental control mechanisms through a single device. A "breath controlled" switch with step scanning (David, C. & Simon, J., 2006) was used to access the Possum. Although it was designed for use from bed, the same system could be positioned for access from a wheelchair. In fact, use of the Possum was expanded to include applications for machine control to encourage return to work.

In the 1970s microprocessor-based technologies began to emerge. These were incorporated into existing assistive technologies and expanded the capabilities of portable access, giving users faster, more efficient, and more productive capacities (Dickey & Shealey 1987).

The 1980s saw a shift of focus to computer accessibility features. As computer use was mainstreamed, the need for access by disabled students and workers increased. Introduction of switch access for computers was driven by the British education system (Hawley, et al., 1992).

In the early 1990s the integration of access features on power wheelchairs began. At this time "integration" referred to attaching devices to the wheelchair. Of note was the "Geoffrey system" named after an active, teenage user with cerebral palsy who needed to access systems for mobility, environmental control and communication via a speech generating device. To accommodate Geoffrey's needs, an input/output module, an infrared blaster, and the speech generating device were affixed to his wheelchair. Using his original wheelchair drive method (a custom, three switch system at his chin), he independently controlled mode selection and, subsequently, the selected device. Mobility and communication were controlled directly by the chin switches. The computer and environmental control unit were accessed indirectly via the infrared blaster. This combination of access systems allowed Geoffrey to improve his independence in his activities of daily living. As a direct result of the efforts with Geoffrey, the European Union created the "Convention on the Rights of Persons with Disabilities" which served as a strong and valuable advocate for inclusion (Hawley, et al., 1992).

Motivated to continue streamlining access and increase convenience and efficiency, developers turned their attention in the in the 2000s to creating technology that allowed the joystick of a power wheelchair to be used as a computer mouse (Ding, D. et al., 2003). This was accomplished by using physical adapters or adaptive circuitry to convert the motions of the joystick into signals that control a computer mouse. Advancements also continued to be made to external technologies for environmental control. One example of this technology was the TASH Relax IR remote (Ablenet.com). Interfacing components (often called an input/output module) connected the external assistive technology device (i.e., the Relax) to the power wheelchair electronics so that the driving method could control the device. During this time, most major wheelchair manufacturers had branded their own input/output modules.

The mid 2010s was the first time the Complex Rehab Technology industry saw true integration of assistive technologies into the electronics of power wheelchairs. Power wheelchair manufacturers incorporated Bluetooth connectivity into the drive mechanisms of wheelchairs. Although there were subtle differences in the functionality and operation of each manufacturer's product, the end goal was the same: to provide streamlined and intuitive access to external devices equipped with Bluetooth technology including computers and mobile devices. Bluetooth not only increased independence, but also: 1) allowed control of multiple devices through a single access method, 2) removed the need to possess and access multiple devices and controllers, 3) eliminated the necessity of adding multiple external modules to the wheelchair, and 4) for users with limited financial resources, this merging of technologies allowed access to needed devices without having to incur an added expense or, potentially, force the user to prioritize purchase of one device over another.

ASSISTIVE TECHNOLOGY FEATURES

It is important for clinicians and ATPs to determine the features that best suit the individual to maximize their function and independence. The most

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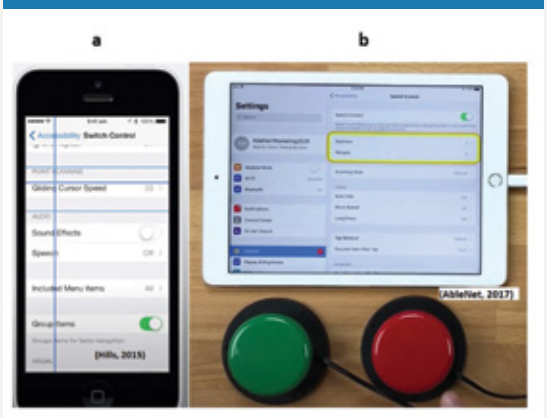
FIGURE 1 Examples of joysticks and displays with Bluetooth technology

FIGURE 2 a) Point Scanning, and b) Item Scanning



INTEGRATED ASSISTIVE TECHNOLOGIES ...
(CONTINUED FROM PAGE 33)

common assistive technology features found on power wheelchairs include infrared, Bluetooth and USB charging ports.

Infrared:

The dominant remote-control technology in home theater applications is infrared. Infrared light is also known as "heat." Light is used to carry signals between an infrared remote control and the device it is directing (Layton, J. 2005).

Infrared technology provides the capability to wirelessly utilize the drive control of the chair as an Electronic Aid to Daily Living (EADL). Devices typically controlled with infrared include TV, stereo, lights and fans. If the power wheelchair electronics can "learn" infrared signals, then anything that can be controlled with an infrared remote can now be controlled through the driving method. Infrared requires both a transmitter and a receiver. The wheelchair generally serves as the transmitter, and the media, a TV for example, is the receiver.

To control an infrared receiving device in the environment, the user must enter the appropriate "mode" on the wheelchair (often termed IR mode or Auxiliary mode). Various navigation strategies are available to enter this mode of operation (for example, using the wheelchair joystick). Depending on the wheelchair manufacturer, the infrared menus are either pre-determined or customizable. Also dependent on the manufacturer, the infrared codes are pre-stored and/or learned. The infrared blaster (transmitter) can often be identified with the naked eye and is found on joysticks and displays from most wheelchair manufacturers. The infrared menu can be considered a universal remote, providing the ability to control several devices. An infrared remote is used to program the menus on the wheelchair (learn mode). Some infrared wheelchair programming can be completed by the user or a caregiver and some require assistance from a wheelchair representative or supplier.

Often, one will encounter media remotes with both infrared and radio frequency buttons. To program all the media functions, an individual can typically contact the media provider, such as Direct TV, Dish Network, et cetera, to request an all infrared remote.

Infrared technology requires a line of sight for successful transmission. If an object is between the wheelchair and the receiver it will block the signal. The wheelchair must be properly positioned to achieve line of sight. Infrared repeaters can also be used to redirect the infrared signal, as needed. For example, if a TV is mounted high on the wall, the wheelchair needs to be positioned far enough away for the TV to receive the signal.

Bluetooth:

Bluetooth is wireless technology that allows devices to communicate with one another. It works for short distances, but it does not require line of sight. It has been available since the late 1980s. It was originally designed to reduce the number of cables needed between devices. Some examples of Bluetooth technology include a wireless printer, a wireless mouse, or a wireless headset that permits hands-free operation of a cell phone. Just as laptops can connect wirelessly to a printer or a mouse, the wheelchair can connect wirelessly to phones, tablets, and computers (see Figure 1).

For individuals who have limited movement, Bluetooth can open a new world of abilities. Users that possess some strength and coordination but demonstrate compromised posture when attempting to access devices, such as computers or phones, can effectively use this Bluetooth technology and prevent further

postural degeneration by remaining in their seated position while using the power wheelchair driving method for control.

Bluetooth technology is used for mouse emulation which allows a wheelchair user to simulate mouse control on a computer, tablet and smart phone. Bluetooth is also used with an iOS accessibility feature called switch control. Switch control is a scanning method that allows an individual to navigate their iPad, iPhone and iPod.

Mouse Emulation:

Mouse emulation is active in the Bluetooth mode and controlled through the wheelchair driving method. Driving methods include joysticks, head arrays, sip and puff, and more. The same method used to drive the chair will also move the cursor. Joysticks (used at the hand or chin) are proportional in motion (providing a full 360 degrees of control), while non-proportional driving methods will move the cursor through four axes: up, down, left and right. For example, the input used to move the chair forward will move the cursor up. The input used to move the chair in reverse will move the cursor down. The input method used to move the chair left will move the cursor left, and the input method used to move the chair right will move the cursor right.

Mouse emulation requires both the wheelchair and the device to have Bluetooth capabilities. Numerous older computers lack this Bluetooth technology. If the device does not have Bluetooth capabilities, a Bluetooth USB adapter can be used to achieve the desired connectivity.

Bluetooth technology is compatible with computers, tablets and phones. This includes a Windows computer or a Mac computer. The compatibility of selected Android tablets and phone models will vary. Consulting with your wheelchair manufacturer is recommended. Since the release of the iOS 13, which includes built-in mouse emulation, iPads, iPhones and iPods running iOS 13 and newer now have this capability as well.

While the driving method acts as the mouse and moves the cursor, there are several different methods to perform your mouse clicks. Mouse clicks include left click, right click and double click. Dragging and scrolling up or down are other functions that can be performed but vary depending on the wheelchair manufacturer. Some manufacturers use two separate menus for mouse control. One menu is used for mouse navigation and the second menu is used for mouse clicks/drags. Other manufacturers use one menu for both navigating and clicking. There are a variety of methods for performing these mouse functions. The following are some examples:

Nudges — Completing mouse clicks and scrolling functions through quick right, left, forward or reverse commands.

External switches — Setting up an external switch the user can activate to perform their mouse clicks.

Tapping — Completing mouse clicks by tapping on the wheelchair touch screen display.

Dwell — Using the wheelchair drive method, navigate to a target. Hold the cursor in the same position for a specific period and a mouse click will automatically be performed.

Display buttons — Buttons on a joystick display can be programmed for click functions.

Switch Control:

Bluetooth is also used with a built-in iOS accessibility feature called Switch Control, providing navigation on an iPad, iPhone and iPod. Switch Control is a scanning option which allows someone who cannot tap the screen to access their iOS device via the Bluetooth mode and the driving method on the wheelchair.

"Scanning is a method of access where items in the selection set are highlighted in turn" (Colven and Judge, 2006). There are two types of scanning used with Switch Control. These scanning styles are called item scanning and point scanning (see Figure 2).

Item scanning uses a combination of group and row column scanning. Depending on the content on the screen, the cursor either highlights individual items or groups of information. If an individual item is highlighted, the switch is activated to select it. If a group of information is highlighted, the switch is used to select the appropriate group. Rows of information are then highlighted, and the row of choice is selected with switch activation. Finally, individual items are highlighted until a selection is made with the switch.

Point scanning uses scanning crosshairs to select information on the screen. The crosshairs scan vertically, initially in a gross fashion until a switch is activated, and then in a more refined fashion until the switch is activated again. The cross hairs then scan horizontally following the same method. An item is selected on the screen where the vertical and horizontal lines meet, and a switch is activated.

Just like mouse emulation, the methods used to control the Bluetooth switch

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functions through the wheelchair include nudges, external switches, tapping and dwell. These options are dependent upon the wheelchair manufacturer. Switch programming and a variety of parameters are set up through the Switch Control menu on the iOS device. Some examples include, scanning speed, tap behavior and cursor color. Additional menus which allow the user to access scrolling, volume, screen shots, zooming in/out and other functions are also available (see Figure 3).

Switch Control has auto or manual scan functions. Auto scan can be used with one or multiple switches. Items are automatically scanned, and the switch is activated to select items and groups. Auto scan is less cognitively and motor challenging but can be more time consuming. An individual needs to wait for items to be highlighted and if an item selection is missed, the individual must wait for the information to be scanned again.

When using manual scan, information is highlighted only when a switch is activated. Manual scan is typically set up with at least three switch functions to control scanning navigation. These functions include move to next item, move to previous item and select item.

Examples of how to set up the switches to manage auto scan and manual scan in Switch Control include:

- Auto scan using a sip and puff drive system — "Select item," is assigned to a forward command/hard puff, and a "home button" is assigned to a reverse command/hard sip.
- Manual scan using a joystick — Forward joystick movement, "select item," right joystick movement, "move to next," left joystick movement, "move to previous," and reverse joystick movement, "home."

There are several great YouTube videos and resources on Apple's website support.apple.com/en-us/HT201370 regarding how to set-up switch control.

USB CHARGING PORTS

The USB port can be used as a charger or as a power supply. It allows the user to charge a phone, tablet, or even some tablet-based speech generating devices. This can be extremely helpful for those individuals that are on the go, always providing a method for charging their technology. This can be considered a safety feature, ensuring that a user has the means to power their phone and place to call in case of an emergency.

FIGURE 3 Switch Action Options

Select item	Notifications
Scanner menu	Control Center
Resume auto scanning	Shortcuts menu
Move to next item	Decrease volume
Move to previous item	Increase volume
Stop scanning	Siri
Tap	3D touch
App switcher	Dictation
Home button	Accessibility shortcut

There are two different styles of USB charging ports, affixed and portable. The affixed style is mounted on the wheelchair and connected directly to the battery. If the wheelchair is charged, the user is guaranteed a power source.

The portable model plugs into the wheelchair charging port, permitting the user to connect a USB cable and charge or power a device. The wheelchair can drive with the portable adapter plugged in. The portable models are more reasonably priced than the affixed, starting at approximately $36.00 USD. However, these need to be removed to charge the wheelchair, creating a risk of being lost or left behind.

There are both single and dual USB charging ports, depending on the wheelchair or commercial manufacturer. Some wheelchair manufacturers include the USB charger in the price of the chair, while others charge an additional fee. Other accessories that can be connected to the USB charging port include lights and fans. USB lights can offer additional safety and visibility when driving the wheelchair. USB fans can be used to regulate the user's body temperature. These USB accessories can be found on a variety of websites.

Please refer to the Wheelchair Manufacturer Comparison table (see Figure 4) to explore the assistive technology features found in models from four major manufacturers.

SWITCHES

Switches are at the core of accessing assistive technology. When selected and placed properly, switches can open worlds of access to speech generating devices, EADLs, computers and mobile devices (Ablenet, www.ablenet-inc.com).

External switches can be used for a variety of functions on a wheelchair. Some examples include powering the wheelchair, changing modes, completing mouse clicks, quick options for answering a phone and more.

There are a variety of switches available (see Figure 5). Switch categories include:

- Mechanical — requiring an application of force (i.e., Ablenet Buddy Button).
- Fiber optic — interrupt a light beam that is emitted (i.e., ASL Fiber Optic).
- Proximity — detection of movement through an electromagnetic field (i.e., Ablenet Candy Corn Proximity Sensor Switch).
- Pneumatic —detection of airflow or air pressure (i.e., Enabling Devices "sip and puff").

When exploring switch access, it is important to consider:

1. What is being controlled by the switch?
2. Can one switch perform multiple functions or are multiple switches necessary?
3. How much force and/or movement is required to activate the switch?
4. Placement of the switch. Avoid positions that will increase muscle tone, cause fatigue, elicit or use abnormal reflexes.
5. The type, size and shape of the switch.
6. The cost and durability of the switch.
7. Does the switch require a power source (e.g., batteries)?

WHEELCHAIR PROVISION PROCESS

It is important to understand the Wheelchair Service Provision Process as outlined by the RESNA. The wheelchair service delivery model includes the referral, assessment, equipment recommendation and selection, funding and procurement, product preparation, fitting, training and delivery, follow-up maintenance and repair and outcome measurement (Arledge et al, 2011).

While all areas of the Wheelchair Service Provision Process are important, the most significant when considering assistive technology control include: the assessment, equipment recommendation and selection, fitting, training and delivery of assistive technology options available on the power wheelchair. While the other areas will not be addressed in this article, it is important that these steps occur with a skilled ATP and clinician for optimal outcomes.

ASSESSMENT

When completing the atssistive technology control portion of the wheelchair assessment, it is important to take into consideration safety, use of technology, and how activities of daily living are performed.

Examples of what to consider include:

1. What technology is used? Some examples include phone, computer, tablet, and infrared controls (TV, fans, etc.).
2. Where will the technology be used?
    a. Wheelchair, bed
    b. Home, work, leisure
    c. Is Wi-Fi available?
3. For acquired conditions, how much technology was used prior to injury or diagnosis; and what is important to them now (e.g., phone for safety)?
4. What support systems does the user have in place?
    a. Will they only require an initial set-up or is ongoing assistance needed?
    b. How comfortable is the user and/or family, friends, and co-workers with setting up and using the technology?
5. Funding
    a. What is the user's funding source?
    b. What assistive technology control is included in the price of the wheelchair and, if not, what is an upcharge?

Equipment Recommendation and Selection:

The information obtained in the assessment should be used to identify appropriate equipment goals and selection. It is important to educate the user in all the assistive technology features, regardless of the available insurance coverage. When appropriate, it is helpful to have the user try the assistive technology incorporated on the chair. This allows them to experience the technology and impact in accomplishing activities of daily living. Trial use of the equipment and participating in the equipment selection will also enhance the user's acceptance of its use.

FITTING, TRAINING AND DELIVERY

Once the wheelchair arrives, it should be fitted and programmed to meet the user's needs. This includes setting up and programming the assistive technology control. For example, an ATP can pair a joystick to a user's computer and program a method for clicking, allowing them to control the mouse on their computer via the joystick. Another option would be to pair the display to function with an iPhone when alternative driving methods are used. Programming Switch Control, an accessibility feature on an iPhone, permits access to a user's mobile phone. Setting up and educating the user on the wheelchair assistive technology control will optimize the functional benefits and improve the user's safety and independence.

ROLE DELINEATION

Remember that this process requires a team approach. There are numerous professionals involved in the wheelchair evaluation, ordering, fitting, and training processes. Specifics are dependent upon the care setting and how roles are delineated within the organization. The following is an example of the team and their roles.

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The assistive technology therapist evaluates access options and participates in the user's equipment trials, incorporating hands-on experiences for phone, computer and other devices. The seating clinic therapist provides education on the different power wheelchair bases, seating components, and driving methods. They work closely with the wheelchair representatives and the suppliers. They also participate in completing the wheelchair prescription. The primary occupational or physical therapist initiates the referral, supports the wheelchair trials, assists with the wheelchair prescription, completes the Letter of Medical Necessity, and advocates for the equipment that will best meet the functional needs of the user. The ATP supplier participates in the wheelchair scripting, delivers the equipment and participates in the wheelchair fitting. The wheelchair sales representative assures availability of the equipment, answers product specific questions and assists with the scripting process. The manufacturer clinical educator stays current on products, provides education to the clinicians, and supports the wheelchair representatives.

FIGURE 4 - WHEELCHAIR MANUFACTURER COMPARISON CHART

	Integrated vs. external device required	Available on which models?	How many devices does it control?	Mouse – how to click	How to switch between devices	How to switch between modes
Permobil R-Net+	**Dependent on the input device selected:** **Integrated:** PJSM/ CJSM joystick Omni Enhanced Display **External Module required:** LCD, LED, VR2 joysticks	**Model availability dependent on input device (see previous column):** F3, F5, F5 VS M3, M5 M300 Corpus HD M300 PS JR K300 PS JR Koala K450 M1 only with PJSM or OMNI	**Integrated:** BT Mouse Emulation: 2 Switch control: 2 IR: 30+ **External Module:** 1 device per module	**Integrated:** • Nudge* (time is programmable) • Assignable buttons (PJSM/CJSM only) • iDevice and BT Mouse have programmable shortcut keys on PJSM/CJSM **External:** • Nudge (programmable) • Dedicated external switch	**Integrated:** • BT Menu (Mode 3) **External:** • Mode button • toggle with paddle • external switch	**OMNI:** • User menu: (Timeout to menu, sequence, standby select) • External mode switch • Soft key mode button **PJSM/CJSM:** • Toggle with paddle • External switch • Assignable buttons
Sunrise R-Net	**Dependent on the input device selected:** **Integrated:** CJSM 2 JS (IR &BT) OMNI 1(IR Only) OMNI 2 (IR & BT) **External Module required:** CJSM1 LED OMNI 1	**Model availability dependent on input device** Q700M, Q500M, Q400M, QM-710, QM-715, QM-720, Pulse 5, Pulse 6 ZM310, S-636 , S-646SE P-222SE	**Integrated:** BT Mouse Emulation: 2 Android/PC Switch control: 2 IOS IR: 30+ **External Module:** 1 device per module Android/PC or IOS	**Integrated:** • Input Nudge* (time is programmable) •Assignable buttons available • Specialty Inputs **External:** • Input Nudge* (time is programmable) • Assignable buttons available • Specialty Inputs • Ctrl+5 1 and 2: 10 assignable buttons for each module for a total of 20.	**Integrated:** • BT Menu (Mode 4) **External:** • Mode button • Toggle with paddle • Timeout to standby • Assignable buttons • Specialty inputs	**CJSM 1-2 and LED:** • Toggle (CJSM2) • Mode Button • Timeout to standby • Assignable buttons **OMNI 1 & 2:** • Mode switch • User Menu (timeout to menu, sequence, standby select) • External mode switch • Assignable buttons • Timeout to standby • Specialty inputs **Ctrl+5 1 & 2:** 10x2 = 20 assignable buttons
Quantum Q-logic 3 Q-logic 2	BT included with enhanced display and expandable joystick Separate module for IR on joystick (may be upcharge)	Any model with expandable electronics	Up to 16 devices BT: 8 Switch control: 8 IR: built in with enhanced display. Separate module if joystick only	• Multiple options to toggle between screens (mouse mover and mouse clicks) • Dwell • Mechanical Switches • Customized key buttons on joystick • iAccess Module	**1.** Mode switch to auxiliary mode or R command from home screen to aux. mode **2.** Scroll to mouse/ switch control, then R command to select **3.** Scroll to desired device, then R	• Mode Switches • Standby select, then give desired command to select mode • Customized key buttons on joystick

Invacare
LiNX
 	
Mk6i
	Included in REM 400 and REM 500
	
	Also available: ASL mouse emulator (additional cost)
		SP2	BT: 10 total
			Switch control: 4
			IR: not currently available
			
			BT and switch control require use of Tecla-e+
			
			Has IR
				• Touch display screen
				• Toggle keys
				• Button press
				• Mechanical switch
					• Screen swipes
					• Screen taps
					• Switches
					  • Long press
					  • Short press
					  • "Force to function"
						• Screen swipes
						• Screen taps
						• Switches
						  • Long press
						  • Short press
						  • "Force to function"

FIGURE 5 Figure 5 - #1 AbleNet "Buddy Button"; #2 Switch-it "Fiber Optic Switch"; #3 AbleNet "Little Candy Corn"; #4 Enabling Devices "Sip and Puff"

There may be facilities without a dedicated seating clinic, where ATPs are not available, or which are located in a rural area with limited staffing. In these situations, it is even more important for clinicians to be informed and to act as an advocate for the patient. Use available resources, such as building relationships with the wheelchair representatives and clinical educators. Ask questions and pursue new knowledge to ensure the users are educated on the wheelchair assistive technology features (see Figure 4).

CONCLUSION

With technology constantly evolving, it is imperative that clinicians stay abreast of changes and innovations in the assistive technology features available on the power wheelchairs. Promoting education and awareness of the assistive technology features for wheelchair users provides the opportunity to increase independence and improve quality of life.

As stated by one of the pioneering advocates of technology for people with disabilities: "For most people, technology makes things easier. For people with disabilities, however, technology makes things possible" (Mary Pat Radabaugh).

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RESOURCES

INVACARE:
- Invacare Technical Support 800-333-6900
- Adaptive Switch Labs: 800-626-8698 www.ASL-inc.com

PERMOBIL
- Phone: 800-736-0925
- Email: tech.support@Permobil.com

QUANTUM
- Phone: 1-833-745-3835

Ask for "Quantum Tech Support"
Then select option #1 ("programming and specialty controls")

SUNRISE
- Phone: 800-456-8168 (Sunrise Medical Technical Support)

- Reach out to local Sales Manager or Clinical Education Manager for the above wheelchair manufacturers.

MISCELLANEOUS
- Craig Hospital Assistive Technology Lab: https://craighospital.org/services/assistive-technology/assistive-tech-lab-resources
- Michelle Lange's website (resources section): www.atilange.com
- Switch Access to Technology Guide

Available online at:
http://eprints.whiterose.ac.uk/10291/1/SwitchScanningMaster_8_472.pdf&sa=D&ust=1529549098899000

Jill Baldessari, OTRL, ATP, has 35 years of experience in occupational therapy. She has directed the Assistive Technology Lab at Craig Hospital for the past 15 years and achieved her Assistive Technology Professional (ATP) credentials in 2008. Baldessari has extensive experience with the spinal cord population, connecting and reconnecting patients to assistive technology. She has a special interest in the areas of assistive technology solutions in the workplace and assistive technologies with power wheelchairs. She has presented on these topics at multiple conferences, both nationally and internationally.

Leah Barid, OTRL, ATP, is an occupational therapist and assistive technology specialist at the Shepherd Center in Atlanta, Georgia. Throughout her career, she has focused primarily on treating clients with spinal cord injuries and other neurological conditions. Barid has over 17 years of experience working across the entire rehabilitation continuum. Since specializing in assistive technology, Barid has taken particular interest in integrated wheelchair technologies. She has presented on this topic at various national and international conferences.

THE NEED FOR MORE ADVOCACY

Written by: **GERRY DICKERSON, ATP, CRTS®**

Advocacy: public support for or recommendation of a particular cause or policy.

How do you find time to advocate when you are overwhelmed with clinic responsibilities?

For both the seating clinician and a supplier Assistive Technology Professional (ATP), the demands of clinic life can seemingly take up every hour of every day. Meeting consumer and employer needs, documentation, funding, and the constantly evolving issue of funding policy demand our attention. Just this paragraph alone should be motivation to advocate.

What if we had advocated all along for our profession? Could we have influenced the policymakers to see what we do has enormous value and changes consumers' lives? Would we have then been able to ask for, and get, better reimbursement? Would we be paid for all the shadow work, documentation, phone calls, and all the other ancillary things we do that are not reimbursed? Could we have made the case for, "It's not just a wheelchair!" I don't know, but maybe.

"ONE BARRIER IS HER FUNDING REQUIRES A PRESCRIPTION BEFORE THE SUPPLIER DOES ANY WORK. THE CHANCES OF THAT HAPPENING ON A FRIDAY NIGHT IS ZERO."

What else happens when you don't advocate? A policy and coding system that does not meet current practice and is biased against many disabilities. Remember, policy and coding are developed by the Centers for Medicare and Medicaid (CMS), but most state Medicaid programs, and most private insurances follow Medicare policy. Competitive Bidding, consolidation, clinics closing and skilled professionals leaving the field while very few, younger, less skilled professionals fill the ranks. How about the "in home rule?" It still exists, still wreaks havoc. What about the consumers? Long delays in clinic appointments for new equipment. Many times, endless, sometimes senseless denials that can take months to resolve. My favorite is issues with repairs and component replacement.

What happens on a Friday afternoon, around 4:30 p.m., when a young mother of two kids, needs new power wheelchair batteries? Unfortunately, there are many barriers to making this happen. One barrier is her funding requires a prescription before the supplier does any work. The chances of that happening on a Friday night is zero.

What happens when a young manual chair user rolls into clinic unannounced because he doesn't know what to do when his Roho cushion has a catastrophic failure. A failure we cannot repair in clinic. His insurance also requires a prescription before we can replace it. So, now this consumer needs an appointment with his primary care physician. Try getting an appointment quickly on a regular day, let alone during a pandemic, and we then still need to order his replacement cushion. Not days, but weeks go by, resulting in hospitalization for a pressure injury.

What if we had advocated and showed our profession globally benefits society — society as a whole, the consumer and the funding source? Benefiting the consumer should be obvious. Benefiting society is a little more abstract but follows the belief system we should do the right thing for our fellow human beings. Causing someone to suffer because of policy and regulation goes against that belief system. And benefitting the funding source has several advantages. One is societal. Since many consumers receive funding through public assistance, saving money is beneficial to all. For the want of the cost of a Roho cushion, with proven efficacy for the consumer above, the ultimate cost was a hospital stay — costlier, by far. We need to show, maybe prove, our worth to change the course we are on.

If you are a RESNA certified ATP and/or a NRRTS Registrant, you are bound by a Code of Ethics and a Standards of Practice. The primary tenet is to "keep paramount the welfare of those served professionally." If you are not participating in changing the system, are you keeping the welfare of consumers "paramount?"

FIGURE 1

Rep. Joe Crowley meets consumers for the first time.

Other aspects of both organization's Standards of Practice and Codes of Ethics require you remain current on relevant funding and policy issues that affect your consumers and your profession. By being involved in advocacy for your profession, you are helping to keep the welfare of the consumer paramount.

So, how do you advocate while the demands of life swirl all around you? There are many ways to advocate and promote the good that we all do. One is at the point of service, and it's probably the easiest. When you are in clinic, anytime you are interacting with a consumer and especially when working on a new intervention, take the time to explain the issues of policy and funding that are going on and that are impacting what you are able to provide for them.

We have seemingly endless examples of poor or inadequate coding, policy and payment issues. How about diagnosis driven coding? If you are working with a 20-year-old college student with a spinal cord injury, you have many more choices for intervention than for another 20-year-old college student with juvenile rheumatoid arthritis. If you are doing what Medicare calls a "free upgrade," explain it to your consumer. Let them know maybe someday, if things keep going the way they are, you may not be able to do an upgrade again.

What about the de-population of the K0009 Code? You can't provide a titanium frame even when using an ABN for a consumer self-pay of the titanium frame. What about hand rims, any type, on initial issue? What about the K0955 code? A headrest is a headrest. The examples are endless. Many are masked by the desire to help the consumer. We all understand the need to help the person who is right in front of us, but if we don't change the current system, we will be very limited in our ability to help anyone in the future.

One of the most powerful forms of advocacy is getting right to a state or federal representative. Many seating and mobility professionals are reluctant to use this approach. I understand the "fear," but it really isn't scary or hard. A few points to keep in mind. One is all politics are local. Interacting with a state or federal representative on a local level is very impactful. Done right, you can speak directly with the representative as opposed to meeting with staff. I'm not discounting dealing with staff, but after doing this for a long time, getting to the "boss" has a lot of benefit. Another point to keep in mind is campaign issues are different than legislative work. Each representative typically has two websites. On the federal level, I'll use Rep. Dan Meuser as an example. His official House of Representatives website is https://meuser.house.gov/. Here is where the business of being a representative happens. The other website, more important relative to what we are discussing, is the campaign website. This is Meuser's: https://www.meuserforcongress.com/. Here you can see what a legislator is doing relative to activities in their district. I use Meuser as an example because he is a personal friend and he is a friend, and advocate for our profession and industry.

On campaign websites you can see what your representative is doing in their district. You can also sign up for newsletters and can contribute to their campaign. The two things a representative needs are votes and money. Even a small contribution is helpful and will typically put you on a campaign event email list. You will receive notices of upcoming local campaign events. I can't encourage you enough to attend one of these events. Your representative will be present, and you will have the opportunity to speak to him or her directly. You don't need a script. Speak from the passion in your heart and soul. I guarantee you will get their attention.

Another very powerful advocacy tool is an on-site visit by your representative. Seeing what we do firsthand is abundantly powerful. I pursued Rep. Joe Crowley for years at his campaign events pleading our case for a Separate Benefit Category (SBC). I needed to push through the issue of waste, fraud and abuse, and the fact it is not "just a wheelchair" — finally getting him to my office to meet consumers and clinicians.

Here is a picture of Crowley and his first visit (see Figure 1).

I don't know for a fact, but judging by his posture, he never saw a consumer up close like this in his life. During this meeting he got to meet many consumers, clinicians and hospital administrators who articulated their individual experiences with the provision of seating and wheeled mobility. I continued to develop my relationship with Crowley, and he finally agreed to introduce the Separate Benefit Category in May 2009. We are still fighting, but it is almost eligible for a driving permit!

CONTINUED ON PAGE 42

FIGURE 2 Rep. Joe Crowley visits with Jean Minkel in the clinic about the value of seat elevation.

FIGURE 3 Rep. Joe Crowley sees firsthand the benefit of seat elevation.

THE NEED FOR MORE ADVOCACY

(CONTINUED FROM PAGE 41)

As time passed, we continued what had become a very solid relationship with Crowley and invited him to another on-site visit. This time in a clinic setting.

The value of having a relationships with policymakers is best shown in pictures.

Crowley is 6 feet 5 inches tall. In the first picture, Jean Minkel is explaining to him the benefit of seat elevation (see Figure 2). In Figure 3, Crowley is seeing firsthand the benefit. Look at his posture. Time and experience have made him comfortable in our world!

Game changing events like this are not hard to organize. I, the NRRTS staff, and Don Clayback at NCART are always available to help you with the process.

The last advocacy tool we'll discuss is the annual CRT Conference in Washington, D.C., that has occurred every year; with the exception of the nightmare that is the year 2020. This conference is sponsored by NRRTS and NCART. It is an educational, advocacy and, at times, enlightening conference. One of the most significant benefits of the CRT Conference is never written down anywhere. It doesn't appear in any brochure, it's not listed on the agenda. It's the ability to be with colleagues, friends and fellow advocates who share your same love and passion. We don't know how the future will unfold for 2021, but updates will begin to flow as we move into the new year.

Some people ask me why, at this point in my career, I still advocate so fiercely. While I can see the finish line in the distance, I'm not willing to go fishing just yet.

"A SOCIETY GROWS GREAT WHEN OLD MEN PLANT TREES IN WHOSE SHADE THEY KNOW THEY SHALL NEVER SIT."

I'm a big fan of old cultural sayings that can take very broad issues, sometimes difficult to articulate, and distill them down to a few lines. My favorite, from the Greek culture is what drives me. "A society grows great when old men plant trees in whose shade they know they shall never sit."

I hope you found this article useful. I also hope you join in advocacy efforts. And for those of you nearing the end of your careers, let's plant a few trees!

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Gerry Dickerson, ATP, CRTS®, is a 40-plus year veteran of the Durable Medical Equipment and Complex Rehab Technology industries. Dickerson, president of NRRTS, works for National Seating & Mobility in Plainview, New York. Dickerson is the recipient of the NRRTS Simon Margolis Fellow Award and is also a RESNA fellow. He has presented nationally at the RESNA Conference, ISS and the National CRT Conference and is a past board member of NCART.

NRRTSCE Webinar Series 2021

Tuesday, January 19, 2021 at 7 pm ET

From Clueless to Katherine, and Beyond

Speaker: Barry Dean, CEO and co-founder, LUCI

Learning Outcomes:
The participant will be able to recognize that raising a child with a disability is a process and an education.
The participant will be able to describe how the presenter discovered similarities in his experience as a songwriter and in the role of an ATP.
The participant will be able to describe the process of recognizing user need and addressing that need through product innovation.

Wednesday, January 20, 2021 at 11 am ET

What About the Trunk?

Speakers: Lindsay Alford, BSc. OT and Cheryl Hon, B. A, M., OT

Learning Outcomes:
The participant will be able to identify the issues that arise when providing postural control at the level of the spine/trunk on functional performance.
The participant will be able to review trunk and spinal deformities and describe strategies on how to appropriately assess the spine during the mat assessment.
The participant will be able to name 3-5 equipment related strategies that can be used to control the trunk without compromising function.

FOR MORE INFORMATION, VISIT THE WEBSITE WWW.NRRTS.ORG

NRRTSCE Webinar Series 2021

Thursday, January 21, 2021 at 5 pm ET

Active Seating: Positioning Adaptive Seating for Sitting Postural Control

Speaker: Lori Potts, PT
Sponsored by Rifton

Learning Outcomes:
The participant will be able to identify published research evidence related to adaptive seated positioning and postural control in pediatric practice.
The participant will be able to differentiate between passive and active sitting and discuss the provision of supports to promote the development of postural motor control in sitting.
The participant will be able to discuss the use of adaptive seating to implement concepts for postural support for increased function and participation.

Tuesday, February 9, 2021 at 7 pm ET

Medicare Regulation and Policies; insidious ways access to CRT is denied

Speaker: Rita Stanley

Learning Outcomes:
The participant will be able to describe three rules or policies that prevent access to CRT.
The participant will be able to describe scenarios where Medicare policies have a negative impact on non-Medicare beneficiaries.
Participants will be able to describe Medicare rules or policies that must not or are not required to be applied to Medicaid.

FOR MORE INFORMATION, VISIT THE WEBSITE WWW.NRRTS.ORG

NRRTS Live Webinars 2021

Wednesday, February 10, 2021 at 7 pm ET

ADA Basics and Enforcement

Speaker: Kelly Narowski, MA, ADAC

Learning Outcomes:
The participant will be able to identify and discuss the 5 titles of the ADA.
The participant will be able to define the general nondiscrimination requirements of the ADA and learn real-life examples.
The participant will be able to describe both ADA advocacy and its enforcement measures.

Thursday, February 11, 2021 at 5 pm ET

Post-Election Analysis: Impact on CRT Access

Speaker: Amy Cunniffe, B.A., Political Science
Sponsored by Numotion

Learning Outcomes:
The participant will be able to describe the key health care issues debated in the 2020 election campaign and how these issues impact the final election outcome and share of power in federal policy making.
The participant will be able to describe the policy views and perspectives of newly-elected health care leaders.
The participant will be able to describe how health care leaders work together to find common ground and where are they likely to fall short of finding compromise.

FOR MORE INFORMATION, VISIT THE WEBSITE WWW.NRRTS.ORG

NRRTSCE Webinar Series 2021

Tuesday, February 17, 2021 at 3 pm ET

Making Lemons into Lemonade: Telehealth's Place in Complex Wheelchair Prescription

Speakers: Erin Michael, PT, DPT, ATP/SMS and Meredith Linden, PT, DPT, ATP/SMS

Learning Outcomes:
Participants will be able to define telehealth (or remote service) and describe the primary differences between this and in-person service.
Participants will identify three challenges associated with remote wheelchair service provision and how to mitigate them.
Participants will identify three benefits associated with remote wheelchair service provision.

Wednesday, March 3, 2021 at 11 am ET

What Do I Do Now? CRT Decision Making Process and Problem Solving

Speaker: Weesie Walker, ATP/SMS, NRRTS Executive Director, NRRTS Fellow

Learning Outcomes:
The participant will be able to describe the priorities of the client's needs, goals and activities in the context of a wheelchair seating and mobility evaluation.
The participant will be able to describe the importance of offering of the full range of products options objectively.
The participant will be able to describe 3 ways to obtain additional funding for equipment that otherwise is not reimbursed.

FOR MORE INFORMATION, VISIT THE WEBSITE WWW.NRRTS.ORG

NRRTSCE Webinar Series 2021

Wednesday, March 10, 2021 at 7 pm ET - Wednesday

The "T" in Team: How to Engage Therapists Who Are New to the Seating Team

Speaker: Allison Baird, MS, OT, ATP

Learning Outcomes:
The participant will be able to describe 3 areas of expertise that occupational and physical therapists bring to the seating process.
The participant will be able to identify 3 strategies to engage all team members in the wheelchair process.
The participant will be able to identify 3 qualities of a successful team.

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ACCREDITED IACET PROVIDER

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NRRTSCE is certifying the educational contact hours of the program and by doing so is in no way endorsing any specific content, company, or product. The information presented in this program may represent only a sample of appropriate interventions. As an IACET Accredited Provider, The National Registry of Rehabilitation Technology Suppliers offers CEUs for its programs that qualify under the ANSI/IACET Standard.

These courses approved for .1 CEU

FOR MORE INFORMATION, VISIT THE WEBSITE WWW.NRRTS.ORG

2020 . . . SIMPLY UNPREDICTABLE

Written by: **CLAUDIA AMORTEGUI, PRESIDENT, THE ORION CONSULTING GROUP, INC.**

Just my luck that as I was about to turn in a new article for this edition of DIRECTIONS, Medicare announced some rather shocking information. It is 2020, and nothing has been normal about this year; why should anything be any different?

At the end of October, Medicare announced an update for the 2021 Competitive Bid Program.

As most of you know, the Competitive Bid Program had been placed "on hold" for the past two years, since January 2019. This allowed any DME supplier to provide any of the competitive bid products to their customers. The only catch was they also had to accept the competitive bid rates. Several companies expanded their business to offer such products. In the Complex Rehab Technology (CRT) world, many suppliers offered standard manual and power wheelchairs to qualifying clients in all areas.

In the meantime, the Centers for Medicare and Medicaid Services (CMS) had planned to start a new round of Competitive Bidding in January 2021. Many suppliers went through all the work required to submit bids on specific product categories. Everyone was waiting to hear if they were a "winner," and the actual payment rates they would have to accept. However, there was one major issue that happened to get in the way. COVID-19 appeared and obviously changed many things in our personal and work lives. Some of those changes affected the DME supplier world in many ways — protecting staff and clients, changes in how referrals worked with clients, deliveries, obtaining documentation, supply chain and others. With such changes occurring and with the pandemic continuing, many throughout the DME industry voiced their concerns to CMS and asked for a delay in the start of the program — which again, was scheduled for January 2021.

> "HERE'S TO HOPING 2021 IS MUCH KINDER TO ALL OF US!"

As time kept ticking, many of us assumed there would be a delay, but what we got was so much more (yes, even in 2020). CMS announced the Competitive Bidding program would continue, but there would only be two product categories included, all other categories were removed from the program. The two products that remained were knee and back braces — nothing more. These were the only two product categories not in the previous Competitive Bid Program. The CMS announcement stated, "CMS is not awarding competitive bidding contracts for any of the 13 product categories for Round 2021 that were previously competed because the payment amounts did not achieve expected savings."

For those of you who are not aware, CMS did change how suppliers were to submit their bids and how everything was being calculated. Low and behold, CMS learned there was nothing left to squeeze out of the suppliers when it came to Medicare payments. The topic of this CMS decision could certainly fill this entire article; however, we need to see how this announcement affects the world of CRT.

The biggest take-away for suppliers is they can continue to provide both standard mobility products and CRT to their varying clients. This also means they can provide other medical equipment and/or supplies needed by these same clients. Many of these items were under the Competitive Bid Program in the past years which created some limitations as to who could provide what to specific people. For now, this door will remain open for everyone. Keep in mind, although you can provide these additional products, you need to still do it well (and meet all the criteria). As most know, the business part of delivering CRT products versus more standard products or supplies, is very different.

How long will this last? For now, it appears we have three years. This is how long the current program lasts. I wish I had the crystal ball for the future, but obviously this year alone has taught us that crystal balls can come crashing down in a matter of seconds.

One bonus is both manual and power CRT wheelchairs are permanently excluded from the program. However, this does not give us the right

to be lazy in advocating for our clients (and for your business). Wheelchair options/accessory codes are not excluded from the program as they can be added to standard mobility codes. CRT manual wheelchair orders were hit with lower allowables on many of the option codes during the previous competitive bid program. We need to be sure this does not happen again. The industry fought hard for options provided with a qualifying CRT manual wheelchair to be paid at the standard rates and not the lower competitive bid rates. We technically "won" this battle, but it only provided relief for a short period of time — this takes us through mid-2021. We need to make sure the pricing exemption for these options becomes permanent. Get involved and don't depend on everyone else to be your voice.

Here's to hoping 2021 is much kinder to all of us!

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Claudia Amortegui has a Master of Business Administration and more than 20 years of experience in the DMEPOS industry. Her experience comes from having worked on all sides of the industry, including the DMEPOS Medicare contractor, supplier, manufacturer and consultant. For many of these years Amortegui has focused on the rehabilitation side of the industry. Her work has allowed her to understand the different nuances of complex rehab versus standard DME. This rare combination of industry experiences enables Amortegui and her team at The Orion Group to assist ATPs, referrals, reimbursement staff and funding sources in understanding the reimbursement process as it relates to Complex Rehab Technology.

GOODBYE, 2020!!

Written by: **WEESIE WALKER, ATP/SMS, EXECUTIVE DIRECTOR OF NRRTS**

The year 2020 has challenged us all in many ways. The beginning was normal and productive with participation at conferences and ISS. Then came March. We had no idea what was ahead. Quarantines, personal protective equipment, lockdown and no toilet paper. We had to learn new ways of providing services. We saw layoffs and furloughs. We never gave up because we had to adapt. That is what Complex Rehab Technology (CRT) suppliers do best! Now we know that we are up for any challenge.

In 2020, NRRTS produced high-quality CEU webinars and CEU articles. The increase in attendance proves there is value in our continuing education.

DIRECTIONS is a leading publication of the CRT industry. Support our advertisers as they make it possible!

Course 1 of the CRT Supplier Program is now complete. This course is now available to all as an introduction to the role of the CRT supplier. This is the first program that sets the minimum standard for CRT suppliers. This pathway will offer a standardized approach to the role and profession. Without the dedication of our SMEs, none of this would be possible. Thank you Jean Minkel, Susan Johnson-Taylor, Anne Kieschnik and Michele Gunn for your guidance and vision!

WELCOME TO CANADA!!

A couple of years ago, I received a call from Jason Kelln, a CRT supplier in Saskatchewan, Canada. He was interested in becoming a NRRTS Registrant. We talked several times about the differences in Canadian service delivery as compared to the United States. We came to the realization that the differences were far less than the similarities. And most importantly, there is a need for a Standard of Practice and Code of Ethics for suppliers.

Kelln presented at the 2019 Canadian Seating and Mobility Conference regarding NRRTS and RESNA Certification. This became the beginning of a collaboration with Canadian Assistive Device Association (CADA). Working with a dedicated group of CRT stakeholders, a Canadian Advisory Committee was formed to ensure that Canadian Registrants have access to relevant educational content.

It is a huge compliment that Canadian stakeholders recognize the value and benefits of the Registry.

We are looking forward to 2021!!!

CONTACT THE AUTHOR
Weesie may be reached at WWALKER@NRRTS.ORG

Weesie Walker, ATP/SMS, is the executive director of NRRTS. She has more than 25 years of experience as a Complex Rehab Technology supplier. She has served on the NRRTS and GAMES board of directors and the Professional Standards Board of RESNA. Throughout her career, Walker has worked to advocate for professional suppliers and the consumers they serve. She has presented at the Canadian Seating Symposium, RESNA Conference, AOTA Conference, Medtrade, ISS and the NSM Symposium. Walker is a NRRTS Fellow.

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NEW NRRTS REGISTRANTS

Congratulations to the newest NRRTS Registrants. NAMES INCLUDED ARE FROM SEPT. 11 THROUGH NOV. 6, 2020.

Darin Ashby, RRTS®
PrairieHeart Mobility
3033 Saskatchewan Dr
Regina, SK S6H3B9
Telephone: 306-584-8456
Registration Date: 09/25/2020

Leah Samaniego, RRTS®
Health Aid of Ohio
5230 Hauserman Rd
Parma, OH 44130-1224
Telephone: 2162523900
Registration Date: 10/21/2020

Patricia Gilmore, ATP, RRTS®
Health Aid of Ohio
3825 Paragon Dr
Columbus, OH 43228
Telephone: 614-579-1039
Registration Date: 10/01/2020

Paul Wilkie, ATP, CRTS®
Numotion
3100 Terrace
Kansas City, MO 64111
Telephone: 816-588-8379
Registration Date: 10/26/2020

Peter Arlauckas, ATP, CRTS®
National Seating & Mobility, Inc.
5146 W Hurley Pond Rd
Wall Township, NJ 07727-1620
Telephone: 732-919-7725
Registration Date: 10/19/2020

Raul Saldivar, RRTS®
Premier Medical Supply
2800 Mitchell Rd Ste F
Ceres, CA 95307-9463
Telephone: 209-537-2882
Registration Date: 10/12/2020

Robert Flanagan, ATP/SMS, CRTS®
National Seating & Mobility, Inc.
800 Central Ave
Charlotte, NC 28204-2026
Telephone: 704-333-8431
Registration Date: 10/16/2020

Sean Gordon, RRTS®
National Seating & Mobility, Inc.
12 Southville Rd
Southboro, MA 01772
Telephone: 508-875-1223
Registration Date: 10/27/2020

Tyron Boswell, ATP, RRTS®
Rehab Medical, Inc.
8564 GA Hwy 85
Jonesboro, GA 30238
Telephone: 470-279-0727
Registration Date: 10/19/2020

CRTS®

Congratulations to NRRTS Registrants recently awarded the CRTS® credential. A CRTS® receives a lapel pin signifying CRTS® or Certified Rehabilitation Technology Supplier® status and guidelines about the correct use of the credential. NAMES INCLUDED ARE FROM SEPT. 11 THROUGH NOV. 6, 2020.

Matthew Corley, ATP, CRTS®
Brookstone Home Medical
Leesburg, GA

Paul Wilkie, ATP, CRTS®
Numotion
Kansas City, MO

Peter Arlauckas, ATP, CRTS®
National Seating & Mobility, Inc.
Wall Township, NJ

Robert Flanagan, ATP/SMS, CRTS®
National Seating & Mobility, Inc.
Charlotte, NC

Todd Freitag, ATP, CRTS®
University of Michigan Wheelchair Seating Service
Ann Arbor, MI

FORMER NRRTS REGISTRANTS

The NRRTS Board determined RRTS® and CRTS® should know who has maintained his/her registration in NRRTS, and who has not.
NAMES INCLUDED ARE FROM SEPT. 11 THROUGH NOV. 6, 2020.

FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Paul McGuckin
Jeffrey Craig
Victor Kessler (Retired)
Channing Doeden
Rich Krause
Gary King
Marcelle Balcerzak
Sean McCormack

RENEWED NRRTS REGISTRANTS

The following individuals renewed their registry with NRRTS between Sept. 11 through Nov. 6, 2020.

PLEASE NOTE **IF YOU RENEWED AFTER NOV. 6,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO SEPT. 11, YOUR NAME IS IN A PREVIOUS ISSUE OF DIRECTIONS.

FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, PLEASE VISIT WWW.NRRTS.ORG, WHICH IS UPDATED DAILY.

Alan Channin, ATP, CRTS®
Andrew Robinson, ATP/SMS, CRTS®
Avery Smith, ATP, CRTS®
Brad Unruh, ATP, CRTS®
Brian Byler, ATP, CRTS®
Brian Marshall, ATP, CRTS®
Brian M. Crenna, ATP, CRTS®
Bryan Clever, COTA, ATP, CRTS®
Cameron Russelburg, RRTS®
Carmelo Markray, ATP, CRTS®
Chadwick Filer, ATP, CRTS®
Charles Henry, ATP, CRTS®
Charles W. Smock, ATP/SMS, CRTS®
Christopher Liquori, ATP/SMS, CRTS®
Christopher J. Henrichon, ATP, CRTS®
Christopher J. Russell, ATP, CRTS®
Claude R. Levesque, ATP, CRTS®
Corey Clonts, ATP, CRTS®
Craig Ejk, ATP, CRTS®
Danielle Renee' Neale, ATP, CRTS®
Danny Leibach, ATP, CRTS®
Darren Esch, ATP, CRTS®
Darren J. Roberts, ATP, CRTS®
David A. McNair, ATP, CRTS®
Dennis Paul Yurt, ATP, CRTS®
Douglas D. Cobb, ATP, CRTS®
Edward O'Brien, ATP, CRTS®
Erik Lindblad, ATP, CRTS®
Ernie Culpepper, ATP, CRTS®
Ian Kingscote, ATP, CRTS®
Ilan Michael Breiner, ATP, CRTS®
Jack Badger, ATP, CRTS®
James E. Cage, Jr., ATP, CRTS®
James L. Ingraham, BBA, ATP, CRTS®
Jane McNay, ATP, CRTS®
Jay Turner, ATP, CRTS®
Jeff Harbert, ATP, CRTS®
Jeff Kersey, ATP, CRTS®
Jeffery Castle, ATP, CRTS®
Jeffery A. Hennessee, ATP, CRTS®
Jeffrey Christianson, ATP, CRTS®
Jeffrey W. Brown, ATP, CRTS®
Jeremy Paules, ATP, RRTS®
Jim Howe, ATP, CRTS®
Joe Scanlan, ATP, CRTS®
John Lindstrom, RRTS®
John E. Morse, ATP, CRTS®
Jon Peard, ATP, CRTS®
Jonathan K. Ford, ATP, CRTS®
Joseph Cecchi, RRTS®
Joshua Barrett, RRTS®
Keith Jolicoeur, ATP, CRTS®
Kendall Wilmore, ATP, CRTS®
Kenton W. Randolph, ATP, CRTS®
Lisa Michaels, COTA/L, ATP/SMS, CRTS®
Marcel J Farnet III, ATP, CRTS®
Matt Fremont, RRTS®
Matthew McQuay, ATP, CRTS®
Matthew Corley, ATP, CRTS®
Michael Fisher, BS, ATP, CRTS®
Michael Collins, ATP, CRTS®
Michael Oliver, ATP, CRTS®
Michael Provines, ATP, CRTS®
Michael A. Bales, ATP, CRTS®
Michael Kristopher Ledford, ATP/SMS, CRTS®
Michael O. Kitterman, ATP, CRTS®
Miguel Torres, ATP, CRTS®
Mike Osborn, ATP, CRTS®
Pamela Lynn Wilks, ATP, CRTS®
Patricio Zaragoza, RRTS®
Paul Arnold, ATP, CRTS®
Paul V. Pettini, RRTS®
Richard M. Graver, Jr., ATP, CRTS®
Rob Kriebel, ATP/SMS, CRTS®
Robert Kavish, ATP, CRTS®
Robert Brown, ATP, CRTS®
Robert McGuckin, RRTS®
Robert J. McKnight, ATP/SMS, CRTS®
Roni Burns, ATP, CRTS®
Sandro Leone, ATP, CRTS®
Scott A. Whitlatch, ATP, CRTS®
Sean Kiepert, ATP, CRTS®
Seth Downie, ATP, CRTS®
Shaya Ellinson, ATP, CRTS®
Steve Ebert, ATP, CRTS®
Steven M. Ortiz, ATP, CRTS®
Tammy Lynn Rosemoore, BEd, ATP, CRTS®
Tan Nguyen, ATP, RRTS®
Terry Buetow, ATP, CRTS®
Thomas Chad Bowling, RRTS®
Thomas E. Adams, ATP, CRTS®
Tim Flanagan, ATP, CRTS®
Timothy Spaulding, ATP, CRTS®
Todd Freitag, ATP, CRTS®
Tracie Morales, ATP, CRTS®
Vincent Wolrab, Jr., ATP, CRTS®

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As Corporate Friends of NRRTS, these companies recognize the value of working with NRRTS Registrants and support NRRTS' Mission Statement, Code of Ethics and Standards of Practice.

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