CLINICAL EDITORIAL

Sign Me Up!

Strategies to Engage Therapy Practitioners

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As an educator and speaker, I have heard comments from occupational and physical therapy students and practitioners, that getting into Complex Rehab Technology seems "hard," "too much," "overwhelming," etc. I propose a shift to a mentoring model with smaller goals, building skills and proficiency to support client management and CRT.

Almost all therapy practitioners graduate as generalists and begin to gain experience as they work; most get very little hands-on practice with CRT/DME in school and fieldwork. I propose a shift in focus from an "all or nothing" practice of CRT to a way to build confidence and provide support with smaller bites. I will share a few ideas that could increase support, interest, knowledge and skills in all levels of mobility management.

The first idea is a regular weekly, biweekly or monthly appointment (20 to 30 minutes) with a clinic, company, therapy group or nursing facility staff for short in-services. This could be a combination of virtual and hands-on with a product, maybe a lunch-and-learn or staff meeting series. Maybe a topic or tip of the week? This might be a time for all attendees to physically practice tasks such as: adjusting armrest height, legrest length, brakes on a manual wheelchair, trial proper inflation and adjustment of an air cushion, practice pelvic positioning and how to tell impact, or learn/practice how to use an Allen wrench to adjust a headrest.

Along the same lines is educating staff on common problems and solutions that might be seen in their practice area. The educator could provide real-world solutions (with next to no resources), such as when residents continually slide out of their chair. These small bites can be fun and informative as well as low key and low pressure for all. Once that relationship/schedule is established, the educator can then offer other knowledge and training with goals set for proficiency in CRT topics.

Another solution is to create a list of potential quick-fixes and offer training to discern when to self-manage an issue and when to call for help. This simple education could save a lot of time and resources. Topics may include managing:

- Armrest, legrest height, footplate angle
- Headrest position
- Chair won't drive, red X, errors
- Taking chair in and out of gear
- Items worn on chair, batteries not holding a charge, charging process
- Tripping a fuse and reset
- Cushion sliding around, cover on backwards
- Sliding out/falling out of the chair
- Arm sliding off joystick or armrest
- Client can't control their chair well
- Tightening bolts, stripped screws
- How to fold a manual wheelchair and remove the wheels and backrest for transport
- Requirements for a seating clinic and what can be done by a therapist with less experience

When the supplier does come out to see a client, scheduling the therapist at the same time if possible makes good sense. Ask the therapy practitioners to assist with tool turning, decision-making, adjustment, programming and other items to gain experience. One might see the supplier on one side of the wheelchair adjusting an armrest, and the therapy practitioner is on the other side adjusting at the same time. The supplier could talk to them about why a certain headrest was chosen while the therapy practitioner turns the tool. This allows growth of knowledge and experience and increased confidence in a "safe" environment. Offer mentoring, shadowing and other opportunities to encourage interest and growth in the world of DME and CRT evaluation and management.

All of us, no matter our experience level, can educate others on CRT options, how to help spend money wisely, and how to find loaners and identify resources. This might include recommending custom manual wheelchairs with tilt instead of standard manual wheelchairs for a facility or air versus foam cushions for longer-term cost/benefit. Perhaps talking to a pediatric practitioner about how to trial a certain stander, benefits of a backrest that is not standard or for a rehab therapist about how seat elevate facilitates independence. A client in home health who has muscular dystrophy, ALS or other disorder may also

go to a clinic with the OT/PT who are experienced with the needs and may have additional resources.

Along with invitations to days of education and networking provided by larger suppliers and groups, there are opportunities for all of us to provide continuing education for local, regional and state groups and conferences. As an OT, I have partnered both with suppliers and manufacturers to provide very well attended classes for CRT on early pediatric power wheelchairs, basic versus complex chairs for certain clients, alternative drive controls, connecting phone/tablet to complex power wheelchairs, and others. From the feedback after the classes, attendees were very appreciative and happy to have the new information. Try to get contact information after the event as this can often spark a quest for further knowledge or new connections for all.

Some OT/PT doctoral programs offer advanced clinical skills training in CRT as part of their capstone or final project. It's a great way for that student to gain an inside perspective as they gain knowledge regarding brands and options, technical skills, and troubleshooting, while supporting evaluation processes, fitting, training and more. Program faculty can open doors for students by facilitating these opportunities with suppliers and students and creating opportunities.

If not done already, I like the idea of a "CarFit" for wheelchairs, perhaps called "ChairFit." CarFit is a program developed by AARP and the American Occupational Therapy Association that offers older adults the opportunity to check how well their cars "fit" them as well as offers other safety information. Groups trained in CarFit host community days where older adults have their cars evaluated and adjusted to increase safety as drivers and for community mobility. There are similar programs for car seat safety checks as well. Envision a drop-in day of wheelchair education and simple management, where clients could come and get advice about how to pursue modifications or repairs, a chair "check over" for potential safety problems, training on simple fixes that families/clients can do (take out of gear, etc.), how to find a seating clinic or therapist, and handouts/info for all kinds of issues. Clients could meet and talk together while waiting for assistance, thereby creating community, and students would get training with real-world needs. A wide variety of sponsors, suppliers, manufacturers, students, therapists and others could come together to assist; there would be very specific parameters and attention to liability concerns.

Establishing relationships, encouraging growth, advocating for change and supporting self-help seems like win-win for our community. Access to seating specialists and the more people with knowledge and interest the better. Consider taking students/mentees who are interested in assistive technology, wheelchairs and/or becoming an ATP. While taking a student/mentee is not always easy, it is exciting to launch another practitioner who will have an excellent foundation to begin managing wheelchairs. I hope this editorial will spark your own ideas, and please consider taking small actions for a strong community and the future of CRT.

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Amber Ward has been an occupational therapist for more than 31 years, most recently in an outpatient clinic for individuals with progressive neuromuscular diseases and in a wheelchair seating clinic. She is an adjunct professor in the Occupational Therapy Assistant and master's Occupational Therapy programs at Cabarrus College of Health Sciences in addition to working full time in the clinic. She received the RESNA Assistive Technology Professional certification in 2004, and the Seating Mobility Specialist in 2014. She is the author of numerous articles and book chapters, as well as speaking and presenting locally, regionally, nationally and internationally. Ward is also a friend of iNRRTS.