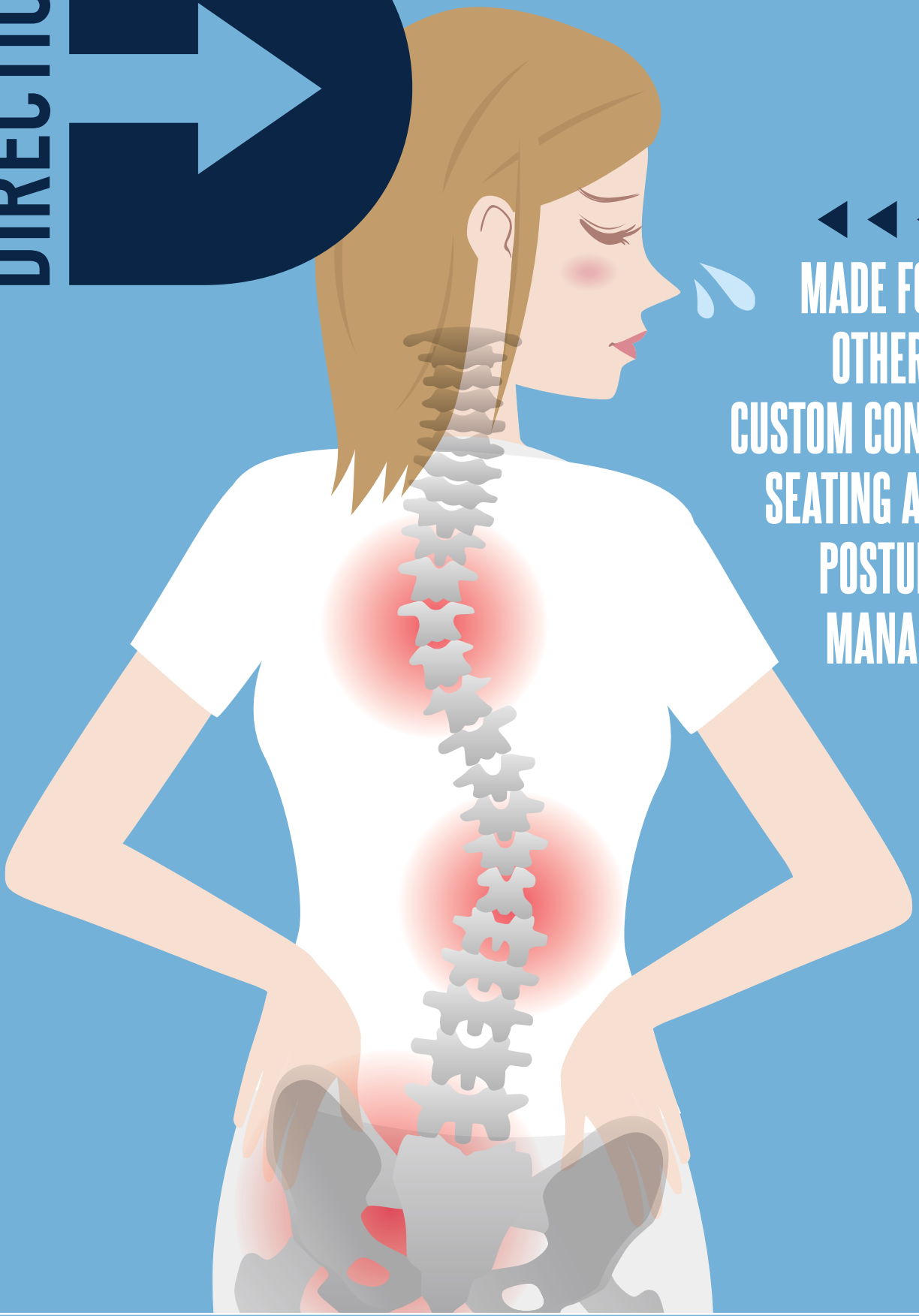
DIRECTIONS



MADE FOR EACH OTHER: EARLY CUSTOM CONTOURED SEATING AND 24-7 POSTURE CARE MANAGEMENT

Page 24

THE OFFICIAL PUBLICATION OF THE NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS | ISSUE 1 OF 2023 | $5.00 USD

IN THIS ISSUE

IN EVERY ISSUE

FROM THE EDITOR-IN-CHIEF

Happy 2023!

As I start year 21 with NRRTS, I reflect on the amazing relationships in this industry. The more things change, the more things stay the same. This industry is built on relationships ... relationships with wheelchairs users, manufacturers, suppliers and providers. Communication is key. This issue of DIRECTIONS has a great line up, and I encourage you to visit our website and see our outstanding line up of education.

Amy Odom, BS

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NRRTS OFFICE
5815 82nd Street, Suite 145, Box 317, Lubbock, TX 79424
P 800.976.7787 | www.nrrts.org

For all advertising inquiries, contact Bill Noelting at bnoelting@nrrts.org

EDITOR-IN-CHIEF
Amy Odom, BS

EDITORIAL ADVISORY BOARD
Andrea Madsen, ATP, CRTS®
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DESIGN
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NRRTS REGISTRANT – RENEWAL FAQS

Renewing your NRRTS Registrant status requires action each year.

I'M A NRRTS REGISTRANT, WHAT NOW?
NRRTS Registration is annual – meaning you will need to complete 1.0 CEU (10 hours) annually, pay the renewal fee and submit a completed renewal form.

IS MY NRRTS REGISTRATION AUTOMATICALLY RENEWED?
No, you will need to complete 1.0 CEU, pay the annual renewal fee and submit a completed renewal form.

HOW CAN I DETERMINE WHEN MY NRRTS REGISTRATION EXPIRES?
You can check the NRRTS website, or you can review your hard copy NRRTS certificate.

WHERE DO I OBTAIN CEUS?
CEUs are readily available for FREE from the NRRTS Learning Portal. We suggest Registrants complete a course each month so when annual renewal comes, all the Registrant must do is let NRRTS know.

CAN I USE THE SAME CEUS EACH YEAR?
No, you must complete new CEUs each year. Once education has been used, it cannot be used again.

WILL NRRTS NOTIFY ME WHEN MY RENEWAL IS DUE?
Yes, NRRTS will advise you 30 days before your renewal expires via email.

DOES NRRTS HAVE ACCESS TO EDUCATION I'VE COMPLETED WITH OTHER ORGANIZATIONS?
No, you will need to submit any education completed outside of NRRTS.

WILL NRRTS ACCEPT CECS FOR RENEWAL BECAUSE RESNA DOES?
While RESNA does allow up to 10 hours of CECs for a biannual renewal, the NRRTS' Board realized that CEUs are a higher standard for education. To be awarded CEUs, the course must meet certain criteria that ensures the material is relevant, learning outcomes clearly defined, current references and not be product specific. The presenter must also meet a certain criterion as a subject matter expert.

There is no standard for a CEC. It can be an in-service, an activity or other event. Because ATP certification covers many different areas of AT, RESNA recognized that not all certificate holders have access to CEUs.

Renewal FAQS Continued on Page 47

NRRTS — STARTING A NEW YEAR

Written by: **CAREY BRITTON, ATP/SMS, CRTS®**

As we begin a new year, many of us look back over the year to not only see the success but also what can be learned from the past year's challenges. I believe we should also spend time thinking of what we are grateful for. In my professional life, I am grateful to be working with a company that still allows me to do what is right and necessary for the equipment user and the referral sources served. I am grateful to be able to work with many wonderfully talented doctors and therapists who have the same goals. I am grateful to have many amazing clients who trust me to provide equipment solutions for them and their families. I am grateful to NRRTS and their Registrants who have provided me resources to elevate my skills and capability to be a valued resource within the community that I call home.

While going through this process, I thought about how complex what we do is and that studying and passing the ATP exam is a start, but how much more is to learn to perform at the level necessary to be successful. NRRTS was the resource that provided me access to the registration and resources to guide me to become the professional I am today. When I was a business owner, I was invested and committed to making it work. I knew I could outwork others but needed access to mentors and education that could hasten my knowledge and growth to be the best I could be. Having access to some of the elite in our industry, the best CEU courses, and world class journals, and going to conferences and learning about the industry and advocacy were priceless.

Today NRRTS is more important than ever. The stakes are higher now, with insurance payments not keeping up with the costs to provide them. The pressure on the rehab technology supplier (RTS) on doing it right has never been greater. Making a mistake in a complicated process will be the difference between whether the company makes money or takes a loss.

I have been trying to understand why more ATPs are not NRRTS Registrants when NRRTS provides:

- Access to mentors within the Registry.
- Access to the only journal focused on what we do.
- Access to high quality CEU courses that fulfill the requirements of RESNA's ATP and NRRTS's Registration.
- Support of the only organization whose mission it is to improve the landscape for the RTS.
- Information on the direction of the industry and what can be done to make it better.
- Perspective from outside the organization.
- Recognition as a rehab professional who follows high standards of practice.

I am starting to believe it is the difference between the perception of a job versus a career. When we take on a career, we appreciate and value what we do. We know we are in it for the long game and commit resources and time necessary for success. We want to be recognized as the best at what we do.

It is up to us to thank our peers who continue to make a difference each day and make the time to educate those who have not yet seen the value in NRRTS. We need to let the companies we work for understand how valuable NRRTS is for their business. We need to educate the community so any time complex rehab is mentioned they appreciate and demand a NRRTS Registrant.

I hope you are as excited as I am with direction of NRRTS. Thank you to the visionaries and current supporters of NRRTS.

CONTACT THE AUTHOR
Carey may be reached at
CAREY.BRITTON@NSM-SEATING.COM

Carey Britton, ATP/SMS, CRTS®, is the branch manager and seating and mobility specialist for National Seating & Mobility in Pompano Beach, Florida. He has worked in the Complex Rehab Technology industry for 30 years and previously owned Active Mobility Center. A longtime NRRTS Registrant, Britton is the current president of the organization's executive committee.

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MOLLY KOJDER AND THE LINK BETWEEN PERSONAL FULFILLMENT AND HELPING OTHERS

Written by: **DOUG HENSLEY**

Molly Kojder cuddling a baby duck.

Almost from the beginning, Molly Kojder saw herself as someone dedicated to helping others.

She believed she had the gifts and demeanor to meet people where they were, understand their unique situation and do everything she could to help them strive to reach and surpass their own goals. Maybe the seeds for this were planted during the seven years she worked as a camp counselor serving youth with special needs.

"Originally, I thought about becoming a doctor," Kojder said, "but I thought that was a lot of school. So I opted for something more in the therapy realm and got into occupational therapy because I thought it would be more interesting than physical therapy. But I was also interested in equipment. It was important to me to make a plan and slowly work toward my goals."

These days, that desire to help people is in full bloom. Kojder is a mobility consultant with Access Abilities, a company based in Ontario, Canada. She has also worked as an occupational therapy assistant and physical therapy assistant with Central West Specialized Developmental Services, an organization built on the promise of helping people reach their full potential.

So the caring for others is part of her DNA.

Her responsibilities with the company include providing accessibility and mobility tools such as wheelchairs and walkers that enable people to stay in their homes longer. She's been with the company two years after a four-year stint with Central West Specialized Development Services. It's fair to say she sees what she gets to do as a calling.

"I've always been drawn to helping people and helping in different ways," she said. "It is very rewarding, and the equipment allows people with limited movement to have greater independence. They're thankful, and I'm happy."

In fact, there are few things that give Kojder the kind of joy she receives from her job. Connecting people with a power chair or other piece of equipment that enhances their mobility gives her a great feeling. Likewise, she loves the personal relationships she's built along the way.

"It's a very warm feeling to see someone access a part of their home that they haven't seen in weeks or be able to get their breakfast on their own," she said. "I love the feeling of solving someone's mobility issues by thinking outside the box or just introducing them to a product that already existed but could make their life so much easier. I'm so happy that I landed in this job where I get to make that happen every day."

Molly earned her undergraduate degree from McMaster University before completing her occupational and physical therapy assistant education at Mohawk College. Before taking her current job, she worked in clinics and hospitals gaining important experience and preparing her.

"There is definitely a learning curve when first entering into the world of rehab technology, but everyone is so helpful in every way possible," she said. "Manufacturers love to talk about their products, and I've had a great opportunity to have many local manufacturers take us on tours of their facility or bring demos into our shop to give us a rundown of features and capabilities."

Of course, when you love what you do, it smooths out the learning curve. It's also beneficial to have knowledgeable coworkers around as well.

"The occupational therapists who work in the community possess a wealth of knowledge," she said. "Something I'm looking forward to in the future as I become more experienced is working with more complex clients to create custom or modular pieces for positioning in wheelchairs."

Kojder said the job afforded her the opportunity to shadow others for the first two months to get a feel for the routines of the work environment.

"I still think I learn something new almost every day; just when I think I've caught up, I discover a whole new area to learn about," she said.

Kojder said the transition from a clinical setting to the workplace has been a smooth process, and she has enjoyed being a part of helping clients expand their limits thanks to available technology and equipment.

"I've seen the abilities of people grow so much once they have the right piece of equipment," she said. "In this job, I work with adults and their physical issues as well, so seeing them be able to have a better quality of life because of equipment is great. The OTs I work with are phenomenal people who are great at their jobs, and I've just learned so much."

Kojder said the company includes a small outside sales team who work with therapists in a collaborative manner. "Our little store is full of wonderful people who always work hard to make sure everyone can get what they need," she said. "It's nice working for a small business because it's so much more possible to make a real impact and effect change. Our business also has a great reputation for friendly and comprehensive service, which I try to embody every time I am out in the community serving the people who live there."

Molly Kojder using a scooter following an injury.

As her career grows, Kojder has set some ambitious goals to continue helping others improve their mobility.

"I would like to work more closely with some of the community therapists to prescribe more complex powerchair equipment," she said. "There's a wide spectrum of powerchair technology, and I would like to become better acquainted with it and get more experience customizing it to people with a variety of different needs."

Make no mistake, though, Kojder has a job she loves. The hours are busy. The days are rewarding, and she wouldn't have it any other way.

"I think in the therapy world, people see the vendors as just sales people who are trying to make a buck, but we really, genuinely want to help people improve their lives," she said. "My job is fun and interesting and exciting almost every day. I wouldn't change it for the world."

CONTACT

Molly may be reached at
MOLLY@ACCESSABILITIES.CA

Molly Kojder has been a NRRTS Registrant since 2021 and works for Access Abilities in Oakville, Ontario, Canada.

RELATIONSHIP-BUILDING COMES FIRST FOR TYLER MAHNCKE

Written by: **DOUG HENSLEY**

While Tyler Mahncke has filled a number of roles during his professional career, all of them have had a common attribute — the gift of relationship building.

Mahncke serves as vice president of U.S. Rehab, a division of VGM & Associates, the largest member service organization for post-acute health care in the country. He has been with VGM since 2013, when he graduated from the University of Northern Iowa with a bachelor's degree in communications and electronic media.

"I've been with VGM for almost 10 years now," he said. "I started working in home medical equipment right out of college and had an internship here. I was in more of a sales role to start, and it has turned into a business development and operations role over time."

VGM serves the needs of members in a wide variety of areas, including durable medical and home medical equipment, respiratory, sleep, wound care, complex rehab, women's health, home modifications, and orthotics and prosthetics providers. Mahncke's current role has him focused on Complex Rehab Technology.

"It involves a variety of responsibilities," he said. "Primarily right now, it's building programs and working with our memberships, independent rehab providers in the U.S. and working with manufacturing partners. It's about building and maintaining relationships."

Among specific areas of emphasis, Mahncke works with manufacturers when there are issues that need to be addressed, and if a challenge emerges for which VGM does not have a partner, it's Mahncke who works to fill the void.

"We are always looking at new things for our members, and we want to hear from them as well as from our manufacturing partners," he said. "We want to hear about the issues they are running into and find a way for us to solve them. VGM has about 30 divisions and 1,500 employees, and we rely on them to solve problems. That could be anything from issues with the website to marketing needs to liability insurance. Those are areas where we can help."

Mahncke also serves as vice president of a nonprofit organization, the DMERT Group, and enjoys the relational aspect of connecting members with partners to solve problems as quickly as possible.

> ANYTHING WE CAN DO TO SOLVE A PROBLEM OR SUPPORT THE INDUSTRY OR ADVOCATE, THAT'S WHAT WE'RE HERE FOR. I REALLY ENJOY THAT ASPECT OF WHAT I DO.

"Relationships are probably the most important part of what I do," he said. "If you have ever been to a VGM conference or one of our events, it becomes apparent relationships are important to us. We take pride in taking care of people and go out of our way to take care of our membership and vendor partners because ultimately that's what we do."

Of course, such a people-centric emphasis builds the company's brand and its reputation.

"That's why people keep coming back to us when they have questions or concerns or need help in the industry," he said. "We pick up the phone. We stay late to solve problems. We pride ourselves on those sorts of things."

About six years ago, he moved into a sales role at VGM, which gave him the opportunity to learn different aspects of the business while continuing to focus on customer care.

"It was more high level, and I didn't focus too much on any specific industry," he said. "It was an inch deep and a mile wide. I was doing a lot with home modifications,

Tyler Mahncke

complex rehab, home medical equipment and women's health. I knew just enough to be dangerous about all of them."

However, he said complex rehab really grabbed his attention, and he worked to learn all he could about manufacturers, the industry, billing processes and referral sources. Without oversimplifying it, complex rehab involves getting home medical equipment to people who suffer from amyotrophic lateral sclerosis, multiple sclerosis strokes and spinal cord injuries as well as other conditions.

When the position at U.S. Rehab, a division of VGM, opened up in September 2022, he was perfectly positioned and equipped to move into the role.

"It was more of an operations role to start, but I think they recognized over time that with my relationship-building and things like that I might be a better fit to take on business development, which ended up happening just a few weeks ago," he said.

The job may be new, but the primary objective remains the same. Mahncke continues to work with partners, explore new programs and seek better offerings for the membership.

"A lot of what I do now is similar to what I was doing previously," he said, "but taking on more responsibility. For example, I might work with a manufacturer to get extended terms into a contract or an additional discount for our membership or maybe a rebate for the membership. I also talk with providers so I can get an idea of what their main points are and how I can solve those problems for them."

Mahncke constantly reviews the list of vendors to see if there are gaps that need to be filled. "I am looking for things our membership can benefit from and bringing it to market," he said. "I enjoy building programs, finding new solutions and solving problems."

He also enjoys the freedom VGM, an employee-owned company, gives him to make decisions. "We're given a lot of ability to move and shake," he said. "We are known as a large organization in the industry, but we kind of operate individually in a sense that I can make decisions impacting my membership that might be more difficult to make in a much larger organization. Sometimes those can be big ships to turn, but we are more of a speedboat, and we're given flexibility to make some of these decisions, which I really appreciate about the company."

For Mahncke, he couldn't imagine being in a better place — a job that inspires him daily and the chance to work in a great setting with great people.

"U.S. Rehab is still doing all the things we've done with regard to supporting membership and partners, and we are here to stay," he said. "Anything we can do to solve a problem or support the industry or advocate, that's what we're here for. I really enjoy that aspect of what I do."

CONTACT
Tyler may be reached at
TYLER.MAHNCKE@VGM.COM

Tyler Mahncke is vice president of U.S. Rehab, a division of VGM & Associates. He has been with VGM since 2013, when he graduated from the University of Northern Iowa with a bachelor's degree in communications and electronic media.

ASHER WILCOX LOVES TO GO WHEREVER FAMILY, LIFE TAKE HIM

Written by: **DOUG HENSLEY**

Asher Wilcox on his first day of preschool 2022.

It only takes a short conversation with Asher Wilcox to realize not only the depths of his curiosity about the world around him as well as his place within it.

He likes to go. That much is clear. "In my walker, to feed the fish (in the aquarium in the house), to therapy in the car, to play with friends at school," he said.

As one might expect with any 4-year-old, his family has helped him find his way. The journey has been challenging to say the least, but it is one all of them, especially Asher, have embraced.

"He has a lot of capability and a lot of determination," his father, Kory Wilcox, said.

Asher's parents and midwife noticed issues with his eating and reflexes when he was 3 weeks old. Subsequently, his pediatrician admitted him to the hospital to see a neurologist, and he was diagnosed with spinal muscular atrophy (SMA) Type 1, a genetic neuromuscular disease.

"His decline was pretty quick as an infant, but his journey was two things at once," Kory said. "He started an approved treatment as early as he could after the diagnosis, but he also came down with a respiratory illness about the same time that kept him in the hospital."

In fact, Asher spent six months in the hospital. He received Spinraza, a genetic modifier medication, but its impact wasn't immediately felt because of the infection.

"He hit what we consider a low point of weakness before it started turning around and showing signs that the treatment was having an impact," Kory said. "We came home in March 2019, and since then he has been on a pretty significant path of growth and strengthening."

A significant step came when 15-month-old Asher received Zolgensma, a gene therapy treatment. "That was a game changer," Kory said. "We saw increases in his stamina at that point, and he started on a road of independent mobility."

Over the next year or so, Asher moved from a manual wheelchair that he struggled to propel while participating in his first Easter egg hunt to trying out powerchairs, expanding his mobility and increasing his curiosity along the way.

"For us watching our kid grow and watching our kid adapt, it has been not just us adapting but him adapting as well," Kory said. "I guess for people who are on the outside looking in, it can seem very much like we're having to do so much work, this huge learning cure ... but at the end of the day, it's so natural for him. He knows and has internalized that if he is going to go and keep pace, he has to do it this way. I think that's been amazing for us as a family to watch and just be delighted as he realizes, 'I can get there by myself.'"

Treatments and technology have come a long way in the world of SMA. Because it's a genetic disease that usually occurs due to a specific missing gene, it can be paneled, and so there has been a movement to have states include it as part of the newborn screening profile because of treatments now available. Now, if it's caught through the screening in a child's first week, they could be treated and possibly have no or very few overt symptoms. That's a long way in 10 years when it was previously the leading genetic condition resulting in death among infants under age 2.

Asher has two older siblings, and as he has grown in size and confidence, he has been able to provide his family with numerous milestone memories as a result.

"We had the advantage of having two kids beforehand," Kory said, "so watching him accomplish things from a curiosity perspective and doing it in his own way is pretty special."

Despite that, there are still accessibility challenges, but Asher and his family figure things out as they go along.

"I wish the world was more prepared to accommodate somebody who needs to use a machine to be their legs," Kory said. "We've been very slow to make things

Asher and his family walking across the crosswalk downtown.

Dancing with dad on the sidewalk

accessible. We hang our hat on things like Disney because their parks and hotels tends to be more accessible, and we try to choose things we know are going to be the most accessible and just make that part of our everyday experience."

In some ways, every day may look different for Asher, but in other ways, his days are similar, involving therapy, family time and school.

"We start (and end) each day with a preventative regimen in terms of lung-expanding coughs and chest physiotherapy," Kory said. "After that, we let him decide what he wants to do. Sometimes he wants to be up and mobile like any child, seeing his brothers, saying hi to the fish and wheeling around while everyone is getting ready."

Asher also has therapy on Mondays and attends a preschool Tuesday through Friday. "He is in a mixed classroom with all abilities," Kory said. "There are no intellectual disabilities related to the physical disability. He is spry and plucky. He is a full participant."

Following the half day of school, he usually comes home, where he may play or rest. "Evenings are go with the flow," Kory said. "Sometimes, he's toted along to the activities of our other kids. Some days, it's family time. We stay together, have a meal. He will often play on his iPad since he doesn't use his hands to eat, but he can still be a participant in dinner conversations."

For Asher and his family, life is a daily adventure — just like it is for other families.

CONTINUED ON PAGE 12

I WISH THE WORLD WAS MORE PREPARED TO ACCOMMODATE SOMEBODY WHO NEEDS TO USE A MACHINE TO BE THEIR LEGS. WE'VE BEEN VERY SLOW TO MAKE THINGS ACCESSIBLE ... AND WE TRY TO CHOOSE THINGS WE KNOW ARE GOING TO BE THE MOST ACCESSIBLE AND JUST MAKE THAT PART OF OUR EVERYDAY EXPERIENCE.

ASHER WILCOX LOVES TO GO ...
(CONTINUED FROM PAGE 11)

"We're very fortunate that we've had good support as far as resources, a full-sized van, ramps for the house," Kory said. "We're fortunate to have that kind of structural support. Our overarching family value tends to be that every day is precious, life is short, and we will make what we can. To the extent that Asher doesn't need to be excluded for safety or health reasons; he will be included."

All of which is perfectly fine with Asher, who has places to explore and curiosity to satisfy.

Checking out the fish in the aquarium.

Getting a haircut with his brothers.

CONTACT
Follow the Wilcox family at
FACEBOOK.COM/SMASUPERASHER

The Wilcox family, which includes three children, resides in Missouri.

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2023 CRT UPDATE

Written by: **WAYNE GRAU, EXECUTIVE DIRECTOR OF NCART**

ELECTION RESULTS

The results are in — Gridlock expected. The election is finally over; however, the policy disagreements will continue throughout 2023-2024. I had the honor to be invited to witness the swearing in of the new 118th Congress and was very excited to see the roll-call vote for the new speaker. In all my years in legislative affairs, I have never witnessed this historic precedent of the transfer of power. I watched the first, second and third vote as the disagreements among Republicans played out on the Capitol floor. A few days later, the House voted to elect Rep. Kevin McCarthy, R-California, the new Speaker of the House.

The government is now split, with Democrats controlling the executive branch and the Senate and the Republicans now in control of the House of Representatives. Some will say that this is the best outcome because both parties now realize that they must work together to get things done for the American people. We will need to take a wait-and-see approach; I am not a pessimist by nature, but the political theater will continue as we are now officially in a presidential election cycle.

The Complex Rehab Technology (CRT) industry has been working to build relationships with Congress, and based on the information as of today, several industry friendly Republican House members will be moving into committee of jurisdiction positions that could be very helpful for CRT manufacturers and providers. We do not have the full list of committee members, as of the writing of this article, but once the committee assignments are announced NCART will be identifying our champions for this upcoming congressional term.

NCART HAS A NEW HOME IN WASHINGTON, D.C.

NCART officially has a physical presence in Washington. Wayne Grau, new executive director of NCART, has opened an office based in the Navy Yard. The location allows easy access to Capitol Hill, consumer groups headquartered in the District of Columbia, and federal agencies. The new location will allow NCART to strengthen relationships and build a brand presence on the Hill. It is important that legislators and their staff understand how NCART can assist them in developing positive legislation for individuals utilizing CRT products.

UPDATE ON COVERAGE OF SEAT ELEVATION AND POWER STANDING SYSTEMS

The industry eagerly awaits the results from the comment period that the Centers for Medicare and Medicaid Services (CMS) opened Aug. 15, 2022, on Medicare coverage for power seat elevation. The ITEM (Independence Through Enhancement of Medicare and Medicaid) Coalition, NRRTS, NCART, Clinician Task Force, Consumer Groups, RESNA, AAHomecare and others helped to rally stakeholders to submit over 3,500 comments to CMS about the value seat elevation has in the lives of CRT patients.

CMS is reviewing the comments along with information submitted within the application for coverage and will issue a proposed decision memo in February 2023. This will be followed by another 30-day public comment period. A final coverage decision for power seat elevation systems is expected in May 2023. NCART will continue to actively work with the ITEM Coalition and other disability advocacy groups to secure coverage, coding and pricing.

The full text of comments submitted by NCART can be found at www.protectmymobility.org. Our primary message is we strongly support Medicare coverage of power seat elevation to establish critical access for Medicare beneficiaries with disabilities as detailed in the formal September 2020 coverage request.

NCART and all the stakeholders were extremely disappointed that CMS "delayed" the review of Medicare coverage for power standing systems to a later date. The ITEM Coalition along with NCART and NRRTS have questioned CMS about when we could expect the 30-day comment period for power standing to be released. CMS would not comment on the release date. We will continue to urge CMS to open the comment period for this medically necessary coverage of power standing systems.

UPDATE ON THE EXPIRATION OF PUBLIC HEALTH EMERGENCY

The COVID-19 Public Health Emergency (PHE) has been extended another 90 days. Health and Human Services Secretary Becerra announced the extension on January 11, 2023. The PHE will remain in effect until April 10, 2023. CMS issued guidance on August 18, 2022, entitled "Creating a Roadmap for the End

of the COVID-19 Public Health Emergency." CMS is encouraging agencies and healthcare providers to prepare for the end of these flexibilities as soon as possible and to begin moving forward to

NCART FOCUS FOR 2023

The NCART board of directors has authorized the following top three priorities for 2023.

- Additional reimbursement for CRT providers: NCART will fight to gain additional reimbursement for CRT providers for equipment and repairs.
- Repair and Service Reform: The problems with service and repair are multifaceted, and NCART is working with industry led effort to ensure consumers are getting equipment serviced quickly with equitable reimbursement.
- Successful coverage, coding and pricing for seat elevation and power standing systems: The medical value of seat elevation and power standing systems cannot be overstated. These extremely important products must be covered by CMS.

WINS FOR THE CRT INDUSTRY IN THE OMNIBUS BILL AND CPI ADJUSTMENT FOR MEDICARE

The president signed the $1.7 trillion omnibus bill that included some wins for the CRT industry. The bill deferred the pay-as-you-go, or PAYGO, 4% cut that was set to go into effect on Jan. 1, 2023. This reduction is delayed until 2025. The bill also extended the 75/25 Medicare rates through the end of the Public Health Emergency or December 2023; whichever is sooner.

The bill extended telehealth flexibilities until Dec.31, 2024, for physical therapy and occupational therapy evaluations for CRT patients. Previously passed legislation would extend that an additional 151 days or until May 31, 2025.

CMS announced a consumer price index for all urban consumers (CPI-U) fee schedule increase for Medicare CRT products and services. The CPI-U is an inflation factor that is determined annually and applied to DMEPOS effective Jan. 1, 2023.

- Non-competitive bidding program items (CRT items): +8.7%

While this is much needed relief for CRT providers servicing Medicare consumers, much work remains to be done to address the cost of doing business across all the different payers.

THANK YOU

NCART would like to take this opportunity to thank the NRRTS board of directors and members. NCART appreciates the close relationship we have developed over the years and looks forward to strengthening that relationship and fighting for NRRTS Registrants moving forward in 2023. The CRT industry is based on the service model that focuses on getting consumers the products they need to live the lives they want. Every ATP I have met started in this business because they wanted to help people. When I feel a little frustrated, I think of what my friends at NRRTS are doing to help consumers and it makes me want to get right back in the fight. For all you do for your consumers, I would just like to say THANK YOU.

BECOME AN NCART MEMBER

NCART is the national advocacy association of leading CRT providers and manufacturers dedicated to protecting CRT access. To continue our work, we depend on membership support to take on important federal and state initiatives. If you are a CRT provider or manufacturer and not yet an NCART member, please consider joining. Add your support to that of other industry leaders. For information visit the membership area at www.ncart.us

CONTACT THE AUTHOR
Wayne may be reached at
WGRAU@NCART.US

Wayne Grau is the executive director of NCART. His career in the Complex Rehab Technology (CRT) industry spans more than 30 years and includes working in rehab industry affairs and exclusively with complex rehab companies. Grau graduated from Baylor University with an MBA in health care. He's excited to be working exclusively with CRT manufacturers, providers and the individuals we serve who use CRT equipment.

CLINICIAN TASK FORCE UPDATE

Written by: **BARBARA CRUME, PT, ATP; RITA STANLEY, AND AMBER WARD, MS, OTR/L, BCPR, ATP/SMS, FAOTA**

The Clinician Task Force (CTF) is a member organization with a long and rich history of advocacy and extensive work with clients who need Complex Rehab Technology (CRT) and other assistive technology. The CTF mission is to provide clinical-based expertise to inform and promote public policy, best practices and positive outcomes regarding people with disabilities who require CRT products and related services.

In October 2020, due to CTF member concerns about coverage criteria and funding issues, Rita Stanley (at that time vice president of government relations, Sunrise Medical) provided a webinar for members of the CTF to provide information regarding how coverage, coding and payment policies impact access. During the initial webinar, it became clear that while access to appropriate technology is an ongoing issue around the country, the reasons are not always straightforward. For instance, clients and clinicians were often told items were not "covered" when the actual barriers were the result of coding and payment policies rather than coverage policies.

This led to the creation of a CTF Medicare Policy Update Work Group. As an initial task, the group reviewed the Medicare Local Coverage Determinations (LCD's) and Policy Articles for Manual Wheelchairs, Power Mobility Devices, Wheelchair Seating, and Options and Accessories in 2021. The group identified numerous concerns and developed recommendations for policy changes that formed the basis for a letter sent to the DME MAC medical directors. The medical directors responded with interest in discussing recommendations for changes to the Wheelchair Seating Policy LCD and Article and the PMD Policy in regard to power assist.

In January 2022, a subgroup of six members of the Medicare Policy Update Work Group and Rita Stanley participated in a meeting with the DME MAC medical directors. The DME MACs explained that to change an LCD policy, a request for reconsideration is required that includes evidence sufficient to support the requested changes. However, they agreed that they can make changes to policy articles if they agree as a group that the changes are needed. Since the ICD-10 codes that limited access to wheelchair seating are in the policy article, not the LCD, the medical directors agreed to review the group's suggestions for additional ICD-10 codes. Many diagnostic codes were reviewed and deemed acceptable and added to Group 2, Group 3 and/or Group 4.

The updated Policy Article for Wheelchair Seating went into effect on Oct. 1, 2022. *These additional ICD-10 codes will assist in allowing Medicare beneficiaries with these diagnoses to obtain the seating products that they require.*** Added diagnosis codes include: Ehlers Danlos syndrome, unspecified dementia, dementia with Lewy bodies, hereditary motor and sensory neuropathy, congenital absence of limb, and Down syndrome. In addition, please note that the updated ICD-10-CM codes now include various types of muscular dystrophy instead of all being under one code.

This is monumental progress for beneficiaries who require more than a general use seat or back cushion. This work and the positive outcomes are a testimony to the impact that a very small group of dedicated professionals can have on policy changes affecting the whole country.

As for efforts related to power assist technology, the medical directors suggested that a position paper would assist in identifying evidence to support the changes needed. They also suggested a state of the technology paper would be important to develop as well. A small group is currently completing a scoping review of the evidence that will be used to develop a position paper regarding power assist technology. This will be used in the future to support a formal request for revision of the Power Mobility LCD. Stay tuned for more information on the progress of this work group.

CONTACT THE AUTHORS

Barbara may be reached at
BARBARAC@MTNCARE.ORG

Amber may be reached at
AMBER.WARD@ATRIUMHEALTH.ORG

Rita may be reached at
RITA.STANLEY.CRT@GMAIL.COM

***Please keep in mind that the ICD-10-CM code alone does not confer coverage; rather the clinical findings manifested by the beneficiary must be documented in the medical record to support the medical necessity. ***

The link to review the policy article: https://www.cms.gov/medicare-coveragedatabase/view/article.aspx?articleId=52505

Barbara Crume, PT, ATP, is currently employed with MountainCare Services as a seating and wheeled mobility specialist. Crume provides evaluations, fittings and training for clients of all ages and all diagnoses to obtain Complex Rehab Technology manual and power wheelchairs with seating. She has presented courses at Medtrade, ISS, RESNA and APTA CSM. She has also taught several webinars through NRRTS, RESNA and Allied Health Education. She is a member of APTA, RESNA, Friend of NRRTS and a board member of the Clinician Task Force.

Amber Ward has been a treating occupational therapist for over 28 years. She has treated a wide variety of patients, of all ages and functional levels. She also is an adjunct professor at the occupational therapy assistant and Master of Occupational Therapy programs at Cabarrus College of Health Sciences. 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.

Rita Stanley has close to 40 years of experience associated with Durable Medical Equipment, Complex Rehab Technology and Assistive Technology, with 28 of those years in government relations, and the largest portion of that with Sunrise Medical. Rita recently joined RxFunction as vice president of government relations. Prior to that, she established Merriman Innovation Consulting LLCS, a company primarily focused on health policy with an emphasis on improving access to innovative technology. Stanley has a strong understanding of coding, coverage and payment policies, and believing that coding is the foundation for coverage and payment, is engaged in efforts to improve the HCPCS coding system. She was the founding president of NCART and remains on the Board of Directors as the RESNA liaison. Stanley also serves on the RESNA's board of directors, executive board and chairs, and government affairs committee. Additionally, she serves on the Alliance for HCPCS coding reform. Stanley has experience and insight that allows her to understand where policies are preventing adequate access to technologies and has dedicated her career to understanding the processes and strategies available to bring meaningful reform.

KIM DAVIS RETURNS TO CLINICAL ROOTS, FINDS JOY AT THE BOSTON HOME

Written by: **DOUG HENSLEY**

For the first time, Kim Davis finds herself in something of a new world, which is somewhat of a surprise considering the depth of experience she possesses.

In 2019, she returned to her clinical roots and went to work at The Boston Home as an assistive technology specialist and works a schedule that has her immersed in the lives of the residents for whom she cares.

"This setting is the first time I've had the opportunity to practically live with the people I serve," she said. "To be here for 10- to 12-hour days and have these residents roll down the hall, knock on the office door with their footplate and say, 'The thing you did yesterday is really helping' is very different from my previous outpatient or community-based settings, where feedback can be delayed by weeks."

Her current role has her focusing on seating and wheeled mobility, interface pressure mapping, 24-hour postural care and supporting the wound care team. The days are busy, demanding and professionally fulfilling.

"Here, you know if you've helped someone right away (or not)," she said.

Davis' schedule calls for her to work 32 hours over three days. She can typically be found in one of three places: The Boston Home caring for residents, her own home in New Hampshire or at the home of her 91-year-old mother in Maine. "I am tired quite a bit," she said.

As a result, when she's working, she stays a few blocks away and can be back and forth quickly, which is a good thing.

"It is never boring," she said. "Whatever we have planned for the day usually goes to Plan B, C or D on a regular basis. Whenever you're dealing with people, priorities change quickly. For instance, if a wheelchair breaks, you move that to the front of the line and address it as a priority. This job teaches flexibility, which is a good life skill."

Davis has a diverse background that includes research, participation in RESNA and international standards committees, and serving as clinical rehab manager for the northeast sales team at Sunrise Medical. She holds two bachelor's degrees from the University of Maine (zoology and German) and a master's in physical therapy from Arcadia University. At The Boston Home, she is part of a specialty long-term care facility team that serves individuals with advanced multiple sclerosis and other progressive neurological diagnoses.

"I've been a physical therapist since 1988," she said. "My brother's death at age 57 after a battle with multiple myeloma is what triggered me to return to the clinical setting. Near the end he told me never really got to carry out what he wanted to do when he grew up. I didn't want to find myself in the same position. "I enjoy the opportunity to use my skill set and decades of experience to directly impact the quality of people's lives. That's more than enough to get me going every day. This is also a great environment to apply the golden rule every minute of every day."

The facility where Davis works, The Boston Home, is located in the suburb of Dorchester. It was founded in 1881 and serves adults with advanced multiple sclerosis and other similar disorders. The facility has been nationally recognized for the caliber of care

Corinne Curran, Assistive Technology Coordinator; Brian – resident of TBH and me. (Pic after Brian completed a multi-day evaluation process for a new power wheelchair and then posing in his top pick after trials in several models)

Child is his first ever wheelchair (Eleanore's Project trip in May 2015)

Child with his mother: his typical mode of transport (Eleanore's Project trip in May 2015)

Kim holding child: showing carry-over of postural asymmetry. (Eleanore's Project trip in May 2015)

it provides and it is the only one of its kind in New England, according to its website.

No wonder Davis is so excited to be a part of the team.

"I just have immense appreciation for the folks who are managing these significant diagnoses," she said of the facility's residents. "Just being able to help improve their independence and function, to improve their comfort and their ability to interact with one another in daily activities is extremely satisfying."

Of course, it wasn't long after she began work at The Boston Home that the COVID-19 pandemic took hold, altering life for everyone to some degree but especially residents and staff at long-term facilities. Some protocols such as a mask mandate remain in place today.

"I had worked here for less than six months before the pandemic hit," she recalled. "I don't really know what this facility is like in full 'normal' mode. During the pandemic there was a lot of 'all hands on deck' situations, and the entire rehab team shifted focus to assisting with direct care, such as helping with feeding, transfers, anything that was needed as more of an essential level of care."

Early in her physical therapy career, she preferred neurology over orthopedics and pretty quickly gravitated to wheelchairs.

JUST BEING ABLE TO HELP IMPROVE THEIR INDEPENDENCE AND FUNCTION, TO IMPROVE THEIR COMFORT AND THEIR ABILITY TO INTERACT WITH ONE ANOTHER IN DAILY ACTIVITIES IS EXTREMELY SATISFYING.

Even though her professional life keeps her plenty busy, Davis also has had time to get involved in Eleanore's Project, and recently joined their board. She has traveled to Peru six times with the team, led by co-founder Tamara Kittelson. It's just a place where you can go for two weeks and do little miracles over and over again," she said. "I have great appreciation for what they do as far as rebuilding second-hand wheelchairs, and everyone I have ever known who has participated in it (or similar organizations), wants to go back a second time. You simply get to apply your skill set and not have to worry about the headaches of what you have to do here to do business."

Eleanore's Project is focused on supporting the quality of life for children with disabilities and their families, according to its website.

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KIM DAVIS RETURNS TO ...
(CONTINUED FROM PAGE 19)

Once a year, the organization sends a shipment of wheelchairs to Lima, Peru, and follows up with a two-week wheelchair clinic on the ground in Peru.

For Davis, The Boston Home is a perfect fit.

"I was recruited here by Faith Savage, PT, to gradually assume the wheelchair duties as she eases toward retirement. Faith has worked here for over 25 years. Together with the assistive technology team, she has done phenomenal work to preserve residents' independent mobility, including multiple technology iterations responding to disease progression. Initially we were sharing resident and out-patient caseloads, but with pandemic guidelines, it made more sense to transition to a clearer division of labor, with Faith manning the out-patient clinic and my primary responsibility became the residents.

"I will be forever grateful to Faith for recruiting me, and I consider it an honor to try to carry on in her footsteps. It may be no accident that she selected me, as we have some similarity in our work styles — we are both pretty wed to being precise and thorough with our evaluation process. I arrived at TBH with a 25-year nickname of Millimeter Kim (dubbed by Gerry Dickerson) and although it was originally a light-hearted jab, I wear it like a badge of honor. I am so thankful I get to do this work. I just have tremendous appreciation and respect for all of the great people I've met in this profession — colleagues as well as wheelchair users."

CONTACT

Kim may be reached at
KDAVIS@THEBOSTONHOME.ORG

Kim Davis, PT, MSPT, ATP, has been specializing in seating and wheeled mobility for over 30 years. Her work history includes a full spectrum of clinical roles, from seating and physiotherapy clinics to research and taking a role of a wheelchair manufacturer's clinical liaison. She has been involved in RESNA and ISO committees work focusing on wheelchair standards. Davis is currently practicing at The Boston Home, which specializes in care for people with multiple sclerosis and other progressive neurological conditions. She is also an avid volunteer in Eleanore's Project as a member of the clinical team providing and setting up wheelchairs in Peru.

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WEDNESDAY, FEBRUARY 8, 2023
4:00 PM EASTERN

The Hidden Clues: Solving Mysteries in the Assessment and Provision of Geriatric Seating and Mobility Technology

Speaker: Sheila Buck, B.Sc. (OT), OT Reg. ON

Have you ever asked, "Why does my client continue to slide?" or "Why bother, they are in bed half the time anyways!" If so, this course is for you! Seating and mobility for the geriatric population is just as, if not more important, than many other user populations. Not only is there often no predominant diagnosis, but also there are many aging/physical deterioration factors that add up to severe sitting postural issues, pain and mobility limitations. Often these factors are hidden and not assessed, resulting in poor prescriptions that haven't addressed critical physiological and pain triggers. Sign on to learn great practical assessment and prescriptive guidelines for seating the elderly.

For more information, visit the website www.nrrts.org

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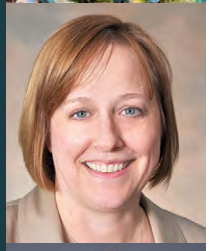


THURSDAY, FEBRUARY 23, 2023
7:00 PM EASTERN

"It Takes a Village" or How Organizations Working Together Make a Stronger Voice for Advocacy

Speakers: Weesie Walker, ATP/SMS, Andrea Van Hook and Wayne Grau

In the world of Complex Rehab Technology (CRT) if we added all manufacturers, providers, suppliers, clinicians, CRT consumers and others together, it is a small number in the scheme of things. Having a strong voice is more difficult when there are few to carry the message. We recognize the value in forming partnerships with organizations to allow more efficiency and less duplication of efforts.


THURSDAY, MARCH 9, 2023
7:00 PM EASTERN

Infection Control in the Real World

Speakers: Anna Sokol, RN, MN, BScKin, BScN, WOCC(C), and Kim Davis, PT, MSPT, ATP.

When the COVID-19 pandemic shook the world, some health care organizations discovered their wheelchair disinfection protocols were outdated. Organizations learned there is no one-size-fits-all approach. Many clinicians and administrators turned to vendors and manufacturers with questions about safe and effective cleaning of multicomponent manual chairs and complex power systems. This session will discuss how infection control is approached in the real world, where regulatory requirements may sometimes compete with facility objectives.

For more information, visit the website www.nrrts.org

2023

THURSDAY, MARCH 23, 2023
7:00 PM EASTERN

Power Add-ons for Manual Wheelchairs: Outcomes and Training Requirements

Speakers: W. Ben Mortenson, BScOT, MSc, PhD, FCAOT, OT, and Mahsa Khalili, PhD

Participants in this workshop will learn about the latest research on the impact of powered mobility add-ons for manual wheelchair users. This will include a discussion about the impact they have on users perceived autonomy and training requirements for their safe use.

THURSDAY, MAY 23, 2023
4:00 PM EASTERN

What Field-Generated Data Tells Us About Wheelchair Repair, Maintenance, Failure and Best Practice

Speakers: Jack Fried, M.S.

The maintenance and repair of Complex Rehab Technology (CRT) like manual and power wheelchairs are vital to assure users maintain mobility and access to home and community resources as well as prevent increased pain, pressure sores and lack of function. A cross-disciplinary team lead by researchers at the University of Pittsburgh has analyzed large datasets of wheelchair component repair data to understand failure and repair trends and translate them into best practice. In this course, users, clinicians, technicians and manufacturers alike will be able to learn about these trends and recommendations and how to apply them into their own work.

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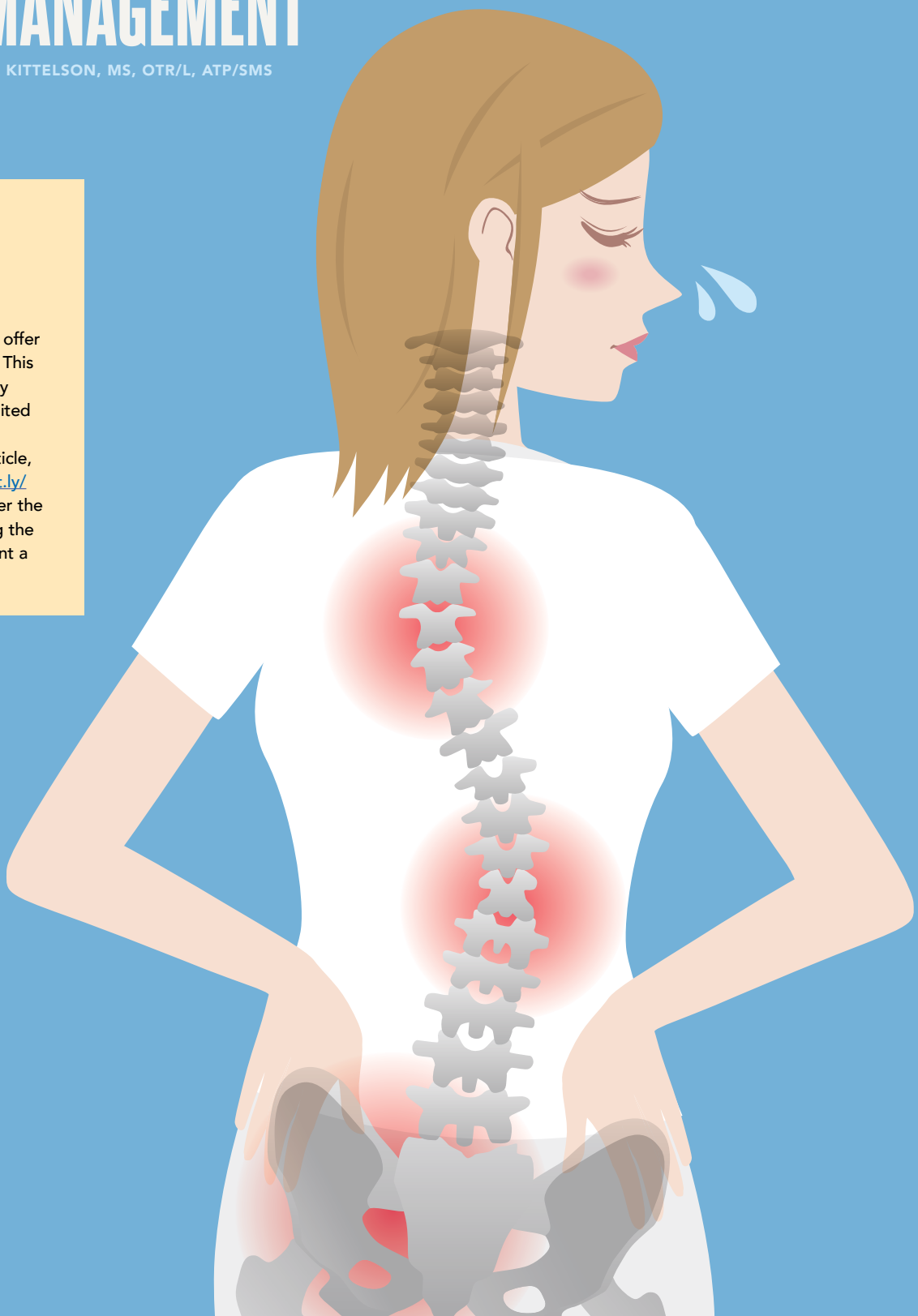
MADE FOR EACH OTHER: EARLY CUSTOM CONTOURED SEATING AND 24-7 POSTURE CARE MANAGEMENT

Written by: **TAMARA KITTELSON, MS, OTR/L, ATP/SMS**

CEU ARTICLE REVIEW

NRRTS is pleased to offer another CEU article. This article is approved by NRRTS, as an accredited provider, for .1 CEU. After reading the article, please visit http://bit.ly/CEUARTICLE to order the article. Upon passing the exam, you will be sent a CEU certificate.



INTRODUCTION:

Children and youth with chronic motor impairments often develop distorted body shapes as they grow. Adults with acquired injuries or new diagnoses are also at high risk for this complication, despite being able bodied during their growing years. A wheelchair rider's diagnosis may or may not be progressive. Regardless of which of these scenarios a user falls into, many people are at high risk for secondary complications, historically called "deformities," even if born with symmetrical bodies. As posture deteriorates away from midline orientation and symmetry over time, there is a corresponding negative impact on health and function — typically requiring increasingly complex wheelchair seating and more frequent replacement of it. Early adoption of custom contoured seating combined with 24-hour posture care management (24-7 PCM) can interrupt this scenario, moving it in a positive direction.

For the purposes of this article, custom seating describes seat and back cushions that are specifically made to fit the contours of a user's body. This method allows targeted support exactly where it is needed, and intimate contours foster even distribution of pressure while correcting posture deviations. This differs from generic contoured seating that comes in specific sizes, often with extra components available, such as lateral trunk supports. It also differs from planar seating that is fabricated specifically for a person using their measurements and may also include extra components. Custom contoured seating typically (but not always) involves some type of molding process, from which the seat and/or back cushion is then made.

Custom contoured seating systems historically were often heavy, hot, bulky and non-adjustable, but options without these drawbacks are now available. They were also traditionally used as a last resort for people with complex body shapes for whom there was no other feasible choice to accommodate their moderate to severe body shape distortions. In this article we will focus on a different population — those with subtler posture asymmetries for whom custom contoured seating has often not been considered. In the past, these people's posture has not been considered severe enough to warrant custom contoured seating products. Yet when used proactively instead of reactively, custom seating augmented with 24-7 PCM promotes healthy alignment, development, growth and function through a foundation of body symmetry that will support stable posture long term. This approach applies to people of all ages — early intervention is for everyone!

AS POSTURE DETERIORATES AWAY FROM MIDLINE ORIENTATION AND SYMMETRY OVER TIME, THERE IS A CORRESPONDING NEGATIVE IMPACT ON HEALTH AND FUNCTION – TYPICALLY REQUIRING INCREASINGLY COMPLEX WHEELCHAIR SEATING AND MORE FREQUENT REPLACEMENT OF IT.

EARLY INTERVENTION IN SEATING — THE ISSUES

All kids — with or without impaired mobility — grow, develop and change. Moreover, aging begins from the day we are born and continues throughout the life span — longitudinal changes related to advancing years are unavoidable. The topic of aging with a disability and the unique challenges faced in this community has risen to more prominence recently, as people live longer. Widespread among those challenges are secondary complications like scoliosis, kyphosis, pelvic obliquity/rotation and joint contractures. These are not just body shape distortions that make seating systems more challenging to plan and create. They negatively impact motor control, skin integrity, cardio-pulmonary function, digestion, oral-motor control/swallowing, visual field, communication and psycho-social well-being. A person's health and quality of life is impacted by and may even depend upon their wheelchair seating system.

The Merriam-Webster Dictionary defines intervention as "the act of interfering with the outcome or course especially of a condition or process (as to prevent harm or improve functioning)." "Early" is self-explanatory.

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Taking the term "early intervention" seriously is the aim of this article, which means asking how we may positively impact the future course of a "condition or process" in the lives of wheelchair users. Not medically with drugs or surgery but with early provision of carefully planned and implemented postural support. This can be done by looking for early warning signs and intervening promptly — perhaps earlier than is typical in your practice.

Mobility, posture and function are inextricably linked and influenced by time. Recognizing and accepting this fact leads us to understanding the importance of early intervention in seating — which should include custom contoured products. While implementing early self-initiated mobility and standing frame regimens is promoted, using custom postural support solutions that could help the same population is often delayed. Professionals and families frequently don't recognize asymmetry red flags early on and are unaware of their long-term implications. Too many wait and hope asymmetries will be outgrown or disappear with rehab therapies. But waiting until later may mean intervening too late when too much damage has been done — with seating outcomes compromised as a result.

It's crucial to understand not only what is happening now, but also what will happen to the body without proper intervention. By analyzing the commonalities between a person's sitting and lying posture, likely future outcomes become apparent. We actually can have a crystal ball! Once we understand and trust the crystal ball, we can take action and truly have a positive impact on the future. Targeted, individualized postural support both in and out of the wheelchair, with family and caregiver investment, can positively influence long-term outcomes for any individual.

HUMAN POSTURAL ORIENTATIONS AND BIOMECHANICS

Lying is the first and foundational human orientation. It is the only one available to us at birth, unless we are given external support. This remains the case for some people throughout their lives, or begins following an injury or disease process. Sitting develops next. Many wheelchair riders are able to sit upright, with greater or lesser degrees of support tailored to individual needs. Standing is the last orientation to be achieved. It is crucial to recognize how the base of support becomes progressively smaller through these human orientations, beginning with a broad foundation in lying, which is reduced in sitting and is finally the narrowest base of support in standing. A lack of balance and control in the first orientation will inevitably affect the others.

Conducting a supine mat evaluation is best practice during wheelchair evaluations. However, jumping too quickly to focus on sitting can be a mistake. Taking the time to correlate potentially destructive elements between lying and sitting postures and addressing them will pay dividends in seating outcomes. When these are not recognized and acted upon, years of lying in asymmetrical positions during rest and sleep correlates positively with pelvic obliquity/rotation and scoliosis that complicates seating in the long term.[1,2] In fact, that pelvic asymmetry you see during a wheelchair evaluation may have been brewing for months or years during resting hours, before it became less reducible and more obvious in sitting. This hypothesis was first presented by Fulford and Brown in 1976, who applied it to babies with cerebral palsy (CP).[3] Studying two cohorts, one with CP and the other typically developing, they proposed that "deformities" formerly thought to be unavoidable were actually the result of long periods of time spent in habitual, asymmetric postures coupled with the impact of gravity on the human body resting on a support surface. Noreen Hare called this the "Human Sandwich," in which the body is compressed and flattened against the support surface because of the action of gravity.[4] Positional plagiocephaly, for example, results from a baby's head resting against a flat surface over long periods, while sleeping supine and sitting in strollers and car seats.

TAKING THE TIME TO CORRELATE POTENTIALLY DESTRUCTIVE ELEMENTS BETWEEN LYING AND SITTING POSTURES AND ADDRESSING THEM WILL PAY DIVIDENDS IN SEATING OUTCOMES.

But people throughout the life span — not only babies — are at risk for similar problems that involve their whole body when their ability to move is limited. Most people start life with symmetrical bodies and flexible, stable joints but this does not always last. When left without intervention, asymmetrical postural tendencies in sitting and lying become destructive as the body progressively distorts under the force of gravity. This is particularly impactful during the hours of sleep and rest when most people are not supported in symmetry and midline orientation.

The human body is resilient. With frequent and varied position changes it typically returns to its original symmetrical shape. But for people with a limited movement repertoire, eventually it does not bounce back. Asymmetrical postures become established, and the process of body shape distortion begins. A limited movement repertoire means less movement overall, and/or movement that follows a typical pattern without variety — for instance, always leaning or rolling to one side. A person may move quite a lot, but always in the same way. This seemingly minor imbalance, recurring over months and years, progresses to further deviation. Body parts seek a support surface as gravity compresses them, leading to soft tissue adaptation. Joints may sublux/dislocate under the prolonged stretch of ligaments — unless something is done to stop the process. A smaller base of support in sitting exacerbates the mechanical advantage of gravity, often requiring extra support to keep the body upright. Even so, once distortion is underway, posture often worsens and requires modifications or seating replacement in order to keep up with the deterioration.

Unfortunately, this is a common scenario, if the only intervention to protect a person's body shape is a seating system during the day. To effect meaningful change and prevent deterioration, support will be needed outside the wheelchair.

POSTURAL TENDENCIES, DEVIATIONS AND FUNCTION

All human beings have favored postural tendencies, but most can choose to easily move in and out of them independently. Those who cannot do so tend to spend too much time in asymmetry without variation and develop postural deviations. We then have a complex situation that did not start out that way. A reminder to take early postural asymmetries seriously — they will not typically go away on their own, and human bodies most often take the path of least resistance when it comes to gravity.

Both activity and rest are integral to all human occupations, and this particularly applies to seated function for wheelchair riders. Activity includes both fine motor (eating, computer work, driving a power chair) and gross motor (wheelchair propulsion, athletics, getting dressed, transferring between surfaces). In addition, everyone needs rest periodically, as a break from activity and the force of gravity. No one can get away from it and for people who struggle to maintain upright posture, a rest-oriented position may be most appropriate much of the time. Wheelchair seating supports must allow for all of these functions (rest, fine motor and gross motor activity) throughout the rider's day, with demands varying according to the person, time of day and activity.

Human development occurs from proximal to distal. Fine motor skills require proximal stability. Not all individuals can achieve that on their own; many require external support for proximal stability. This will foster symmetry and midline orientation as the foundation for fine motor activities, while allowing for intermittent adaptive asymmetry.

Why is symmetry and midline orientation important? It is not about aesthetics but balancing the body for function. Symmetry means a similar position for both sides of the body in all axes. When a person habitually leans or rotates, biomechanical stresses arise that impact the whole body system. The effort to counteract gravity will become increasingly difficult and, at some point, may become impossible. Midline orientation complements symmetry and is important for communication and other aspects of daily life. The shift away from symmetry and midline orientation may be subtle and not taken seriously at first. Despite being urged to "sit up," for some people doing so against gravity takes more effort and endurance than they can muster. This is why watching for subtle asymmetries before they become big ones is so important.

Seating for gross motor activities must incorporate the same principles of allowing for rest as needed, recognizing that larger movements require higher levels of exertion. This will likely result in deviated posture when adaptive asymmetry is necessary for function. This is not a problem if repositioning into more symmetrical midline orientation for rest is easily done. This focus must be kept in mind, for humans are not constantly active. Without a stable, midline oriented resting posture the upright individual is at the mercy of gravity — which will always win when fatigue sets in.

As with the three human postural orientations (lying, sitting and standing), there are three seated postural tendencies. A posterior tendency is the least destructive and is best for rest while still allowing for fine and gross motor activity (see Figure 1). When suitable angles with external pelvic and trunk support are provided, this allows intermittent relief from gravity without restricting activity. The posterior tendency may be minor but if well-designed,

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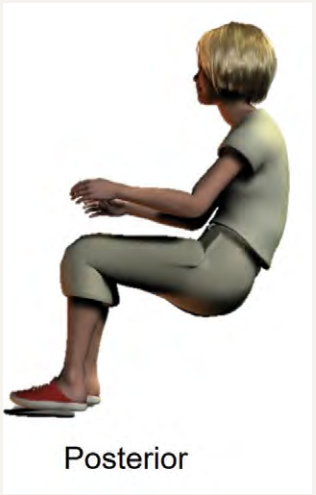

FIGURE 1
Posterior sitting posture tendency. *Courtesy of Ride Designs.*

FIGURE 2
Anterior sitting posture tendency. *Courtesy of Ride Designs.*

FIGURE 3
Lateral/rotation sitting posture tendency. *Courtesy of Ride Designs.*

AS WITH THE THREE HUMAN POSTURAL ORIENTATIONS (LYING, SITTING AND STANDING), THERE ARE THREE SEATED POSTURAL TENDENCIES.

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(CONTINUED FROM PAGE 27)

provides the most effective base for fine and gross motor activity in our gravitational world. In contrast, the anterior (see Figure 2) and lateral/rotational (see Figure 3) tendencies are never positive. These render the individual gravitationally vulnerable, resulting in either falling forward over the legs or leaning laterally with rotation. Caught early, it is possible to counteract these destructive tendencies and limit their progression. But once these postures become habitual and skeletal changes occur, an uphill battle to counteract them will ensue.

So, intervening early is crucial, and in order to do this education is key. Wheelchair riders, families and caregivers need to have full information about destructive and constructive postural tendencies and approaches to address them. Understanding what is at stake for the future can assist with helping users "buy in" to custom contoured seating products early, instead of waiting until it is too late.

INTERVENTION — GET PRACTICAL AND START EARLY

Gravity can be harnessed to promote a stable and balanced body in sitting through careful assessment and, when warranted, early use of custom-contoured seating. Including 24-7 PCM in the mix will always enhance the process and limit the problem of rest and sleeping postures that counteract the good that is being done by seating and mobility equipment. This will entail taking the supine mat evaluation very seriously, beyond simply correcting supine alignment while assessing range of motion for sitting. There are other questions to ask:

- Can the person independently move into a symmetrical supine posture when they are asked to do so? Are they able to maintain this position and relax without help?
- If the person requires assistance for positioning, how difficult is it to help them lie in symmetry and midline orientation? Are they able to remain there once placed?
- Do they predominantly flex or rotate to one side or the other?

An easy way to assess this is by using the sternum as a midline landmark relative to the lateral borders of the rib cage and the pelvis. Analyzing posture for symmetry, midline orientation and overall alignment in all possible orientations provides the information to create the seating system and overall positioning plan.

The next step is simulation, both on the mat and in the wheelchair. With the user sitting on the edge of the mat table, how much force must be applied strategically through the assessor's hands to correct that subtle asymmetry or alignment issue? If significant force is required to achieve and maintain alignment, custom molded seating is most likely indicated. Custom molded seating provides the intimate contact required to achieve and maintain alignment without undue pressure.

Other seating options should be ruled out first. Is an off-the-shelf seat and back cushion effective in supporting midline orientation and symmetry while allowing function? Since the seating system will not be used for a few minutes at a time but for hours, pressure may become an issue if it is concentrated

on a small area such as lateral trunk support pads to correct asymmetric posture. Trialing off-the-shelf equipment is an essential part of the process.

If a custom solution is deemed the best choice, trialing equipment will provide necessary information for funding justification. This can include simulation using technologies such as a molding bag.

Combining information gained through hands-on simulation and trial of equipment clarifies issues and answers the question: Which seating solution accomplishes the goals of supporting midline orientation and symmetry, without compromising movement and function or creating pressure issues?

If the answer for optimal results is custom molded seating, do not shy away from using it for kids and new wheelchair users, but do address common concerns. Some common questions worth considering include:

- **What conditions are most suited for early use of custom contoured seating?** This approach is not diagnosis driven. Decision making is based on evaluation and trial as described, and early use of custom contoured seating may be appropriate for a variety of postural presentations regardless of tone, spasticity, reflexes or lesion site.
- **Will a close-fitting back cushion inhibit development of trunk control?** Ideally the back cushion will offer intimate contact and upright support, but will not encompass the trunk as would a body jacket (i.e., TLSO). In many cases it will be possible to lean in and out of the support as the person is able, which assists developing trunk control while maintaining symmetry and midline orientation. Remember that a wheelchair is not an exercise machine – its purpose is mobility and function. In most cases, a stable trunk will translate to better function, in fact, some children and adults with very low trunk tone may be unable to achieve upright posture without this very close support.
- **Are there developmental benefits to supported upright posture?** Given that development occurs from proximal to distal, providing a stable trunk may allow an individual better control of their head and upper extremities, improving their functional use.
- **Can the seating system be adjusted to meet the child's need during growth spurts?** New technologies are now available that allow for adjustments by heating a plastic shell to expand or make minor shape changes. Other products allow bending, loosening and tightening of specific components for adjustment. Gone are the days when a custom molded seating system could not be modified in the field to accommodate growth and change — it is a matter of which product is used.
- **Will a funder be willing to purchase, and then replace a custom contoured seating system when needed to accommodate growth?** As with any seating system, appropriate justification is the key. In many cases children grow faster in height than in weight, and custom seating can often be adjusted for this kind of growth. At a certain point, the system will require replacement, as would any seating system. If it has proven effective for the user, justification for funding is based on the successful use of the product and the need to accommodate growth. The demonstrated achievement of functional, postural and mobility goals will support continued use of custom seating when it must be replaced.

New technology is available that allows for modification in the field to accommodate growth and change, with better ventilation, lighter weight and lower profile appearance. These products can provide just enough targeted support through intimate contact with the body to achieve symmetry with midline orientation, while avoiding excessive weight and bulk. The ability of custom contoured seating to fit a specific body shape and support function is just as effective for users with subtle posture deviations as it is for those with complex body shapes — and potentially much more powerful. Early use has the potential advantage of preventing more complex deviations that will be harder to address in the future. Why wait until posture deteriorates when early action can yield better outcomes? Early use of custom contoured seating in a wheelchair, coupled with a preventive or corrective lying strategy to support and align the body while fostering good sleep, will pay off in successful and longer-lasting seating outcomes.

CONTINUED ON PAGE 30

MADE FOR EACH OTHER ...
(CONTINUED FROM PAGE 29)

A CASE STUDY — MEET XAVIER

Xavier was an active boy who was very independent and never slowed down, living with an L4-L5 myelomeningocele lesion. His condition destabilized his pelvis, resulting in a mild anterior postural tendency, although he sat level with bilateral dislocated hips. As a full-time ultralight wheelchair rider since age 2, he had developed excellent wheelchair skills with a strong upper body. Initially his posture appeared stable with good midline orientation and symmetry. Contoured off-the-shelf seat and back cushions worked well for him with respect to his activity level and posture support — until they didn't.

The first sign was a very subtle lean to his right side. It might have been overlooked without the midline landmark of a head support pad (required by his school in order for him to ride the bus). This provided a visible "red flag" (see Figure 4). The next steps were to assess his lying posture and modify his seating system.

In lying, it could be seen that Xavier's supine posture was consistent with his sitting posture (see Figure 5). Both in lying and in sitting he had a predominant right leaning tendency although his pelvis remained level. Adding lateral trunk supports to his contoured back rest was tried but, unfortunately, this modification was insufficient (see Figures 6 and 7). Xavier continued to show a subtle lateral postural tendency; however, he was flexible and tolerated correction well. Based on these findings and his upcoming need for a new wheelchair, a change to custom contoured seating was recommended. His family was also instructed in how to provide whole body support for him at night while he slept, and his standing frame was adjusted to provide optimal alignment.

Seating goals for Xavier were:

- Encourage midline orientation, to counteract his lateral tendency.
- Promote a posterior postural tendency — given that his anterior tendency was likely to progress over time and become problematic.
- Do nothing that would inhibit his activity.

The process used for Xavier's new seating system began with stabilizing his pelvis in a very slightly posterior orientation to counteract his natural anterior tendency.

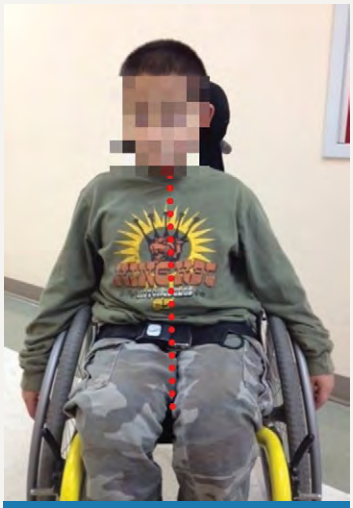

FIGURE 4
Front view showing slight lateral flexion relative to the head pad.

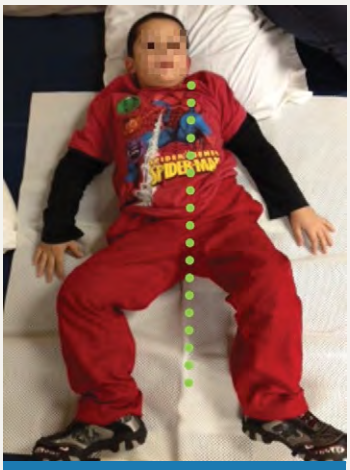

FIGURE 5
Supine lying posture reflected sitting posture presentation.

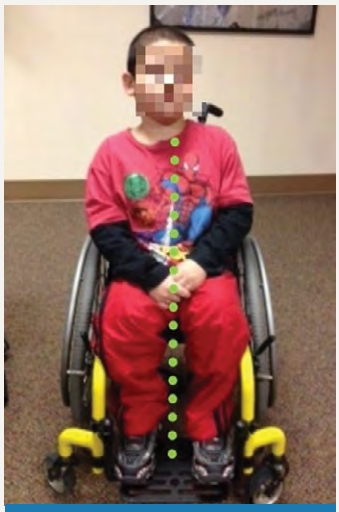

FIGURE 6
Front view with continuing lateral flexion after the addition of trunk support pads

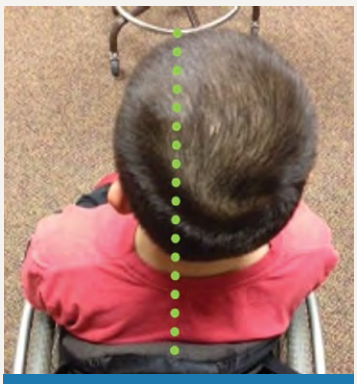

FIGURE 7
View from above, showing offset posture with trunk support pads.

This was done both through the seat cushion shape capture process, and with artful use of a four-point pelvic belt when the system was complete. Xavier's trunk shape was captured with close lateral support that resulted in excellent midline orientation (Figure 8).

The final result can be seen in Figure 9. The intimate fit of his new seating system allowed Xavier to sit with optimal midline orientation and symmetry in a slightly posterior postural tendency — yet with full active range of movement to continue his busy life.

CONCLUSION

Custom seating is often overlooked when working with children and adults whose posture deviations are thought to be minor, flexible and perhaps transient. The truth is, they are likely to progress over time if ignored or not recognized as red flags for the future. Moreover, seating evaluations and interventions too often focus solely on the wheelchair, and not enough on a rider's life and positioning outside the wheelchair — yet the two are intimately connected. Early adoption of custom contoured seating in concert with therapeutic positioning outside the wheelchair can potentially support better long-term outcomes by preventing/limiting the destructive impacts of gravity over time on the human body. These interventions must start early, ideally before deterioration of posture becomes glaringly evident and affects function, health and quality of life.

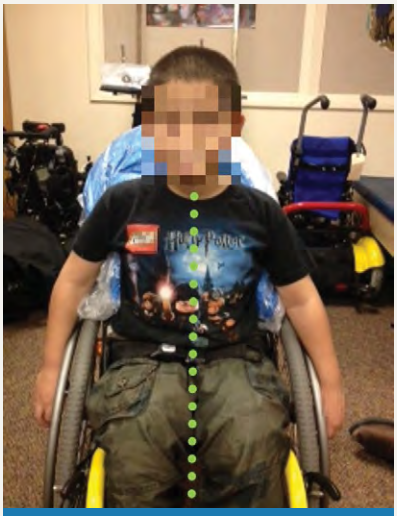

FIGURE 8
Midline orientation and symmetry achieved during shape capture.

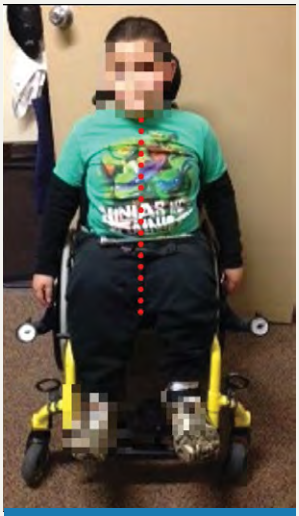

FIGURE 9
Custom contoured seating system complete.

REFERENCES:

1. ÁGÚSTSSON, A., SVEINSSON, Þ., POPE, P., & RODBY-BOUSQUET, E. (2018). PREFERRED POSTURE IN LYING AND ITS ASSOCIATION WITH SCOLIOSIS AND WINDSWEPT HIPS IN ADULTS WITH CEREBRAL PALSY. DISABILITY AND REHABILITATION, 41(26), 3198-3202. HTTPS://WWW.TANDFONLINE.COM/DOI/FULL/10.1080/09638288.2018.1492032
2. ÁGÚSTSSON, A., SVEINSSON, Þ., & RODBY-BOUSQUET, E. (2017). THE EFFECT OF ASYMMETRICAL LIMITED HIP FLEXION ON SEATING POSTURE, SCOLIOSIS AND WINDSWEPT HIP DISTORTION. RESEARCH IN DEVELOPMENTAL DISABILITIES, 71, 18–23. HTTPS://WWW.SCIENCEDIRECT.COM/SCIENCE/ARTICLE/PII/S0891422217302421
3. FULFORD, G. E., & BROWN, J. K. (1976). POSITION AS A CAUSE OF DEFORMITY IN CHILDREN WITH CEREBRAL PALSY. DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY, (18), 305-314. HTTPS://ONLINELIBRARY.WILEY.COM/DOI/ABS/10.1111/J.1469-8749.1976.TB03652.X
4. HARE, N. (1990). WHAT THE HARE TORTOISE. THE HARE ASSOCIATION FOR PHYSICAL ABILITY. NOTTINGHAM, ENGLAND.
5. POPE, P. (2007). SEVERE AND COMPLEX NEUROLOGICAL DISABILITY: MANAGEMENT OF THE PHYSICAL CONDITION. BUTTERWORTH-HEINEMANN.

CONTACT THE AUTHOR
Tamara may be reached at
TAMARALKA@GMAIL.COM

Tamara Kittelson, MS, OTR/L, ATP/SMS, is an occupational therapist and RESNA-certified ATP/SMS. She founded Posture 24-7 and Eleanore's Project, promoting 24-hour posture care management and appropriate seating and wheeled mobility provision in low resource settings. She is founding chair of the RESNA 24-7 PCM special interest group, and a member of AOTA, RESNA, CTF and FON. Kittelson has presented and written on these topics nationally and internationally. Kittelson served children and adults with complex neurodisabilities in Montana from 1983 to 2022.. She credits her daughter, Eleanore, born with cerebral palsy and profound deafness, as her best teacher.

OBSERVATIONS FROM THE FIELD: THE THERAPIST IN THE SEATING EVALUATION

ARE WE REALLY STILL TALKING ABOUT THIS?

Written by: **SUSAN JOHNSON TAYLOR, OTR/L, RESNA FELLOW**

"We are drowning in information while starving for wisdom. The world, henceforth with be run by synthesizers, people able to put together the right information at the right time, think critically about it, and make important choices wisely".

- Edward Osborne Wilson

In the late 1970s early 1980s, the Complex Rehab Technology (CRT) industry was fashioned out of hard work born of necessity on the part of consumers, CRT suppliers, therapists and manufacturers. An intersection occurred between the disability rights movement, people with disabilities living longer, and the realization that, in order to live and be mobile and functional, equipment was needed. We made seating by hand, individually, for each person we saw, out of foams and plywood, plastic and vinyl. These were interfaced with heavy, chromed steel-framed chairs. Little was commercially available. It was very labor intensive on all sides, and obviously not sustainable. The good part? We actually had a lot of hands-on time with our clients. For technicians and suppliers to build these things, the therapist had to have a very good understanding of the client's impairments, functional skills and activities of daily living (ADL's) and how they needed to be supported in order to move and function.

Like all other areas of the health field, time and money in occupational and physical therapy services and in CRT are in a crunch, which, in some cases, has resulted in a fractured team approach. In addition, there is a reticence on the part of therapists who do not specialize in seating and wheeled mobility to become involved. Let's focus on the therapist's role. The process for the therapist is the same as any other evaluation: evaluation, goals, treatment plan and follow-up. The therapist's unique set of skills for assessing people's impairments, activities and participation leads to problem-solving and clinical reasoning. In this case, the goals and treatment plan that result from the evaluation are the equipment and application of/ functional training with that equipment. Any therapist who works with children or adults who have physical disabilities that affect sitting, ambulation or efficient ambulation needs to know about seating and wheeled mobility evaluation. In addition to hands-on therapy, this is one of the most important things a therapist can do for a complex client. I have assisted several therapy students who were interested in CRT during a clinical experience. Their tendency is to focus on learning equipment. They were re-directed to focus on understanding how to evaluate a person. That is the expertise they bring to an evaluation, that is their primary role. As therapists we need to be careful about facilitating and preserving our roles.

> THERE ARE TIMES DURING WHICH SELF-REFLECTION HELPS US TO GROW IN THE BEST DIRECTIONS.

THE PROCESS FOR THE THERAPIST IS THE SAME AS ANY OTHER EVALUATION: EVALUATION, GOALS, TREATMENT PLAN, AND FOLLOW-UP. THE THERAPIST'S UNIQUE SET OF SKILLS FOR ASSESSING PEOPLE'S IMPAIRMENTS, ACTIVITIES, AND PARTICIPATION LEADS TO PROBLEM-SOLVING AND CLINICAL REASONING.

There simply are not enough seating "expert" therapists. We find ourselves at a crossroads in our industry. Like all industries, things evolve and change over time as our understanding changes and environments dictate. There are times during which self-reflection helps us to grow in the best directions. This is one of those times. The need has not changed — in fact, in some ways it is more urgent than ever. The results of these evaluations and provisions are very often profound in their affects on our clients. Clients benefit from a collaborative approach between the therapist, CRT supplier, and the client, as well as synchronous rather that non-synchronous evaluations.

We do this because we serve complex individuals who need a team approach in the provision of CRT in order for that technology to be functional. Bottom line. End of story.

CONTACT THE AUTHOR

Susan may be reached at
SJTAYLOR222@GMAIL.COM

REFERENCE

CLINICIAN CHECKLIST, COMPILED BY THE CLINICIAN TASK FORCE, SPECIFICALLY OUTLINES THE ROLE OF THE THERAPIST IN THE SEATING AND WHEELED MOBILITY EVALUATION PROCESS. THIS INCLUDES AN OUTLINE AND ANNOTATED TEXT. USEFUL RESOURCES ARE ALSO PROVIDED. HTTPS://CLINICIANTASKFORCE.US/CLINICIAN%20CHECKLIST%20NOVEMBER%202021.PDF

Susan Johnson Taylor, OTR/L, RESNA Fellow, is an occupational therapist who has been practicing in the field of seating and wheeled mobility for 40 years, including direct service, education and outcomes. Johnson Taylor has published and presented nationally and internationally. She is both a member and Fellow with RESNA and is currently a member of the Clinician's Task Force and the RESNA/ANSI Wheelchair Standards Committee. She is a certified member of the International Society of Wheelchair Professionals. She "semi-retired" in 2022, but, being inexorably tied to the field of CRT, stays active through her consulting practice, SJT Consulting, LLC.

ELIZA — A COMPLEX PRESENTATION AND POWER MOBILITY ASSESSMENT

Written by: **LISA ROTELLI**

NRRTS thanks Adaptive Switch Labs for sponsoring this article.

Power mobility. Who is a candidate? When is it appropriate? These are some of the biggest questions clinicians, parents and complex rehab suppliers have. Powered mobility has always been designed around an adult model — made for people who had mobility and lost it, someone who has had experience with movement. We added prerequisite tests and competencies just to do a trial, wanting to make sure someone had judgment and safety skills before even getting a chance for an assessment.

I am not saying judgment and safety are not important, but we need to look at mobility differently for children. Judgment and safety must be taught to all children. No one is born with inherent knowledge of activities that they have never performed, practiced or mastered. Even when we master an activity, we still make mistakes.

The cost of not having mobility is too great. We must have augmentative mobility options to aid in the development of children who are mobility compromised. We are not just talking about mobility; we are talking about development. There have been many studies that support the fact that without mobility there are delays in development — even causing secondary disabilities. More information on the developmental importance of early mobility and the research that supports this can be found in our Focus issue on Pediatric Power & Early Intervention (via the QR code at the end of the article).

> NO ONE IS BORN WITH INHERENT KNOWLEDGE OF ACTIVITIES THAT THEY HAVE NEVER PERFORMED, PRACTICED OR MASTERED. EVEN WHEN WE MASTER AN ACTIVITY, WE STILL MAKE MISTAKES.

POWER MOBILITY ASSESSMENT:

When we are working with someone with multiple disabilities, there is a lot to figure out. Untying the layers of diagnoses, processing and cognitive understanding can be challenging. We need to determine which specific areas are impeding progress and then address those so that the child can develop an understanding of the activity and be successful.

Diagnoses may include:

- Speech and language impairments.
- Cortical Visual Impairments (CVI, also known as cerebral visual impairments).
- Processing impairments.
- Motor impairments.
- Sensory processing impairments.
- Seizures and the impact of seizure medication.
- Orthopedic changes.
- Pain.
- And most of all, no experience with self-initiated movement.

The person who needs opportunities the most is the one with no experience. This scenario is also the most difficult when figuring out barriers to driving.

Where or how to begin this assessment is so important. A positive success-driven approach is necessary. We cannot start with preconceived ideas that a child is not capable or is too cognitively impaired to understand the task, or even that they will know what a power wheelchair will do for them and be excited to use one.

WHEELCHAIR SEATING:

Seating is a very critical piece of an assessment. Helping someone who does not have experience or control to transition into a functional position can increase alertness, understanding, vision, accuracy and positive outcomes.

Wheelchair seating needs to be set up for function for the child to have successful access to technology. We must understand the role of seating for both access and transition from working positions (task performance) to resting positions. It is critical to understand the importance of both roles and how to transition between each.

I hope you have an opportunity to attend a course from Karen Kangas, OTR/L. She teaches courses on the critical understanding of task supported seating, development and training for children and much more.

POWER MOBILITY TRAINING:

Power mobility training is where we often get stuck. We put a child in a power wheelchair using whatever access method we think will work, with the seating we tried to get right, and then test their mobility skills. This normally happens in a big gym wandering around with the child being told "don't go over there" and "come over here" or my favorite, "don't run me over."

We must build activity-based training, not random driving or cheerleading to get someone to move. Mobility needs to be developed. It alone is not the activity. To develop understanding, there must be an objective and an understandable activity. For that reason, control of the driving method must be easy, consistent and not challenging because the driving method is not the activity itself.

ELIZA

BACKGROUND INFORMATION

Eliza is an example of the process and challenges of an assessment. Eliza is 2 years old with the diagnoses of arthrogryposis, Pfeiffer syndrome, hydrocephalus, visual processing impairments and deafness. She has significant developmental delays, is non-ambulatory, cannot manipulate objects, and she has speech and language impairments (see Figure 1).

ASSESSMENT

Eliza's case is complex and it is hard to determine what she understands. The only thing I know to do in these situations is to see how she responds to moving herself. This will help me get a better picture of her likes, dislikes or interests; figure out the best seating for her to access switches; and determine where to start mobility training

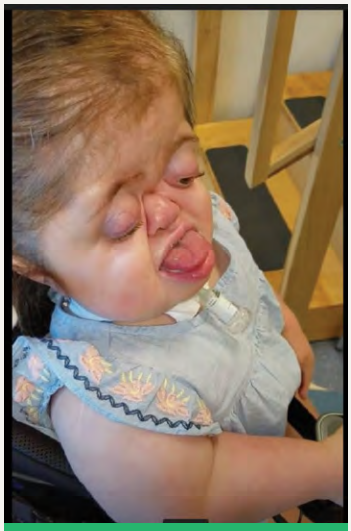

FIGURE 1 Eliza is too cute!

DRIVING METHOD

A critical piece of any power mobility trial is setting up seating and access (the driving method) so that there is no question that activation is intentional. Creating an activity-based assessment that is simple, interesting and purposeful helps lessen the anxiety of the situation. Remember this child is coming to an environment that can be very overwhelming. They are meeting many new adults, being judged using equipment that they have never used, sitting in a seating system that is not their own, and everyone is staring at them and giving differing instructions.

Not yet understanding Eliza, we needed to start simply and consistently with the control of movement. I start with switches because you can use one movement at a time, and when a switch is touched, it has a consistent response. Once she had some experience, she would lead us to the switch placements she could control accurately.

Here are some common techniques using a power wheelchair with electronics that can be programmed and easily changed for an activity:

- Programming a chair so when you touch a switch the chair will move without delay but not fast. When someone has processing delays, we need them to know what is happening and that they made something happen.
- Putting the switch where the child naturally rests when the driving method is turned on so when they move away from the switch it causes the wheelchair movement to stop instead of the wheelchair's movement pushing them into a switch.
- Starting with a turn so a person can explore movement in a smaller space before we must intervene to prevent a collision.
- Using sensors instead of mechanical switches because the location then activates the switch, not pressing and holding a switch.

CONTINUED ON PAGE 36

FIGURE 2 Looking at Seating

FIGURE 3 Switch use during power mobility trial

ELIZA - A COMPLEX PRESENTATION ...
(CONTINUED FROM PAGE 35)

SEATING AND STARTING THE TRIAL

Knowing that we were going to put Eliza in a power wheelchair, her upright seating would be critical. A very big challenge for a very small body. Eliza's femur length was 7 ½ inches and her seat width was 5". The complex rehab supplier, Kevin, was very helpful and creative. We had to make a seat that would support her in an upright position and fit into a power wheelchair (see Figure 2). We accomplished this using molding bags for the seat and blankets and towels for the back. We had to find an activity to do in the power wheelchair that she could understand. We used an old Invacare Power Tiger that belonged to the clinic (I miss that chair). We connected a digital drive control so she could use proximity switches (see Figure 3). Getting near the switch would cause activation and, because it is digital (rather than proportional), it is consistent. One switch did the same thing every time she activated it. We started with turning, with people standing around her in a circle. We then moved to a forward path.

We set up a path with one switch for forward, having a person stand about 5 feet in front of her, just to the side of the forward path, with a colorful toy (see Figure 4). When she got to the person holding the toy, she took her hand off the switch and reached for the object. This is a fantastic lesson on going and stopping. The object was then put on the tray. Another person then stood off to the other side of the forward path, about 5 feet away, with another toy. When she drove to that person, she stopped, reached for the toy, and we placed it on her tray. We then placed a mirror 10 feet in front of her, and we stuck the toys to this (see Figure 5). We backed the chair up and allowed her to repeat the activity, driving to the mirror with the toys. On the third trip to the mirror, we turned the chair on, and she started driving before we were ready. She understood the activity and, without yelling at her to stop, she stopped on her own every time she came to something to do. Helping to develop skills and understanding is a process.

Training power mobility skills is no different than training for any activity that we learn — coaches and teachers do this every day. Start with simple, repeatable steps and repeat those until the person can do these without thought (automatically). Then we move to the next steps, always starting at the beginning and adding a new step to the end.

The clinic working with Eliza, Kapiolani Medical Center for Women and Children in Hawaii, is dedicated to their clients, the process of teaching and the idea of moving to learn. Not just doing an assessment and not just testing instead of training. Building a training plan that is simple allows anyone to help consistently train a client for short time periods and is the meaning of supporting development.

Of course, this process was started during the COVID-19 pandemic, adding extra teaching challenges. The family was able to get a modified GoBabyGo! car as a project through the local university so they could practice when they were not able to get into the clinic (see Figure 6). They could only practice going and stopping, not turning (developing routes) because there was only one switch.

Eliza is now 5. Her physician and the clinic prescribed her a power wheelchair (see Figures 7 & 8). She could readily demonstrate understanding and it was easy to show the positive gains mobility

FIGURE 4 Driving toward an engaging toy during power mobility trial

FIGURE 5 Driving toward a mirror during power mobility trial

FIGURE 6 Driving a GoBabyGo modified ride-on car

FIGURE 7 Power wheelchair delivery (front view)

FIGURE 8 Power wheelchair delivery (side view)

brought her. Showing competence in driving to objects, she reaches and grabs. She is now vocalizing and communicating and is participating in school. She drives her power wheelchair with a joystick, independently moving up to people and talking. She loves repeating to her mom, "Momma, Momma come." And then driving away. She is now going to school and drives herself on and off the school bus!

So, who is a candidate for powered mobility? I hope you agree it is everyone who is mobility compromised, regardless of their cognitive impairments, and we cannot mandate prerequisites for learning.

Mobility and safety must be taught, and it is our responsibility to make that happen. Start early, agree on everyone's roles and responsibilities, and keep it simple and consistent. Mobility is the single most important opportunity you can give to a child. A life without mobility will be a life of dependence.

Scan the QR code to watch two videos of Eliza in her power wheelchair.

Scan the QR code to read NRRTS FOCUS: Pediatric Power & Early Intervention.

CONTACT THE AUTHOR

Lisa may be reached at
LROTELLI@ASL-INC.COM

Lisa Rotelli, director of Adaptive Switch Laboratories Inc., has a lifetime of experience starting as a clinical coordinator for a rehab hospital in Northern California. She also served as a rehab manager for a large rehab equipment supplier and a rehab specialist for one of the major manufacturers of rehab wheelchairs. She is certified by the University of Tennessee at Memphis as a seating specialist and the University of Misericordia in Pennsylvania in pediatric seating. She specializes in alternative access and drive control systems and has designed several drive control systems for severely involved clients. She presents at national conferences to all levels of clinical therapists, suppliers and educators.

COMMUNICATION

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

"Communication to a relationship is like oxygen is to life. Without it, it dies."

- Tony A. Gaskins Jr.

Each year the first NRRTS Webinar focuses on the clients served by Complex Rehab Technology (CRT) suppliers.

This year, the 2023 keynote featured a panel of parents whose children rely on CRT. If you missed it live, you can see it on demand at https://nrrts.org/courses/01-10-2023-from-the-parents-point-of-view-weesie-walker/

Although these parents had never met before, they quickly connected on various topics related to the provision of CRT. They were given the questions ahead of time, but since this was about them and their children, they were given free rein to express their ideas. It became evident that they had encountered similar experiences. There are several things they would like to see changed such as coding, prior approval and coverage policies. The biggest take away from all three is who communication is paramount. In a way, that would seem rather obvious. Somehow, in the CRT world, we lose sight of keeping people in the loop, answering questions and responding in a timely manner. And, even more important is working with a CRT supplier who has a relationship with not only the child receiving services but also the whole family. One parent talked about having flexibility when it comes to scheduling appointments. Can we meet at the school? Or can we meet at our house? Or can we meet at therapy?

In many cases, the CRT supplier is the one constant service provider who is familiar with the home, the school and the clinicians. In these cases, the CRT supplier can offer valuable insight to environmental considerations and equipment choices.

LESSON TO BE LEARNED: THE VALUE OF THE CRT SUPPLIER CAN BE MEASURED BY THE RELATIONSHIP TO THE CHILD AND THE FAMILY.

Are we as CRT suppliers doing all we can to nurture this relationship with our clients? Are we following through on each step of the process? Especially when working with children, continuity of service can make things easier. Keeping track of what has been done or what needs to be done is the most effective method.

It is not about being "finished" with this transaction, because this is an ongoing need. The delivery/fitting of a new mobility system is only the beginning of the relationship. The parents and the CRT supplier must be on the same page when it comes to expectations for how these needs will be met going forward. Open lines of communication lead to better outcomes. Better outcomes are everyone's goal.

Lesson to be learned: The value of the CRT supplier can be measured by the relationship to the child and the family.

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 CRT supplier. She has served on the board of directors for NRRTS and GAMES 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.

RESNA: MOVE TO THE BEAT OF INNOVATION

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

RESNA will be in New Orleans, July 24-26, to "Move to the BeAT of Innovation!" Get ready for a new RESNA conference experience that will inspire and rejuvenate you!

- 2 ½ days of education, networking, product demonstrations, scientific paper platforms, student competitions and round tables.
- Multiple opportunities to connect with fellow attendees.
- See, touch, feel and try the latest Assistive Technology (AT) products in the new "Experience Hall."
- Collect practical tips to take home and implement immediately.
- Learn about emerging trends and new technologies.
- Earn IACET CEUs.

Over the past year, we conducted extensive research into what a new, in-person RESNA conference would be like. Hundreds of AT professionals from across the field shared their thoughts and opinions in a wide-ranging survey last spring. The results were clear — you attend RESNA to see what is new and emerging. You want to see and touch ATs that are innovative and life changing. Most of all, you come to RESNA for solutions — to get ideas, inspiration and best practices that will have a positive impact on the health and well-being of people with disabilities.

Our goal is to offer something new — an Experience Hall instead of an exhibit hall, where attendees can spend one-on-one time with new technologies in a sandbox atmosphere. You will also find product demonstrations, technology developers, round table discussions, digital scientific posters and a connection zone with space set aside to meet and mingle with fellow professionals.

We want to pack value into every aspect of the RESNA conference. That includes keeping costs low for attendees. The hotel room rate at the New Orleans Marriott is the lowest we have had for years. Registration will include not only all education sessions, the Experience Hall and the opening reception but also meals — breakfast, lunch and coffee breaks — during the entire conference. Free WiFi, an absolute must for RESNA attendees, will be available throughout the conference venue and complimentary in all guest rooms.

The New Orleans International Airport has over 60 non-stop flights and 18 airlines that includes non-stop flights from Canada and Mexico City. It is also within a day's drive of Atlanta, Nashville, Jacksonville and most cities in Texas. The hotel, the New Orleans Marriott, is on Canal Street, just a few blocks from the French Quarter, Bourbon Street and Jackson Square. Attendees will be able to enjoy all that New Orleans has to offer, easily and conveniently, every day once conference sessions end.

Registration will open in late February. We hope to see you in New Orleans this summer!

CALL FOR ATP AND SMS EXAM VOLUNTEERS

Dozens of RESNA-certified ATPs and ATP/SMS certificate holders volunteer every year to help maintain and update both exams. If you are a certified ATP or ATP/SMS in good standing, and feel you can "ad-hoc volunteer" for exam maintenance and update projects, we would love to have you. Contact hours for certification renewal are available!

Any ATP or ATP/SMS in good standing is welcome to volunteer. Some volunteer opportunities consist of a half day or day-long meeting; others are a few hours;

OUR GOAL IS TO OFFER SOMETHING NEW — AN EXPERIENCE HALL INSTEAD OF AN EXHIBIT HALL, WHERE ATTENDEES CAN SPEND ONE-ON-ONE TIME WITH NEW TECHNOLOGIES IN A SANDBOX ATMOSPHERE.

and some involve a handful of hour-long meetings over the course of a few weeks. If interested, please fill out our volunteer interest form (on the website under Membership, Volunteer and Leadership Opportunities) and upload your CV, or email certification@resna.org. Please note, "Fundamentals in AT" instructors are not able to participate, due to the obligation to keep RESNA's education and certification programs separate.

UPDATED! RESNA CODE OF CONDUCT AND CERTIFICATION STANDARDS OF PRACTICE

Please download the updated RESNA Code of Conduct and Certification Standards of Practice from the RESNA website for your files. This update is effective Jan. 1, 2023.

FYI: ATP EXAM DISCOUNT FOR FEBRUARY AND MARCH EXAM CANDIDATES

An updated version of the ATP exam is launching Feb. 1, 2023. Those who schedule to take the exam between Feb. 1 and March 31, 2023 will be eligible for a $100 discount on the certification exam fee until the first 100 people have taken the exam. In exchange for the discount, exam takers will need to wait to receive their scores after RESNA has established a passing score for the updated exam. Setting the passing score will hopefully happen as early as April, but it might be May. The discount is available now. Please contact certification@resna.org if you would like the discount.

CONTACT THE AUTHOR
Andrea may be reached at
EXECOFFICE@RESNA.ORG

Andrea Van Hook is executive director of RESNA. She has over 20 years of experience in nonprofit association management. She lives and works in the Washington, D.C., area.

MEET YOUR BOARD AND STAFF

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IS TELEHEALTH STILL RELEVANT FOR 2023 IN CANADA?

Written by: **LINDA NORTON, B.SC.OT, MSC.CH, PHD, OT REG(ONT)**

At the beginning of the COVID-19 pandemic, there was a sudden shift to telehealth where we were challenged to provide care virtually as much as possible. Although we can now do in-person visits, we have an opportunity to examine our service delivery model and consider the role of virtual care in the prescription of complex rehabilitation equipment.

In both Canada and the U.S., significant benefits of virtual care have been documented including: easier scheduling of interdisciplinary meetings,[1] increased client accountability,[1] decreased travel time,[1] increased access to medical care,[2] decline in emergency department visits for people with disabilities[2] and more accessible education for caregivers.[2]

REDUCTION OF TRAVEL FOR THE CLIENT, SUPPLIERS AND CLINICIANS:

In some regions there is a lot of "windshield time" (time spent driving to see clients) or time spent by clients traveling to appointments. For many of our clients, traveling these distances can have health complications and may require caregivers to attend the appointment as well. There is an opportunity to reduce the number of in-person visits through telehealth.[3] Reviewing RESNA's Wheelchair Service Provision Guide,[4] leads to identifying steps that could be completed virtually depending on the complexity of the equipment and client.[5] Determining who needs to be hands-on with the client could also lead to a blended approach where one team member is with the client and other team members are virtual.[5]

EXTENDING OUR REACH TO REMOTE AREAS:

During the COVID-19 pandemic, one of the funders in Ontario provided funding for virtual service technician visits. This practice has resulted in increased efficiency including faster access to an experienced technician for the client, the ability of the technician to "see" more clients and even solve some issues virtually without the need for an in-person visit. Where an in-person visit is required, beginning with a virtual consultation to diagnose the issue can help to ensure the technician has the right parts and can complete the in-person repair quickly.

> IT'S TIME TO REFLECT ON OUR EXPERIENCES AND CONSIDER INCLUDING BOTH VIRTUAL AND IN-PERSON VISITS IN OUR SERVICE DELIVERY MODEL.

MENTORING NEW SUPPLIERS:

The average age of Complex Rehab Technology (CRT) suppliers (51.9 years) is much higher, as compared to the average age for occupational therapists (40.9 years), physiotherapists (40.4 years) and across all occupations in the U.S. (42.2 years).[6] The situation in Canada is likely not much different. There is a definite need to train and mentor new rehabilitation technology suppliers (RTS) in Canada. One way we can accelerate this mentoring is through virtual visits. One model that has been tested for telehealth in the provision of wheeled mobility is having an expert clinician mentoring virtually while a novice clinician is present with the client.[7,8] Perhaps this same model could be used where the novice RTS or service technician attends the appointment with the client, and the experienced RTS or technician mentors virtually. This may enable the expert RTS or technician to attend more virtual appointments then they could normally complete in a day in person, while also mentoring multiple people.

There is a great opportunity in our industry. Just because we can see our clients in person, doesn't mean we "have to" or should. It's time to reflect on our experiences and consider including both virtual and in-person visits in our service delivery model.

CONTACT THE AUTHOR

Linda may be reached at
LINDA.NORTON@MOTIONCARES.CA

REFERENCES:

1. VALEVICIUS A, FERGUSON-PELL M, KERSHAW C, VETTE A. LESSONS LEARNED FROM TRANSITIONING TO TELEREHABILITATION DURING COVID-19 IN ALBERTA, CANADA. ARCH PHYS MED REHABIL. 2021;102(10):E68.
2. LAWSON N, KING J, RONTAL R. DISABILITY AND TELEHEALTH SINCE THE COVID-19 PANDEMIC: BARRIERS , OPPORTUNITIES , AND POLICY IMPLICATIONS. ANN ARBOR, MICHIGAN; 2022.
3. OTT KK, SCHEIN RM, STRAATMANN J, SCHMELER MR, DICIANNO BE. DEVELOPMENT OF A HOME-BASED TELEREHABILITATION SERVICE DELIVERY PROTOCOL FOR WHEELCHAIR SEATING AND MOBILITY WITHIN THE VETERANS HEALTH ADMINISTRATION. MIL MED. 2021;00:1–8.
4. REHABILITATION ENGINEERING & ASSISTIVE TECHNOLOGY SOCIETY OF NORTH AMERICA {RESNA). RESNA WHEELCHAIR SERVICE PROVISION GUIDE [INTERNET]. ARLINGTON, VA; 2011. AVAILABLE FROM: HTTP://WWW.RSTCE.PITT.EDU/RSTCE_RESOURCES/RSTCE_RES_DOC/RESNA_PP_WSPROVISIONGUIDE2011.PDF
5. NORTON L. VIRTUAL VISITS FOR SEATING AND MOBILITY ASSESSMENTS. IN: 37TH INTERNATIONAL SEATING SYMPOSIUM. 2022.
6. NIX J, SCHEIN RM, CLAYBACK D, BRIENZA DM, SCHMELER MR. AN EXPLORATORY STUDY ANALYZING DEMOGRAPHICS AND OPINIONS OF ASSISTIVE TECHNOLOGY PROFESSIONALS WITHIN THE COMPLEX REHAB TECHNOLOGY INDUSTRY. ASSIST TECHNOL [INTERNET]. 2021;33(5):255–63. AVAILABLE FROM: HTTPS://DOI.ORG/10.1080/10400435.2019.1619634
7. BARLOW IG, LIU L, SEKULIC A. WHEELCHAIR SEATING ASSESSMENT AND INTERVENTION: A COMPARISON BETWEEN TELEREHABILITATION AND FACE-TO-FACE SERVICE. INT J TELEREHABILITATION. 2009;1(1):17–28.
8. SCHEIN RM, SCHMELER MR, BRIENZA D, SAPTONO A, PARMANTO B. DEVELOPMENT OF A SERVICE DELIVERY PROTOCOL USED FOR REMOTE WHEELCHAIR CONSULTATION VIA TELEREHABILITATION. TELEMED E-HEALTH. 2008;14(9):932–8.

Linda Norton, B.Sc.OT, MSc.CH, PhD, OT Reg(ONT), is an occupational therapist who is passionate about the provision of appropriate seating and mobility equipment and the prevention of chronic wounds. Her diverse experience in various settings including hospital, community and industry, and in various roles including clinician, educator, manager and researcher, gives Norton a unique perspective. Wound prevention and management are also Norton's passions. She has completed the International Interprofessional Wound Care Course (IIWCC), a master's in community health focusing on pressure injury prevention, and a Ph.D. in Occupational Science focusing on chronic wounds.

NEW NRRTS REGISTRANTS

Congratulations to the newest NRRTS Registrants. NAMES INCLUDED ARE FROM NOV. 12, 2022, THROUGH JAN. 20, 2023.

Amroh Solomon, RRTS®
Motion
9503 49 St NW
Edmonton, Alberta T6B2L8
Telephone: 780-468-4002
Registration Date: 12/27/2022

Dalia Morales, ATP, RRTS®
Respiratory & Medical Homecare Unlimited, Inc.
9801 Carnegie Ave #98
El Paso, TX 79925
Telephone: 915-595-3356
Registration Date: 12/02/2022

Dwayne Wong, B.Sc, RRTS®
Motion
85 Citizen Ct, Units 9 & 10
Markham, Ontario L6G1A8
Telephone: 847-686-1812
Registration Date: 12/05/2022

Guilherme Werther Dourado, RRTS®
Macdonald's Home Health Care
148 West 6th Ave
Vancouver, British Columbia V5Y1K6
Telephone: 604-872-5496
Registration Date: 01/18/2023

Jen Aberin, RRTS®
Motion
85 Citizen Ct, Units 9 & 10
Markham, Ontario L5G1A8
Telephone: 289-552-3324
Registration Date: 11/14/2022

Jennie Myers, RRTS®
Motion
1362 Victoria St N
Kitchener, Ontario N2B3E2
Telephone: 519-778-2460
Registration Date: 12/08/2022

Jessica Funk, RRTS®
PrairieHeart Mobility
716 43rd St E
Saskatoon, Saskatchewan S7K3T9
Telephone: 306-979-6363
Registration Date: 12/08/2022

Jon Kuykendall, ATP, CRTS®
Village Health Services
2105 Creek View Ln
Fayetteville, AR 72704-5284
Telephone: 479-249-9900
Registration Date: 11/29/2022

Joshua Maddox, RRTS®
Aabon Home Health Care Supply
136 E Reynolds St
Ozark, AL 36360
Telephone: 334-774-7535
Registration Date: 12/02/2022

Kaitlyn Burroughs, RRTS®
National Seating & Mobility, Inc.
502 Sunport Ln, Ste 350
Orlando, FL 32809
Telephone: 407-629-7845
Registration Date: 01/09/2023

Michael Friesen, RRTS®
HomEquip
385-550 Century St
Winnipeg, Manitoba R3H0Y1
Telephone: 204-949-2300
Registration Date: 01/18/2023

Rebecca Laing, RRTS®
Motion
1-1111 Fourth Ave
St Catharines, Ontario L2S3P4
Telephone: 343-999-5842
Registration Date: 01/11/2023

Renee Bird, ATP, RRTS®
Rehab Medical Inc.
6101 Johns Rd Ste 8
Tampa, FL 33634-4425
Telephone: 813-295-3796
Registration Date: 12/27/2022

Robert DeNike, RRTS®
Custom Mobility
7199 Bryan Dairy Rd
Largo, FL 33777
Telephone: 800-622-5151
Registration Date: 01/17/2023

Shelley Randall, RRTS®
Canada Care Medical Inc.
1644 Bank St
Ottawa, Ontario K1V7Y6
Telephone: 613-880-8343
Registration Date: 01/06/2023

Wesley Malec, RRTS®
Essential Mobility Products
4-40 Centennial Pkwy North
Hamilton, Ontario L8E1H6
Telephone: 905-549-4800
Registration Date: 12/05/2022

BE SURE TO FOLLOW NRRTS ON SOCIAL MEDIA!

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 LISTED ARE FROM NOV. 12, 2022, THROUGH JAN. 20, 2023.

Jon Kuykendall, ATP, CRTS®
Village Health Services
Fayetteville, AR

Josh Lyon, ATP, CRTS®
Rehabilitation Equipment Professionals, Inc.
Alexandria, VA

Joyce Miodownik, ATP, CRTS®
National Seating & Mobility, Inc.
Wall Township, NJ

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 NOV. 12, 2022, THROUGH JAN. 20 , 2023. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Roni Burns, ATP
Bolivar, MO

Daniel Harrison
Parma, OH

Jodi Baumgard, ATP
Brooklyn Park, MN

Jed Golding, ATP
Pompano Beach, FL

Lino Da Silva
Chatham, Ontario

Cynthia Wickens
Windsor, Ontario

Shaya Ellinson, ATP
Lakewood, NJ

Michael Sorokowsky
Ottawa, Ontario

Nicholas Dodson, ATP
Urbandale, IA

Sean Kiepert, ATP
Worthington, OH

Bryan Clever, COTA, ATP
Stone Mountain, GA

Joshua Barrett
Woodbridge, VA

Gabriel DeNigris, ATP
Richfield, OH

Marie Mete
St Catharines, Ontario

David Witzman
Ottowa, Ontario

Dani El Asmar
Ottawa, Ontario

Erin Polowyk
Calgary, Alberta

Aaron Miller
Indianapolis, IN

Brian Caissie
Dieppe, New Brunswick

Elizabeth Wiese
Ottawa, Ontario

Cory Garfield
Prince George, British Columbia

David Deis
Medicine Hat, Alberta

Gene Engelhardt, ATP
Madison, WI

Alicia Lawrence
Dartmouth, Nova Scotia

Charisse Lojo
Calgary, Alberta

Blair Gallant
Charlottetown, Prince Edward Island

Larry Turnbull
Dartmouth, Nova Scotia

Lindsey Welch
Vernon, British Columbia

Eric Lalonde
Ottawa, Ontario

Ryan Warkentin
Saskatoon, Saskatchewan

Cole Rigby
London, Ontario

Michael Rondeau
Glen Allen, VA

Brandon Matthews
Washington, PA

David Langrish
Nanaimo, British Columbia

Alayna Kollman
Newmarket, Ontario

Hillary Burch
Ozark, AL

Alexander De Groot
Winnipeg, Manitoba

Munish Prashar
Calgary, Alberta

David Deighton
Chatham, Ontario

Paul Parent
Ottawa, Ontario

RENEWED NRRTS REGISTRANTS

The following individuals renewed their registry with NRRTS between Nov. 12, 2022, and Jan. 20, 2023.

PLEASE NOTE **IF YOU RENEWED AFTER JAN. 20, 2023,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO NOV. 12, 2022, 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.

Abood Qureshy, RRTS®
Alicia Correa, RN, BSN, ATP, CRTS®
Alisa K Adams, ATP, CRTS®
Allen McNiece, ATP, CRTS®
Anacleto Gutierrez, ATP, CRTS®
Andrea J Madsen, ATP, CRTS®
Andrew Gilberti, ATP, CRTS®
Angela Smith, ATP, CRTS®
Benjamin Douglas Burton, ATP, CRTS®
Brad Stephanson, RRTS®
Brian Leitner, ATP, CRTS®
Carey Britton, ATP/SMS, CRTS®
Chadwick Filer, CAPS, ATP/SMS, CRTS®
Charles B. Fontenot, ATP, CRTS®
Christian R. Galietta, ATP, CRTS®
Christopher Harwell, ATP, CRTS®
Christopher Tucker, ATP, CRTS®
Christopher Jay Pickelman, RRTS®
Christopher L. Mayo, ATP, CRTS®
Cody Murphy, ATP/SMS, CRTS®
Colin Coyle, ATP, CRTS®
Courtney A. Thompson, ATP, CRTS®
David Butcher, ATP, CRTS®
David Silcox, Jr., ATP, CRTS®
David Adcox, ATP, CRTS®
David W. Hayes, ATP, CRTS®
Denise Harmon, ATP, CRTS®
Donald V. Maulucci, ATP, CRTS®
Doug Driscoll, ATP, CRTS®
Edward O'Brien, ATP, CRTS®
Edward J. Maubach, Jr., ATP, CRTS®
Elaine M. Stewart, ATP, CRTS®
Emily Williams, ATP, CRTS®
Gerald Dickerson, ATP, CRTS®
Gregg Stevens, ATP, CRTS®
Ignacio Rodriguez, RRTS®
Jacqueline Cloutier, RRTS®
James Chad Bennett, ATP, CRTS®
Jason Duewel, PTA, ATP, CRTS®
Jason Raymond, RRTS®
Jason Tate, ATP, CRTS®
Jason Hardey, ATP, CRTS®
Jay L. Nussbaum, ATP, CRTS®
Jeffrey W. Shinn, ATP, CRTS®
John Knox, ATP, CRTS®
Jonathan Touchstone, ATP, CRTS®
Josh Lyon, ATP, CRTS®
Joshua Janiszewski, ATP, CRTS®
Justin Hardee, ATP, CRTS®
Justin Walker, ATP, CRTS®
Keith Jolicoeur, ATP, CRTS®
Kenneth Bridge, ATP/SMS, CRTS®
Kenneth H. Goff, ATP, CRTS®
Les Mollon, RRTS®
Lester Miller, ATP, CRTS®
Luke Moore, ATP/SMS, CRTS®
Mala Aaronson, OTR/L, ATP, CRTS®
Marc Smith, ATP/SMS, CRTS®
Marcel J Farnet III, ATP, CRTS®
Matthew Edward Convery, ATP, CRTS®
Michael Barner, ATP, CRTS®
Michelle Salt, RRTS®
Mike L. Daniels, ATP, CRTS®
Molly Kojder, RRTS®
Nick Dyer, ATP, CRTS®
Orenthal Brown, RRTS®
Patrick Tremblay, RRTS®
Patrick J. Pearson, ATP, CRTS®
Phyllis L. Edwards, ATP, CRTS®
Richard Ray Ottman, ATP, CRTS®
Robbi Haase, ATP, CRTS®
Robert Flanagan, ATP/SMS, CRTS®
Robert C Fitzgerald, ATP, CRTS®
Robert Rex Johnson, ATP, CRTS®
Roger G. Lichty, ATP, CRTS®
Roger J. Boylan, ATP, CRTS®
Ronda Pierce, ATP, CRTS®
Rullie Hallman, ATP, CRTS®
Russell L. Montoya, ATP, CRTS®
Scott Litton, ATP, CRTS®
Selvakkumaran Nadarajah, RRTS®
Seth Downie, ATP, CRTS®
Stephen M. Iannazzo, ATP, CRTS®
Stephen W. Brewton, ATP, CRTS®
Tan Nguyen, ATP, CRTS®
Tommy Wade Holley, ATP/SMS, CRTS®
Tony Cresta, ATP, CRTS®
Trevor Eichelbaum, RRTS®
Trevor McKinnon, RRTS®
Wayne C. Smith, ATP, CRTS®
Wayne L. Leavitt, RRTS®
William Bryan Beck, ATP, CRTS®
William C. Mattern, ATP, CRTS®
William Geoffrey Phillips, ATP, CRTS®

NRRTS REGISTRANT – RENEWAL FAQS

Renewing your NRRTS Registrant status requires action each year.

HOW DO I ACCESS THE FREE NRRTS EDUCATION?
If you need your login information, please contact Amy Odom at aodom@nrrts.org.

HOW DO I RENEW MY REGISTRATION?
All renewals can be completed online at https://nrrts.org/registrant-renewal/

WHAT IF MY MANAGER IS NOT IMMEDIATELY AVAILABLE TO SIGN THE RENEWAL?
Please complete the renewal and include his/her contact information on the form, and NRRTS will obtain your manager/supervisor's signature on your behalf.

CAN I UPLOAD CEUS WHILE COMPLETING THE RENEWAL ONLINE?
Yes, but you must choose you didn't complete education with NRRTS.

I DIDN'T GET MY EDUCATION UPLOADED, SO CAN I REDO THE ONLINE RENEWAL FORM?
No, or you'll be charged again. Simply email the CEUs to Amy Odom at aodom@nrrts.org.

IS THERE A LATE FEE?
Yes, if you renew 30 days past your renewal due date, you will be charged a late fee. Renew at https://nrrts.org/renewal-with-late-fee/.

HOW LONG DOES IT TAKE FOR NRRTS TO COMPLETE MY RENEWAL?
The renewal process takes approximately three business days.

CAN MY NRRTS CERTIFICATION BE REVOKED?
Yes, if you are more than 60 days past your renewal date, your name will be presented to the board of directors for non-renewal. If you have extenuating circumstances, please contact Amy Odom at aodom@nrrts.org.

WHAT IF I HAVE CHANGED EMPLOYERS?
Please complete a change of employment form using this link: https://nrrts.org/change-of-employment-form/

WHAT IF I HAVE EXTENUATING CIRCUMSTANCES REGARDING MY RENEWAL?
Please contact Amy Odom at aodom@nrrts.org. Our goal is to work with you, but you must communicate with us.

NRRTS National Registry Of Rehabilitation Technology Suppliers

www.nrrts.org

5815 82nd Street, Suite 145, Box 317
Lubbock, TX 79424
P > 800.976.7787

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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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