DIRECTIONS

ONE CLINIC'S APPROACH TO ADAPTED CAR SEAT NEEDS

Page 22

THE OFFICIAL PUBLICATION OF THE NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS | ISSUE 3 OF 2023 | $5.00 USD

IN THIS ISSUE

FROM THE EDITOR-IN-CHIEF

Vol. 3 brings excellent news to our industry. After a long battle, the Centers for Medicare and Medicaid Services recognize seat elevation as "primarily medical in nature." Congratulations to everyone in our industry – primarily the customers we serve. Without you, this would not have been possible. Continue to fight the good fight.

Amy Odom, BS

ADVERTISERS

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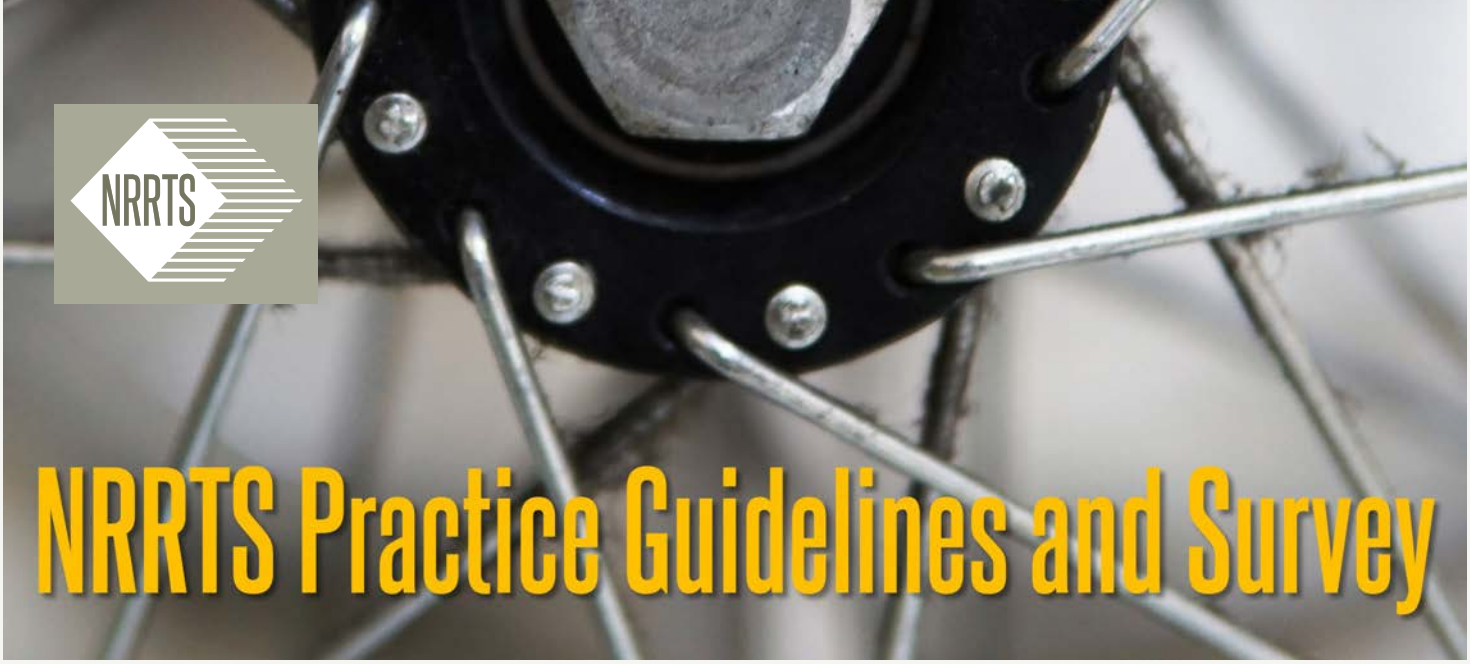

WE NEED YOUR HELP!

Wheelchair Failures, Repairs and Maintance
What is Best Practice?

Using data on wheelchair components failure rate, NRRTS has developed a policy for wheelchair service that includes a guideline for Registrants to achieve consumer safeguards and high-quality service. And we need your input.

TO READ THE DRAFT GUIDELINE AND PROVIDE FEEDBACK GO TO https://nrrts.org/best-practice/ OR SCAN THE QR CODE

DEADLINE TO PROVIDE YOUR FEEDBACK IS JULY 4

NRRTS NEEDS YOU . . . LET'S GROW

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

I hope you are as excited as I am about what NRRTS is doing for RTSs as we are raising the professionalism of its Registrants to ensure customer quality and advocating toward positive change within the industry. Please take a moment to reflect on what NRRTS does for you, and please share with your rehab technicians, ATP colleagues, customers and professionals.

Joining NRRTS is a great first step, but getting involved and sharing the value of what we do with others will make our voices heard and our communities better.

Our executive staff and board members have been involved with ISS and helping to create best practices in equipment and service provision, designing an impressive CEU course list, generating an outstanding journal, getting closer to completing the CRT (Complex Rehab Technology) Supplier Certificate program, increasing our presence in both the United States and Canada, and increasing lobbying efforts with other stakeholders with Standing, Seat Elevation, and CRT Service and Repair Reform. With that shared, these efforts can only occur and develop with the support of our Registrants, FONS, and CFONS. I am honored to be a small part in what NRRTS does and propose each of you join together and help us in several ways.

Engage in social media — When NRRTS posts information, take some time to review, reply, like and share this information. This simple task will help in the long term to increase the visibility and interest in the needs of our industry. Until people have a need for us, they can't understand the value of what we do, so let's stand together and get our message out to the world.

Get your client's involved in Unite4CRT — Customers are complaining every day; by guiding them to this resource, you can direct this frustration and anger to the policymakers. Increased participation in Unite4CRT will provide a stronger voice to affect change.

Proudly share what we do with customers, physicians and clinicians — as we create mobility miracles. Also, share DIRECTIONS with your clients and medical professionals, letting them know we do more than just sell equipment. Subscribe to DIRECTIONS at www.nrrts.org/directions. Finally, ask your physicians and clinics why they do not ensure their RTSs are not NRRTS Registrants to ensure quality.

Engage in lobbying — There are many opportunities online, locally and nationally, to advocate to make our industry better. If you are in this industry, you know what you do is valuable, and this needs to be shared. To make real change, it takes legislation and getting in front of your state and federal policymakers. This is the only way to make real change. NRRTS has webinars and assistance to help make this process simple.

Celebrate your decision to be better — By becoming a NRRTS Registrant, you have decided to be better, which elevates your professionalism and sets you apart from others in your community. Feel good that you are making a difference.

Be a leader in your office — As an NRRTS Registrant you are exposed to a great deal of information that can help you, your customers and your office. Additionally, your rehab technical staff can join NRRTS to gain access to education and mentors to directly help you and your customers. Providing your CSR staff with resources will elevate their value and help reduce stress on the entire staff.

NRRTS is our representation as an RTS, and it is our responsibility to ensure it thrives and continues the necessary efforts to direct the industry to sustainability and growth. NRRTS needs you to engage, get involved and spread the word. If you want to know how to get more involved, contact the NRRTS office or one of the board members.

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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 NRRTS.

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FOR JEFF DECKER, THE JOB AND THE JOY GO HAND IN HAND

Written by: **DOUG HENSLEY**

The job title may be Complex Rehab Technology Supplier (CRTS®), but that hardly conveys the pure joy that comes with the work.

Jeff Decker can share this good news easily. All he must do is look back at the previous day of interactions with clients and the lives that have been transformed.

No doubt, it's a pretty good gig.

"This particular position, to me, gives us the opportunity to have the most impact on the lives of other people," he said. "Especially when I think about my focus, which is acute injuries. We're talking about traumatic injuries where everything that we do as an able-bodied person is all taken away in an instant and they're coming to terms with that."

Decker has worked in the complex rehabilitation space for more than two decades, having started in the service sector for the first seven years of his career and then moving to the ATP role about 14 years ago. He also obtained the CRTS® designation 12 years ago and his SMS credential 10 years ago. He is part of the team at Reliable Medical, a medical equipment provider with locations across the country, and currently serves as a NRRTS Review Chair for DMAC A.

Reliable Medical was founded in 1989 and has worked to provide complex mobility solutions and other services for customers as well as offering its team members a satisfying career that stresses work-life balance. (To learn more about the company, go to www.reliamed.com).

Decker's primary responsibilities include seating and positioning for adults and pediatric clients as well as working with assistive technical equipment for any age group.

"I was on the technical side when I first started in the industry," he said. "Working with people was really interacting with them on a surface level. When I saw the work of other ATPs, I thought that would be a good transition and give me the chance to not only help people on the service side or in support but also to help them create their solution on the front end."

And that is where Decker really experiences the rewards of his work.

"The opportunity to be a part of the team that creates the solution for a patient and gives them the outcome they are looking for is one of the reasons I enjoy what I do," he said. "You have a chance to give them the most independence you can give them in helping them get over their disability."

Decker works for a company that has spent years building a relationship-based reputation of helping people heal from their trauma and deal with its aftermath.

"To be able to give them back some of what they lost is meaningful," he said. "Their body is healing while they are going through all of this, and in some cases, they get a lot of it back, depending on whether their situation is temporary or permanent. Either way, the equipment helps them achieve their independence while we also work and stay within the guidelines of what we can provide to give everyone the best possible outcome."

Orlando Health Spinal Cord Reunion where Jeff Decker was performing free adjustments for individuals who needed them.

VISITING PEOPLE MAKES AN IMPACT BECAUSE THEY MAY OTHERWISE FEEL TRAPPED IN THEIR ENVIRONMENT.

Another appeal of Decker's job is he is out in the field, visiting hospitals, acute home health care centers, homes, skilled nursing facilities and other places where he becomes much more than a voice on the phone. The time on the road allows him to cultivate partnerships and nurture relationships.

"Visiting people makes an impact because they may otherwise feel trapped in their environment," he said. "I can perform evaluations, make temporary repairs on equipment, answer service questions and educate our referral sources. There is no set typical day as far as what you do. You adjust to the needs of that specific day."

While there is structure, it is different from the familiar 9 a.m.-to-5 p.m. workday routine that many know so well.

"If you need to help with clients coming in for normal tech sessions, that's what you do," Decker said. "The next day could be visiting a clinic where you go in and evaluate multiple people for their equipment needs. You adjust to the nuances of the day, and the better you are at handling change, the better the outcomes for everybody."

Overall, it's a rewarding career, although it is not without its challenges.

"There are hard parts for us, too," he said. "I changed companies recently, and the industry has noncompete agreements, so it forces you to the sidelines because companies don't want you competing with them. They know you're a reason for the success, and if you leave, for whatever reason, you're taking your expertise with you."

Decker is hopeful the situation will eventually shake out, allowing talented people to do what they're good at regardless of where they might be employed.

"We like to make impacts and changes in peoples' lives," he said. "Obviously, we have to reciprocate that trust and be not only impactful to the patient but also being conscious of taking care of the company we work for as well. Ultimately it is a two-way street."

Another challenge the industry should address involves payer contracts, he said. It's a complicated problem with a lot of moving parts and will require new approaches.

"The payer contracts can be challenging to wrap your head around because you have so many payer sources that require different documentation depending on where you are in a geographical area or their interpretation of guidelines," he said. "It can affect the markets as a whole and limit patient choice. If you have a contract and only one vendor, you have no patient choice. Maybe the company with the contract could have negotiated better rates, but being unfamiliar with contracting creates extremely low reimbursement rates which spreads to other companies' contracts. It is a confusing, convoluted market that makes it harder for us and the clinical team to take care of patients and provide the most appropriate equipment."

From Decker's perspective, the solution is more people sharing more information more often.

"Ultimately, everyone wants to take care of a patient to the best of their ability," he said. "But it takes a contracting team, administrative team and a funding team knowing what is required and what's not required with each contract and payer source to get the outcome the clinical team feels is most appropriate for their patients.

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Jeff Decker, ATP/SMS, CRTS®, works for Reliable Medical in Orlando, Florida. Decker serves as the NRRTS Review Chair for DMAC A and has been a NRRTS Registrant since 2011.

SUCCESS STORIES HELP MUNSEY STAY FOCUSED ON THE COMPANY'S MISSION AND PRIORITIES

Written by: **DOUG HENSLEY**

Even after so many years in the business, the one thing Doug Munsey never grows tired of is hearing success stories.

Especially when they involve clients using his company's products. Those are always guaranteed to put a smile on his face.

"The thing that gives me the most joy is hearing stories about kids using our products," he said. "The joy is not only from the child but also from their parents because you have successfully improved their life so dramatically."

That has been a constant thread to the company's success. From its first days, it has remained focused on the client and delivering excellence at every opportunity.

"Thanks to social media, we get to see these stories now," Munsey said. "They post the stories or the therapist takes pictures and talks about it. People get to experience that joy, even if they aren't there. After the delivery or the fitting or three or four weeks later, they got to attend a school play that they hadn't been able to before or they went and did something they couldn't do previously."

Those are the moments that help make it all worthwhile because a product helped move someone from wishful thinker to life participant.

"We're enabling them to participate in life in a way they might not have thought possible before," he said. "That is what gives me joy. I am a competitive guy, so there are a lot of things in business about trying to find solutions and be successful, but they don't usually last more than a day and it's in the rear-view mirror.

"But the people who use our products and the fact we solve a lot of people's problems, that's tremendously powerful for all the people who work here. When we have people come in and talk to them, you can see our associates are moved by these stories. We're fortunate we're in a business where providing motivation, as far as what we are doing in the world, is not one of our problems. Everyone knows why they're going to work and what it means."

Munsey founded Ki Mobility in 2005 along with his partner Murray Slagerman and has served as company president for almost 18 years, growing the company into one of the top developers and providers of complex manual rehab wheelchairs and seating in North America. The company was acquired by Etac North America/Mobility in late 2021, and Munsey is now president of four brands: Ki Mobility, Convaid, R82 and Star.

Etac is considered one of the leading developers and providers of assistive devices and patient-handling equipment.

"There was a definite need in the marketplace back in 2000, mostly from a lack of competition in the space I saw," he said. "I felt it was not only a good business opportunity as far as filling a gap, but consumers and complex rehab suppliers also need to have more choices in products. We have worked really hard to create differentiated products to meet customer needs better than the competition.

Doug Munsey playing the guitar at the national sales meeting in 2023.

Doug Munsey and his family.

Doug Munsey Speaking at Ki Mobility.

"We want to offer solutions to make it easier for them to live through their day, and we take pride in making it easier for them to do so with our products. We focus a lot on CRT suppliers and clinicians, and a common theme throughout our business is we want to make it easier for you to do your job."

That commitment continues to be part of the company's culture in terms of being invested in the products and remembering who they serve.

"We have a great group of people," Munsey said. "We've also been very fortunate throughout, especially in our formative years, when we were maybe only 100 people, that everyone treated it like it was their responsibility to take care of this wheelchair as somebody's wheelchair, and we need to make sure we do it right and get it to them on time."

Munsey earned his degree in sports medicine at a time where the primary pathways would lead to becoming an athletic trainer with a school or working in some capacity with a professional sports team. His wife, though, was a teacher of children with severe and profound disabilities, and occasionally she would ask her husband to help repair the students' wheelchairs.

It proved to be a key entry point that would eventually lead to the world of complex rehabilitation therapy.

"I did some research into the business of selling and providing wheelchairs. That's how it started. I went to work for a local supplier, and one day a company was looking for a rep, and I went that direction."

Munsey's story continues as part of Etac and its mission to serve clients.

"I think we're building something pretty strong to help our industry as consolidation continues to take place," he said. "It was inevitable we would partner with another firm, and this is a tremendous opportunity to make everything better for everyone. We're now able to increase our offerings and maintain our relevancy in the market."

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Doug Munsey is president of four brands, including Ki Mobility, Convaid, R82 and Star.

COREY FAIRBANKS: INNER STRENGTH, EMPATHY, AND COMMITMENT

Written by: **ROSA WALSTON LATIMER**

Corey Fairbanks, ATP, is the product education specialist for Ride Designs, a wheelchair seating systems manufacturer. He represents the company in Florida and part of southern Alabama.

"I put about 40,000 miles on my vehicle each year," Fairbanks said. "I love my work and the positive outcomes we can achieve with the seating system that we use."

Fairbanks brings experience and increased empathy to his clients that few others can offer. When he was a sophomore in college, Fairbanks broke his back in a skiing accident. "I went from 6'2" to 4'7" very quickly! Being in a wheelchair for 33 years puts me in a different situation than most others I work with. I don't consider what I do as just a job or a career. I truly believe what I do affects lives for the better, and I am committed to do whatever possible to continue to make that happen."

The accident occurred in February 1991, and Fairbanks was back in class, living on his own, seven months later. "There was no way I would allow my accident to shut me down. I needed to get back out in the world," Fairbanks said.

(From left, clockwise) Owen, Amanda, Colton and Corey Fairbanks.

After completing his degree in architecture, he worked in that field for 15 years. When the U. S. economy crashed in 2008, negatively affecting everything related to the building industry, Fairbanks looked for a new opportunity and saw a need in his community that he could fulfill.

"I had tried wheelchair tennis and have a U.S. Open Doubles title in our division, but after my experience playing football, participating in individual sports was not satisfying. A friend suggested I try sled hockey. One of the first days I played, I was checked into the boards and had to have 20 stitches in my chin. I then knew I had found my game!

"There were many organizations helping with individual adaptive sports such as skiing and hand cycling, but no one wanted to take on team sports," he said. "Before my accident, I was a collegiate football player and had been involved in team sports my entire life.

Corey Fairbanks diving with sharks in Bimini.

The lessons learned through working with a group of individuals with a common goal were profound. I founded a nonprofit, Colorado Adaptive Sports Foundation, to raise awareness and help fund team sports for people with disabilities.

"The first time I met kids with disabilities was when I volunteered at a junior wheelchair sports camp in Colorado. The first day, I realized this was one of my callings," Fairbanks said. "I knew I wanted to do whatever I could to help provide team sports for kids with disabilities. I wanted them to have the opportunity to learn the importance of camaraderie, learn sports skills unique to team sports and develop lifelong friendships they might not experience in any other setting."

The program impacted hundreds of kids who participated in wheelchair basketball, sled hockey and power soccer. "Our organization helped raise money to buy equipment, pay for gym or ice time rental and were successful in enlisting many parents to coach teams."

After serving as executive director of the Colorado Adaptive Sports Foundation for six years, Fairbanks moved to Florida to be near his sons, who had moved there with their mother following the couple's divorce.

Fairbanks said, "When I got to Florida, I began to look for established adaptive programs in the area and soon learned there weren't many available.

"I didn't have a job at first, but I was a sponsored athlete for Ride Designs, and when they learned I had moved to Florida, they offered me a job as a sales rep and seating specialist," Fairbanks said. "What drives me the most in this work are experiences such as a families' positive reaction when they see their loved one supported in a way to create more functionality and better protection for their skin. Plus, the client looks better sitting in a seating system appropriate for their individual needs and that builds confidence," Fairbanks said. "When you see people transform from being miserable sitting in their wheelchairs to feeling as though they can go out into the world — what's not to love about that! I work with paraplegics who are very active and highly-dependent kids and adults with cerebral palsy. Many have never experienced how proper seating feels and, invariably, the experience changes their life for the better."

One particular experience deeply impressed Fairbanks. "One client looked at me in tears after getting his new seating system and said, 'Now I can finally take a good picture for my mother.' Any day I am able to help someone else achieve a higher quality of life is a good day."

Fairbanks has notable insight into a commonly held premise that a person with a disability doesn't want to be defined by that disability. "My name is Corey, and I want to be treated like Corey. I don't want to be treated like that guy in the wheelchair named Corey. However, I believe my injury has defined me as a person. I can't ignore the fact that it has made me a stronger person because, as with anyone who lives with a disability, I have overcome things most people will never

CONTINUED ON PAGE 12

(l to r) Corey, Colton, and Owen (standing) Fairbanks.

One of Corey Fairbanks' clients, Reggie, before being fitted with a new seating system.

Reggie with his new Tide Designs System.

Corey Fairbanks with a pediatric client.

COREY FAIRBANKS ...
(CONTINUED FROM PAGE 11)

face," Fairbanks said. "Those experiences have given me the strength to understand when something comes up in your life, you can't let it destroy your inner fire. I had to figure out how to utilize my circumstances and find that silver lining. I realized this was my opportunity to do something different, to make change and see the world in a different way."

Fairbanks didn't come to this understanding immediately following his accident. "Obviously, it took some time to grieve my loss of the potential of being an NFL player along with other things I wanted to do with my life. I was fortunate to have strong family support and fantastic, solid friends who always had my back and helped me through some hard times. It wasn't until I began meeting children with disabilities who hadn't had the experiences I had before my injury and realized there was good in what had happened to me. I had much to offer to this world. I may not be defined by my disability, but I am defined by how I react to my disability and how I use my life. It has shaped me into the person I am."

Fairbanks has three children: Amanda, 33 years old, who lives in Washington; Owen, 13 years old, and Colton, 9 years old. "I am a football and hockey coach for both of my boys, and we spend a lot of time together out in the fields or on the ice. This brings me so much joy!" Fairbanks said. "The able-bodied kids I coach realize I'm just the same as any other coach except I do it from a seated position rather than standing up. I hope my participation provides those around me a different perspective on people with disabilities."

Fairbanks is a long-time, avid scuba diver. "Living in Florida provides many more convenient opportunities than I had when I lived in Colorado, and I have met lots of people. Scuba diving is such a freeing experience. Being underwater brings a very different feeling. I can feel my back expand, and there are no barriers to overcome."

Working with the executive director of Central Florida Dreamplex, Fairbanks has helped organize a sled hockey program. "This year we finally had enough players to make up a team, and we joined the Southeast Sled Hockey League. We've won a couple of games and are looking to recruit more players.

"I've had my ups and downs, as anyone does, but I wouldn't change anything," he said. "I have made fantastic friends and done things I would have never tried to do if I hadn't gotten hurt. I am fortunate to have the opportunity to present hope to my clients, and know the future is still bright regardless of the problems they may be facing at this time."

CONTACT

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Corey Fairbanks, ATP, is the product education specialist for Ride Designs in Florida and a portion of southern Alabama. He is a recipient of the Hal O'Leary Inspiration Award for his work with adaptive sports in Colorado. The award is sponsored by the Colorado Rockies professional baseball team.

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- Support the advancement of the field of CRT.
- Help ensure that CRT is provided at the highest quality level with the patient in mind.

LATE SPRING CRT UPDATE

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

POSITIVE NEWS FOR MEDICARE COVERAGE OF POWER SEAT ELEVATION

Great news for the Complex Rehab Technology (CRT) community! Centers for Medicare and Medicaid Services (CMS) has officially posted a final National Coverage Determination (NCD) for power seat elevation systems. The full decision memo has been posted on the NCART website. This new coverage applies to both traditional Medicare and Medicare Advantage plans.

CRT advocates were pleased the agency decided to expand coverage of these systems to include Group 2, Group 3, and Group 5 power wheelchairs. CMS also clarified the definition of transfers and included the need for an individual to reach safely as part of the coverage criteria.

According to the decision, power seat elevation systems are considered reasonable and necessary for individuals when:

1. The individual has undergone a specialty evaluation to confirm the individual's ability to safely operate the seat elevation equipment in the home. This evaluation must be performed by a licensed/certified medical professional such as a physical or occupational therapist, or other practitioner, who has specific training and experience in rehabilitation wheelchair evaluations; and,
2. At least one of the following apply:
    - The individual performs weight-bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a nonlevel (uneven) sitting transfer and/or their lower extremities during a sit-to-stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g. sliding board, cane, crutch, walker, etc.); or,
    - The individual requires a non-weight-bearing transfer (e.g. a dependent transfer) to/from the power wheelchair while in the home. Transfers may be accomplished with or without a floor or mounted lift; or,
    - The individual performs reaching from the power wheelchair to complete one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming and bathing in customary locations within the home. MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive equipment.

In addition, the Durable Medical Equipment Medicare Administrative Contractor (DME MAC) has the discretion to determine reasonable and necessary coverage of power seat elevation equipment for individuals who use Medicare-covered power wheelchairs other than complex rehabilitative power-driven wheelchairs.

NCART is proud to have contributed significant resources and funding to this initiative. However, such success required years of consistent and collaborative efforts from the entire CRT community, and we are thankful to each advocate who acted along the way. Special thanks go to the ITEM Coalition, NRRTS, AAhomecare and the Clinician Task Force, and countless other advocacy organizations. The monumental time invested to ensure a positive outcome will have lasting effects for years to come.

UPDATE ON COVERAGE FOR POWER STANDING SYSTEMS

NCART and all the stakeholders are extremely disappointed 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 open. CMS has been unwilling to provide information on a potential release date. NCART continues to urge CMS to open the comment period for coverage of power standing systems.

UPDATE ON THE EXPIRATION OF PUBLIC HEALTH EMERGENCY

The Public Health Emergency (PHE) ended on May 11, 2023. CMS issued guidance in August, entitled "Creating a Roadmap for the End of the COVID-19 Public Health Emergency." CMS is encouraging agencies and health care providers to prepare for the end of these flexibilities as soon as possible and to begin moving forward to re-establish previous health and safety standards and billing practices. With the end of the PHE some people are asking about the continuation of the use of telehealth for occupational and/or physical therapy evaluations. Congress passed a bill in 2022 that extended telehealth for two years. Congress will work to develop a more long-term solution during this extension.

STATE LEGISLATION – REPAIR AND SERVICE REFORM

Eight states have introduced the right to repair legislation so far this year that they hope will shorten the repair process for consumers using complex rehab power wheelchairs. The proposals, however, will not speed up the process, and in some cases could create more obstacles that providers and manufacturers will have to navigate.

- Right to Repair: This legislation was introduced and passed in Colorado last year. The legislation requires that manufacturers directly sell repair items to consumers so they may repair their power wheelchairs. There have not been many inquiries to manufacturers yet, and we know this will not fix the overall repair process problems.
- The CRT industry is committed to addressing the problems with repairs, and we have solutions that highlight this as a multifaceted problem that cannot be solved by one change to the process. The industry is proactively working with stakeholders to address the issues so that we can end up with real service and repair reform.

THANK YOU!

NCART would like to take this opportunity to thank an incredible woman who has been leading NRRTS and has done an incredible job. Thank you, Weesie!! On a personal note, Weesie Walker has been an incredible resource for NCART, our members and to me especially. I greatly appreciate her willingness to take the time to go over issues and provide good solutions to the issues our members are dealing with.

To everyone — for all you do for your companies, this industry, our shared consumers and NCART — 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 access to CRT. 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 or email wgrau@ncart.us to set up a conversation.

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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.

HISTORICAL AND CURRENT PERSPECTIVES ON CTF AND POWER SEAT ELEVATION

Written by: **AMBER WARD, MS, OTR/L, BCPR, ATP/SMS, FAOTA**

The Clinician Task Force (CTF) had a strong presence at the International Seating Symposium (ISS) in April. Members delivered expert level presentations, rejoiced in reunions with colleagues, provided information at the CTF booth, attended numerous meetings and education sessions, and offered clinical feedback on new products in the exhibit hall.

As expected, most of the attendees at ISS and stakeholders around the country have been buzzing about the Medicare benefit category preliminary decision recognizing power seat elevation as primarily medical in nature. This is long overdue in the eyes of CTF members who have known this for decades and have been actively working to bring this to fruition for almost as long. Recently, CTF interviewed Julie Piriano for a historical and current perspective of the seat elevation coverage process, and the following is a summation of the information.

CTF INVOLVEMENT IMPACTS SEAT ELEVATION COVERAGE

CTF members Michelle Lange, Mark Schmeler and Lauren Rosen laid the foundation for the industry with their commitment to publish the first RESNA position paper on the Application of Seat-Elevating Devices for Wheelchair Users in 2009. This groundbreaking work established that vertical movement is necessary for people (who use wheelchairs) to function and participate in a three-dimensional world and assist individuals to accomplish their mobility-related activities of daily living (MRADLs). With the support of CTF subject matter experts, the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition formally requested the Centers for Medicare and Medicaid Services (CMS) to render a benefit category determination to establish seat elevation as covered durable medical equipment when embedded in a power wheelchair in 2013. When CMS responded by stating the seat elevation feature of a power wheelchair is consistent with longstanding Medicare policies or determinations indicating similar lifting or elevating devices such as bathtub lifts, bed lifters, or elevators and stairway lifts are not primarily medical in nature, it gave clinicians visibility as to what further advocacy efforts were necessary. CMS' stance did not ring true with the clinical community and prompted CTF member involvement in key research studies. The substantive evidence on the clinical benefits, functional benefits and everyday use of power seat elevation systems that CMS cited in their proposed decision memo in February 2023 was authored by many CTF members.

In early 2016, Julie Piriano worked collaboratively with researchers at Georgia Tech to develop the Survey of Users of Wheelchair Seat Elevators to collect data on how people report using their power seat elevation feature. When more than 90% of respondents reported using the seat elevating feature frequently, or sometimes while at home to transfer, reach and improve line of sight while dressing, grooming and preparing a meal, it was evident seat elevation was a critical component for these individuals to perform or participate in their MRADLs. While the survey does not meet the rigor of peer-reviewed research, it set up an important research question with regard to how people actually use the seat elevation system in their everyday life.

That same year Mary Shea-Stifel collaborated with others on research that looked at the Impact of Wheelchair Seat Height on Neck and Shoulder Range of Motion during Functional Task Performance (2016) and concluded the study's findings provide preliminary support for considering this feature as a medical necessity for wheelchair users who are at risk of developing chronic pain syndromes associated with the shoulder girdle and/or cervical spine.

In January 2017, Julie Piriano was part of a meeting with CMS to discuss the features, benefits and clinical application of power seat elevation based on the evidence available. Piriano said, "At that meeting, it became abundantly clear CMS had absolutely no idea what a power seat elevation system was, what it did or how people with disabilities used it." However, she said, "When CRT advocate Stephanie Woodward elevated her seat and did a lateral transfer onto the conference room table everyone was out of their chair, inspecting the seat elevation system and wanting to know what she had just done. It completely changed the conversation." It also became apparent if advocates were going to refute CMS' contention that seat elevation is used for non-medical purposes, such as allowing an individual to reach objects on shelves or have an "eye-level" conversation with a standing person, as reflected in the 2006

Medicare National Coverage Determination (NCD) addressing the elevation feature on the iBOT 4000, additional evidence was going to be necessary.

In August 2018, the CTF fully supported ITEM's second request for Medicare Coverage of Seat Elevation in Power Wheelchairs, providing important information as to when these devices should be considered a covered benefit for Medicare beneficiaries when clinically appropriate. Initially it appeared the request was not noted; however in July 2019, Erin Michaels and Cathy Carver had the opportunity to meet with Dr. Susan Miller in conjunction with the ITEM Coalition to further discuss it. At that meeting Miller asked for additional studies in support of seat elevation, and Michaels knew there were several underway that she would be able to provide soon.

In 2019, Chris Maurer worked closely with researchers at Georgia Tech to capture time in-motion information on the Everyday Use of Power Adjustable Seat Height (PASH) Systems. This was the first article that used instrumentation to determine the use of seat elevation and analyzed the use referencing back to subjective input. With 453 days of data collected and analyzed across 24 participants, it was found that 67% of participants transferred while elevated and more than half changed the seat height between transferring out of the wheelchair and the return transfer at least once. Maurer said, "What was clear to me is that the feature is used and used for many different reasons — all of which help the person perform their daily tasks." Of the participants, 95.8% wheeled while elevated and Piriano, who assisted with the review, said, "While we do not know what activities the participants were engaged in," the study also found increased in-seat activity while participants were elevated.

That same year CTF members Lorri Bernhardt, Michelle Lange, Chris Maurer, Julie Piriano, Lauren Rosen, Mark Schmeler and Mary Shea-Stifel completed an extensive review of the literature with others from the University of Pittsburgh to write the RESNA Position on the Application of Seat-Elevation Devices for Power Wheelchair Users Literature Update (2019) citing 29 sources to provide evidence that power seat elevation devices are medically necessary to facilitate reach biomechanics, safety and range; improve transfer biomechanics, safety and independence; enhance visual orientation and line-of-sight; support physiological health, safety and well-being; promote communication, social engagement, self-esteem and integration; and improve wheelchair pedestrian safety.

Stephanie Woodward in her kitchen.

In early 2020, CMS presented the ITEM Coalition with a meaningful opportunity to take additional proactive steps to advance Medicare coverage for power seat elevation and standing systems. Carver coordinated the clinical coverage group and assembled her CTF "Dream Team" of Lorri Bernhardt, Ashley Detterbeck, Nicole LaBerge and Julie Piriano, led by Cara Masselink. The tireless efforts of this group provided CMS with 1,388 pages of clinical evidence in support of the medical benefits derived from these essential components of a power wheelchair in the Formal Request for Reconsideration of the Medicare NCD for Mobility Assistive Equipment (MAE) to include Power Seat Elevation and Power Standing Systems on September 15, 2020.

While the CTF "patiently" waited for CMS to open the comment period on the formal NCD reconsideration request, Cara Masselink led Ashley Detterbeck, Nicole LaBerge and Julie Piriano in the research, preparation and publication of a Policy Analysis of Power Seat Elevation Systems to inform health care professionals about the medical nature of power seat elevation systems and the evidence-based conditions under which power wheelchair users may need power seat elevation systems, as well as empower clinicians to engage in policy directives to impact greater change in 2022.

On August 15, 2022, CMS opened the 30-day public comment period for seat elevation specifically asking for information relative to the use of this empowering technology for transfers. CMS received an astonishing 3,544 comments. More than half of the CTF

CONTINUED ON PAGE 18

HISTORICAL AND CURRENT ...
(CONTINUED FROM PAGE 17)

membership submitted extensive comments on the clinical benefits of seat elevation systems for transfers, reach and visual line-of-sight.

On September 14, 2022, on the day the comment period closed, one-third of the CTF participated in the NRRTS/NCART CRT Advocacy Day to continue raising awareness of seat elevation and power standing systems. The request of the House was to sign on to a "Dear Colleague" letter to CMS Administrator Chiquita Brooks-LaSure urging CMS to advance Medicare coverage for power seat elevation systems, consistent with the existing body of clinical evidence and within all applicable rules and regulations. These efforts lead to 81 bipartisan members of Congress supporting the letter. True to her word, Chiquita Brooks-LaSure acknowledged receipt of the letter and assured Congress the proposed NCD would be out on February 15, 2023, with a second 30-day comment period.

During the open comment period for CMS' proposed decision memo, CTF members identified several concerns with the proposal. It only listed "weight-bearing transfers" as the criteria for coverage, did not include consideration for coverage of a seat elevation system to facilitate reach or line-of-sight and did not include the RESNA-certified supplier ATP to be included in the evaluation and recommendation process. While more than 40% of CTF members submitted extensive comments once again, Cara Masselink submitted 14 pages of comment on behalf of the CTF. She and Julie Piriano were also instrumental in the development of comments for the ITEM Coalition as well as NCART and stand ready to comment further after the release of CMS' proposal if it is not in accordance with the clinical evidence that has been presented to CMS thus far.

Lastly, Ashley Detterbeck, Jessica Pedersen and Julie Piriano are active participants on an NCART HCPCS coding workgroup seeking to establish a new code that defines Complex Rehab Technology (CRT) seat elevation systems, which is critical for individuals with disabilities. As Jessica Pedersen so passionately said, "As a therapist with over 40 years of lived experience working with and observing individuals safely accomplish their goals, the ability to raise the wheelchair seat to come up to a counter, reach

Stephanie Woodward uses Power Adjustable Seat Height on her chair daily.

pots and pans on a stove, safely operate a microwave oven when working with heated food or place items in and out of a refrigerator or on shelves can make the difference to being able to safely complete an activity. For individuals with limited range of motion in their shoulders, lifting the seat of the wheelchair can allow them to access items and participation in their ADLs."

The CTF is committed to continuing to advocate for seat elevation systems and all items that users of complex power wheelchairs need to be healthy, safe and functional.

The CTF's mission is to provide clinical based expertise to inform and promote public policy, best practices and positive outcomes regarding people with disabilities who require Complex Rehab Technology products and related services. To learn more, visit https://www.cliniciantaskforce.us/.

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Amber Ward has been an occupational therapist for 29-plus years, with inpatient rehabilitation, outpatient with progressive neuromuscular diseases and in a wheelchair seating clinic. She is an adjunct professor in the OTA/MOT programs at Cabarrus College of Health Sciences in addition to working in the clinic full-time. She received her ATP certification in 2004 and SMS in 2014. She is the author of numerous articles and book chapters, as well as speaking and presenting locally, regionally, nationally and internationally. As a part of the Clinician Task Force, she most recently ended her term with the executive board and remains an active member.

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THURSDAY, JUNE 8, 2023
4:00 PM EASTERN

Custom Seating Anonymous – Understanding the Seven Step Process

Speakers: Stefanie Sukstorf Laurence, B.Sc. OT, OT Reg. (Ont.), RRTS®

Beginner Level, Seating and Positioning

Seating needs to fit the user to be safe, functional and comfortable. But what happens when off-the-shelf products aren't enough? There are many options available for custom molded seating. The success of any system is dependent on involvement by an entire team. This session will focus on the seven steps that are involved in the creation and delivery of custom seating, who is responsible for each step and why the onus for success is not dependent on the manufacturer. The steps and principles presented can also be applied to the prescription of modular seating systems.

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

NRRTS WEBINARS

TUESDAY, JULY 25, 2023
4:00 PM EASTERN

The Importance Of Safe Adaptive Car Transit In 24-Hour Postural Care

Speakers: William Danner, OT, MOT/L, CPST, and Stefanie Sukstorf Laurence, B.Sc. OT, OT Reg. (Ont.), RRTS®

Learning Level: Intermediate

Safe vehicle transit is often a forgotten piece in the 24-hour positioning plan, despite travel often consuming hours. Adaptive car seats when appropriately prescribed, fitted and installed create a safe and secure environment for patients with complex medical and/or behavioral needs while working to promote proper alignment and prohibit destructive postures. Whether in the United States or Canada, best outcomes are a result of collaboration between the equipment vendor and the occupational therapist, physical therapist, and child passenger safety technicians (CPST) to ensure the most current legal products across the transportation continuum are considered.

TUESDAY, AUGUST 29, 2023
4:00 PM EASTERN

Alternative Driving Methods For People With Muscle Weakness

Speakers: Jay Doherty OTR, ATP/SMS

Learning Level: Intermediate

One of the challenges with providing power mobility is how to best allow the individual using the equipment to be as independent as possible controlling all functions of the power wheelchair. This is even a greater challenge for individuals with muscle weakness. It is one thing to find the best alternative drive device for someone with muscle weakness who is stable, but if you have a person with a progressive muscle weakness occurring, there are even more challenges. This course will cover the considerations with the population with muscle weakness and for those with progressive muscle weakness as well.

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

2023

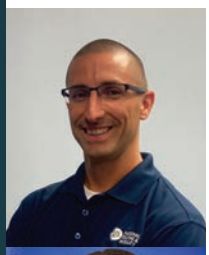
TUESDAY, SEPTEMBER 19, 2023
4:00 PM EASTERN

Camber: Degrees Of Performance

Speakers: Christie Hamstra, DPT, PT, ATP and Erin Maniaci, DPT, PT

Learning Level: Beginner

Cambered wheels are most often associated with adapted sports; however, some of the best candidates do not even participate in sports. Often overlooked, there are populations of wheelchair users, outside of wheelchair sports, who would greatly benefit from cambered wheels on their daily chairs. In this presentation, we will explore the biomechanical benefits, limitations, applications and special considerations of cambered rear wheels on ultra-lightweight manual wheelchairs. Wheel orientation regarding gender and age will be discussed. The level of quality of existing studies on the topic and areas where further study is needed will be explored.



THURSDAY, SEPTEMBER 21, 2023
4:00 PM EASTERN

The ABC's Of Providing CRT in School Settings

Speakers: Brian Perkowski, MPT, CRTS, ATP, and Stephanie Derey, MS, OTR/L, ATP

Learning Level: Beginner and Intermediate

"Does my school pay for that?" We'll explore that question and more while discussing the challenges associated with providing Complex Rehab Technology, like wheelchairs and other adaptive equipment, within schools. Various educational settings will be explored with emphasis on a team approach, including therapists, school staff, vendors and the family. School equipment clinics can outline common needs that fit within the educational goals set forth in IEPs. Strategies to reach successful outcomes will be shared for students who require adaptive equipment with their education environment.

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ONE CLINIC'S APPROACH TO ADAPTED CAR SEAT NEEDS

Written by: **MELISSA TALLY, MPT, PT, ATP**
WILLIAM DANNER, OTR/L, CPST
MICHELLE PRICE, CPST
ADDITIONAL CAR SEAT TEAM:
ANGELA CAMPOS, CPST
STEPHANIE LYONS, CPST

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.

BACKGROUND

Transportation of children with special needs can be challenging due to the complex interaction of diagnosis, medical, postural and behavioral need, child restraint type, vehicle specifications and multiple passenger configurations. Proper use of restraints can be difficult for families to achieve without skilled intervention from a child passenger safety technician (CPST) who is certified, knowledgeable and experienced in the equipment and patient population. Proper assessment of adapted positioning and justification of medical funding requires an experienced complex rehabilitation therapist (occupational therapist and physical therapist) and equipment supplier — (ATP/RTS). Collaboration between pediatric rehabilitation clinicians and a CPST can significantly improve the proper use of child passenger safety (CPS) restraints among children with special needs. Our clinic found that very few patients and families who received special needs car seats used them properly given their complexity beyond conventional car seats. We saw the need to collaborate to leverage the combined expertise of pediatric rehabilitation clinicians and special needs trained CPSTs to ensure safe transportation of these complex patients and improved overall functional outcomes. A "triage" process was developed for selecting, ordering and providing education for CPS restraints for children and families with complex needs. Since this "triage" process was initiated in March 2020, we have markedly improved the selection, ordering, approval and authorization process for special needs car seats, provided hands-on fitting and installation education to a growing number of patients and families, and increased proper use to greater than 90% at day of delivery.

CAR SEAT SAFETY STATISTICS

Unintentional injuries are a leading cause of death for children over the age of 1 in the United States.[1-2] Motor vehicle crashes (MVCs) accounted for 20% of all-cause mortality for children and adolescents (ages 1-19) in 2016.[3] While the U.S. has seen a considerable reduction in child passenger deaths in recent decades,[4] in 2018 approximately 1 in 3 children under age 12 who died in a crash were not buckled up.[5] Car seats can be remarkably effective at reducing serious injuries in children compared to seat belt use alone.[6-7] Incorrect installation and improper child restraint use is a pervasive issue in the U.S. A commonly cited misuse rate is approximately 3 out of 4 car seats are misused,[8] though the rate can vary considerably based on car seat type and the classification of misuse (e.g. serious or all-misuse), and this has been reported to be as high as 90-98%.[9]

OUR CLINIC FOUND THAT VERY FEW PATIENTS AND FAMILIES WHO RECEIVED SPECIAL NEEDS CAR SEATS USED THEM PROPERLY GIVEN THEIR COMPLEXITY BEYOND CONVENTIONAL CAR SEATS.

The severity and consequences of such misuse can vary widely, although a 2015 NHTSA Special Report defined misuse as "a characteristic of installation or use of a car seat/booster seat that may reduce the protection of the child in a crash".[10] This special study highlighted that 46% of all car seats demonstrated some manner of misuse, with the highest misuse rates observed for forward-facing car seats (61%) followed by rear-facing infant seats (49%). This study did not specifically reference assessment of adaptive car seats it is suggested that the car seats observed in the report were conventional. Importantly, most adaptive car seats are forward-facing harness car seats and are far more technically complex than conventional car seats. With all things considered, misuse rates of adaptive car seats are likely just as abysmal though even more likely far worse than conventional seats.

The presentation and grounds of restraint misuse for children with special health care needs can be unique compared to other challenges with otherwise healthy children. For example, some children may have outgrown conventional options but still require the

CONTINUED ON PAGE 24

ONE CLINIC'S APPROACH ...
(CONTINUED FROM PAGE 23)

support of a five-point harness based on medical needs. Others may present with positional problems such as scoliosis and abnormal tone that affects proper harness fit and positioning, or behavioral concerns such as significant safety issues and risk of elopement from a car seat during transport. In these cases, conventional restraints may not be adequate to address the concern effectively and efficiently and thus warrant adaptive restraint considerations.

ADAPTED CAR SEAT SELECTION

Selecting the proper restraint for children with special health care needs can be particularly challenging due to the complex interactions of patient diagnosis, caregiver needs, vehicle specifications and multiple passenger configurations. For example, many adaptive car seats are quite large and bulky, which makes their use in a small vehicle a challenge if other child passengers with car seats are present. Modification to the vehicle may be required for proper use and is often an out-of-pocket cost that is prohibitive for some families. Unlike other adapted equipment recommendations, the family and therapist must consider the vehicle the patient will be transported in prior to assessment of postural needs and selection of product. If the product selected cannot be used in the required vehicle, there is complete failure to address the safety of the patient.

Available evidence is sparse with respect to processes for the selection and proper use of car seats for children with special health care needs. Special needs or adaptive car seats often have characteristics that are different from conventional car seats and advanced knowledge of these functionalities is imperative for proper use. Advanced training for special needs car seats is available, although a minority of CPSTs have completed this training. These types of challenges, anecdotal observations in practice and misuse in adaptive car seats without skilled intervention is just as poor if not worse than cited misuse statistics. However, there is well-supported evidence that the comprehensive equipment evaluation process performed by an occupational or physical therapist and complex rehab ATP does allow for clinical intervention for postural and safety management for those patients requiring assistance for posture, behavioral safety, mobility, and access.[11-12]

ADVANCED TRAINING FOR SPECIAL NEEDS CAR SEATS IS AVAILABLE, ALTHOUGH A MINORITY OF CPSTS HAVE COMPLETED THIS TRAINING.

It is important to note that a CPST credential alone is not sufficient to write a Letter of Medical Necessity (LOMN) required for funding consideration, as this requires a credentialed health care professional, such as a registered nurse, occupational/physical therapist, etc. Additionally, many special needs patients are evaluated by therapists for other types of specialized equipment, and the experienced therapists can incorporate evaluation for car seats when referred to avoid duplication of work efforts. However, most therapists are not CPSTs and therefore their knowledge and ability to help families with installing the seat or knowing what is compatible with the family/caregiver vehicle is limited. This is an area where CPSTs have a greater scope of knowledge and experience, plus training and a credential that enables them to help families install car seats. Additionally, the Complex Rehab Technology (CRT) supplier can process paperwork for authorization funding and can be involved in the evaluation of the equipment but has very little education or experience with the products available or proper installation of the product in the vehicle. In most cases they are prohibited by their company policy from completing installation.

National Center for the Safe Transportation of Children with Special Health Care Needs

Angel Ride
Weight: less than 9 pounds
Height: less than 21.5 inches
For infants who must travel lying down in a car bed.
(Contact: Merritt Car Seat, 317-409-0148, www.merrittcarseat.com)

Dream Ride SE
Weight: 5-20 pounds
Height: 26 inches or less
For infants who must travel lying down in a car bed. Now available with LATCH system.
(Contact: Dorel Juvenile Group, 800-544-1108, www.djgusa.com)

Hope Car Bed
Weight: 4.5-35 pounds
Height: up to 29 inches (longer if legs permitted to bend)
For infants who must travel lying down in a car bed.
(Contact: Merritt Car Seat, 317-409-0148, www.merrittcarseat.com)

Wallenberg
Weight: 5-40 pounds rear-facing / 20-80 pounds forward-facing
Height: up to 60 inches forward facing
For individuals in hip casts.
(Contact: Merritt Car Seat, 317-409-0148, www.merrittcarseat.com)

Modified E-Z-ON Vest
Ages: 1 and older
Weight: 22-106 pounds
Height: Child must fit lengthwise on vehicle bench seat.
For children who must travel lying down.
(Contact: E-Z-ON Products, 800-323-6598, www.ezonpro.com)

Wallaroo
Weight: 22-106 pounds
Height: Up to56 inches
For children who need more support because of problems sitting upright or behavioral issues. Tether requirements vary by vehicle.
(Contact: Convaid, 888-266-8243, www.convaid.com)

Convaid Carrot 3 Car Seat
Weight: 30-108 pounds
Height: 37-60 inches
For older children who need more support because of problems sitting upright or behavioral issues. Comes with internal harness for positioning and uses lap/shoulder belt for occupant protection. Lower anchors required.
(Contact: Convaid, 888-266-8243, www.convaid.com)

Convaid Carrot 3 Booster Seat
Weight: 79-165 pounds
Height: 55-69 inches
For older children who need more support because of problems sitting upright or behavioral issues. Comes with internal harness for positioning and uses lap/shoulder belt for occupant protection. Can be used with backrest of Convaid Carrot 3 Car Seat. Lower anchors required.
(Contact: Convaid, 888-266-8243, www.convaid.com)

Special Tomato
(2 sizes)
Small: Weight: 20-80 pounds
Height: 32.5-50 inches
Large: Weight: 80-130 pounds
Height: 50-63 inches
For older children who need more support because of problems sitting upright or behavioral issues. Optional seat cushion to increase width and depth. Tether required. FAA approved.
(Contact: Special Tomato, 866-529-8407, www.specialtomato.com)

E-Z-ON Vest
Ages: 2 and older
Weight: 31-168 pounds
For children who have behavioral problems. Tether required.
(Contact: E-Z-ON Products, 800-323-6598, www.ezonpro.com)

IPS Car Seat
Weight: 20-102 pounds
Height: Up to 60 inches
For older children who need more support because of problems sitting upright or behavioral issues. Tether required. FAA approved.
(Contact: Inspired by Drive, 800-454-6612, www.inspiredbyDrive.com)

Spirit/Spirit Plus
Weight: 25-130 pounds
Height: up to 66 inches
For older children who need more support because of problems sitting upright or behavioral issues. Tether requirements vary by vehicle.
(Contact: Inspired by Drive, 800-454-6612, www.inspiredbyDrive.com)

The Roosevelt
Weight: 35-115 pounds
Height: 33.5-62 inches
For older children who need more support because of problems sitting upright or behavioral issues. Tether requirements vary by vehicle. FAA approved.
(Contact: Merritt Car Seat , 317-409-0148, www.merrittcarseat.com)

Recaro Monza Nova 2 Reha
Weight: 33.1-110.2 pounds
Height: 37-59 inches
For older children who need more support because of problems sitting upright or behavioral issues. Comes with internal harness for positioning and uses lap/shoulder belt for occupant protection.
(Contact: Thomashilfen, 866-870-2122, www.thomashilfen.us)

Pilot
Weight: 40-120 pounds
Height: 38-63 inches
For older children who need more support because of problems sitting upright or behavioral issues. Comes with internal harness for positioning and uses lap/shoulder belt for occupant protection.
(Contact: R82, 800-336-7684, www.r82.com)

The Churchill
Weight: 65-175 pounds
Height: 48-72 inches
For older children who need more support because of problems sitting upright or behavioral issues. Uses lap/shoulder belt for occupant protection. LATCH required.
(Contact: Merritt Car Seat, 317-409-0148, www.merrittcarseat.com)

The Chamberlain
Weight: 81-225 pounds
Height: 48-81 inches
For older children who need more support because of problems sitting upright or behavioral issues. Uses lap/shoulder belt for occupant protection. LATCH required.
(Contact: Merritt Car Seat, 317-409-0148, www.merrittcarseat.com)

FIGURE 1 Adapted Car Seat options

CONTINUED ON PAGE 26

ONE CLINIC'S APPROACH ...
(CONTINUED FROM PAGE 25)

These challenges prompted our facility to develop a car seat program that included a "triage" process combining the skill sets and credentials of special needs trained CPSTs and pediatric rehabilitation therapists including occupational therapists and physical therapists for assessing, ordering and providing education for adaptive restraints to systematically reduce errors and improve appropriate restraint use among this vulnerable population of children. We hypothesized that such a collaborative process would improve the proper use and selection of adaptive car seats. Figure 2 details the development of and implementation of the car seat clinic over a period of four years.

It is important to note the CRT supplier is involved in this process but does not necessarily need to be present for the assessment or delivery. While this is the recommended practice, they are not the key members of this assessment or delivery team. With proper education and information provided upfront by the clinician, the CRT supplier can be contacted regarding the recommended adapted car seat and proper medical documentation for quoting and authorization. The CPST clinician needs to understand the proper equipment supplier signatures required from the caregiver that is needed at delivery to allow the CRT supplier to complete the final process for funding, but the CRT supplier need only provide equipment to allow delivery by the certified professional.

Throughout the evolution of our collaboration and triage process, every patient and family referred for and recommended an adapted car seat gains a new level of understanding for the safety of the patient. Those receiving authorization of the equipment receive training and education from a CPST at the car seat fit/delivery appointment and leave that day with their adaptive car seat properly adjusted and installed. This has greatly improved patient safety for this vulnerable population and consistency of caregiver ability to adjust or re-install the seat later. There has been significant buy in from the hospital, specialty clinics, local schools and community providers in this program. Caregivers are being asked about car seat positioning and safety at clinic visits and follow-up appointments and local CRT suppliers are spreading this education to outside equipment assessments for all ages. This is noticeable in the significant referral increase for our clinic across all ages and diagnoses. Funding agencies have shown an improved rate of authorization as well. Increased referrals and requests, followed up with appeals and additional information, has led to some recommendations that started with outright denial now approving most recommendations — provided appropriate assessment and justification are completed.

SPECIAL NEEDS CAR SEAT REFERRAL TRIAGE

Patient name: _____ *MRN:* _____
DOB: _____ *Diagnosis:* _____
Referral date: _____
Family or guardian contacted on: _____
Parent contact (name, relationship, phone, or email): _____
*Age:*_____ *Height:*_____ *Weight:* _____
Current car seat: _____
Vehicle Make/Model/Year: _____
Other passengers: _____
Does the child unbuckle the belts/car seats of other passengers? _____
Needs/concerns: _____
Does the patient have a waiver or alternative funding? _____
*If applicable: Is the family open to a non-approved product (I.e., buckle cover, locking chest clip)?*_____
Seat suggestions: _____
Call log: _____

FIGURE 3 Original "Triage" Questionnaire

DATES	PROCESS	ASSESSMENT
January 2018 to February 2020 **152 referrals during this time*	• CPST Team completed follow-up for families with commercial needs. • Clinic Therapist completed process for patient with postural needs including evaluation, process for funding and delivery. • Family was referred to CPST or local community "Fit" station regarding questions	• Therapist did not consider vehicle or family circumstances. • There was no general child restraint education provided at delivery. • Families did not follow up with CPST team. • Local "Fit" stations were not comfortable or trained in adapted car seats. • Product met postural needs but at times not compatible with vehicle. • Commercial equipment was able to meet need.

March 2020 to August 2021
**Increase to 410 referrals during this time*
	Triage Process (see Figure 3) developed to ensure CPST and clinical experience:
	• Clinic referred sent to CPST to allow call to family for triage questions.
	• CPST recommended commercial or sent referral back to clinic to schedule evaluation.
	  • Included vehicle info.
	  • Ruled out products.
	• The therapist completed eval, paperwork for approval.
	  • Delivery completed with both therapist and CPST
		• 98% of patients receiving equipment had proper education and installation.
		  • Noted system failures and inefficiencies.
		• Lots of steps
		• Needed increase eval spots to meet referral increase.
		• Multiple systems used to document process.
		  • Needed to be in EMR.
		• Modification was reviewed with LEAN project for improvement in all areas

March 2020 - current **Increase to 10-15 referrals per week*	• 2 therapists were CPST trained. • Car Seat Clinic Lead OT/CPST for referral triage • Send CPST only those with additional follow up (commercial product, extreme low or high weight, increased number passengers) • Car Seat Clinical team completes all steps of eval process including delivery. • CPST team called in only as needed. • EMR documentation with ability to pull data from referral to delivery	• Great improvement in efficiency, time from referral to eval and increased # of eval sessions. • Increased Safety equipment awareness for improved patient/family access and care • Specialty clinics, Psych team and social workers ask about car seat safety at all visits. • Seen significant increase in access for sensory and behavioral patient/family. • Increased funding authorization with increased need and justification

FIGURE 2 Stages of Car Seat Clinic Development

CONTINUED ON PAGE 28

ONE CLINIC'S APPROACH ...
(CONTINUED FROM PAGE 27)

HOW TO JUSTIFY FOR FUNDING:

As with any complex rehab equipment recommendation, the clinical assessment is critical. The clinician needs to include all requirements for this assessment. The appropriate medical referral is needed based on the medical diagnosis of the patient. There needs to be a clinical assessment by an experienced rehabilitation therapist, along with the added consultation of the CPST per the above information. The CRT supplier needs to receive the appropriate letter of medical necessity and signature for the recommended equipment. This assessment and documentation need to clearly point out the medical, physical, behavioral and safety needs of this patient who requires durable medical equipment and rules out commercial car seats and/or the use of the standard seat belt for safe transit. It is recommended to note the need for transit for attending medical appointments, school and community participation as well as reference to state law regarding car seat and seat belt requirements. This patient cannot abide by state law without the assistance of the prescribed adapted equipment. It is also recommended to rule in/rule out each special need car seat option. Some will be ruled out by patient height, weight, vehicle/passenger need and medical/postural need. Others will be ruled in based on the specific features required for safety to address behavioral needs and/or risk of elopement from other equipment options. A sample letter medical of necessity has been included for review.

SAMPLE CAR SEAT LETTER OF MEDICAL NECESSITY

(PATIENT) was seen this date for an equipment evaluation for an adapted car seat. (ATP Name), ATP of {Supplier company} will assist therapist and patient with processing of recommended adapted car seat for funding authorization. The Patient was accompanied by (list caregivers present) who provided background and pertinent medical and clinical information.
Reason for today's visit: Physician has identified a need related to *PATIENT's* diagnosis(es) and referred for evaluation for adaptive equipment. *PATIENT* needs a crash tested child safety seat for vehicle transportation. Commercial car seats/vehicle transit is not appropriate to support the patient safely due to medical, physical and/or behavioral needs because of medical diagnoses.

HISTORY AND PERSONAL FACTORS
Medical History: *PATIENT's* medical history was reviewed via chart review and caregiver interview.
Adaptive Equipment: *PATIENT* currently uses the following equipment:
Seating and Positioning:
Mobility:
Bathing/Toileting:
Sleep:
Transport:

ASSISTIVE TECHNOLOGY ASSESSMENT
HOME ENVIRONMENT AND TRANSPORTATION CONSIDERATIONS
Current family vehicle:
Current car seat/concerns with seat:
Current transportation needs (weekly appointments, ADLs, etc.):

CURRENT MEDICAL/PHYSICAL STATUS
Cognitive Status/Behaviors:
Skin Condition/Integrity:
Bowel/bladder:
Hearing/Vision:
Cardio-respiratory status:
Tone/Movement/Strength:
Orthopedic considerations:
Ambulation/Functional Walking Status:

SAMPLE CAR SEAT LETTER OF MEDICAL NECESSITY CONT.

MEASUREMENTS: (Enter all measurements necessary for car seat)
Height: Weight
***Safety Harnesses typically requires trunk measurements for appropriate sizing*

CLINICAL ASSESSMENT
Sitting Posture:
Pelvic Tilt/Obliquity/Rotation:
Scoliosis:
Head Position:
Balance:
Strength/ROM:

CLINICAL SUMMARY
PATIENT presents with impaired {List areas of concern}. *PATIENT* requires adaptive equipment that will provide a means for safe and appropriate transport in a vehicle. By providing appropriate adapted positioning in an age-appropriate car seat, he will be able to engage, interact, and gain access to all of his required environments.

PRESENTING PROBLEM: CAR SEAT {STATE OF RESIDENCY} LAW
A car seat that provides appropriate positioning is a medical necessity for *PATIENT* at this stage in his development. *PATIENT* is no longer safely and properly positioned in a commercial car seat due to his (List impairments/concerns). *PATIENT* needs a positioning device that supports his trunk upright and assists in controlling his abnormal tone.

PATIENT currently is *** inches and *** pounds. *PATIENT* is unable to maintain an upright midline position during transport due to ***. There is not a commercial car seat available which will accommodate *PATIENT's* current size and positioning needs. They need a 5-point harness system to keep the trunk and pelvis in an appropriate position for safety. The car seat also needs to provide appropriate head support to prevent hyperextension. Without these supports to maintain an appropriate position, *PATIENT* is at risk for significant injury or death in the event of a car accident. *PATIENT* is required by law to ride in a child safety seat. There are no medical exemptions to this law.

CURRENT (ENTER STATE) LAWS REGARDING CHILD RESTRAINTS DURING TRANSPORTATION STATE THE FOLLOWING: ENTER CORRECT INFORMATION FOR STATE: EXAMPLE REPRESENTS OHIO LAW
Under current Ohio law, a child who is less than four years old or who weighs less than 40 pounds, or both, must be secured in a federally approved child restraint system when being transported in a motor vehicle (other than a taxi or public safety vehicle) (R.C. 4511.81(A) and (B)). Current law also provides that when any child who is at least 4 years of age but not older than 15 years of age is being transported in a motor vehicle (other than a taxicab or a public safety vehicle) that is required by the United States Department of Transportation to be equipped with seat belts at the time of manufacture or assembly, the vehicle operator must have the child properly restrained either in accordance with the manufacturer's instructions in a child restraint system (which may be a booster seat; see COMMENT) that meets federal motor vehicle safety standards or in an occupant restraining device (seat belt) (R.C. 4511.81(C))." (Information quoted from http://www.lsc.state.oh.us/analyses127/h0320-rs-127.pdf)

"Requires any child who is less than eight years old and less than four feet, nine inches tall to be secured in a booster seat when traveling in a motor vehicle if the child is not otherwise required to be secured in a child restraint system and designates that this offense is a "secondary" traffic violation." (Information quoted from http://www.publicsafety.ohio.gov/links/MR2009/01_06_09_BoosterSeatLaw.pdf)

CONTINUED ON PAGE 30

SAMPLE CAR SEAT LETTER OF MEDICAL NECESSITY CONT.

EQUIPMENT CONSIDERATIONS:

Adaptive car seats considered this date include (list car seats considered). The following car seats, (list ruled out options), were ruled out due to ***. It was determined that the *** is the best option for *PATIENT.* This is a federally approved, crash tested child safety seat which can grow with *PATIENT* up to *** lbs. and ** inches as his medical needs are long term.

GOALS OF EQUIPMENT:

Improve safety during transportation due to abnormal muscle tone, lack of coordination, and postural control.
Maintain body alignment and a safe sitting position during transportation.
Reduce risk of injury during transit which could further complicate *PATIENT's* medical status.
Allow patient to abide by state traffic law when riding in a vehicle.

PATIENT AND FAMILY EDUCATION:

Clinician discussed the recommendations from this appointment, including prescribed equipment, equipment management, safe transfers with equipment, process of acquiring new equipment and estimated time frame until delivery. Patient and caregiver were provided with the name and number of therapist and equipment supplier/ATP to call with any questions or concerns. Caregiver verbalized understanding of the information provided.

EQUIPMENT PRESCRIBED

1. State recommended Equipment and all accessories with provided justification

ONE CLINIC'S APPROACH ...
(CONTINUED FROM PAGE 29)

No one should give in upon receipt of a denial from a funding source. Appeals are expected and needed to help clarify patient needs and justify recommendations due to the medical diagnoses present. These diagnoses can be complex and easy to justify or more behavioral and less visible (ex. intermittent explosive behavior). Provide the requested information in the appeal. It is from experience that these appeals and caregiver hearings lead to approval and ultimately long-term changes for funding authorization. Without this equipment, the patient and often the caregiver and community, are at risk for injury and death because of the patient's medical diagnosis and need for adapted special needs equipment. Please refer to the case studies shown in Tables 1-3.

IT IS FROM EXPERIENCE THAT THESE APPEALS AND CAREGIVER HEARINGS LEAD TO APPROVAL AND ULTIMATELY LONG-TERM CHANGES FOR FUNDING AUTHORIZATION.

RULED OUT:
All commercial infant car seats

RULE IN:
The DreamRide car bed met the immediate needs of patient and family for hospital discharge. Upon follow up, all commercial options were ruled out due to patient discomfort and DreamRide was no longer an optimal option due to child's weight gain/growth.

PHOTO 1: DreamRide Car Bed

FINAL RULE IN:
The HOPE car bed was determined to best meet needs at current size/weight and medical need.

PHOTO 2: HOPE Car Bed

PATIENT BACKGROUND: Newborn baby with hydrocephalus diagnosis. Referred to the car seat team while inpatient for car bed assessment. DreamRide Car bed provided on loan for discharge. Car seat team contacted the family a couple of months later for updates. Family reports they are still using the DreamRide since when they had tried the patient in her regular car seat she cried. Mom suspected it was because of discomfort. Dreamride car bed has a lower weight limit and was provided as a loaner, so we determined that the family obtaining their own car bed for long term use with a higher weight limit (HOPE Car bed) would be the next step for this patient.

BRIEF PATIENT DESCRIPTION INCLUDING VEHICLE INFO: Patient with ongoing positional needs due to enlarged head secondary to hydrocephalus that makes transport in a regular car seat uncomfortable. Family with a large vehicle (Suburban) that can accommodate a HOPE car bed, which takes up 2 seating positions on a bench row vehicle seat.

RULE OUT COMMERCIAL: Patient unable to tolerate being positioned in a conventional car seat.

RULE IN ADAPTED: HOPE Car bed able to meet this patient's long-term needs over a protracted period.

NOTE: this patient will need ongoing follow up for optimal car seat needs due to the fact babies grow. Commercial products will need to be considered prior to adapted car seats depending on the patient's medical and postural needs.

TABLE 1 Case presentation Special Needs Car Seat recommendation for Infant

CONTINUED ON PAGE 32

ONE CLINIC'S APPROACH ...
(CONTINUED FROM PAGE 31

CURRENT EQUIPMENT:

PHOTO 3: ThomasHilfen Recaro Monza

RULE OUT:
These products cannot accommodate the severe scoliosis of this patient.

PHOTO 4: Inspired by Drive SPIRIT

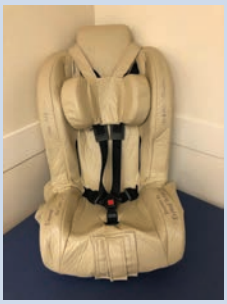

PHOTO 5: Merritt Roosevelt

RULE IN:
The only car seat with adaptation for the patient's scoliosis.

PHOTO 6: Scoliosis Adapter Pads

BACKGROUND: Patient is an 8-year-old with spina bifida. Seen for car seat evaluation in an outpatient clinic. Current car seat no longer supporting progressive spinal curvature, Patient has access to multiple equipment for mobility and ADL care. Rides in a manual wheelchair for school but the caregiver does not have a transit access vehicle.

PAST MEDICAL HISTORY: Mild lumbar myelomeningocele (at birth), with hydrocephalus s/p VP shunt, Chiari II malformation, periventricular leukomalacia/ gliosis, corpus callosum dysgenesis, tethered cord s/p release neurogenic bladder, neurogenic bowel, constipation, developmental delays (gross and fine motor, speech and cognitive), feeding issues s/p G tube, recurrent vomiting, eosinophilic esophagitis, sensory disturbance, restrictive lung disease, severe scoliosis s/p spinal VEPTR rods, spinal incision infection, recurrent fevers, chronic osteo, and knee contractures. Significant curvature post rod placement and requires custom molded seating in wheelchair to support functional positioning.

LATERAL SPINAL CURVATURE: T5-L3 = 73 degrees, levoconvex
PRIOR MEASUREMENT(S): 79 degrees
SCOLIOSIS TYPE: Neuromuscular.
KYPHOSIS/LORDOSIS: Exaggerated thoracic kyphosis.
PELVIC OBLIQUITY: Right superior

CURRENT EQUIPMENT: Recaro Monza Nova is no longer supporting severe scoliosis positioning needs and cannot be modified

RECOMMENDATION OF PRODUCT: Merritt Roosevelt Car Seat
Adaptive car seats considered at this date include the Monza Nova, Inspired by Drive Spirit and Merritt Roosevelt. It was determined that the Roosevelt car seat is the best option. This car seat is the only specialty seat with scoliosis positioning options and is a federally approved, crash tested child safety seat which can grow with the patient up to 105 lbs. and > 60 inches as his medical needs are long term.

RULE OUT: Monza Nova and Inspired by Drive Spirit ruled out as they could not accommodate severe scoliotic curvature. All other commercial and adapted car seats ruled out based on patient height and weight in addition to medical needs.

RULE IN: Merritt Roosevelt Car Seat—only car seat with Scoliosis padding and scoliosis harness.

CONCLUSION: PT and CPST completed modification and fitting/installation of car seat during delivery appointment. Adjustments were made by the therapist to fit the patient appropriately including specific adjustments to scoliosis padding (several layers stacked with ovals cut out of the middle to decrease contact with apex of his spinal curvature and a right lateral trunk support). Caregiver acknowledged understanding of proper support for medical and postural needs and safe install/use of the adapted car seat.

TABLE 2 Case presentation special needs car seat for patient with postural needs

CURRENT EQUIPMENT:

PHOTO 7: EZ-On Vest

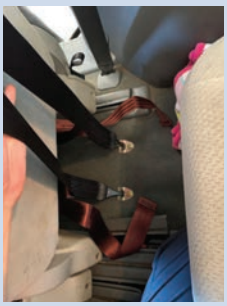

PHOTO 8: EZ-ON floor Mount

CONCERN/RULE OUT: Due to current size and weight should have had a heavy duty floor mount (see Photo 6) installed in Pontiac vehicle making this unsafe and patient was able to escape harness.

ADDITIONAL RULE OUT: The Churchill vest was not appropriate as the patient can easily escape Velcro and undo the buckles.

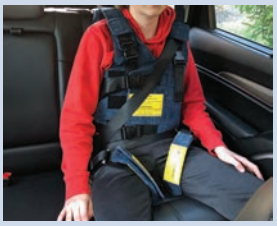

PHOTO 9: Merritt Churchill Vest

RECOMMENDED CAR SEAT:

PHOTO 10: Merritt Churchill Standard with Positioning Harness.

PATIENT BACKGROUND: 14-year-old female with dx of Autism, Aggression, Agitation, Hypotonia, Seizure disorder, intermittent explosive disorder, self-injurious behavior, disruptive behavior disorder

BEHAVIORS: Potential for aggression: hitting, grabbing, hair pulling; self-injury: head banging, head/ face slapping, biting and disruptive behaviors: throwing items, dropping to the ground, elopement.

CURRENT ADAPTIVE EQUIPMENT: EZ-ON Vest used in family car (Pontiac G6 2008). She was able to slip out of this and had outgrown the vest. The EZ-ON Vest supports patients up to 65 lbs. without the use of an additional floor mount. This patient was over 65 lbs. and therefore this vest was being used incorrectly. This permanent floor mounting system must be drilled into the floor of the car. This is a cost not funded by insurance, difficult to find experienced companies to complete this install, some vehicles cannot accommodate this and overall leads to poor compliance and use of recommended equipment.

RECOMMENDATION OF PRODUCT: Patient seen initially inpatient behavioral unit for Initial measurements and family consult. Patient was discharged before full evaluation could be completed. Family was provided info to follow up for telehealth/ outpatient but did not complete. Behavioral unit Social Worker contacted therapist of next inpatient stay where Family met therapist with patient to complete evaluation for safety harness

RECOMMENDATION:
Churchill Standard with Positioning Harness

RULE OUT: size, weight, family vehicle ruled out all other car seats. EZ-ON ruled out due to prior concern, the Merritt Churchill vest could easily be undone by patient so need to consider the Merritt Harness option.

RULE IN: The Merritt Churchill with Positioning Harness does not require modification to vehicle for heavy duty mount install
And limits the ability of escape.

CONCLUSION: Family was provided contact info and a general timeline of the delivery process at the end of evaluation. LOMN was completed, authorization received. An outpatient session was scheduled for harness fitting, Family educated on safety features, Harness installed in car, Family demonstrated understanding of install and positioning for optimal safety, Follow up info provided

TABLE 3 Case presentation special needs car seat for patient with Behavioral needs

CONTINUED ON PAGE 34

ONE CLINIC'S APPROACH ...
(CONTINUED FROM PAGE 33

CONCLUSION

This car seat clinic has been able to improve appropriate patient referral and follow-up among children requiring adaptive child restraints and therefore overall safety. We have been able to improve the appropriate assessment process and selection of special needs restraints by incorporating the technical input of special needs trained CPSTs into the clinical equipment evaluation process. Therapists and CPSTs combining their knowledge, skill sets, and credential capabilities can improve effectively addressing the safety of children with special health care needs and their caregivers.

The findings and conclusions of this process are subject to several key limitations. First, available literature does not make distinctions in misuse statistics between conventional and adaptive car seats, so misuse of adaptive car seats is assumed based on the available evidence and anecdotal observations of the authors in their practice. Second, the process for the described clinic is contingent on an environment where both CPSTs and therapists can collaborate professionally. Third, the durability and retention of education and caregiver ability to replicate proper adjustment and installation of the car seat has not been assessed and is an area for further research.

There are several key strengths to note as well. The technical collaborative approach for adaptive car seat assessments within a health care system should be something we would all want to strive for. There is significant benefit to the patient, caregiver and community for added safety. This framework can also be adapted to different types of health care organizations and clinical environments. "Twenty-four hour postural management" is a common term in rehab assistive technology and equipment for patients who need access to adaptive support for medical, physical, postural, behavioral, functional and safety needs.[13] Safe transit in a vehicle is part of this postural care. Combining the clinician assessment process and CPST expertise, there is opportunity to change the outcomes of the patients and families in need.

THERAPISTS AND CPSTS COMBINING THEIR KNOWLEDGE, SKILL SETS, AND CREDENTIAL CAPABILITIES CAN IMPROVE EFFECTIVELY ADDRESSING THE SAFETY OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR CAREGIVERS.

FUTURE CONSIDERATIONS

The sustainability of this type of process would greatly benefit in one or both of the following ways:

- Therapists who are evaluating adaptive car seats become certified as CPSTs and improve proficiency.
- CPSTs be able to write and submit LOMNs and bill for their time.

The implications and purpose of this perspective on one clinic's approach to adapted car seats is not to describe or quantify the depth and breadth of misuse in adaptive car seats, but rather to recommend a multifaceted framework for combining skill sets and certification/licensure capabilities to optimize child restraint access, proper selection and proper use for children with special health care needs. The goal, of course, is to improve safety for this vulnerable population on the road.

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ADDITIONAL RESOURCES:

1. NATIONAL CENTER FOR THE SAFE TRANSPORTATION OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS GENERAL WEBSITE: HTTPS://PREVENTINJURY.PEDIATRICS.IU.EDU/
2. NATIONAL CENTER SPECIAL NEEDS SEAT BROCHURE LINK: HTTPS://PREVENTINJURY.PEDIATRICS.IU.EDU/WP-CONTENT/UPLOADS/2023/01/2023-NATIONAL-CENTER-BROCHURE-INSIDE-PRINT-VERSION-WITH-ACCESSORIES-1.PDFSAFE TRAVEL FOR ALL CHILDREN (STAC)
3. STAC TRAINING RESOURCES: HTTPS://PREVENTINJURY.PEDIATRICS.IU.EDU/TRAINING/SAFE-TRAVEL-FOR-ALL-CHILDREN/
4. ADVANCED TRAINING TO BECOME A CHILD PASSENGER SAFETY TECHNICIAN (CPSTS): HTTPS://CERT.SAFEKIDS.ORG/BECOME-TECH

Canadian Suppliers may find useful information below.

https://laws-lois.justice.gc.ca/eng/regulations/SOR-2010-90/FullText.html#h-33

https://tc.canada.ca/en/transporting-infants-children-special-needs-personal-vehicles-best-practices-guide-healthcare-practitioners

Melissa Tally is a PT/ATP with 24 years of experience in Complex Rehab Technology with a focus on parent coaching, early intervention and 24-hour postural management. She was a lead therapist in the development of the CCHMC Car Seat Clinic. She currently is the president and clinical educator at Adaptive Imports, LLC.

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Michelle Price, MPH, CPST is a program management specialist at Cincinnati Children's Hospital Medical Center Comprehensive Children's Injury Center. Price's professional background as a physical therapist assistant inspired her to change her career from rehabilitating injuries to preventing them. Price has experience in many injury prevention topics and much of her work has been dedicated to improving child passenger safety practices. She has also led a few research projects, the most recent one being an international child passenger safety pilot conducted in the Middle East.

IS PUBLIC POLICY DRIVING YOUR CLINICAL PRACTICE?

YES, WE ARE TALKING TO YOU.

Written by: **LINDA NORTON, B.SC.OT, MSC.CH, PHD, OT REG(ONT), AND JEAN MINKEL, PT, ATP**

We are amid allowing public policy to define our clinical practice rather than clinical practice driving public policy. Within many areas of health care, professional practices inform and shape public policy as our evidence base, clinical practices and technology evolve, the public policy that supports them also changes and evolves. For example, there was a time when funding agencies did not consider funding prosthetic legs with microprocessor knees — that facilitate a foot over foot pattern on stairs rather than a step to pattern. Now this technology is, at least partly funded, in many Provinces including Alberta, Saskatchewan, New Brunswick and Nova Scotia[1] and through the Medicare program in the United States.[2] At the same time, programs that fund Complex Rehab Technology are restricted to equipment that is "basic and essential" (Ontario, Alberta etc.) or used "in the home" (Medicare). "Basic and essential" varies by Province, is likely different than the clinician's definition of "basic and essential" and is certainly different than the consumer's definition of "basic and essential."

If the same "basic and essential" or used "in the home" criteria were applied to prosthetics would a microprocessor facilitating a more normal gait receive funding? Are the standards for funding different because ambulation is seen as a socially supported construct?

The RESNA Service Provision Guide describes the need for a comprehensive assessment, and that the "selection process should be an educational experience for the client/caregiver(s) to assist them to make informed decisions. The process should include a discussion of options, including the range of products available to meet the client/caregivers' specific needs and goal(s)."[3] It does not say, only present the options funded by traditional governmental/ insurance funding sources.

As clinicians, how often are we limiting our assessment, and the options recommended, to those we know are eligible for funding from certain programs? As soon as we limit the options, we limit the choices the person can make, we limit their awareness of equipment that may have a huge impact on their life and limit their ability to advocate for improved access to equipment ... simply because they may not know it exists.

We as clinicians have been asked to participate in systems that disempower the consumer, through limiting eligibility, because they, the end user, are not the payer. We need to remember that we, the clinical team, are not in charge of the consumer's purse strings. Consumers need to make decisions for themselves about their financial resources and ways to fundraise, as needed, for solutions that meet their needs. Anything less than providing the client with the best options, regardless of whether they qualify for funding under the traditional funding sources potentially limits the client's mobility, and therefore potentially marginalizes them through our prescription/recommendation.

AS SOON AS WE LIMIT THE OPTIONS, WE LIMIT THE CHOICES THE PERSON CAN MAKE, WE LIMIT THEIR AWARENESS OF EQUIPMENT THAT MAY HAVE A HUGE IMPACT ON THEIR LIFE AND LIMIT THEIR ABILITY TO ADVOCATE FOR IMPROVED ACCESS TO EQUIPMENT ... SIMPLY BECAUSE THEY MAY NOT KNOW IT EXISTS.

So, what do we do?

Complete a comprehensive assessment for all consumers. Assessments should not be limited to "in the home" in the U.S. or what the funding agency defines as "basic and essential." We should be looking at the client's full needs — including in the home, in the community and through all activities.

Dedicate time to learning about technological advances and new equipment, even when this equipment is not funded by traditional sources. Limiting our view to equipment that is funded limits our ability to determine the possibilities for an individual client. Seat elevation and standing features have received attention recently, and there is more discussion about the clinical benefits. Participating in these discussions, in research and encouraging the development of new technology are all actions we can take.

Present the range of possible options to meet the consumer's needs, including those where accessing funding may be difficult. Embrace the RESNA recommendation [3] to treat this as an educational experience, not just about the equipment but also the costs, funding available, strategies to access nontraditional sources of funding and advocacy. The consumer may choose the funded option, (the least out-of-pocket option) but it is their choice to make.

Support the client by providing compelling clinical documentation of their needs. Translating the clinical findings into a compelling clinical justification. Telling the client's story is a skill that needs to be developed, just like any other clinical skill. Creating a recommendation/prescription for the equipment is only part of the process, the client's story and need for the equipment is also part of the advocacy.

The United Nations Convention on People with Disabilities[4] recognizes mobility as a basic human right.

Human rights are very different than a policy of a medical necessity or restricted to mobility in the home. If mobility is a basic human right, are you practicing that way? [5,6]

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Jean Minkel is a physical therapist and master clinician well recognized for her work in assistive technology. She is currently the senior vice president of Rehab and Mobility Services at Independence Care System, where she leads On a Roll, an occupational/physical therapy private practice specializing in seating and wheeled mobility services. She is a published author, including many peer-reviewed journal articles and most recently, she co-edited, with Michelle Lange, the newly published textbook, "Seating and Wheeled Mobility – a Clinical Resource Guide." The assistive technology community has recognized Minkel for her contributions by awarding her the RESNA Fellow Award in 1995 and the Sam McFarland Mentor Award in 2012.

Linda Norton 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, a master's in community health focusing on pressure injury prevention and a PhD in occupational science focusing on chronic wounds.

PROJECT MEND PUTS MEDICAL EQUIPMENT IN HANDS OF THOSE WHO NEED IT MOST

Written by: **DOUG HENSLEY**

Providing a child from Acunia, Mexico, a custom chair on a recent trip to Del Rio, Texas.

Project MEND started as a great idea in San Antonio but over the years has become something of a nonprofit force as its influence has stretched far and wide.

The concept is simple. The organization takes donations of gently used medical equipment, upcycles it, sanitizes it and then makes it available to someone in need.

"When it comes to durable medical equipment (DME You name it, we take it, as long as it helps someone with a mobility issue," said Dexter Moon, the organization's chief operations officer. "Our technicians go through it and make sure it is mechanically sound. We have a list of clients who have a need, and we issue it. You would be surprised by the number of people who have no access to this type of equipment."

Project MEND was founded in 1992 by Murlin Johnson, and a year later it was incorporated as a 501(c)3 nonprofit organization as a medical equipment network for those with disabilities, particularly home medical equipment and assistive technology. (To learn more, visit www.projectmend.org)

Moon had a firsthand view of life-changing work done by Project MEND while serving on its board of directors. With a background in logistics, he was awestruck by how the organization executed its mission.

"This is medical logistics at its best," he said. "I feel that many of us have time, talent and treasure, and having an opportunity to connect with an organization fulfilling a community need is important. There are a lot of them out there doing great things, but I felt connected to this particular organization and what it was doing."

As a prior board member and chair, Moon helped craft Project MEND's vision and strategic mission, but after he retired, the organization needed a chief operations officer. "It was the perfect opportunity to walk into a second career and serve others."

Moon also has had personal experiences with Project MEND as his mother-in-law and his mother have benefited from the organization's efforts.

Taking a selfie with some volunteer OT students that volunteer their time to help sanitize DME at our State-of-the-Art facility.

"We don't realize what we don't have and what we need until we don't have it and we need it," he said.

Project MEND has the people and the processes in place to make a difference in people's lives almost every day, whether that's in the greater San Antonio area or points near and far away. It does all of this work with a current staff of 13 (they are working to fill an existing opening).

"Annually, we serve somewhere between 1,400 and 1,700 people a year," he said. "At any given time, we have tons of need. But we are also donation-based, so it's not only whether we have a piece of equipment in our inventory, it has to be the right equipment. We have powerchairs and wheelchairs, but someone may need a 20-inch wheelchair and we have a 16-inch. It has to be the right wheelchair for the right client to make their recovery and situation better."

There's a lot of hard work and a little bit of magic involved in what Project MEND does. There are specific parts of the operation that function together to ensure operational efficiency.

"On the warehouse operations side of the house, we have four team members," Moon explained. "We have one who is dedicated to repairs and two dedicated drivers who go, pick up and deliver donations because we offer delivery as well as pickup. Then we have one inventory specialist who manages all of our on hand inventory."

That's how the equipment gets to and from Project MEND. Then there's the program side where our program manager and three client managers work with clients, occupational therapists, physical therapists and case workers throughout the city in identifying clients with needs.

Of course, it takes capital to make the organization's engine work, so Project MEND has a person who works as chief development officer and a grant writer. Project MEND's program manager works with clients and does community outreach to build awareness around the Project MEND brand. Staff work with assisted living centers, nursing homes and other facilities who may have equipment in storage that is no longer being used but that could be upcycled for a client. Project MEND's chief executive officer, Cathy Valdez, oversees everything along with a committed board of directors.

That's the more visible side of things.

"On the warehouse side, we take donations a few ways," he said. "You can call us, and we will schedule a pickup. You can go online to our site and donate through our portal. We then work with our drivers to go out and get the donations."

Picking up the donations is only half of it. Everything has to be sanitized to state regulations before it can be sent out for someone else to use. In January 2022, the entire Project MEND operation moved to a state-of-the-art facility that had more than 16,000 square feet.

"We could use some more room," Moon said with a smile. "The building was designed specifically for us to expand later on where it can meet our processes as we continue to grow."

Project MEND is licensed and certified by the state to do the work it does. "That means equipment that comes in is considered donated and not sanitized," Moon said. "Once we upcycle it, we sanitize it to state standards so it is reissued safely and securely."

Conducting a home delivery during COVID.

Moon said 99% of donated equipment arrives with some type of biohazard material on it, making the sanitizing process critical.

"If we're able to, we hand-sanitize it to begin with," he said. "Then we put it in our hub scrub, a machine that disinfects nonelectrical items, and then we hand-sanitize it again before it moves into our inventory. Then, before it goes out the door, we shoot it with another disinfecting system that hits it with ultraviolet light, which kills 99.9% of any biohazard that might have been missed. When it goes out our door, it's safe."

Moon said it has been especially rewarding to see how Project MEND's footprint of impact has continued to expand through the years.

"Although we serve San Antonio and 34 surrounding counties, when we repurpose equipment and work with partners, it has been sent as far away as Africa and Mexico as well as other states. We work with a lot of partners to make sure this equipment winds up in someone's hands locally or has a far-reaching touch. It's part of why I love what I do."

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Dexter Moon is the chief operations officer for Project Mend. He is based in San Antonio, Texas.

CONSIDERATIONS FOR SELECTION OF A CAR SEAT

Written by: **WILLIAM DANNER, OTR/L, CPST**

Over the past three years, car seat referrals have jumped from 70 to 800 per year at Cincinnati Children's Hospital Medical Center. As this trend continues, it becomes increasingly important for our therapists to have a good understanding of the complexities involved in evaluating for a special needs car seat. This article will briefly run through some evaluation considerations and provide a few case studies to bring to light this often forgotten but critical piece of special needs equipment.

BEHAVIORAL

For behavioral clients, the main concern is to keep the child safe in their seat. Safety seats should have fasteners that are difficult or impossible for the child to get out of on their own. Because of this, caregivers should have quick access to belt cutters in the case of emergencies. The size of the child is important due to lack of options, especially for larger individuals above 170 pounds. Types of behaviors should also be considered as well as severity. Is the child sensory seeking or an escape artist? Do they need help keeping their hands and legs to themselves? Many safety seats use seat belts for securing the child, therefore buckle guards may need to be used for certain clients. The type of buckle guards and quality is also important as some are simple twist and turn variations while others use sophisticated locks with keys and guards used by law enforcement. Knowing out of pocket options will help bridge between current commercial seats and adaptive ones due to the extended time needed for funding equipment.

> IT BECOMES INCREASINGLY IMPORTANT FOR OUR THERAPISTS TO HAVE A GOOD UNDERSTANDING OF THE COMPLEXITIES INVOLVED IN EVALUATING FOR A SPECIAL NEEDS CAR SEAT.

POSITIONAL

For a positional child, seating and positioning knowledge comes into play. The main goal is to consider what parts of the child's body are lacking control and plan accordingly, choosing the appropriate product that is able to provide the needed support. For all car seat evaluations, size of the child is extremely important as car seats are grown in the back height and seat depth not hip width. Knowing the accessories of each seat helps (swivel option, leg rests, incontinence liner, scoliosis kits, etc.) as transfers, hygiene and 24-hour positioning are all important when providing a special needs car seat. Finally, the year and make of each family vehicle will provide insight on LATCH setup, placement of anchors and the type of seat belts used in the car. All of this information can be found in the vehicle owner's manual and car seat manual for reference.

CASE STUDY 1

Lacy is a 14-year-old girl with a diagnosis of autism and severe behaviors including self-injury and aggression towards others. Lacy was having issues staying in her seat and was disturbing the driver and other passengers during travel. This is a common occurrence with the behavioral population and puts the driver and passengers at severe risk. She was referred to the Children's Hospital Medical Center Aron W. Perlman Center (Perlman Center) to evaluate for a safety harness. During the evaluation, we learned that Lacy was escaping her EZ-ON Vest while traveling in the family car (2008 Pontiac G6). This vest is frequently used for school aged children during bus travel. Unfortunately, Lacy had outgrown the vest and there was no mount installed in the family car, which is a critical component for this product in children with behavioral issues over 68 pounds.

Other than her EZ-ON Vest, there were only a few options to consider. The Roosevelt car seat with Escape Proof option could have been used. This adaptive car seat manufactured by Merritt may be used for individuals from 30 to 100 lbs. Lacy would have fit in this seat however the size of the Roosevelt made it difficult to fit in the Pontiac or transfer from car to car. Another option was the Churchill vest. This product fastens together with heavy duty Velcro and can have snap buckles added, making it more difficult to take off. Even with the added buckles, Lacy could have easily ripped off the vest due to her high cognitive and fine motor functioning. Because of these factors, the only options were the EZ-ON vest using a floor mount or the Churchill Safety Harness. The safety harness comes with a locking chest clip and crotch buckle guard making it very difficult to escape from if used properly. After going through the safety features of the harness and making sure Lacy's family knew how to install it, the harness was provided to Lacy's family to maintain her safety during family travel.

CASE STUDY 2

Christine is a 30-year-old woman with a diagnosis of spastic quadriplegic cerebral palsy. She was referred to the Perlman Center for multiple pieces of adaptive equipment, including a specialized car seat. She needed a seat that would support her trunk and pelvis in an appropriate position for safety and comfort. The car seat also needed to provide appropriate head support to prevent hyperextension. Without these supports to maintain an appropriate position, Christine would be at risk for significant injury or death in the event of a car accident. Christine trialed several car seats during the evaluation process. Due to her positioning needs, the Roosevelt, Spirit Plus and Churchill Vest were all trialed with variable success. The Roosevelt seat fit Christine but did not provide appropriate trunk support and the upright positioning was difficult for her to tolerate. The Spirit Plus had more positioning options with hip guides and laterals but was difficult to transfer in and out of due to all of the aforementioned equipment. We decided that the Churchill Vest would offer trunk support while also enabling Christine to extend her trunk slightly, which provided better seating tolerance during travel. The added hip wedges provided a perfect hip and back angle to improve tolerance while also managing tone in a more comfortable position. Finally, the Churchill Vest is easy to move from car to car, which could be an option later on for Christine's family.

Christine's family had a 2006 Toyota Sienna that they used for travel. Christine had outgrown her last car seat (commercial booster) and her family was using a bed sheet tied around her waist to hold her up while in the van! Obviously, she was in dire need of safe support during travel. The family had many grandchildren so the Sienna was packed with other car seats which took some planning on where best to position her safety seat. Since two commercial car seats were in the third row, care was taken to keep Christine in the center, second row. This would allow for the family to move freely in the van without Christine blocking their path. The LATCH setup allowed for Christie to be positioned in the middle of the second row without problems. The family was educated on the proper use and positioning considerations. They also were able to demonstrate the ability to install and reinstall the vest as needed.

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William Danner has been an occupational therapist for 19 years with experience in outpatient, inpatient, behavioral, acute and home health settings. He has been a member of the Aron W. Perlman Center team at Cincinnati Children's Hospital Medical Center for the past eight years and specializes in assistive technology assessments including augmented communication, wheelchairs, upper extremity supports, ADL equipment and car seats. Several years ago, Danner began his descent into the world of adaptive car seats and is the lead therapist in charge of triaging Perlman's growing number of car seat referrals.

WHAT HAS NRRTS DONE FOR ME LATELY?

LET ME COUNT THE WAYS.

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

NRRTS mission is to support professional Complex Rehab Technology (CRT) suppliers through education and advocacy to improve access and provide quality services to people who rely on CRT.

1. NRRTS has the most comprehensive library of CRT Education. Registrants can choose from over 145 on demand webinars to stay up to date on current technology and techniques. Without continuing education, there is no way for suppliers to achieve good outcomes for their clients. Seating is not an exact science. Each person must be evaluated for their individual needs and goals. Continuing education is the key to understanding how to meet those needs and goals.
2. NRRTS offers pathway courses open to any willing person who wants to learn more about being a CRT supplier. Suppliers must be able to understand how the clinician evaluates the client who needs seating and mobility. This program is designed to teach the basic knowledge and skills necessary to become a professional supplier. To learn more about this program visit: https://nrrts.org/crt-supplier-certificate-program/
3. DIRECTIONS magazine provides real stories about the people who use CRT, people who provide CRT and people who prescribe CRT. There is no better advocacy than seeing the stories of how CRT improves the quality of life for people with mobility issues. Awareness of what CRT is and does is the best form of advocacy.
4. NRRTS started as only a registry of people who provided seating and mobility products. That remains an important function as consumers, clinicians and funding agencies can now check the registry and know that anyone listed is currently working as a CRT supplier.

5. The NRRTS Standard of Practice and Code of Ethics set the standard for the provision of CRT. Nothing is more important than knowing that a person can be held accountable for the outcome. SOP and COE also show a commitment to client centered services. The Complaint Resolution Policy provides consumer protection through impartial review of the reported issue.
6. NRRTS is the only organization with a Blind Bid Policy. Blind bidding is the practice of sending out the specifications for bids to other providers. This is not compliant with client-centered services. NRRTS has brought awareness of the issues surrounding this concept.
7. NRRTS Board of Directors is made up of working CRT suppliers from North America. Guided by the executive board, they identify the issues and solutions for constantly updating, improving and expanding the NRRTS mission. With their guidance, NRRTS is recognized as an important contributing partner in the CRT Industry.

Over the last three decades, NRRTS has continuously worked to "raise the bar" by setting standards and promoting the professional CRT supplier.

NRRTS Registrants take pride in providing technology that improves the quality of life for people with disabilities.

Let's Keep Raising the Bar!

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Weesie Walker, ATP/SMS, is the executive director of NRRTS. She has more than 25 years of experience as a Complex Rehab Technology supplier. She has served on the 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 UPDATE

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

2023 RESNA CONFERENCE COUNTDOWN

The annual RESNA conference is just around the corner! Join colleagues and other assistive technology professionals in New Orleans this July 24, 25, and 26 for two and a half days of education, networking, product demonstrations, scientific paper platforms, student competitions and roundtables. With multiple opportunities to connect, network and catch up with fellow attendees, you can also see new and emerging technologies in RESNA's new Experience Hall. Plus, earn up to 1.0 IACET CEUs and fulfill the IACET CEU requirement for certification renewal.

RESNA is unique in bringing together leaders and professionals from all areas of assistive technology to connect, collaborate and share the latest research and best practices. The all-inclusive registration fee covers all continuing education sessions and special sessions, meals (breakfasts, lunches and coffee breaks), the opening reception and free Wi-Fi in the guest rooms and conference space. So, make the trip to NOLA and "Move to the BeAT of Innovation" with RESNA!

ATP CERTIFICATION UPDATE

Congratulations to the Professional Standards Board and all the volunteers who worked diligently over the past two years to update the ATP exam! Countless volunteer hours were spent in service of the industry to ensure the exam is updated to current practice and meets the rigorous NCCA accreditation standards.

Visit the RESNA website for the current exam outline, which has changed slightly. The biggest change is that now, professional ethics are woven throughout the exam and does not have a separate section. In addition, the number of questions is now 180.

Passing the exam means candidates have demonstrated subject matter mastery at or above a level determined by the Professional Standards Board to represent the minimum baseline competency to receive the ATP certification.

REMINDER: CERTIFICATION COMPLAINTS POLICY

One of RESNA's important duties is to investigate and potentially act when it receives evidence that a certificant has engaged in conduct that undermines the integrity of the certification process and/or the credential.

To this end, everyone in the assistive technology industry who works with or is an ATP should become familiar with the Professional Standards Board's complaint policy. Complaints may be filed online through RESNA's website. The Complaints Review Committee meets on a monthly basis to review all complaints.

CALL FOR SMS EXAM VOLUNTEERS

RESNA is now in the process of updating the SMS exam. We need volunteers interested in working on short-term exam maintenance projects. We are looking for seating and mobility experts. You do not have to be ATP/SMS certified to qualify, but participating on the task force means you can't take the SMS exam for three years. Contact hours for certification renewal are available!

If interested, please fill out our volunteer interest form (on the website under Membership, Volunteer and Leadership Opportunities) and upload your CV or e-mail 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.

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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.

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LMS ADMINISTRATOR – Sandi Noelting

CHANGES AFTER THE FACT

Written by: **JASON KELLN, ATP, CRTS®**

When the pandemic first hit our country, many businesses asked, "What will we do? How will we keep going?"

As I watched changes in the world, news stories about shortages broke day after day after day. I noticed at the beginning of the pandemic that we did not seem to have a shortage, and there were no delays. It was business as usual. When there was business, not all areas were equal.

In 2022, we noticed the bigger changes from the pandemic in our industry. Production times for products went from days to weeks. At times, months. We issued purchase orders (POs) to companies, and orders never shipped.

During the pandemic, many people stayed home for health and safety reasons. As a result, the industry lost talented and skilled people. Some never returned, and manufacturers had the responsibility to find and train new people for their production lines. This takes a lot of time and resources to get people trained in production, so many shipments were delayed. Not all companies, however, suffered this. Some made the decision to have higher inventory levels and/or change production locations. Word spread about these organizations, and those companies benefited from being able to service customers and clients with high-quality in-stock equipment.

Inevitably, price increases resulted in all markets and all industries. Our industry was not left alone. Around the world, prices have increased. At the writing of this article, prices still increase. Raw materials, shipping and labor are the biggest reasons for the price increases in our industry.

ONE CAN HOPE THE STRONGEST COMPANIES HAVE MADE CHANGES, AND AS WITH ANYTHING, THESE IMPACTS WILL SOON EBB AWAY, THE TIDE WILL TURN AND OUR INDUSTRY WILL RETURN TO ITS FOCUS OF SERVING CLIENTS.

As we say all the time, if we had a crystal ball to look into the future, we might choose a different industry. One can hope the strongest companies have made changes, and as with anything, these impacts will soon ebb away, the tide will turn and our industry will return to its focus of serving clients.

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Jason Kelln, ATP, CRTS®, the first NRRTS Registrant from Canada, serves as the NRRTS board secretary. He works at PrairieHeart Mobility in Regina, Saskatchewan.

Congratulations to the 2023 NRRTS AWARD WINNERS

NEW NRRTS REGISTRANTS

Congratulations to the newest NRRTS Registrants. NAMES INCLUDED ARE FROM MARCH 11, 2023, THROUGH MAY 19, 2023.

Aaron Miller, RRTS®
National Seating & Mobility, Inc.
7050 N Guion Rd, Ste A
Indianapolis, IN 46268
Telephone: 317-454-7670
Registration Date: 03/20/2023

Claire Murphy, MBA, ATP, RRTS®
Rehab Medical Inc.
14141 Airline Hwy, Ste H
Baton Rouge, LA 70817
Telephone: (251) 367-6376
Registration Date: 03/23/2023

Daniel Barrett, RRTS®
HME Mobility & Accessibility
4011 Viking Way #130
Richmond, British Columbia V6V2K9
Telephone: 778-872-4147
Registration Date: 03/30/2023

David Park, ATP, CRTS®
Numotion
1523 S Bowman, Ste A&B
Little Rock, AR 72211
Telephone: 501-221-2258
Registration Date: 03/18/2023

Deidra White, ATP, RRTS®
National Seating & Mobility, Inc.
2180 Stein Dr, Ste 106
Chattanooga, TN 37421
Telephone: 423-326-7427
Registration Date: 04/04/2023

Hope Villines, COTA/L, RRTS®
Alliance Rehab & Medical Equipment
9808 Pflumm Rd
Lenexa, KS 66215
Telephone: 816-416-6993
Registration Date: 05/05/2023

Paul Jarvie, RRTS®
Macdonald's Home Health Care
7640 Winston St.
Burnaby, British Columbia V5A2H4
Telephone: 778-955-3593
Registration Date: 04/06/2023

Reid Coleman, RRTS®
HME Mobility & Accessibility
1875 Boxwood Rd #105
Nanaimo, British Columbia V9S5X9
Telephone: (236) 889-5973
Registration Date: 04/18/2023

Shane Davis, ATP, CRTS®
Norco Medical
1303 S Silverstone Way
Meridian, ID 83642-7381
Telephone: 208-898-0202
Registration Date: 04/26/2023

William Bingaman, PTA, ATP, RRTS®
National Seating & Mobility, Inc.
5 Wellspring Rd
Biddeford, ME 79424
Telephone: 207-737-9848
Registration Date: 05/16/2023

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 MARCH 11, 2023, THROUGH MAY 19, 2023.

Benjamin Paull, ATP, CRTS®
National Seating & Mobility, Inc.
Chicopee, MA

David Park, ATP, CRTS®
Numotion
Little Rock, AR

Dearl Scott, ATP, CRTS®
Hometown Healthcare
Houston, MS

Eric Forster, ATP, CRTS®
Numotion
Montgomery, PA

Kacey Newman, ATP, CRTS®
Action Rehab
Hammond, LA

Rashid Khan, ATP, CRTS®
Nations Healthcare
Owings Mills, MD

Sarah Moeller, ATP, CRTS®
New Visions Medical Equipment, Inc.
Coldwater, OH

Shane Davis, ATP, CRTS®
Norco Medical
Meridian, ID

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 MARCH 11, 2023, THROUGH MAY 19, 2023. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Rick L. Mayes, ATP
Evansville, IN

Grant Klinedinst, ATP
Brooklyn Park, MN

Paul Wilkie, ATP
Kansas City, MO

Phil Wegman, ATP
Spokane, WA

Brian Matthews, ATP
Washington, PA

Jeffery Lucas
Augusta, GA

David Lobato, ATP, CRTS®
Lakewood, CO

James Castruita, ATP
Las Vegas, NV

Anna Davis, MPA, ATP
Denver, CO

Timothy Pavlakovich, ATP
Jacksonville, FL

Allen Lafayette Newsome, III
Carlsbad, CA

Tracey Kroetsch
Richmond, British Columbia

Pierre Gaudet
Moncton, New Brunswick

Rita Piccioni
Toronto, Ontario

Joshua Hermenegildo
Newmarket, Ontario

Jason Nye
Windsor, Ontario

Jonathan Elliott
Victoria, British Columbia

Jose L Lopez
Grand Prairie, TX

Corey McDonald
Calgary, Alberta

Michael Janzen
Abbotsford, British Columbia

Roland Desrochers
Kemptville, Ontario

Robert Fuzesi
Richmond, British Columbia

Jen Jakovcic
Windsor, Ontario

Keith Doyle
St. Thomas, Ontario

Anne-Marie Hart
Ottawa, Ontario

RENEWED NRRTS REGISTRANTS

The following individuals renewed their registry with NRRTS between March 10, 2023, and May 19, 2023.

PLEASE NOTE **IF YOU RENEWED AFTER MAY 9, 2023,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO MARCH 19, 2023, 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.

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Amanda Couper, RRTS®
Amy Askelson, ATP, CRTS®
Andrew Foster, OTR, ATP, CRTS®
Anne L. Kieschnik, ATP, CRTS®
Anthony Martinelli, ATP, CRTS®
Benjamin Paull, ATP, CRTS®
Blaine Hunt, ATP/SMS, CRTS®
Bradley Dutkowski, RRTS®
Brent P Fadler, ATP, CRTS®
Brian Griffiths, RRTS®
Brian McGuire, ATP, CRTS®
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