DIRECTIONS

OUTCOMES – EXPLORE THE CHALLENGES AND MEASURE

Page 20

THE OFFICIAL PUBLICATION OF THE NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS | ISSUE 4 OF 2023 | $5.00 USD

IN THIS ISSUE

IN EVERY ISSUE

FROM THE EDITOR-IN-CHIEF

August 2023 is here – the older I get; the faster time goes. Where has 2023 gone? I'm certain Costco and other retailers will have their holiday décor out soon. I encourage you to read this issue of DIRECTIONS and choose a way to get involved in this industry. A way to start registering for the Virtual CRT Fly In – visit *www.crtaccess.com*.

Amy Odom, BS

ADVERTISERS

THE OFFICIAL PUBLICATION OF
The National Registry of Rehabilitation Technology Suppliers
VOLUME 2023.4 | $5.00 USD

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

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

EDITOR-IN-CHIEF
Amy Odom, BS

EDITORIAL ADVISORY BOARD
Kathy Fisher, B.Sc.(OT)
Bill Noelting
Weesie Walker, ATP/SMS

DESIGN
Reace Killebrew - Hartsfield Design

COVER CONCEPT, DESIGN
Weesie Walker, ATP/SMS

PRINTER
FUSED Graphics Group

2023 CRT Virtual Congressional Fly-In

NCART
National Coalition For Assistive & Rehab Technology

www.CRTAccess.com

Premier Sponsors

Alliance Rehab and Medical Equipment
Conquering the Challenges of Daily Living

National Seating & Mobility

rifton

Partner Sponsors

ATLAS TECHNOLOGY

Reliable Medical

permobil

QUANTUM®

Supporter Sponsors

DMR Custom Wheelchairs SINCE 1984

Motion Concepts

Motion Composites

U.S. REHAB®

Ki Mobility by Etac

#merits

AltimateMedical
creating products, changing lives

MK POWERED

40 YEARS 1983 2023

Join Us on September 13

Learn More & Register Now at www.CRTAccess.com

July 28, 2023

MAKE EVERY DAY INDEPENDENCE DAY

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

As I am writing this article for this issue of DIRECTIONS, I am thinking about the United States' Independence Day. Each year, I am inspired to reflect and remember what we do as Rehabilitation Technology Suppliers (RTS) and, through NRRTS, contributing to the amazing independence we help our clients achieve. Independence is something very personal and is taken for granted in our everyday lives, until it is lost. Our profession is noble and commands trust as our clients put their mobility independence in our hands, which affects each part of their lives. We should be humbled and grateful for this trust.

Each and every day, I am excited to go to work; inspired by past experiences, smiles and outcomes we help provide. Each time I work with a client, I come away with more knowledge and experience that is shared with all others. I believe it is the drive to always get better to ensure that I can fulfill the trust the client has given me.

This is a good time to remember we are teachers; while working with our clients, we should guide/teach them how to advocate. When a life change occurs, it creates tunnel vision; however, we can provide resources like Unite4CRT and others that give power and control to our clients.

RTSs — get involved fighting the fight, whether your heart is with NRRTS, NCART, Clinician's Task Force or others; get involved. If you are in this industry, it is because you were "love bitten" on how what you do positively affects others. By getting involved, you will help to make the industry and clients' lives better.

Take time celebrate the wins we have achieved. Although there have been many, we continue to spend time on the ones that we have not overcome. At the present time, we have, with the help of all our many partners, been able to convince the Centers for Medicare and Medicaid Services to consider seat elevators to be an insurance benefit. This was no small feat and took the entire industry coming together. The next huge tasks are establishing Service Standards, and showing why standing options on power chairs is necessary.

AS AN INDUSTRY, WE NEED TO CONSTANTLY SHOW OUR VALUE AND ENSURE OUR CLIENTS, PAYERS AND CLINICIANS ALL UNDERSTAND OUR SOLE GOAL IS TO KEEP THE INDIVIDUAL CLIENT INDEPENDENT AND FUNCTIONING.

I am sure you agree funding must be a priority as we move forward. Post pandemic, we have not seen pricing reduced; shipping and staffing costs have increased, and funding sources have not kept up with this inflation. We have seen many funding sources change coding, which is affecting access and/or quality. As an industry, we need to hold fast our value and fight to ensure we do not lose the industry we love and our clients depend on.

We cannot rest until we have a carve out of Complex Rehab Technology from durable medical equipment. Until we can separate the specialty we provide and show a high level of support needed to achieve the outcomes needed, we will continue to react to the issues thrown at us.

As an industry, we need to constantly show our value and ensure our clients, payers and clinicians all understand our sole goal is to keep the individual client independent and functioning. Please get involved and ask the organization you support what you can do to help guide and make the changes our industry needs to continue to make every day Independence Day for our clients.

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

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

FORWARD TOGETHER...
CANADIAN SEATING AND MOBILITY CONFERENCE 2023

CSMC
Sep. 12-13, 2023

Delta Hotels by Marriott
Toronto Airport & Conference Centre
655 Dixon Rd
Toronto, Ontario, M9W 1J3

Benefits of attending

- **See the latest innovations in seating and mobility interventions and technology.**
- **Learn from international leading clinicians.**
- **Improve your skills and confidence in caring for your patients.**

CSMC
CANADIAN SEATING & MOBILITY CONFERENCE
Forward Together

Canada's largest educational seating and complex rehab technology conference!

Register Now!

THERE SHOULD BE 'NOTHING ABOUT US, WITHOUT US'

Written by: **ROSA WALSTON LATIMER**

Can you imagine camping a week in the Adirondacks with just you, your wheelchair and 19 other people with disabilities? No nondisabled attendants and no cell phones or outside communication?

Born with spina bifida and imbued by her late dad with a tenacious work ethic, Stephanie Woodward not only imagines this scenario; she makes it happen. What else would you expect from a young woman who, after Hurricane Maria in 2017, led a disaster response ground team in Puerto Rico to assist disabled people in distress?

STEPHANIE, PLEASE TELL US MORE ABOUT THE PURPOSE OF YOUR NOT-FOR-PROFIT ORGANIZATION AND THE ADIRONDACK CAMPING EXPERIENCE.

I founded Disability EmpowHer Network (https://www.disabilityempowhernetwork.org) in 2020 with the goal of creating a space where girls and women with disabilities could see other successful girls and women with disabilities and think, 'I could be that.' We are focused solely on girls and women with disabilities uplifting each other.

Stephanie Woodward

We started with a goal of having a yearlong program called EmpowHer Camp to empower girls with disabilities aged 13 to 18 from across the nation. We begin by camping in the Adirondacks, and the only people allowed to participate are girls and women with disabilities. We are in the wilderness for a week without cell phones or outside contact. This turns many stereotypes on their head in many ways. First, camping is not traditionally seen as a girl's thing and certainly not seen as something girls and women with disabilities can do without support. If a fire is needed or someone needs attendant services or support, the only people there are girls and women with disabilities. This scenario creates an environment of interdependence. Participants learn a person with disabilities can help another person with disabilities in ways a nondisabled person cannot.

Stephanie Woodward and Ryan Chalmers on their wedding day.

After this one-week experience, the participants leave with more confidence and a willingness to try things they would not consider before. One example is a girl who was afraid to transfer herself, but working with other wheelchair users at the camp, she learned the correct position and now proudly transfers without help.

At the camp, each girl is matched with a successful woman with disabilities who is a mentor for a year. The girls are required to perform a community project concerning the disability community and emergency preparedness or response. When the year is over, the girls go to Washington, D.C., for a week and present their completed projects to members of the current administration and disability rights organizations and meet with their senators.

I am assured the organization is meeting its goals when, after these teenage girls complete our program, they call to tell me they were accepted into a college or got their first job. Helping set these girls on this path means, to the very impatient person that I am, we are successfully playing the long game. I know with this investment, in 10 or 15 years, these young ladies will be leading administrations, government entities and big corporations. They will be making the internal changes our community wants to see.

EmpowHer Camp attendees in the Adirondacks.

I AM A FIRM BELIEVER IN 'NOTHING ABOUT US, WITHOUT US.' IT IS ESSENTIAL TO HAVE THOSE IMPACTED BY THE RULES INVOLVED IN MAKING THE RULES.

Disability EmpowHer Network has grown to now offer seven programs that uplift women and girls with disabilities throughout the United States. We began as an all-volunteer organization with zero dollars. Now, in 2023, we have three full-time and three part-time staff and a $300,000 annual budget. There is still much work to be done!

TELL US ABOUT YOUR WORK WITH QUANTUM REHAB.

My work as brand ambassador coordinator at Quantum Rehab is gratifying! I appreciate their willingness to trust me as I help build their ambassador team to be more diverse and representative of the entire power wheelchair community. It is very cool to see a manufacturer genuinely care about the end users in this way and strive for authenticity from the team that is marketing their products. I respect Quantum for reinvesting in the disability community in many ways. Scott Meuser, the CEO of Quantum Rehab, is one of the most involved I've ever seen in a larger company. He respects and responds favorably to input from the disability community to improve products and services.

IS THERE AN EVENT RELATING TO YOUR ADVOCACY WORK THAT YOU CONSIDER ESPECIALLY REWARDING?

Most recently, an incredibly rewarding experience was seeing the Center for Medicare and Medicaid Services (CMS) finally allow seat elevation coverage. I remember meeting with CMS about this in 2017 and getting nowhere. I asked how many people with disabilities were on the review team. The answer was 'none.' I am a firm believer in 'nothing about us, without us.' It is essential to have those impacted by the rules involved in making the rules.

We were also delighted the ruling included people who cannot perform weight-bearing transfers. Initially, those individuals were excluded. Our community was very active in bringing this change, and it was a long time coming!

SO MUCH OF YOUR TIME AND ENERGY IS SPENT ADVOCATING FOR INDIVIDUALS WITH DISABILITIES, DO YOU HAVE TIME TO RELAX AND HAVE FUN?

I love public markets! My husband and I had our engagement pictures taken at the local market because I love it so much. To me, there isn't anything much better than having a good cup of coffee while exploring the market. Now, the New York Federation of Farmers Markets has me train their members yearly on how their venues can be more accessible to people with disabilities.

TELL US ABOUT SOMEONE WHO HAS INFLUENCED YOUR LIFE CHOICES OR HELPED YOU THROUGH THE TOUGH TIMES?

I credit my parents, particularly my dad, for providing me with a good foundation. He didn't graduate high school but became an electrician and owned his own business. He was committed to using that business to help others by offering employment to individuals recovering from addiction. My dad was not shy about

CONTINUED ON PAGE 8

THERE SHOULD BE 'NOTHING ...
(CONTINUED FROM PAGE 7)

teaching me the reality of my life, beginning when I was very young. He would tell me people would expect less of me simply because of my disability. He explained this wasn't fair to me, but I would have to be faster, smarter and work harder. That shouldn't be the reality for those of us with disabilities, just to be taken seriously, but that has been my experience, and my dad prepared me for it.

And now I have the boundless, positive influence of my husband, Ryan Chalmers. We have been married for almost three years; he is the most wonderful person you could meet! We share a passion for the disability community and support each other in our work. He is a retired Paralympian (London 2012) who focused on wheelchair track and also played wheelchair basketball. Now he coaches the local accessible track and field team and is the director of Stay-Focused. (https://stay-focused.org) This not-for-profit organization brings teenagers with disabilities to the Cayman Islands every summer and teaches them leadership skills through scuba diving.

YOU BECAME MORE DEEPLY INVOLVED IN COMMUNITY ADVOCACY WHEN YOU WERE 19, WHICH MEANS YOU'VE BEEN AT THIS WORK FOR ABOUT 16 YEARS. WHAT ARE SOME LESSONS YOU'VE LEARNED?

I learned community is very powerful and having a law degree only solves some problems. When I was young and somewhat naive, I thought I could make a significant change if I were a lawyer. Being a lawyer has made an impact, less so on my ability to practice in a courtroom and more so that when people see the 'Esq.' after my name, they take me seriously. I could write a letter before I graduated from law school, and I would be ignored. If I had written the same letter after I got the law degree and was practicing law, the response would have been much more positive. This is a sad situation but often an actual reality.

Stephanie Woodward is surrounded by police during a disability rights protest.

Stephanie Woodward and her husband, Ryan Chalmers, roll through the Rochester Public Market, Rochester, New York.

Stephanie Woodward gives a "high five" to EmpowHer Camp participant, Kelly Bronson.

My experience working in Washington, D.C., for Iowa Sen. Tom Harkin and Sen. Chuck Schumer of New York taught me a great deal about internal processes in the federal government. I also learned this might not be the place for me long term because progress comes too slowly to suit my goals and personality!

I have learned to be more involved in community organizing and protesting. If the administration tells you something can't be done and you show up with 300 of your closest friends with disabilities for a protest, suddenly we can see change move a little more quickly. Community-building and lifting each other, not allowing other entities or organizations to try to divide us, is the best way to move forward and see real progress. However, it can be challenging when other forces say things such as, 'We can move forward with people with this type of disability, but not with these other disabled people.' This is an effort to segment the disability community.

Staying as one is essential. Everyone has a voice, and each person's strength can be different. That is an asset to the community. Not every strategy is going to work the same every time. Sometimes you need those quiet, insistent voices to have backroom conversations to move something to the next step. When that doesn't work, you may need loud, boisterous people to come in and make a scene. It is crucial to be connected with the grassroots level to say, 'I tried asking nicely and that's not working. Will you come in and make some noise?'

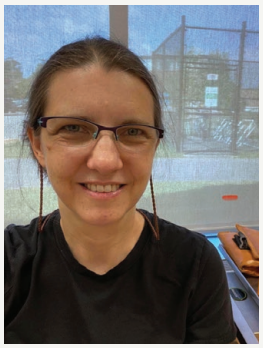
CONTACT

Stephanie may be reached at
SWOODWARD@QUANTUMREHAB.COM

Stephanie Woodward is the founder and executive director of the not-for-profit organization Disability EmpowHer Network. She graduated magna cum laude from Syracuse University with a Juris Doctor in law and a Master of Science in cultural foundations of education. Woodward was recognized with the David Veatch Advocacy Achievement Award by the New York Association on Independent Living in 2017. Also that year, she received the Silver Sweeper Award, given to her by the City of Rochester mayor's office, in recognition of her efforts in helping the city become more accessible and welcoming for people with disabilities. The United Spinal Association awarded Woodward the Finn Bueller's Advocate of the Year Award, and she received the Corey Rowley National Advocacy Award from the National Council on Independent Living.

HELPING BRING MEANING TO THE LIVES OF OTHERS

Written by: **ROSA WALSTON LATIMER**



Marlene Adams, in the Lyndhurst Centre Spinal Cord Rehab Program seating clinic, Toronto, Ontario Canada.

Marlene Adams, B.H.Sc., OT Reg. (Ont.), has been with the University Health Network's Toronto Rehabilitation Institute in Ontario, Canada, for over 20 years. For most of those years, she has been part of the Lyndhurst Centre Spinal Cord Rehab Program, where she is responsible for assessing, prescribing and providing follow-up for manual and power wheelchairs and seating.

HOW DID YOU DECIDE ON THIS CAREER, AND WHAT HAS KEPT YOU AT THE LYNDHURST CENTRE FOR OVER 20 YEARS?

When I was in the 10th grade, I learned from a former babysitter, who I liked very much, that she was going to be an occupational therapist. At the time, I didn't know what an occupational therapist was, but once I learned about the work, I knew I wanted to do that. So, I decided what my life's work would be.

Marlene Adams finished her last clinical placement in Glasgow, Scotland.

As a student, we had a tour of the Lyndhurst Centre, and I knew that was where I wanted to work. I was impressed with the work they were doing. For example, at that time, they offered a music program for quadriplegics. That is one example of their dedication to bringing meaning to the lives of their patients, which, of course, is what occupational therapy is all about. I knew I had found my passion! I found a good balance of challenge and satisfaction. It wasn't too easy, and it wasn't too hard, but the work was gratifying.

I worked at this program for five years when the seating clinic therapists left. I was the most experienced occupational therapist and was offered the position in the seating clinic. The idea was scary to me at the time, but being a team player, I said 'Yes.' Initially, I relied heavily on my colleagues, including vendor reps. I would call manufacturers' education staff, like Kathy Fisher or Sheila Buck. I attended courses and tried to absorb as much information as possible. At first, I didn't know how to get the support I needed, but I found many willing to help me. In particular, Lori Zoras and Janet Richardson, the first sales reps I worked with, and my colleague, Andree Gauthier, had a significant impact during this time. I'm hoping to help others just beginning in this work to know where to find reliable resources.

WHAT ABOUT YOUR WORK DO YOU FIND ESPECIALLY REWARDING?

Of course, working with and helping our patients is incredibly fulfilling. I also like pulling information together with my seating team. I work with great sales reps, seating technicians and service technicians. When we all work with our patient and their caregiver or family to define the problem, we look at the situation through our individual lenses. Working together, we can find a solution that is the best decision at this time. I appreciate the teamwork and collaboration we can offer our patients.

WHAT KEEPS YOU ENGAGED IN YOUR WORK?

Building on my small successes. I've come to reflect over the past 20 years that no matter what my problems are in a moment when I'm with a patient, I am all in and can focus. My work is about listening to the story of the patient's life in their wheelchair. I could have three patients with T-4 level spinal cord injuries, but their mobility needs and their environments are different. My interaction with my patients gives me a sense of purpose.

I appreciate it when a patient or caregiver recognizes the work of the team that was necessary to put together a successful prescription. A stand-out moment in my career was when I was beginning to learn about relative angles. I adjusted a patient's seating to match their desired seating angles, and the patient said, 'Now my pain is gone.' That was very rewarding to know I had reduced someone's problem without creating three more; that's a win for me!

Marlene Adams and her sons looking at Ohio across Lake Erie from Canada's most southern point on Pelee Island.

OUTSIDE OF YOUR WORK, WHAT IS IMPORTANT TO YOU?

Spending time with my family – my husband and two sons – is always my priority. My personal, quiet time activities are baking and origami. My husband taught me this paper-folding art many years ago, and I find it especially relaxing.

ARE YOU INVOLVED IN VOLUNTEER OR CHARITABLE WORK?

The work of World Vision Canada, a charitable organization that helps communities lift themselves out of poverty, is important to me, and I support that organization on a monthly basis.

I volunteer with the seating and mobility team of the Ontario Society of Occupational Therapists (OSOT). We focus on building awareness of the resources and guidelines available to support clinicians in Ontario through webinars, workshops and other educational opportunities. We advocate to help alleviate the lack of and highlight the need for competence in the field. Some clinicians aren't aware of the best practices and how helpful they can be, especially therapists who only occasionally provide seating and mobility. We created a page on OSOT's website (https://www.osot.on.ca/) with links to available resources. In Canada, there is no consistent training that provides certification in prescribing mobility aides.

WHAT ADVICE DO YOU HAVE FOR SOMEONE JUST BEGINNING THEIR CAREER AS AN OT?

My advice is fairly simple. In seating and mobility, when doing an assessment, always use a form to record the information. A form is the best way to ensure you cover everything you need. It is essential for a clinician to provide their opinion, along with other

Marlene Adams hiking in Ontario, Canada, in the Fall.

team members, on the best solution for a patient, and that opinion is based on your assessment. A thorough assessment directly impacts decisions that lead to a successful solution.

In our clinic, it took a while to integrate the best practices into our assessments. Now we are at a point where, when we do a full assessment, patients will tell us that this is the first time anyone has assessed them as thoroughly. At that moment, I have fostered a therapeutic relationship of respect and trust.

I would also tell someone at the beginning of their career to ask for help. Seating is too hard to try to do all on your own.

CONTACT

Marlene may be reached at
MARLENE.ADAMS@UHN.CA

Marlene Adams, B.H.Sc., OT Reg. (Ont.), is an occupational therapist in the seating and mobility clinic of the Lyndhurst Centre Spinal Cord Rehab Program at the Toronto Rehabilitation Institute in Ontario, Canada. She also volunteers as a member of the seating and mobility team for the Ontario Society of Occupational Therapists (OSOT).

SUMMER CRT UPDATE

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

POWER SEAT ELEVATION – STEP 2

The industry and especially the individuals we serve were delighted that the Center for Medicare and Medicaid Services (CMS) recognized that seat elevation is medically necessary. The coverage effective date was May 16, 2023, and Medicare and the MA plans will cover seat elevation if one of the following requirements are met:

a. The individual performs weight bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a non-level (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,
b. 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,
c. 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.

The next step in the process is the coding for Complex Rehab Technology (CRT) seat elevation. NCART worked with industry experts to submit the coding application on July 3, 2023. We cannot emphasize enough that coverage without proper coding or pricing will hurt consumers. NCART, NRRTS and the ITEM Coalition will be working with CMS to provide any information they need to make an informed decision.

UPDATE ON COVERAGE FOR POWER STANDING SYSTEMS

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 and NRRTS continue to urge CMS to open the comment period for coverage of power standing systems. NCART and NRRTS are working together to execute a plan to answer the coverage determination once it is opened by CMS. STAY TUNED!!

NCART WOULD LIKE TO TAKE THE OPPORTUNITY TO THANK THE SEAT ELEVATION CODING WORK GROUP MEMBERS WHO PARTICIPATED IN THE DEVELOPMENT OF THE CODE APPLICATION FOR SEAT ELEVATION.

SUMMER – A GREAT TIME TO INVITE YOUR LEGISLATORS TO LEARN MORE ABOUT CRT

Summer is a wonderful time to spend time with your friends and family but also a great opportunity to invite your representatives and senators to tour your facility and learn firsthand about the incredible value your CRT business brings to the local community and the voters with disabilities. We have seen firsthand how a legislator visiting CRT companies can turn interest into a legislative champion. NCART has the tools necessary to help you set up the tour along with support material.

NCART PUTS MEDICAID DIRECTORS ON NOTICE – WE NEED REIMBURSEMENT REFORM NOW

NCART sent letters to state Medicaid directors requesting the Medicaid programs address the high level of inflation and the toll this is taking on CRT providers. CMS recognized that inflation could cause access issues and applied an 8.7% fee schedule adjustment for equipment and up to a 9.1% increase for repairs effective Jan. 1, 2023. The letter requested that state Medicaid programs follow CMS and provide this much-needed relief to providers.

STATE LEGISLATION – REPAIR AND SERVICE REFORM

Eight states had introduced right to repair legislation in 2023 that they hope will shorten the repair process for consumers using complex rehab power wheelchairs. The proposed legislation will not speed up the process and in some cases could create more obstacles that providers and manufacturers will have to navigate.

The CRT industry is committed to addressing the problems with repairs, and we have solutions that will fix this multifaceted problem that cannot be solved by one change to the process. The industry is proactively collaborating 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 the opportunity to thank the Seat Elevation coding work group members who participated in the development of the code application for seat elevation. This process began over two years ago and was completed on July 3, 2023. The group spent a lot of time debating and discussing different approaches, but in the end, the group agreed on one approach and showed that the industry is united in obtaining the proper coding for seat elevation. NCART would like to thank Brad Peterson from AmyLoir; Jim Stephenson, Dave McCausland and Ashley Detterbeck from Permobil; Jeff Rogers and Jessica Pederson from Sunrise; Seth Johnson and Julie Piriano from Pride/Quantum Rehab and Ann Quigley from Motion Concepts. A very special thanks to Rita Stanley from Merriman Consulting for leading this group, listening to our disagreements and keeping us on track, but most of all for getting us across the finish line. 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.

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

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

UNVEILING THE CLINICIAN TASK FORCE WEBSITE: YOUR GATEWAY TO CRT RESOURCES

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

In today's rapidly evolving world, online platforms have become crucial for connecting communities and advancing shared goals. The Clinician Task Force (CTF) website stands as a beacon of advocacy and education, revolutionizing the seating and wheeled mobility industry. With its user-friendly interface and rich array of features, this website is a game-changer for occupational and physical therapy professionals, individuals in need of wheeled mobility and service providers. This innovative platform not only serves as a comprehensive resource center but also fosters advocacy, knowledge-sharing and professional development. With a plethora of resources and an unwavering commitment to excellence, this website serves as an invaluable source of information for both seasoned professionals and those new to the field.

In this article, we delve into the resource center, a focal point of the CTF website, where all can access an extensive collection of meticulously curated resources authored by CTF members and workgroups.

A WEALTH OF KNOWLEDGE AT YOUR FINGERTIPS

The Clinician Task Force website stands as a treasure trove of information, providing a valuable starting point for anyone seeking insights in seating and wheeled mobility services. At the heart of the CTF website lies its remarkable resource center. Novice clinicians and students will find the website particularly beneficial, as it offers high-quality and free educational materials that lay a solid foundation in Complex Rehab Technology (CRT) across a spectrum of topics, ranging from policy recommendations to peer-reviewed journal articles and guides on best practices in CRT.

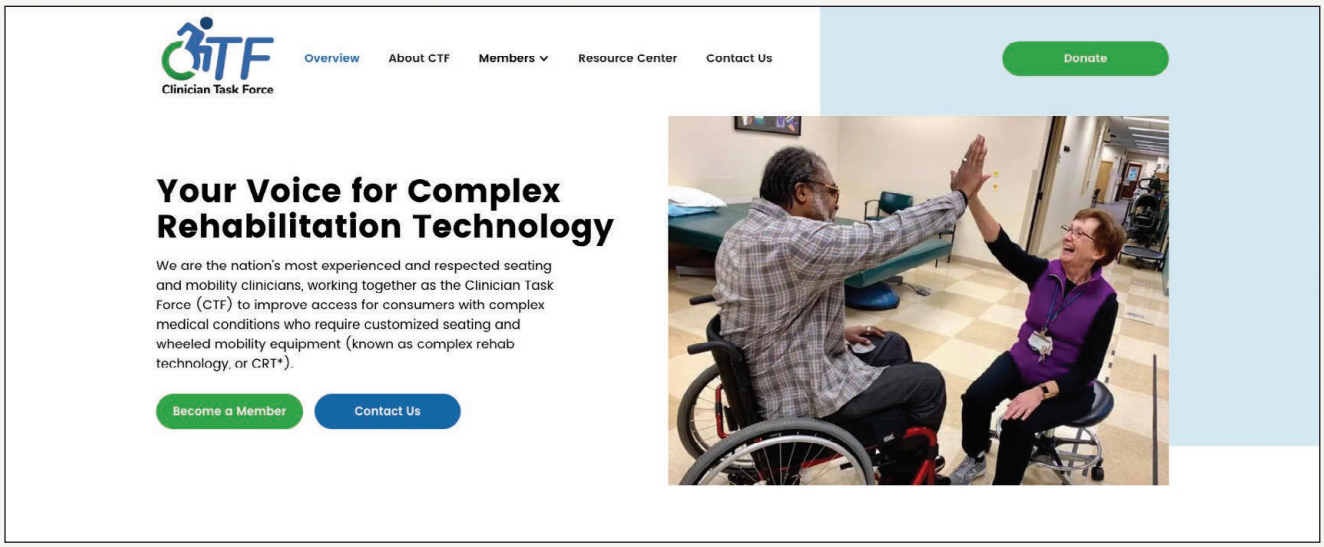
Educators have praised the education tracks on the website, incorporating them into their classes and recognizing the value they bring to students. Clinicians will discover a vast collection of authored documents that serve as authoritative materials and essential references for their professional practice. From evidence-based research papers to best practice guidelines, educational videos and case studies, the website offers a diverse range of resources tailored to clinicians at all levels of experience. This valuable repository equips clinicians with the tools they need to provide optimal care, stay updated with the latest industry trends and continually improve their practice. Furthermore, the resource center features compilations of CRT policy links at both federal and state levels, equipping clinicians with the tools needed to navigate the intricacies of the regulatory landscape.

> THE CLINICIAN TASK FORCE (CTF) WEBSITE STANDS AS A BEACON OF ADVOCACY AND EDUCATION, REVOLUTIONIZING THE SEATING AND WHEELED MOBILITY INDUSTRY.

ACCESSIBILITY AND CONTINUOUS GROWTH

The CTF website is easily accessible to consumers and industry professionals alike. Its user-friendly interface ensures a seamless experience, allowing visitors to navigate effortlessly. The dedicated members of the CTF continually contribute to expanding the knowledge base, providing up-to-date information and fostering an environment of continuous learning.

In her work to advance the mission and vision of the CTF through empowering clinicians, consumers and industry players, Cara Masselink, executive director of the CTF, emphasizes the goal of improving practice in CRT through the utilization of the website's resources. Masselink asserts these materials are instrumental in denial appeals, demonstrate best practices and impact systemic change in CRT policies. For consumers, the resources serve as a guide to understand what quality care in CRT entails, empowering them to advocate for the services they deserve. Durable medical equipment suppliers and manufacturers are encouraged to utilize the resources to advocate and share valuable information on social media and with their clinicians.



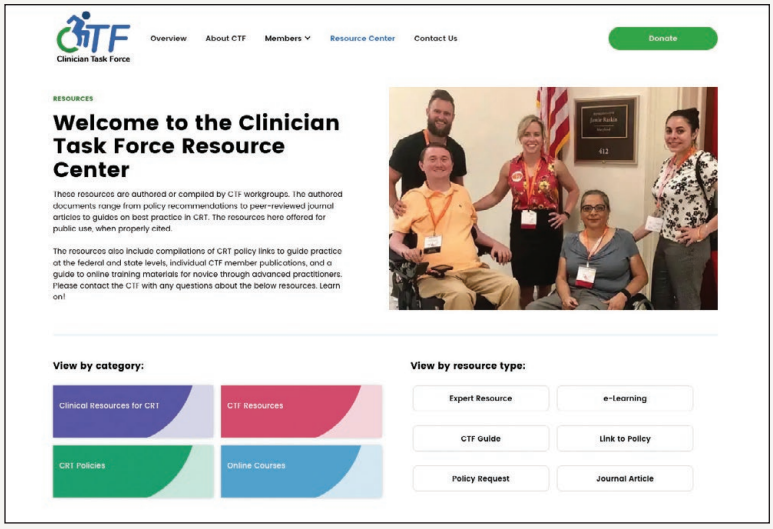
PASSIONATE COMMUNITY AND MISSION-DRIVEN APPROACH

Executive Board Member LeeAnn Hoffman's enthusiasm for the CTF website echoes the sentiments of the entire organization: "The more I visit this website, the more I am amazed at the work undertaken and resources created by such skilled clinicians who are passionate about all things CRT." The dedication and passion of skilled clinicians shine through the contributions of the community; the CTF's mission, *to provide clinical-based expertise and promote positive outcomes for individuals with disabilities requiring CRT products and related services*, aligns perfectly with the spirit of the website and resources.

One of the primary objectives of the Clinician Task Force is to raise awareness about the importance of wheeled mobility and advocate for the needs of individuals who require these services. The items labeled as "CTF Guides" are considered significant sources of information, carefully evaluated and curated by experienced clinicians in CRT before being published. These guides encompass letters and appeals addressed to the Center for Medicare and Medicaid Services to advocate for policy changes as well as best practice guides and evidence-based documents created to be shared with the public and used as references when dealing with insurance denials. These items play a crucial role in advocating for the specific equipment requirements of both individuals and the broader population in CRT.

The resources offered through the CTF website are publicly accessible and citable. Clinicians, researchers and interested individuals can access these valuable materials, with proper citation, ensuring that the knowledge disseminated through the website reaches a wider audience. The commitment to open access and citation guidelines underscores the CTF's dedication to promoting knowledge-sharing and advancing the field of CRT.

CONTINUED ON PAGE 16



UNVEILING THE CLINICIAN ...
(CONTINUED FROM PAGE 15)

Recognizing the importance of ongoing professional development, the "CTF Resources" and "Online Resources" sections offer a variety of avenues for clinicians to expand their skills and expertise. The "Clinician Checklist for CRT Evaluations" outlines the primary clinical duties involved in the CRT process, while the "Guide to Implementing Telehealth for CRT Evaluations" assists clinicians in determining the appropriate use of telehealth in their practice. Similarly, the "Clinical Examples for Telehealth Practice" illustrates how telehealth can improve clinical decision-making in CRT. Additionally, clinicians seeking further guidance in CRT practice may find valuable resources in the "SWM Online Resource" section, including links to noteworthy webinars.

Building a strong community is at the core of the CTF mission and vision. The platform provides interactive forums and discussion boards where clinicians can engage in meaningful conversations, seek advice and share their experiences. This virtual space encourages collaboration, facilitates networking and enables clinicians to learn from each other's expertise. By fostering a vibrant online community, the website enhances professional growth and supports a sense of belonging within the field.

Join this thriving community, unlock the power of knowledge and embark on a journey of positive change within the seating and wheeled mobility industry. www.cliniciantaskforce.us

CONTACT THE AUTHOR

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

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 Occupational Therapy Assistant and Master of Occupational Therapy 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.

2023 NRRTS WEBINARS

TO LEARN MORE, VISIT:

WWW.NRRTS.ORG/EDUCATION/

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

NRRTS WEBINARS

TUESDAY, SEPTEMBER 19, 2023
4:00 PM EASTERN

Camber: Degrees of Performance

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

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 ABCs 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.

NRRTS|CE
CONTINUING EDUCATION *WORTH THE INVESTMENT*

THESE LIVE WEBINARS ARE AVAILABLE AFTER THE PRESENTATION DATE IN THE ON DEMAND LIBRARY.

NRRTS recognizes that quality education is critical for the professional rehab technology supplier. We are committed to offering this benefit to NRRTS Registrants, Friends of NRRTS and other Complex Rehab Technology professionals through our NRRTS Continuing Education Program. Our goal is to become a primary source of relevant, cost-effective educational programming and information in the industry and profession.

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

NRRTS REGISTRANT – RENEWAL FAQS

Renewing your NRRTS Registrant status requires action each year.

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

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

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

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

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

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

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

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

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

Renewal FAQS Continued on Page 43

OUTCOMES – EXPLORE THE CHALLENGES AND MEASURE

Written by: **LAUREN ROSEN, PT, MPT, MSMS, ATP/SMS**

CEU ARTICLE REVIEW

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

So, you're evaluating a patient for a new wheelchair. You do your mat evaluation, you ask them their medical history, chair history, living situation, school/work info, transportation plan and the million other things that should be asked during the evaluation. Do you now have all the information you need to help them to make the right choices for their equipment? And do you have a way you can assess whether the equipment that will be provided will meet their needs?

If you aren't using an outcome measure of some type and you answered yes to that question, I'd say you need to think about that a bit more. If you answered no because I left out chair simulation, pressure mapping or something else that you evaluate with your patients, you've got a fair point, but you still missed the issue we're discussing today. If you said no because I did not list an outcome measurement, give yourself a cookie and/or some chocolate.

We cannot know how much we are helping or how we are doing in assisting people if we do not look at outcomes. Simply looking at a patient at delivery and saying, "they look good," is not enough. Did the patient have goals, and did we meet those? Did we possibly exceed them and give them new goals? If we did not improve or maintain their function (sometime the best we can do), what went wrong? If we do not know these things, we cannot be sure that we are doing good work and helping people.

If simply knowing whether you are doing good work is not enough of a reason, then you need to consider what may be coming soon from our payer sources. Medicare has released many value-based performance measures for hospital care, and they are looking at other areas in which to implement this program (CMS, 2022). These programs are supposed to pay based on the quality of care rather than quantity of care provided. If this were implemented in Complex Rehabilitation Equipment, how would you show you were providing quality care?

OUTCOMES MEASURES

The National Institutes of Health (NIH) has supported the importance of focusing on patient-reported outcomes for both adults and children (PROMIS, 2014). There are many different measures on their website, and they add new ones frequently. Recently, the World Health Organization along with the International Society of Wheelchair Professionals released a Wheelchair Service Provision Guideline (WHO, 2023). This guide similarly discusses the importance of tracking patient-reported outcomes in wheelchair users as part of best practice in wheelchair provision.

THE FIRST STEP IN DECIDING AN OUTCOME MEASURE IS DECIDING WHAT WE WANT TO MEASURE. IT SOUNDS SIMPLE BUT THERE ARE SO MANY THINGS AND SO MANY WAYS TO MEASURE OUTCOMES.

The first step in deciding an outcome measure is deciding what we want to measure. It sounds simple, but there are so many things and so many ways to measure outcomes. Are we looking at function? Is pain important? Do we care about quality of life?

If we are interested in outcomes, we likely care about all of those issues. However, measuring all of those is difficult. The questionnaires take time for a patient to complete. Functional testing takes even more time. And who is going to gather the data during the evaluation and following delivery, bring it all together and make it mean something?

Once you've decided on an area of interest, how do you plan to measure it? At the initial evaluation, can it be measured in the normal time you have allotted? Can you detect the outcome at the delivery appointment, or does it need to be collected later? If it needs to be collected later, how will you collect it? Do you have support staff to contact people to complete the questionnaire? If you are going to contact them at a later point, at what point is that going to be?

CONTINUED ON PAGE 24

DISABLED BUT NOT REALLY:
AN EASYSTAND STANDING STORY

WESLEY HAMILTON

At 24 years old, Wesley Hamilton was involved in a verbal altercation and was shot while walking to his car. The exchange left Wesley with a T11/T12 spinal cord injury, an injury that would be life-changing and lead him on a journey to health and wellness as a wheelchair user. As a part of his healthy lifestyle and wellbeing regime, Wesley stands regularly in his EasyStand Glider. The state of the art active standing technology provides lower body range of motion and upper body strengthening, technology found in no other stander.

EasyStand®
standing made easy

800.342.8968 EASYSTAND.COM

Visit **EasyStand.com** or scan the QR code to view Wesley's full story. Learn more about Wes' journey to standing and healthy living, how he uses his EasyStand Glider in his daily life, and how he continues to empower individuals within the disabled community and beyond!

OUTCOMES – EXPLORE ...
(CONTINUED FROM PAGE 21)

There are many questions that can be asked, so we need to narrow down the options and then begin to address them. Let's go through some of the measures and look at what is available so you can decide what can work for you.

PAIN

Pain scales are subjective ways to assess how much pain a person has. When you ask about pain, it is important to specify where the pain is occurring as well as when it occurs. Are you asking about current pain, pain at its worst or pain at its best?

The most basic way to assess pain is a visual analog scale (Price et al., 1983). This is a scale where you ask patients to rate their pain on a 10-point scale with 0 being none to 10 being the highest it could be. This is a great scale if the patient has experienced level 10 pain. If they haven't, it is hard for them to have a reference point for a score. Regardless, this is the most used pain scale as it is a fast a reliable measure.

The Wong-Baker Faces Pain Rating Scale is great for both children and adults who have difficulty with the standard analog scale (Wong and Baker, 2001). It uses pictures of faces to ask pain level. It ranges from a basic smiley face to frowny face with tears. Like the analog scale, this is a quick a reliable tool for pain assessment in people who can answer questions.

The Face, Legs, Activity, Cry, Consolability (FLACC) Behavioral Pain Scale can be used when the patient is unable to communicate, whether that be a young child or an adult (Crellin et al., 2018). This scale is done by observation by the professional. This is a five-item test with each item rated from 0 (no pain behavior) to 2 (high pain behavior). The observation is of the face, legs, activity, crying and ability for consolation.

WHEELCHAIR SPECIFIC TESTS

The Functional Mobility Assessment (FMA) is a 10-question scale that looks at function with a client's current mobility device. The test asks the user to list all current means of mobility. It is scored with a 6-point Likert scale from 0 to 6 points, 0 being not applicable, 6 being completely agree with an item. There is also a place to rate each item by importance. Each item is rated from 1-10 in order of priority compared to the other items.

It is available to download for free at https://www.vgm.com/communities/us-rehab/services/fma/. Question one is about how well they can complete their activities of daily living independently, safely and efficiently (that sounds familiar from what Medicare asks). Question two asks about how well the device meets their comfort needs. Question three looks at health needs. Question four covers their ability to do what they want to do. Question five looks at their ability to reach and carry out tasks at different heights. Questions six asks about transfers. Question seven asks about personal care tasks like dressing. Question eight asks about indoor mobility. Question nine follows with outdoor mobility. Finally question 10 asks about transportation.

PAIN SCALES ARE SUBJECTIVE WAYS TO ASSESS HOW MUCH PAIN A PERSON HAS. WHEN YOU ASK ABOUT PAIN, IT IS IMPORTANT TO SPECIFY WHERE THE PAIN IS OCCURRING AS WELL AS WHEN IT OCCURS

The FMA has been shown to be a reliable measure for assessing outcomes (Paulisso et al, 2021). You have likely seen the FMA in NRRTS and NCART publications. VGM has also sponsored research using this tool. As it is only a 10-item questionnaire, it does not take a lot of time to administer in clinic, so it does not affect the evaluation or prevent the evaluation team from obtaining all information needed.

The FMA requires someone to contact the patient at a fixed interval following wheelchair delivery. This could be done via mail, a phone call or, if you have access, through a web interface. All options have benefits and drawbacks. Not everyone will return a survey mailed to them. Many patients do not answer their phone or want to respond to phone surveys. Online is great, unless your patient does not have good internet access or they are not internet savvy.

Full disclosure, this is the tool that I use in my clinic (not as often as I should, but it is my current outcomes

measure). I can say it has taught me a lot about what I do and the equipment I provide. I've had more than one patient list items like leaving their home or accessing items at different heights as not applicable at evaluation. Then, after they get their new wheelchair, they rate both as they completely agree that the wheelchair allows them to do those items. I am surprised when people say they do not even consider basic skills and activities to be relevant in their lives. It is not until they learn about seat elevators or Group 3 bases that they understand the possibilities of what they can accomplish.

I've heard people question whether someone is limited if they do not know that they are truly limited. I will fight anyone on this as I believe there should be no limitations on what people who use wheelchairs can accomplish. So, the outcomes measures can also show us what our patients do not know they can achieve and help to teach them to achieve more.

The Wheelchair Skills Test (WST) is a 34-item physical assessment of wheelchair skills in manual wheelchair users (Kirby et al., 2002; Kirby et al., 2022). There have been many versions of this as they have advanced their knowledge. The current version is 5.3.1 and is available to download for free at https://wheelchairskillsprogram.ca/en/skills-manual-forms/. There is a power wheelchair version that is 30-items as well. Each item is rated on a 3-point ordinal scale from failure to full and safe completion. It includes basic skills like locking and unlocking wheel locks to more complicated items like performing a wheelie for manual wheelchair users.

The WST is a great way to truly assess the ability of patients in their equipment. However, it takes time to complete the test and you need a curb and a ramp easily accessible to complete the test. For many clinics, like mine, these are not available without going to other areas outside the clinic, which adds even more time to the evaluation.

They have introduced a questionnaire version as well (Kirby etal., 2022). This has been tested and validated and only takes about 10-minutes to complete compared to the 30 or more minutes to complete the functional version.

The WST could be completed at delivery of new equipment depending on the type of equipment and the overall skill of the patient. Higher functioning patients will perform better at delivery than lower functioning or new users. Those may require a follow-up appointment or completion of the questionnaire later.

The Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST) is a 12-question survey that looks at user satisfaction with their device and the service (Demers et al., 2000 and 2002). When used as a clinical tool, it can show the benefits of assistive technology and help to justify the specific device. It looks closely at the client's satisfaction with their device in relation to the size, weight, ease of adjustment, safety, durability, ease of use, comfort and how well it meets the person's needs. It also asks about the service delivery process and assesses satisfaction with the process including length of time and professionalism of the evaluation and delivery and satisfaction with any service or repairs that have been performed after delivery.

When looking at satisfaction of care, this test is most specific. Finding out how patients feel about the time spent to have their equipment delivered or to get service is important. Different suppliers prioritize different parts of the provision process such as fast evaluations or fast document processing. This scale can tell the supplier and clinicians who work with them, how well the patients feel the process meets their needs. This can help when clinicians are asked to recommend different suppliers, as they can have more objective data to share with future patients.

The Wheelchair Outcomes Measure (WhOM) is a two-part questionnaire. The first section is an open-ended interview while the second is a structured questionnaire. The first section focuses on the patient's goals in the home and in the community, the importance of each goal and their current satisfaction with their ability to achieve each goal. Importance and satisfaction are both rated on a 10-point scale by the patient. Section two looks at comfort, positioning and skin breakdown on a 0-10 scale. Each item in this section is graded independently, as the scales are different (10 is good for comfort and positioning but bad for skin breakdown). The tool takes about 30 minutes to administer.

Like all the questionnaires, this tool should be administered at the initial evaluation and again at a fixed point following the delivery of new equipment. Considering the length of time to complete the tool and the fact that it must be administered over the phone and not through mail, it is important to consider whether there are staff

CONTINUED ON PAGE 26

CHILDREN ARE NOT JUST LITTLE ADULTS. THEIR NEEDS AND THEIR OUTCOMES ARE DIFFERENT THAN ADULTS AND THEY NEED TO BE SURVEYED IN DIFFERENT WAYS.

OUTCOMES – EXPLORE ...
(CONTINUED FROM PAGE 25)

members available at regular intervals to complete a 30-minute survey. Additionally, it is difficult to get people to commit to a phone survey lasting that long so there may be limits to the number of clients who complete the survey.

PEDIATRICS

Children are not just little adults. Their needs and their outcomes are different than adults, and they need to be surveyed in different ways. Families are also very important as they are caregivers for the children and many children are non-verbal or too young to answer questions about function or importance of activities. It is very important that outcome measures are not used to prevent a child from obtaining equipment. Clinicians and suppliers must remember any skill-based testing may unnecessarily bias them toward preventing children from getting the correct equipment. The tools below are not performance based, and no performance-based tests are included here.

Obtaining outcomes in children may be easier than obtaining them in adults. As many children get therapy at the same location where they receive their equipment, this may allow parents to complete the questionnaire while the children receive their therapy. For a separate clinic like mine that is at a hospital, that is not as easy, but it does give me access to some of my children.

The Family Impact of Assistive Technology Scale for Adaptive Seating (FIATS-AS) (Ryan et al 2006 and 2007) is one tool available for children. It is available here: https://hollandbloorview.flintbox.com/technologies/dc8a613e-a62e-4e8a-b705-b2a3b0608aa1#:~:text=The%20Family%20Impact%20of%20Assistive,may%20be%20influenced%20by%20adaptive. This is a 64-item questionnaire that families complete. The tool looks at nine different areas and includes a 7-point Likert scale for each item. There are four child-related topics that include autonomy, contentment, doing activities and family/social interaction. The parent/family related factors are caregiver relief, effort, safety and supervision. The final topic is technology acceptance of the device.

The questionnaire is designed to measure function in children and evaluate it over time. It is a very thorough questionnaire and can provide clinicians and suppliers with a lot of information about the effect of a device. The downside of the questionnaire is that it is 64 items and needs to be administered at least twice (initial evaluation and again at a fixed time following delivery of new equipment). For a parent with a busy schedule and a child with a disability, filling out a 64-question questionnaire and then sending it back may be too much to ask. Finding someone on the staff to call the family and administer the questionnaire over the phone may also be difficult given the time demands on staff. This tool may work well for parents of children who attend therapy at the clinic where the equipment is provided, as it could be completed during a therapy session.

The Functional Mobility Assessment-Family Centered is an adaptation of the Functional Mobility Assessment (FMA) discussed above (Beavers et al., 2018). This measure allows the parents or caregivers to rate their child on the same type of items as the original FMA. Similarly, it includes the priority rating for each item

as the adult version. In a change from the original FMA, it allows for the parents to list the percentage of time that the child uses different mobility devices, as it is common for children to use different devices in different environments. Additionally, it asks the family to rate the three most important items.

The tool needs to be administered at initial evaluation and again at a fixed time after delivery of new equipment. As this is a 10-item questionnaire, it is quick to complete both in clinic and over the phone. The ease of completion should lead to greater pre- and post-test completion to yield more information.

CONCLUSION

As you can see, there are many choices from which to pick for assessing outcomes. Each can provide helpful information to the clinician and supplier to improve their equipment prescription and therefore improving the lives of the patients we serve. However, each comes with limits and difficulties to implement as performance at delivery will not necessarily show the true impact of the device in the real world.

I encourage you to play with the available tools. Tryout and see what can work for you. Look at your resources, your patient population and what you feel you want to learn. Do most of your patients have pain? If so, you want to use a pain scale. If most of your patients are children, then you likely need a pediatric geared measure.

CONTACT THE AUTHOR
Lauren may be reached at
PTLAUREN@GMAIL.COM

REFERENCES:

1. BEAVERS DB, HOLM MB, ROGERS JC, PLUMMER T, SCHMELER M. ADAPTATION OF THE ADULT FUNCTIONAL MOBILITY ASSESSMENT (FMA) INTO A FMAFAMILY CENTRED (FMAFC) PAEDIATRIC VERSION. CHILD CARE HEALTH DEV. 2018;44:630–635.
2. CMS. ACCESSED 6/25/2023) HTTPS://WWW.CMS.GOV/MEDICARE/QUALITY-INITIATIVES-PATIENT-ASSESSMENT-INSTRUMENTS/VALUE-BASED-PROGRAMS/VALUE-BASED-PROGRAMS
3. CRELLIN, D. J., HARRISON, D., SANTAMARIA, N., HUQUE, H., & BABL, F. E. (2018). THE PSYCHOMETRIC PROPERTIES OF THE FLACC SCALE USED TO ASSESS PROCEDURAL PAIN. THE JOURNAL OF PAIN, 19(8), 862-872.
4. DEMERS, L., WEISS-LAMBROU, R., & SKA, B. (2000). ITEM ANALYSIS OF THE QUEBEC USER EVALUATION OF SATISFACTION WITH ASSISTIVE TECHNOLOGY (QUEST). ASSISTIVE TECHNOLOGY, 12(2), 96-105.
5. DEMERS, L., WEISS-LAMBROU, R., & SKA, B. (2002). THE QUEBEC USER EVALUATION OF SATISFACTION WITH ASSISTIVE TECHNOLOGY (QUEST 2.0): AN OVERVIEW AND RECENT PROGRESS. TECHNOLOGY AND DISABILITY, 14(3), 101-105.
6. KIRBY RL, SWUSTE J. DUPUIS OJ, MACLEOD DA. MOLLROE R. THE WHEELCHAIR SKILLS TEST: A PILOT STUDY OF A NEW OUTCOME MEASURE. ARCH PBYS MCD REHABI I 2002J83:10.8.
7. KIRBY RL, RUSHTON PW, SMITH C, ROUTHIER F, ARCHAMBAULT PS, AXELSON PW, BEST KL, BETZ K, BURROLA-MENDEZ Y, CONTEPOMI S, COWAN RE, GIESBRECHT E, KENYON LK, KOONTZ A, LETTRE J, MACKENZIE D, MOORE S, MORTENSON B, PARKER K, SMITH EM, SONENBLUM SE, TAWASHY A, TORO M, WOROBEY LA. WHEELCHAIR SKILLS PROGRAM MANUAL VERSION 5.3 (2022). PUBLISHED ELECTRONICALLY AT DALHOUSIE UNIVERSITY, HALIFAX, NOVA SCOTIA, CANADA.
8. KUMAR, A., SCHMELER, M. R., KARMARKAR, A. M., COLLINS, D. M., COOPER, R., COOPER, R. A., ... & HOLM, M. B. (2013). TEST-RETEST RELIABILITY OF THE FUNCTIONAL MOBILITY ASSESSMENT (FMA): A PILOT STUDY. DISABILITY AND REHABILITATION: ASSISTIVE TECHNOLOGY, 8(3), 213-219.
9. MORTENSON WB, MILLER WC, MILLER-POLGAR J. MEASURING WHEELCHAIR INTERVENTION OUTCOMES: DEVELOPMENT OF THE WHEELCHAIR OUTCOME MEASURE. DISABIL REHABIL ASSIST TECHNOL 2007;2: 275-285.
10. PAULISSO, D. C., SCHMELER, M. R., SCHEIN, R. M., ALLEGRETTI, A. L. C., CAMPOS, L. C. B., COSTA, J. D., ... & CRUZ, D. M. C. D. (2021). FUNCTIONAL MOBILITY ASSESSMENT IS RELIABLE AND CORRELATED WITH SATISFACTION, INDEPENDENCE AND SKILLS. ASSISTIVE TECHNOLOGY, 33(5), 264-270.
11. PRICE, D. D., MCGRATH, P. A., RAFII, A., & BUCKINGHAM, B. (1983). THE VALIDATION OF VISUAL ANALOGUE SCALES AS RATIO SCALE MEASURES FOR CHRONIC AND EXPERIMENTAL PAIN. PAIN, 17(1), 45-56.
12. PROMIS. (2014). RETRIEVED 6/25/2023 FROM HTTPS://WWW.HEALTHMEASURES.NET/EXPLORE-MEASUREMENT-SYSTEMS/PROMIS).
13. RYAN S, CAMPBELL KA, RIGBY P, GERMON B, CHAN B, HUBLEY D. DEVELOPMENT OF THE NEW FAMILY IMPACT OF ASSISTIVE TECHNOLOGY SCALE. INT J REHABIL RES. 2006 SEP;29(3):195-200.
14. RYAN SE, CAMPBELL KA, RIGBY PJ. RELIABILITY OF THE FAMILY IMPACT OF ASSISTIVE TECHNOLOGY SCALE FOR FAMILIES OF YOUNG CHILDREN WITH CEREBRAL PALSY. ARCH PHYS MED REHABIL. 2007 NOV;88(11):1436-40.
15. WHEELCHAIR PROVISION GUIDELINES. GENEVA: WORLD HEALTH ORGANIZATION; 2023. LICENCE: CC BY-NC-SA 3.0 IGO.
16. WONG, D. L., & BAKER, C. M. (2001). SMILING FACE AS ANCHOR FOR PAIN INTENSITY SCALES. PAIN, 89(2), 295-297.

Lauren Rosen, PT, MPT, MSMS, ATP/SMS, is a physical therapist at St. Joseph's Children's Hospital in Tampa, Florida. She is the program coordinator for the Motion Analysis Center, a three-dimensional motion analysis lab where she runs a pediatric and adult seating and positioning clinic. She has been active in durable medical equipment prescription for over 25 years. She lectures on multiple Complex Rehabilitation Technology topics. She is a past member of the RESNA board of directors.

WHEN TO RECOMMEND NEW EQUIPMENT OR NOT

Written by: **KATHY FISHER B.SC.(OT), CLINICAL EDUCATION AND ASSISTIVE DEVICES CONSULTANT**

There is an art and a science to Complex Rehab Technology (CRT) equipment selection and provision. We know the process begins with a thorough assessment to determine the client's physical, psychosocial and environmental needs. Once established, the clinician, vendor (CRT rep) and client develop a set of realistic goals, expectations and outcomes specific to the prescribed equipment and the service delivery process. As technology is advancing at a rapid pace how do we facilitate the selection process? With an eye to maintaining a client-centered approach, how much choice is too much? Knowing that too many choices can lead to confusion and dissatisfaction, how do we as therapists, vendors and manufacturers streamline these choices to those that will best meet the needs of our clients while still empowering and encouraging them to be active participants in the process?

One of the first challenges the prescribing team faces is: what should be recommended and what should NOT be recommended? Selecting products and options must be based on individual client needs (physical, cognitive/psychosocial, environmental, etc.) and available funding. Does the client have experience with CRT equipment or is this their first prescription? Considering the answers to these questions will help to guide the clinician and CRT provider to determine which options should be presented to the client. In some cases, the process can be overwhelming, so limiting choices to those that best suit the client's situation can make decision making easier and less stressful.

FIRST TIME USERS

Clients who are being prescribed equipment for the first time are often very reliant on the clinician and CRT provider's experience for guidance. This puts pressure on the team to present options based on their understanding of the client's condition, knowledge of product features and benefits, and ease of product use and maintenance. While an individual's available funding/reimbursement is an important consideration, it should not be the only selection criteria. Choice of products, even if not within the defined parameters of funding sources, may offer clients valuable social, vocational and leisure opportunities beyond "basic and essential medical and mobility need" worthy of self-payment or fundraising.

IN SOME CASES, THE PROCESS CAN BE OVERWHELMING, SO LIMITING CHOICES TO THOSE THAT BEST SUIT THE CLIENT'S SITUATION CAN MAKE DECISION MAKING EASIER AND LESS STRESSFUL.

While technology affords clients and families virtually unlimited access to a wide variety of information, it can occasionally result in the discovery of "interesting" products that may or may not be appropriate or available. The team should be prepared for constructive discussions around product benefits and limitations to develop a relationship with the client (and family) based on trust and respect. Equipment trials offer clients an opportunity to understand whether a piece of equipment appropriately matches their lifestyle and environment. It is up to the team to create realistic expectations of what can be provided (limited sizing, options, customization and even colors), the environment(s) where it can be used safely and under what conditions and the duration of the trial period. Given the unique nature of our clients and their living situations, not every option can be available so it is important to be clear in presenting what can be offered for trial and what can be adjusted or modified once the client receives their

final product. In some cases, this equipment may be suitable for purchase if it proves to be successful. The goal is to create a positive experience, so product set up and education is essential.

ONGOING PRESCRIPTIONS

For experienced clients who already have equipment, it is important to consider what factors may have changed since their initial prescription. Has the client had positive or negative experiences not only with their product(s) but also the equipment provision process? Has the client had changes in function and lifestyle? Some clients embrace new technology and others are limited in their ability to adapt to change. We as clinicians and CRT providers can be excited by new products and innovative technology, but not all clients can understand or adapt to anything different. Sometimes the old saying, "If it isn't broken don't fix it," can be so true! Offering the "latest and greatest" can potentially present unexpected challenges. Matching an existing system requires a great deal of attention to detail. Unfortunately, for some clients when products are changed (even slightly) or discontinued it can be very difficult for those who have their living situations (homes, vehicles, offices, etc.) set up to optimize function and convenience. Often, new equipment will be compared to the client's initial equipment whether it was ideal or not! Clients may be unable to accept that there have been changes to their physical function and positioning, which may be exacerbated when dealing with new equipment. Preparing the client for change is not always easy, but it is essential to ensure that the client feels their concerns are understood and efforts are being made to make the transition as minimally disruptive as possible. When feasible, encourage clients to consider moving toward new technology rather than relying on outdated products that will no longer be supported by manufacturers now or soon.

The process of equipment selection is complex. It should be based on assessment findings and not just jumping to conclusions based upon generic requirements of diagnostic categories. All clients are unique, and a major focus should be placed on how new equipment will meet their current needs and provide opportunities to promote future function and engagement in activities. Ultimately, clear communication between all team members is the key to developing productive relationships, realistic expectations and successful client-centered outcomes.

CONTACT THE AUTHOR

Kathy may be reached at
KFISHER@NRRTS.ORG

With a background in occupational therapy, Kathy Fisher has worked as an assistive technology provider and clinical educator over the past 33 years. Fisher has been involved in the provision of high technology rehabilitation equipment with clients in a variety of diagnostic categories including pediatrics and bariatrics. Fisher has worked as a clinical educator and product specialist for both the manufacturer and provider sectors of the industry. She provides clinical education and product consultation across Canada in all equipment categories including safe patient handling, bathroom safety, pressure management, seating and mobility. Her main area of interest and expertise is focused on complex rehab. Kathy has joined NRRTS (National Registry of Rehabilitation Technology Suppliers) as education manager with the goal of promoting education, responsibility and professionalism among equipment providers ensuring excellence in service delivery of complex rehab technology.

EMPHASIZING GOALS AND OUTCOMES

CASE STUDY 1: A CANADIAN CLINIC

Written by **MARLENE ADAMS, B.H.SC., OT REG. (ONT.)**

In our busy seating clinic, we are two full-time occupational therapists. Our patients are with us for life, so we have a lot of follow-ups to learn from. We have tried various outcome measures over the years but haven't stuck with any one for multiple reasons. Also, we haven't been able to access others we are interested in using. In the absence of a consistent outcome measure, we have found having a thorough seating assessment that we complete with each referral has been valuable in terms of tracking changes in our patients, justifying new equipment and even helping the medical team to understand the impact of postural changes on the health of our patients.

Every time our patients return in two, five or more years with a new issue, we complete a reassessment with the full assessment. We have found skipping this step can lead to costly mistakes. Whenever I run into a problem with fitting my patient with new equipment, I will look back at my assessment, and, I must admit, the thing the team is struggling with is often the thing we skipped over in the assessment. Examples could include understanding if a patient sits in left or right pelvic obliquity on the mat. If I assume that how they're sitting in their chair is how they're going to sit on the mat, I may be missing the fact the cushion, which is likely old and worn out, is probably worn out unevenly due to postural habits, which may worsen a potentially correctable pelvic obliquity.

Our assessment is eight pages long, and we allow 90 minutes to complete the interview and physical assessment. This sounds like a lot, but being more thorough upfront helps the rest of the process move along more efficiently, and our vendor reps agree. Our assessment includes how the wheelchair user lives their life from their wheelchair, the linear measurements and relative angles, and their seating and mobility goals. We implemented this process long before we truly understood the positive impact this could have.

BUT THE BEST PART OF DOING A THOROUGH ASSESSMENT IS HOW IT FOSTERS A THERAPEUTIC RELATIONSHIP OF RESPECT AND TRUST.

With this thorough assessment, I have had patients tell me they've never been assessed like this. With all this information, we've been able to document for funding sources how someone's weight loss required not just a change in seat width but also seat depth. We've been able to explain to our patients how the changes in their bodies have changed how they need to use their device. But the best part of doing a thorough assessment is how it fosters a therapeutic relationship of respect and trust.

You can find a thorough seating assessment form by using an internet search, which is where we started. After compiling several examples and reviewing "A Clinical Application Guide to Standardized Seating Wheelchair Measures of the Body and Seating Support Surfaces" for the measures, we developed our form, which we've been using for over 15 years now with some occasional revisions over the years.

CONTACT THE AUTHOR
Marlene may be reached at
MARLENE.ADAMS@UHN.CA

Marlene Adams is an occupational therapist (OT) working full time in the Brain and Spinal Cord Rehab Program outpatient seating clinic at the University Health Network in Toronto, Canada. She has practiced as an OT for 28 years with seating and mobility as the primary area of focus for the last 18 years. She is passionate about teaching the components of a seating assessment to OT students and current practitioners alike.

CASE STUDY 2: A U.S. CLINIC

Written by **Theresa Berner, MOT, OTR/L, ATP**

Rehabilitation professionals and Complex Rehab Technology (CRT) companies work hard to fight for the best equipment for consumers. After advocating to provide complex rehab and customized seating for consumers, we need to assure the equipment continues to meet patients' needs over the long-term life of the equipment. CRT teams provide expensive and complex equipment with a range of disabilities within a complicated infrastructure, but we have no resources to keep track of or manage them. The tools that allow us to manage and track equipment use are patient-reported outcomes.

OSU has implemented the Functional Mobility Assessment (FMA) for all patients coming through the Assistive Technology Center for wheelchair seating. This system has allowed better communication and follow-along of equipment and patients' needs.

The FMA allows the patients to rate their equipment use based on 10 items of satisfaction in performing Mobility Related Activities of Daily Living (MRADLs). These items are daily routine, comfort needs, health needs, operate, reach, transfers, personal care, indoor mobility, outdoor mobility and transportation. Patients give each category a score at the time of evaluation for new equipment and then are contacted 21 days post receiving the equipment, then at 90 days, six months, 12 months and annually thereafter. If the patient's reported score drops, the evaluation team is contacted to be informed and complete follow-up needs.

The following case is an example of how the FMA is used as part of the assessment in the clinic setting.

Albert is a 62-year-old male with diagnosis including stroke with left hemiplegia, spasticity, cardiovascular disease, moderate lower extremity edema, diabetes and osteoarthritis. He lives alone in his home and has regular home health aides who assist him with bathing and dressing. He has an adult son who stops in a few days a week to check on him. Albert has a strong social community and can enter his home and leave it with the use of a ramp and is very active. At the time of his evaluation, he was using a standard high-strength lightweight manual wheelchair he had difficulty navigating in his home. At the evaluation, his FMA score was 16/60, and his goal was to be as independent in his home and increase participation in all his MRADLs. His current chair did not allow him to navigate his home, and his participation level continued to decrease. His team recommended a Group 3 power wheelchair with power tilt and power ELR. Albert returned to the seating clinic for delivery of his equipment and then completed a post-delivery follow up at day 90. At the follow up his reported score was 57/60.

CONTINUED ON PAGE 32

AFTER ADVOCATING TO PROVIDE COMPLEX REHAB AND CUSTOMIZED SEATING FOR CONSUMERS, WE NEED TO ASSURE THE EQUIPMENT CONTINUES TO MEET PATIENTS' NEEDS OVER THE LONG-TERM LIFE OF THE EQUIPMENT.

WITH OUTCOME TRACKING, OSU HAS A TOOL TO ENSURE CONSUMERS HAVE THE BEST CHANCE AT MAXIMIZING THE USE OF THE EQUIPMENT WE FOUGHT SO HARD TO GET.

EMPHASIZING GOALS ...
(CONTINUED FROM PAGE 31)

The seating clinic was contacted by the FMA team at Time 4, which was a six-month follow up from delivery because his scored dropped significantly. The areas that dropped were comfort, reach, personal care and indoor mobility. When the seating clinic team contacted Albert, he reported several items on the chair were broken, and he was having trouble navigating around his home. He reported he could not remember who his CRT supplier was and assumed he needed to just get by. The seating clinic contacted the CRT supplier, and all the repairs were completed, and the chair was operational again. At time five- to- six months later, his score was back up to baseline.

Albert had an annual appointment at the wheelchair clinic he did not attend. Two months later, during the annual FMA review, the FMA team reached out to the seating clinic because Albert's scored dropped again during the annual check in. When the seating clinic contacted Albert, he reported he was hospitalized when he missed his wheelchair clinic appointment, but he now had a pressure sore and needed his cushion reviewed. An appointment was made in the seating clinic, and his needs were addressed.

This case illustrates how many patients with CRT are at risk for poor follow up and self-management. Although Albert was seen by a comprehensive team and had a dependable supplier, his seating needs were not being met as he was unable to self-manage and reach out when he needed repairs and had a new medical condition. The use of the patient reported outcome and tracking allows the seating clinic team to monitor the individual equipment use and receive notification when a score drops. The use of the FMA tracking can prevent increased medical complications and allow the consumer and the seating team to stay in touch. With outcome tracking, OSU has a tool to ensure that consumers have the best chance at maximizing the use of the equipment that we fought so hard to get.

REFERENCES:
1. HTTPS://WWW.VGM.COM/COMMUNITIES/US-REHAB/SERVICES/FMA/

CONTACT THE AUTHOR

Theresa may be reached at
THERESA.BERNER@OSUMC.EDU

Theresa Berner, MOT, OTR/L, ATP is an occupational therapist and Rehabilitation Clinical Manager at The Ohio State University Medical Center. She has close to 30 years' experience in Seating and Positioning and Adult Neuro Rehabilitation. Theresa has been certified by RESNA as an Assistive Technology Professional (ATP). She is responsible for Assistive Technology Center and the Adaptive Sports Institute. She is also a clinical instructor at the School of Health and Rehabilitation Sciences at OSU. Theresa is a member of the Clinician Task Force and is appointed to the United Spinal Board of Directors. Theresa has participated in presentations across the country at many national and international conferences. Theresa received the 2016 Academy of Spinal Cord Injury TLC Distinguished Clinical Award, the 2017 OSU Medical Center Values in Action Award and the 2022 RESNA Samuel McFarland Memorial Mentorship Award.

BEWARE OF IMPOSTERS

MK Genuine Gel

The Trusted Choice for Powering Independence

MK POWERED®

40 YEARS 1983 2023

800-372-9253 • MKBATTERY.COM

REMOTE TECHNOLOGY AND THE CRT SUPPLIER

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

Since the pandemic, clinicians and suppliers have seen the benefits of using remote technology or "telehealth" to reach people who otherwise would not have access to service.

Clinicians can use telehealth when an in-person visit is not an option due to high risk to the patient or other barrier. The telehealth appointment should include all the team.

Here are some of the many different scenarios.

1. Evaluation for replacement of a mobility and/or postural system. The client knows what they need.
2. Evaluation of the client due to weight gain or disease progression or other change
3. Issues with components on the chair.
4. The current mobility base is not meeting the needs of the client.

Here are a few of the considerations the Clinician Task Force has written into the guidelines on using telehealth that are pertinent to the Complex Rehab Technology (CRT) supplier. Generally, the supplier will be present with the client, and the clinician will be remote.

1. The experience and skill level of each team member is a key part of planning. Each person should understand the goals and expectations before the appointment.
2. Determine which remote technology platform is to be used and have a back-up plan if there are issues with internet access.
3. A caregiver or family member must be present to perform safe transfers.
4. A caregiver or family member must be able to assist in demonstrating range of motion (ROM) or strength screening with verbal and visual instruction from the clinician. It is never the role of the CRT supplier to perform these assessments.
5. The CRT supplier must set up the video equipment in the best position to offer line of sight to remote participants.

It must be the consensus of the team the remote service being provided offers client/patient centered service and is in the best interest of the person needing the technology. In some cases, it could be determined that a telehealth evaluation is not able to provide all the information needed and requires an in-person visit. Even so, the team has seen the home environment and other equipment being used. The more information the better when it comes to recommending CRT.

Remote technology is a great tool for determining needed repairs on chairs.

It is also very useful in the delivery/fitting of CRT. The clinician can see how the system works for their patient and offer input to the supplier on adjustments to the postural supports.

CLINICIANS AND SUPPLIERS HAVE SEEN THE BENEFITS OF USING REMOTE TECHNOLOGY OR "TELEHEALTH" TO REACH PEOPLE WHO OTHERWISE WOULD NOT HAVE ACCESS TO SERVICE.

Clinicians and suppliers can do follow up remotely to identify any other issues, needs or concerns.

The best practice remains an in-person evaluation with the CRT team. When that is not possible, telehealth/remote services can be an alternative when used with good judgement.

If the client/patient is receiving the service based on their specific need, it is compliant with the NRRTS Standard of Practice and Code of Ethics.

To download the "Guide to Practicing Telehealth for CRT Evaluations" click here Guide to Practicing Telehealth for CRT Evaluations (cliniciantaskforce.us).

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

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

INTRODUCING THE PROFESSIONAL STANDARDS BOARD

As of Aug. 1, 2023, the Professional Standards Board has new leadership and new members!

- Jason Kelln, ATP, CRTS® – Co-Chair
- Kyle Walker, ATP – Co-Chair
- Jennifer Border, MS
- M. Claire Campbell, M.A., CCC-SLP, ATP
- Michael S. Dueñas, ATP, QRP
- Cassie Frost, M.S.Ed, ATP
- Eric Grieb, OTR, ATP
- Rob Oliver
- Mike Osborn, ATP, CRTS®
- Douglas Rakoski, OTD, OTR/L, ATP
- David Savage, ATP/SMS, RET
- Marcia J. Scherer, PhD, MPH
- Mark R. Schmeler, PhD, OTR/L, ATP

Thank you to Julie Piriano, PT, ATP/SMS, for her leadership of the Professional Standards Board, and Beth Speaker-Christensen, MA/CCC-SLP/L, ATP, for her service.

SMS EXAM TO GO ON HIATUS NOV. 1, 2023

The RESNA Professional Standards Board has convened a group of subject matter experts, who are hard at work updating the Seating and Mobility Specialist (SMS) exam. Our goal is to launch an updated SMS exam form in early 2024.

The current SMS exam is available until Nov. 1, 2023. After that date, the SMS exam goes on hiatus until Feb. 1, 2024. ATPs who are interested in the SMS certification should submit applications now to be able to take the exam before Nov. 1.

The SMS is a specialty certification for those working in seating and mobility. It recognizes demonstrated competence in seating and mobility assessment, funding resources, implementation of intervention, and outcome assessment and follow-up. Eligibility requirements include holding an ATP certification in good standing, work experience in seating and mobility, and involvement in specific professional activities showing leadership in the field. Visit the RESNA certification website for more details.

RESNA CEU OPPORTUNITIES

New on-demand webinars are now available through RESNA Learn!

- Patient Equipment Education and Training: Resources for physical and occupational therapists, suppliers and beyond; presenter Stephanie Cooley, OTR/L ATP, at The Ohio State University Wexner Medical Center; 0.1 IACET CEU
- What are robotics wheelchairs? Trends and design considerations to enhance assistive mobility technology; presenter Jorge Candiotti, research biomedical engineer at the U.S. Department of Veterans Affairs; 0.1 IACET CEU

RESNA members can access all CEU courses for free as a membership benefit. Non-members pay a $45 registration fee.

ANNUAL COLIN MCLAURIN MEMORIAL LECTURE

The annual Colin McLaurin Memorial Lecture is Oct. 17, 2023, at 3 p.m. ET. This year's lecturer is Rory Cooper, founder, director and CEO of the Human Engineering Research Laboratories (HERL), a

WE'RE PLEASED TO REPORT AS OF JULY 1, 2023, THERE WERE 4,427 ACTIVE ATPS IN GOOD STANDING. SO FAR THIS YEAR, 165 NEW ATPS HAVE JOINED THE RANKS.

joint venture of the University of Pittsburgh, the U.S. Department of Veterans Affairs and the University of Pittsburgh Medical Center.

This event will be livestreamed from the O'Hare Center at the University of Pittsburgh, and available afterwards on demand. It is free for RESNA 2023 conference attendees with their paid registration. RESNA members pay $15, and non-members pay $45. In-person attendance is free. 0.1 IACET CEU are available. Registration opens soon!

ATP CERTIFICATION BY-THE-NUMBERS

We're pleased to report as of July 1, 2023, there were 4,427 active ATPs in good standing. So far this year, 165 new ATPs have joined the ranks.

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

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

MEET YOUR BOARD AND STAFF

NRRTS BOARD MEMBERS

PRESIDENT - Carey Britton, ATP/SMS, CRTS®
VICE PRESIDENT - Tom Simon, ATP, CRTS®
TREASURER - Andrea Madsen, ATP, CRTS®
SECRETARY - Jason Kelln, ATP/SMS, CRTS®
PAST PRESIDENT - Gerry Dickerson, ATP, CRTS®
US REVIEW CHAIR, DMAC A - Jeff Decker, ATP, CRTS®
US REVIEW CHAIR, DMAC B - Doug Crana, ATP, CRTS®
US REVIEW CHAIR, DMAC C - Mike Seidel, ATP, CRTS®
US REVIEW CHAIR, DMAC D - Brian Coltman, ATP/SMS, CRTS®
AT-LARGE DIRECTOR - Tim Robinson, ATP/SMS, CRTS®
AT-LARGE DIRECTOR - David Nix, ATP, CRTS®
AT-LARGE DIRECTOR - Chris Savoie, ATP/SMS, CRTS®
AT-LARGE DIRECTOR - Stefanie Laurence, RRTS®
CA REVIEW CHAIR, REGION A - Darrell Mullen, RRTS®
CA REVIEW CHAIR, REGION B - Michelle Harvey, RRTS®
CA REVIEW CHAIR, REGION C - Bernard "Bernie" Opp, RRTS®

U.S. ADVISORY COMMITTEE

ELAINE STEWART, ATP, CRTS® - Past President
MIKE OSBORN, ATP, CRTS® - Past President
MICHELE GUNN, ATP, CRTS® - Past President
JOHN ZONA, ATP, CRTS® - Past President
DENISE HARMON, ATP, CRTS® - Past President
MIKE BARNER, ATP, CRTS® - Past President

CANADIAN ADVISORY COMMITTEE

STEVE CRANNA, DIR. BUSINESS DEVELOPMENT AND GOVT RELATIONS, VGM GROUP
MICHELLE HARVEY, BSc. HONS OT, RRTS®
LINDA NORTON, B.Sc.(OT), M.SC.CH, PHD, OT REG. (ONT.)
JASON KELLN, ATP, CRTS®
JUDY ROWLEY, VICE PRESIDENT, MATRX SEATING
CHER SMITH, BSc.OT, MSC

NRRTS STAFF MEMBERS

EXECUTIVE DIRECTOR – Weesie Walker, ATP/SMS
DIRECTOR OF OPERATIONS – Amy Odom, BS
DIRECTOR OF MARKETING – Bill Noelting
EDUCATION MANAGER – Kathy Fisher, B.Sc.(OT)
CONSUMER RELATIONS AND ADVOCACY – Andrew Davis
CUSTOMER SUPPORT – Lois Bodiford
LMS ADMINISTRATOR – Sandi Noelting

VALUE VS. COST: THE IMPACT OF BLIND BIDDING

Written by: **CHER SMITH BSC OT, MSC**

There are many occasions when we are reminded of the difference between cost and value. Recently, with a wildfire having ripped through our community, our insurer asked us to start writing down the items and estimated value for each room of our home. What's the value of my dad's drop front desk that still held that nostalgic scent of his old office or the carving of the heron that my father-in-law carved before he died? What about family photos from before the age of digital images? We can all imagine the value of such items, but what cost would you write down?

In the realm of seating and mobility, unfortunately compensation structures still exist that focus on the cost of equipment rather than its value. These models often deliver a disservice to the person using the equipment and create a false sense of cost savings. In environments where blind bidding still exists, the client, clinician and Complex Rehab Technology (CRT) supplier's roles become altered, and they are asked to focus on cost rather than value.

"Blind bidding is the act of providing a competitive bid for customized equipment and/or equipment that otherwise requires an assessment to determine the appropriate technology, without assessing the client's needs prior to providing the competitive bid or without clearly disclosing the necessity of independently evaluating the client's needs."[1]

In a person-centered model, the client and care partners (when appropriate) can fully contribute to the equipment provision process and share their abilities and needs. The clinician establishes a relationship with the client to assess their physical needs and to understand the nuanced interactions between the client and their environment, impacting the full lives they lead. The supplier has an ongoing relationship within the team that may begin with transforming the list of equipment characteristics into a complex assistive system. This relationship may be long-term as ongoing service and support are provided to the user.

IN THE REALM OF SEATING AND MOBILITY, UNFORTUNATELY COMPENSATION STRUCTURES STILL EXIST THAT FOCUS ON THE COST OF EQUIPMENT RATHER THAN ITS VALUE. THESE MODELS OFTEN DELIVER A DISSERVICE TO THE PERSON USING THE EQUIPMENT AS WELL AS CREATE A FALSE SENSE OF COST SAVINGS.

But what if funders mistakenly believe that demanding multiple blind bids leads to cost savings? First, the client may be left with a new supplier who is completely unfamiliar with their needs and is providing essential equipment based off an order form that reveals no comprehensive knowledge of customization and of set-up needs. This loss of autonomy may require the client make additional trips for re-evaluation or multiple set-up sessions, which can not only tax the client and their care partners but also comes at a cost to their financial resources. The clinician will need to spend additional resources sourcing additional quotes, advocating for the client and rebooking, reassessing and realigning with a new supplier as required. These expenditures create more costs. The cost of workload, which takes away from other clients' needs. And the cost of time, which ironically, is often paid through the same pot of money that requires the additional quotes. Finally, there is the supplier who has often liaised with manufacturers to create a suitable trial to inform the assessment process. They have collated the requirements of equipment and the intricacies of set-up and produced a quote to support the full provision of the system. Appreciating these complex dynamics, is the difference between providing enabling equipment rather than dropping off equipment that only acts as an anchor. When the sale is blindly given to another supplier, there is not only the cost of their

time but there is also a loss of the team members' knowledge and potentially the loss of that long-term team members' support of the client.

So, what can be done when blind bidding jeopardizes the value of the thoughtful process of complex equipment provision? Clients and care partners can educate and advocate for their funders, imparting the impacts that this practice has on their autonomy and function. Clinicians must provide consistent and ethical provision processes that are person-centered and respect the confidentiality of quotes. Clinicians can also educate funders on the unintentional costs of multiple quote criteria and the value of proper equipment provision. And the CRT suppliers must be diligent to always disclose any quote requires assessment and any information provided prior to assessment is not an agreement to provide equipment. Consistency of practice and messaging, such as the NRRTS provided statement, expresses to funders there is uniformity in the respect for the process and value of the work CRT suppliers provide.

"This estimate is provided for price comparison purposes only. To fulfill this as an order, an independent assessment by a medical professional with a representative of our company and the client would need to be completed."

It will take all members of the team to change this practice, but when everyone stays focused on the value of the roles we play, like many areas across Canada, the more equitable, client-centered model will result.

Now back to the wildfire. The fire reduced most of our street to scorched foundations. For no discernible reason, on our side of the street, our home was one of only two that remain. We're acutely aware of how lucky we are to have one of the few houses in our immediate community and that we mostly lost items with a higher cost than value to us. We are more fortunate than our neighbors to have been reunited with the items we value, and we will, at a time much sooner than them, again have a livable home. I suspect that reminding ourselves that the cost is often not the true value, is time worth spent for all of us.

RESOURCES

1. HTTPS://NRRTS.ORG/REGISTRANTS/BLIND-BIDDING-POLICY/

CONTACT THE AUTHOR

Cher may be reached at
CHER.SMITH@NSHEALTH.CA

Cher Smith BSc OT, MSc, is an occupational therapist. She is a member of the Dalhousie University Wheelchair Research Team. Until recently, she was the seating and mobility coordinator with Nova Scotia Health in Halifax, Nova Scotia. She is also an adjunct professor in the School of Occupational Therapy at Dalhousie University. She has been working as an OT in research, clinical and educational work for over 25 years and was proudly awarded the Mundy Award by the Canadian Adaptive Seating and Mobility Association. She has presented widely to national and international audiences. Recently, she has taken on a new role of interprofessional practice learning leader for the western portion of Nova Scotia and is spending more time raising honeybees.

NEW NRRTS REGISTRANTS

Congratulations to the newest NRRTS Registrants. NAMES INCLUDED ARE FROM MAY 20, 2023, THROUGH JULY 13, 2023.

Austin MacKenzie, RRTS®
Motion
921 Leathorne St
London, Ontario N5Z3M7
Telephone: (519) 685-0400
Registration Date: 07/10/2023

Azby Farnet, RRTS®
National Seating & Mobility, Inc.
5515 Pepsi St, Stes A&B
New Orleans, LA 70123
Telephone: 504-729-4074
Registration Date: 06/23/2023

Claude Herard, RRTS®
Murphy Medical Supply LLC
65 Medical Plaza
Eupora, MS 39744-4019
Telephone: (662) 285-8691
Registration Date: 05/22/2023

Deborah Guglietti, RRTS®
Durham Medical
242 King St. E.
Oshawa, Ontario L1H1C7
Telephone: 905-926-4124
Registration Date: 06/12/2023

Dwayne Sharp, RRTS®
National Seating & Mobility, Inc.
4980 E University Ave, Ste 114
Fresno, CA 93727
Telephone: 559-252-4396
Registration Date: 06/09/2023

Eduardo Jimenez Garcia, RRTS®
NSM-Canada
8620 Glenlyon Pkwy #101
Burnaby, British Columbia V5J0B6
Telephone: (778) 988-3949
Registration Date: 05/23/2023

Hayley Nunn, RRTS®
NSM-Canada
1967 Trans Canada Hwy, Ste 25A
Kamlooops, British Columbia V2C4A4
Telephone: 778-538-0154
Registration Date: 06/15/2023

Jakob Lopez, RRTS®
Alliance Rehab & Medical Equipment
9808 Plfumm Rd
Lenexa, KS 66215-1208
Telephone: 913-645-9961
Registration Date: 07/12/2023

Jeanne Hegg, ATP, CRTS®
Altru Specialty Services
1375 S Columbia Rd
Grand Forks, ND 58201
Telephone: 701-780-2443
Registration Date: 06/01/2023

Jeremy Brockman, RRTS®
National Seating & Mobility, Inc.
9494 Kirby Dr
Houston, TX 77054
Telephone: 346-577-1431
Registration Date: 07/10/2023

Joshua Riemersma, RRTS®
CareLinc Medical
89 54th St SW
Grand Rapids, MI 49548
Telephone: 616-249-2273
Registration Date: 06/26/2023

Kari Kujansuu, RRTS®
HME Limited
77 St. Regis Cres. South
Toronto, Ontario M3J 1Y6
Telephone: 416-633-9333
Registration Date: 07/11/2023

Lois Brown, ATP/SMS, CRTS®
Independent Living Specialists
1 /12 Mars Rd
Lane Cove, New South Wales 2066
Telephone: 041-131-4619
Registration Date: 06/19/2023

Lyndsey Nyland, RRTS®
Motion
211 Pritchard Rd Unit 3
Hamilton, Ontario L8J0G5
Telephone: 289-260-3744
Registration Date: 06/05/2023

Paola Mena, COTA/L, RRTS®
Browning's Pharmacy & Health Care
141 Hibiscus Blvd
Melbourne, FL 323901
Telephone: 321-725-6320
Registration Date: 07/10/2023

Robert Armstrong, RRTS®
Numotion
4010 Chestnut Diagonal, Ste 101
Fresno, CA 93726
Telephone: 559-431-2035
Registration Date: 06/26/2023

Rubin Mejia, ATP, CRTS®
National Seating & Mobility, Inc.
1340 Airport Commerce Dr, Ste 575
Austin, TX 78741
Telephone: 512-461-2907
Registration Date: 07/12/2023

Shawn Adams, ATP, RRTS®
National Seating & Mobility, Inc.
2069 Central Ave
Albany, NY 12205-4437
Telephone: 518-860-0055
Registration Date: 06/05/2023

BE SURE TO FOLLOW NRRTS ON SOCIAL MEDIA!

CRTS®

Congratulations to NRRTS Registrants recently awarded the CRTS® credential. A CRTS® receives a lapel pin signifying CRTS® or Certified Rehabilitation Technology Supplier® status and guidelines about the correct use of the credential. NAMES LISTED ARE FROM MAY 20, 2023, THROUGH JULY 13, 2023.

Charles Ackerman, ATP, CRTS®
Medequipped
Spring Valley, NY

Lois Brown, ATP/SMS, CRTS®
Independent Living Specialists
Lane Cove, New South Wales

Rubin Mejia, ATP, CRTS®
National Seating & Mobility, Inc.
Austin, TX

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 MAY 20, 2023, THROUGH JULY 13, 2023. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Wayne VanBrocklin, ATP/SMS
Rehabilitation Equipment Professionals, Inc.
Alexandria, VA

Daniel P. Wyles, ATP
National Seating & Mobility, Inc.
Bangor, ME

Cory Vass
Calgary Coop Home Health Care
Calgary, Alberta

Kenneth A. McCallum, ATP
Norco Medical
Everett, WA

Chris Misik
Leading Edge Mobility
Lethbridge, Alberta

RENEWED NRRTS REGISTRANTS

The following individuals renewed their registry with NRRTS between May 20, 2023, and July 13, 2023.

PLEASE NOTE **IF YOU RENEWED AFTER JULY 13, 2023,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO MAY 20, 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.

Aaron Mckenzie, RRTS®
Alicia Truebenbach, ATP/SMS, CRTS®
Angela Naranjo, ATP, CRTS®
Bennie G. Jones, ATP, CRTS®
Bernard Opp, RRTS®
Bradley Coughlin, RRTS®
Brennan Arbogast, ATP, CRTS®
Brent Manning, ATP, CRTS®
Brian Littlefield, ATP, CRTS®
Brian Matthews, ATP, CRTS®
Cacee Reuben, RRTS®
Carl A. Mulberry, ATP/SMS, CRTS®
Cary Marsh, ATP, CRTS®
Chad Jones, ATP, CRTS®
Chris Rogers, ATP, CRTS®
Christopher Kelly, RRTS®
Colton Nelson, ATP, CRTS®
Connie Divine, ATP, CRTS®
Courtney Hauck, RRTS®
Crystal Lee, ATP/SMS, CRTS®
Darryl Hosmanek, ATP, CRTS®
David Black, RRTS®
David St. Louis, ATP, CRTS®
David Anderson, ATP, CRTS®
Dawn Ruth-Larson, ATP, CRTS®
Deborah J. Lazure, ATP, CRTS®
Desmond Wiles, ATP/SMS, CRTS®
Dustin Swartz, ATP, CRTS®
Edward Bonk, PT, ATP/SMS, CRTS®
Elizabeth Wiese, RRTS®
Eric Gilbert, RRTS®
Eric Lalonde, RRTS®
Ethan "Jake" McDonald, RRTS®
Felice "Phil" Ioculano, RRTS®
Fernando Castillo, ATP, CRTS®
Garret Ebernickle, ATP, CRTS®
Gary Bourget, RRTS®
Greg Newth, ATP, CRTS®
J. Gregg Blanchard, ATP, CRTS®
James Larkner, RRTS®
James A. Golick, ATP, CRTS®
James C. Christy, ATP, CRTS®
Jasmine Libarian, ATP, CRTS®
Jason Melms, ATP, CRTS®
Jay Lujan, ATP, CRTS®
Jean-Francois Cormier, RRTS®
Jeff Hager, ATP/SMS, CRTS®
Jeffrey Decker, ATP/SMS, CRTS®
Jeffrey B. Swift, ATP, CRTS®
Jeremy Kilgore, ATP, CRTS®
Jeremy Booker, RRTS®
Jody Mair, ATP, CRTS®
John Fullmer, Jr., ATP, CRTS®
Joseph B. Bodiford, ATP, CRTS®
Judy Taylor, ATP, CRTS®
Kathy Bondy, RRTS®
Keith A. Schwartz, ATP, CRTS®
Kim B. Borck, ATP, CRTS®
Kimberly F Cooper, ATP, CRTS®
Kori McLean, RRTS®
Kristin Maunula, RRTS®
Krystle Pettapiece, RRTS®
Krystofer Ogrodzinski, RRTS®
Marc Suddarth, RRTS®
Marcus Page III, PTA, ATP, CRTS®
Mark Swanson, ATP, CRTS®
Marshall Callaway, ATP, CRTS®
Mary Hitt Young, ATP, CRTS®
Matt Topf, ATP, CRTS®
Matthew Tarrant, ATP, CRTS®
Michael Bobala, ATP, CRTS®
Michael Cheung, MScPT, RRTS®
Michelle Kennedy, RRTS®
Mitchell Koplowitz, RRTS®
Nicolas Diaz, RRTS®
Olugbemileke "Kola" Pacheco, ATP, RRTS®
Patrick Frey, ATP, CRTS®
Patrick R. Mazey, ATP, CRTS®
Paul Lamothe, RRTS®
Peter Lorentz, RRTS®
Rachel Mackeigan, RRTS®
Ray Cazalet, ATP, CRTS®
Rebecca Jones, RRTS®
Richard Petersen, ATP, CRTS®
Robert Ford, ATP, CRTS®
Robert McLean, ATP, CRTS®
Robert Lamarche, RRTS®
Robert Harry, ATP/SMS, CRTS®
Robert Cooper, ATP, CRTS®
Robert J. Williams, ATP, CRTS®
Roger Grant, RRTS®
Ronald Mack, ATP, CRTS®
Ronald J. Seely, ATP, CRTS®
Ronald Keith Hayes, ATP, CRTS®
Sarah Moeller, ATP, CRTS®
Scott C. McGowan, ATP, CRTS®
Sean Jones, ATP, CRTS®
Shaya Ellinson, ATP, CRTS®
Stefanie Laurence, B.Sc. OT, OT Reg. (Ont.), RRTS®
Steven Shipley, ATP, CRTS®
Steven E. Williams, ATP, CRTS®
Tanis Ellen Minor, RRTS®
Terry L. Bergman, ATP, CRTS®
Thomas Connelly, RRTS®
Thomas Ouimette, ATP, CRTS®
Timothy A. Schrag, ATP, CRTS®
Trevor Gould, RRTS®
Vanda Obratov, RRTS®
Vincent Handrick, ATP, CRTS®
Wesley Dykstra, RRTS®
William Johnson, RRTS®
William Fournier, ATP/SMS, CRTS®
Zane Jacobs, ATP, CRTS®

NRRTS REGISTRANT – RENEWAL FAQS

Renewing your NRRTS Registrant status requires action each year.

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

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

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

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

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

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

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

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

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

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

NRRTS National Registry Of Rehabilitation Technology Suppliers

www.nrrts.org

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

P > 800.976.7787

FRIENDS OF NRRTS [FONS]

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

CHARTER CFONS

FREEDOM — Our kids are our passion.™
MK POWERED — 40 YEARS 1983 2023
NATIONAL SEATING & MOBILITY
permobil
SUNRISE MEDICAL
U.S. REHAB®

CFONS

ALLIANCE REHAB and MEDICAL EQUIPMENT 800-813-1656
AMYLIOR
merits
Avid Rehab KEEP MOVING
Bodypoint
EasyStand
etac Creating Possibilities
LUCI
METALCRAFT
MOTION COMPOSITES
Motion Concepts
numotion Mobility starts here.
PRIME ENGINEERING
PRM THE POWER OF PRECISION
QUANTUM
RAZ
RIDE
rifton
SEATING DYNAMICS WE MAKE WHEELCHAIRS BETTER
Stealth Products Solutions For Life
SUNRISE MEDICAL www.SunriseMedical.ca
Therafin Corporation
VARILITE

AFONS

AAHOMECARE American Association for Homecare
ADMEA Alabama Durable Medical Equipment Association
A.E.S.
als | sla
BIG SKY Montana Association of Medical Equipment Suppliers
Children's Specialized Hospital An RWJBarnabas Health facility
Center for Inclusive Design and Engineering (CIDE) UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
Easter Seals Timbres de Pâques New Brunswick Nouveau Brunswick
G·A·M·E·S Georgia Association of Medical Equipment Suppliers
HOMES Home Medical Equipment and Services Association of New England
HOPE HAVEN
MAMES
momentum wheels for humanity
NCART
OHMEPA Ontario Home Medical Equipment Providers Association
PAMES
RESNA
Shepherd Center
United Spinal Association
UNIVERSITY OF MICHIGAN HEALTH MICHIGAN MEDICINE