DIRECTIONS

HME INDUSTRY TALES OF SHAME, DEGRADATION AND HOPE: RUNNING A SUCCESSFUL BUSINESS WHILE MAINTAINING A CLIENT-CENTERED APPROACH

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THE OFFICIAL PUBLICATION OF THE INTERNATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS | ISSUE 1 OF 2024 | $10.00 USD

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FROM THE EDITOR-IN-CHIEF

Happy 2024! iNRRTS finished 2023 with incredible growth. We have a new executive director, Andrea Madsen, ATP. Thank you to Weesie Walker, ATP, for her service to iNRRTS the last 10 years. Check out the iNRRTS website for valuable education opportunities and other pertinent information.

Amy Odom, BS

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NEW YEAR'S RESOLUTION 2024

ADVOCATE, ADVOCATE, ADVOCATE

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

In 2024, we need focus on advocating for our industry, teaching advocacy to our clients, peers and referral sources. For as long as I can remember, our industry has been in a state of decline due to the current insurance funding system; simply put, the pay for equipment is not keeping up with inflation. I have nightmares of artificial intelligence and the potential of vertical integration of our industry i.e., one company owns the insurance, the medical system, the manufacturer and the supplier). Although iNRRTS and other industry advocates are doing a lot, we as an industry are still not doing enough to stabilize what we love and depend on.

Insurance pressures have, in the last decade, consolidated mom and pop Durable Medical Equipment companies, and where service/support has been negatively impacted. I am sure you have noticed how difficult it is to find and keep customer service and technical service staff. It is no longer enough to show appreciation; we need to ensure the compensation for these skills are keeping up to be livable in your community.

We are seeing repair bills introduced in the state legislatures, as customers are noticing these delays in getting service and repairs to their needed equipment. These bills are not getting to the source of the problem, that labor/service rates are not reasonable.

In the past, the industry was able to use technical service as a loss to increase/maintain new business; however this is not sustainable to expect to keep increasing your business each year to offset the losses just to stay in business. With insurances cutting or not increasing fee schedules, something has to change. Suppliers have pushed manufacturing to lower the prices as low as possible, where in some cases it has affected quality or availability. Suppliers have continued to squeeze efficiency; however that direction is only causing burnout and early retirement. I believe we can only look toward insurance companies providing increased rates to sustain reasonable quality without cutting further services.

For those of us who have been in this industry for a while, it creates a real daily struggle on how we can keep doing the right thing for the clients we serve over doing what business allows and/or needs to survive.

C[10]RT, an article from DIRECTIONS Issue 6 (2023) noted many clinics are closing, and veteran therapists are retiring. Insurance still requires a clinician as a gatekeeper in getting equipment funded. Insurances are looking for reasons to deny equipment, and with younger therapists writing these letters, we are seeing increased denials. Similarly, the newer Complex Rehab Technology (CRT) providers have not been exposed to our industry's history and are coming into the industry only knowing the current status, becoming accepting of the status quo.

For too many years we have advocated for our clients at the cost of our companies, and they can no longer absorb the losses to "do the right thing." The newer CRT professionals are being taught with a more menu approach of what is covered by the insurance, which is the quickest way to the bottom.

We need to change our mindset and start advocating for a sustainable future. Start now, teaching/communicating why things are not covered, why clients have to pay for noncovered items and where they can complain to help stimulate change. We need to have these conversations early and often on how these services should be covered, and the consumer voice is the only solution. We need to teach our referral sources on the common denials, and what equipment will not be covered and to whom can voice their concerns and frustrations. Start budgeting time in your new year on advocating to legislators, locally and nationally, on the value of what we do and the concern and risks to losing this industry. I understand being too busy, but I also expect to work within this industry for at least another decade and cannot bear to think what it will be like without change now. If you don't' know how, ask iNRRTS and/or join groups or committees while there is time to make a positive change.

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

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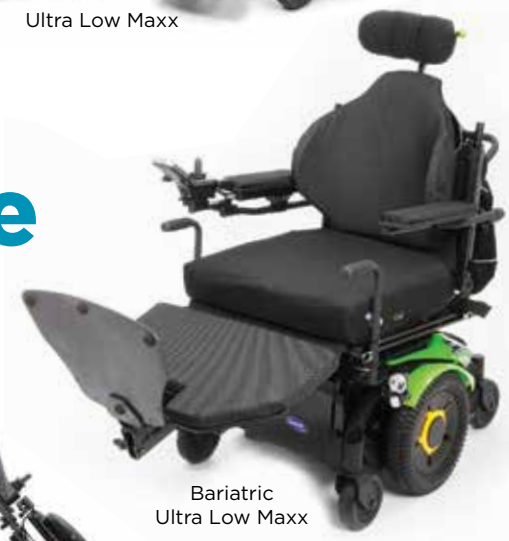

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BROWN KNOWS THERE IS NO SUBSTITUTE FOR PROMOTING TRAINING AND EDUCATION FOR SUPPLIERS AND CLINICIANS

Written by: **DOUG HENSLEY**

It didn't take Lois Brown long to realize how much she enjoyed helping others. All she had to do was get her feet wet.

"In high school and college, I was working at a pool as a lifeguard and was asked to help volunteer," she recalled.

She assisted with disability swim class, which led to her passion and career.

For Brown, it marked the first few steps of what would turn out to be a long and successful career path that has literally taken her around the world. Since 2020, she has worked as the national clinical educational manager for Independent Living Specialists in Australia.

Brown was born and raised in Philadelphia, where she earned her bachelor's degree in psychology and master's degree in physical therapy from Temple University, preparing her for a professional career in which she has learned and led through a variety of roles in the Complex Rehab Technology (CRT) industry.

"The philosophy is I am at a stage of my career where I really hope I am able to share the expertise and mentoring I have had," she said, "because I was mentored by some very skilled wheelchair specialists in my career, and I only hope to pay that forward to the next generation and ultimately improve the outcomes for those needing CRT."

In her current role with Independent Living Specialists, she is responsible for all internal and external clinical education for the company's rehab, home/community and hospital teams. In many ways, her current job is a culmination of previous roles as she has steadily expanded her knowledge and become a resource for many of her co-workers.

"After physical therapy school, I pursued a job at an inpatient and outpatient rehab center," she said. "That gave me the opportunity to work in a wheelchair assistive tech clinic, which allowed me to become involved in complex rehabilitation wheelchairs and environmental assessments for clients."

Through Bryn Mawr Rehab Hospital in the Philadelphia area, her interest in assistive technology (AT) led to her to not only to work in the wheelchair clinic but also support a grant-funded program to provide AT to the residents and to keep clients from being institutionalized in nursing homes and remain in their homes.

"That's been a passion for me ever since," she said.

Brown also has worked for rehab hospitals, wheelchair manufacturers and equipment suppliers as she continued to grow her professional skills. She has also done a tremendous amount of teaching through the years before she received a call from Australia.

"The manufacturer wanted to bring a clinician to offer education and how to prescribe products and matching products to end-users," she said. "They convinced me to take a leap and go halfway around the world. I have since moved to work for an equipment supplier. I am responsible for educational programs for therapists working with clients and in-house education of our assistive technology professionals."

The job means Brown not only has to rely on the institutional knowledge she has accumulated during her career but also stay up to date on new products and technologies, which occur regularly in complex rehab.

"Innovation brings incredible products to people and allows them to operate them in different ways," she said. "That can be the difference between being independent or at least maximizing their abilities to perform whatever it is they want to do. "

She has seen clients enjoy tremendous joy sometimes as the result of a new technology.

It's now commonplace to add a switch to a camera

INNOVATION BRINGS INCREDIBLE PRODUCTS TO PEOPLE AND ALLOWS THEM TO OPERATE THEM IN DIFFERENT WAYS.

so a CRT user who is a photographer could flip that switch and take photographs. The industry is currently seeing tremendous designs in power assist systems, the latest from Andrew Slorance where the power assist is in the front of the chair and adds power to the front casters.

Because of this innovation, it is the job collectively of assistive therapists/suppliers to help the client and therapists understand, differentiate and be able to articulate the differences between the make/models to the clients to make an informed decision and facilitate the best outcome.

"One of the other things I have learned since being in Australia is the way in which the Australian National Disability Insurance Scheme expects in the funding application for the chosen AT. What I like is the specific features and components of the product need to explain how this will enable improvement to the client's functional goals."

A lot of that is where Brown's work as an educator comes in. Because she has such command of products and responsibilities, she can communicate information effectively.

"I am more of a mentor and consultant for internal assistive technology professionals scripting complex rehab, and for therapists prescribing the AT," she said. "They might call and request a consultation before, during or after an AT appointment. I really enjoy that I can assist and have a hand in what's happening, which helps me plan better education programs."

The education begins from day one for those who join the Independent Living Specialists team. Brown leads an intentional effort that immerses new hires in a robust learning environment for their first 12 weeks.

"We try to be methodical about how one should start here," she said. "You do not want to just take new people and throw them to every manufacturer. They learn products from each product line and how to compare them to each other. Think how confusing and overwhelming that would be. We want them to grow into being passionate about learning how to do their job."

For Brown, education is a cornerstone of success in business and in life.

"I want to know that my assistive technology professional or my company rep is engaged in education," she said. "That should be the minimum—continually learning so the clients they work with know they are getting the absolute best advice they can get."

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Lois Brown, MPT, ATP/SMS, CRTS®, is the clinical education and national training manager for Independent Living Specialists in Australia. She has experience working in the provision of Complex Rehab Technology as a clinician and supplier. She has also been an educator for a major manufacturer. Brown has been an iNRRTS Registrant since June 2023.

THERE IS NOTHING ELSE LIKE iNRRTS

Written by: **ROSA WALSTON LATIMER**

The new executive director of iNRRTS, Andrea Madsen, ATP, has a long, notable history in the industry and with the organization. Her career began over 20 years ago when she began working with a "mom and pop" company in Rochester, Minnesota. "In the beginning I worked in compliance, billing and funding. With a small company, everyone wears a lot of hats," Madsen said. "Even though my college degree was in business management with an emphasis in finance, I knew medical terminology from my years of studying biology. It wasn't long before my passion for working directly with end users became evident. In 2008, I became the company's first, and for many years the only, ATP (assistive technology professional). I had the perfect marriage between the clinical and the business acumen that led to my efficiency as an ATP. This was a good mix for me."

WOULD YOU TELL US MORE ABOUT YOUR CAREER TRAJECTORY AND YOUR ASSOCIATION WITH iNRRTS?

I moved from the small company to a larger, regional company where I explored and deepened my clinical practice. I gained a deeper understanding of seating and positioning and had the opportunity to devote more of my time to advocacy. I was the first chair of the Midwest Association of Medical Equipment Suppliers (MAMES) rehab committee before I became an iNRRTS Registrant in 2011. I joined the iNRRTS Board 10 years ago and have served in several positions, my last being treasurer of the executive board before assuming my responsibilities as executive director in November 2023. The Friday before I began as executive director on Monday, I was still an active ATP in the field for Numotion. That work, one-on-one with people, was a very important part of my career and life. Numotion supported my iNRRTS participation and my end user choice and advocacy activities. They also understood my desire to take on this role and its significance to our industry. My experience with Numotion was very positive. It was hard to say goodbye, but they understood what this new opportunity meant to me personally. As executive director, I can help, in whatever small way possible, to continue the legacy that is iNRRTS, to continue elevating the Complex Rehab Technology (CRT) profession and to preserve the high level of professionalism and ethics that our organization represents.

Andrea and Patrick in 2019 with their sons (l to r) John, 2, Liam, 10, and Daniel, 3, at the boys' first volunteer event for a local non-profit pediatric therapy group.

> iNRRTS DELIVERS EDUCATION IN ACCESSIBLE WAYS, AND WE ARE RESPONSIVE TO THE CHANGES IN THE INDUSTRY WHILE MAINTAINING THE INTEGRITY OF OUR CORE VALUES.

WHAT DO YOU BELIEVE MAKES iNRRTS A STRONG ORGANIZATION?

We continue to uphold the highest of standards. Whether it is the quality education we provide, support in the field, advocacy for consumers or uniquely influencing the practice and professionalism, there's

nothing else like iNRRTS. It is hard to put into words because it encapsulates the many outstanding professionals in our field coming together to share our experiences and expertise to help each other. This is accomplished with the loyalty of a community that crosses between companies, between geographic territories and now crosses international boundaries. It is tremendously unique! Our strong, dedicated leadership has guided the organization in a way that keeps it relevant.

Andrea with son, Daniel, and husband, Patrick.

When I was beginning and the only ATP in the company, I was fortunate to cross paths with Simon Margolis and spend some time with him. His contagious passion revealed the entire iNRRTS community and showed me it didn't matter that I was operating in an area where it felt like I was on an island. I learned from Simon there were many resources at my disposal. I just needed an awareness of a connection with mentors who were eager to assist. It is remarkable that some individuals have been part of iNRRTS for over 30 years and continue to offer that mentorship.

iNRRTS delivers education in accessible ways, and we are responsive to the changes in the industry while maintaining the integrity of our core values. As our staff and volunteers work to meet the curriculum requirements of Registrants, guide them through that process, help curate our educational offerings and ensure we are responsive to our Registrants' needs, we welcome their feedback. We love having their input so we can be sure we offer what our Registrants seek. It is exciting as new people come in, providing a fresh perspective. Their enthusiasm for learning often energizes those of us who have been at this for a while.

HOW HAS THE ORGANIZATION INCREASED ITS INTERACTIONS WITH END USERS?

City boys' first adventure in the country, exploring their new "yard," woods and trails. (l to r) John, 3, Daniel, 5, and Liam, 11, pose on the family land.

iNRRTS is uniquely positioned as a neutral organization regarding the ability to help advocate and educate end users. We bring helpful information to them to help them feel empowered and confident in the decisions they often make for the first time. Quite possibly, someone who has a new injury or life-changing diagnosis will be met with challenges they never considered they would have to broach in their life. iNRRTS can be another tool or resource they can have to find professionals or gain information from the webinars we offer. iNRRTS also provides a way for consumers to communicate with others who understand their situation.

WHAT ARE SOME CHALLENGES FOR iNRRTS MOVING FORWARD?

With so many of our CRT professionals aging out, it is vital to continue bringing people into this industry and building enthusiasm for what we do. These professionals are a very vibrant group! We must find a way to continue fostering that fervor and serving the populations who rely on us.

I believe another significant challenge for our organization is reaching professionals in the field who might not know our support is available while extending our message to people who might

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Andrea with sons (l to r) Daniel, 5, John, 6, and Liam, 14, at a local apple orchard and pumpkin patch.

THERE IS NOTHING ELSE LIKE iNRRTS
(CONTINUED FROM PAGE 9)

not realize the role of a CRT professional is a career pathway. The preeminent task is how to effectively let people know we are here and what we can do to help them. There's nothing else like iNRRTS!

WHAT PLANS ARE IN PLACE THAT WILL HELP BRING INDIVIDUALS TO CRT AS A CAREER?

The work that Weesie Walker has done through our CRT Supplier Education Program (https://nrrts.org/scp_launch/) will be incredibly helpful in bringing people into the industry, helping lay a foundational basis of knowledge and information that could help them find their path to their ATP and become proficient and professional CRT suppliers. It can be a challenging career to wrap your arms around because so much information and knowledge needs to be had to be effective. We are fortunate to have Walker's commitment to the continued development of this program after she has transitioned from the role of executive director.

We've seen a considerable change in the makeup of our registry with the addition of so many Canadian Registrants and our newest Registrants from Australia, all of whom have embraced our focus on a high level of ethics and professionalism in the field. Recognizing how the international community has taken notice of our educational offerings has been very exciting, and we hope to have other new developments to announce soon.

TELL US ABOUT YOUR FAMILY AND WHAT YOU ENJOY IN YOUR FREE TIME.

My husband, Patrick, and I have three boys: Liam, 14; Daniel, 8; and John, 6. We have a "hobby farm" near Rochester, Minnesota, about four miles from Chatfield, a small, tight-knit community where the boys attend school. We are far enough from Chatfield to enjoy an authentic country life. Our nearest neighbor is about a mile away. We have a lot of space, and our place has become the gathering place for our extended family.

Much of our time is spent taking the boys to their activities and supporting their variety of interests in the Boy Scouts, wrestling, karate, music, etc. Daniel is interested in piano and performing arts. That was something I was very active in during my youth, and I enjoy sharing that interest with him. Our entire family is passionate about golf. My dad was a course pro when I was a kid, so I practically grew up on a golf course. Having this family activity we all enjoy is very special. With Minnesota winters, we have quite a bit of downtime from the golf course, so we have to figure out ways to move indoors to keep our practice up. We have three cats, a dog and some ducks, and they are part of the family. It is good experience for the boys to have something smaller than them to look after. Our move to this farm a couple of years ago has provided all of us, especially the boys, plenty of space to enjoy country life.

(l to r) Daniel, Andrea, John and Liam.

We volunteer with our local Fellowship of Christian Athletes and help with the local FFA and 4-H organizations. We also help with some local nonprofits, often at the impetus of the boys.

They are very aware of the needs of others and are often instrumental in guiding how we spend our volunteer time.

Madsen is excited about her new responsibilities with iNRRTS and is confident she can meet the challenge with the assistance and encouragement she has from others in the organization. "Throughout my entire association with iNRRTS, I have been exposed to the best of what our industry offers. I am very fortunate to know and work with so many good people," she said. "You get spoiled in a way working with such extraordinary people who give of their time so selflessly to serve on the board, provide education, present webinars and write CEU articles that we can make available through this magazine. The support I have received since it was announced that I was taking over this role as executive director is overwhelming. Individuals readily offer their encouragement and counsel. It doesn't matter if they are still involved in the industry or have 'retired,' which very few do entirely because it is a way of life for most of us. We dedicate ourselves to ensuring that people have access to CRT, and that it is protected. I don't think you can ever separate us from that calling."

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Andrea Madsen, ATP, is the executive director of iNRRTS and lives with her family on a small farm in Minnesota. She has more than two decades of experience in the health care industry and a 12-year affiliation with iNRRTS.

A PROBLEM-SOLVING TEENAGER

Written by: **ROSA WALSTON LATIMER**

Fourteen-year-old Zoey Harrison enthusiastically invites you to focus on her abilities rather than her disabilities and to recognize her mental acuity rather than any physical deficiencies. She is a ninth grader at Michigan Great Lakes Virtual Academy, an online public school she has attended since the fourth grade. Zoey enjoys swimming, adaptive skiing, singing and traveling. "I especially enjoy my advocacy work," Zoey said. "I love helping others and plan to eventually work as a 911 operator or a motivational speaker."

Zoey hasn't wasted any time in her pursuit to help others. She recently organized a fundraiser to purchase grain engulfment rescue equipment for the local fire stations. "While I was recuperating from major surgery last year, I binge-watched all of the episodes of the television show '911,'" Zoey said. "One of the episodes involved a grain bin entrapment rescue. I asked my parents whether our fire department had this equipment, and we discovered that they didn't. I decided to put my work into it and raise the money for the equipment and the required training. Everyone who donated received a pie personally made by me. My goal was to raise $4,000, but the total was enough to provide the equipment and training for two fire station locations." Zoey's efforts to provide this equipment were much appreciated in her community of Ithaca, located in the center of Michigan, where agriculture is a significant economic factor.

Zoey Harrison busy in the kitchen.

Zoey was selected Miss Wheelchair Michigan for her advocacy and hands-on dedication to improving the lives of individuals with disabilities. "I participated in some community events and supported the local animal shelter," she said. "I also spoke to the state House of Representatives at the Capitol in Lansing. At first, I was nervous, but I did very well once I got comfortable." Zoey's invitation to speak to the legislators came following a meeting with State Rep. Graham Filler. "I'm really impressed by her get-it-done attitude," Filler said in an interview with the local ABC television station." Zoey had a

The John Harrison family

folder of information and detailed legislative bills that she wanted me to get reviewed and passed." The representative responded to Zoey's candid description of some of the difficulties a person with disabilities faces by committing to following through on Zoey's suggestions. Zoey also met with U.S. Congressman John Moolenaar to solicit his help presenting her ideas to federal lawmakers. Results from this kind of advocacy can take time, but Zoey is also hoping to get federal backing for bills that include expanding the space in public bathrooms so there is enough space to maneuver power wheelchairs, replacing changing tables with benches and adding a map of accessible public bathrooms on government websites to make it easier to locate these facilities. "I was one of the representatives of NCART (National Coalition for Assistive and Rehab Technology) in Washington, D.C., to advocate for the "right to repair" bill," Zoey said. This bill would allow consumers to buy parts directly from manufacturers and repair their own equipment. "I talked to lots of people, and their response was very encouraging and very positive. I'm good at talking to people, even if I don't know them. I say what I want when it comes to mind. My mom says I have no filter."

Zoey Harrison reading to elementary school children.


Zoey and her mother, Jennifer

John and Jennifer Harrison were first in contact with Zoey soon after her birth. She was in NICU 48 days before the couple brought her to their home. Zoey's adoption was finalized just before her first birthday. The Harrisons are now parents to 11 children; 2 are biological, and 9 are adopted. Their ages range from 7 to 30, and 5 still live at home.

"My husband grew up in foster care and was eventually adopted. His personal situation wasn't ideal and one theory is that the best way to fix your childhood is to relive it through your kids," Jennifer Harrison said. "John's dream was to adopt a sibling group to pay it forward, and I shared his desire for a large family. We adopted a local sibling group and, because we had a foster license, we could visit and hold the babies in NICU. Zoey was one of those babies. She wasn't expected to live, but she did, and we brought her home. She was spunky from the get-go! She became the youngest of seven children in our family, and we thought we were done adopting kids."

The Harrisons sold what had been their dream home because it didn't provide the accessibility needed for Zoey. They bought an old,

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State Rep. Graham Filler with Zoey Harrison in the House Chamber, Michigan

A PROBLEM-SOLVING TEENAGER
(CONTINUED FROM PAGE 13)

somewhat neglected building that had once housed a funeral home and began renovations that will include a wing for Zoey when she is older. An upstairs apartment provides housing for older children during their first year in college. "During the process of beginning renovations, we had some family members lose custody of their children. It was supposed to be a temporary situation, and we agreed to help them because we didn't like the foster care where the kids were living," Jennifer Harrison said. "We eventually went to court, got permanent custody of the four children, and now Zoey is an older sibling. These latest additions to our family are all drug-trauma children so they each have their own little bucket of problems to deal with every day. We have a lot going on, but life is good and we are a happy family! Things are easier now that all of the children are all old enough to buckle their seatbelts and put on their shoes."

Renovations to the former funeral home are about 80% complete. "The renovations have been slow because adopting children is not cheap and our resources have to stretch."

The Harrisons are a middle-income family with both parents working, so financial considerations that others with disabilities might receive are not available to Zoey. "We adopted Zoey before her diagnosis, and she doesn't receive any financial help that might otherwise have been available," Jennifer Harrison said. "She doesn't receive social security benefits because John, a retired corrections officer who is now an inspector for an engineering company, and I both work. There are some things that would make her life much easier, but she understands our circumstances and doesn't complain. As with many children with disabilities, Zoey is practicing every day to prepare to navigate the world as an adult."

Around the age of 10, Zoey expressed dissatisfaction with being unable to play with friends during recess because it took too long to get bundled up in cold weather, and blankets didn't stay put, often tangling in her wheelchair wheels. Jennifer Harrison's search for a product to make the recess experience available to Zoey regardless of cold weather was unsuccessful. She improvised a "body coat" by combining two coats into one garment that was easy to put on and stayed securely in place. Jennifer Harrison posted a video on Facebook of her creation so Zoey's teacher could see how to put it on. The video had over 11 million views and prompted thousands of requests to buy a bodycoat. Thus, the family e-commerce business, Xability, began. https://xabilitystore.com/

Zoey and her father, John Harrison.

"Our bodycoat is specifically designed to be comfortable, warm and easy to use for anyone who uses a wheelchair. We also have a lightweight, waterproof bodycoat ideal for warm, damp weather," Zoey's mother said. "Our product has specific, patented openings for harnesses, and the manufacturing is done in Grand Rapids, Michigan. John and I handle all aspects of the business. We keep our pricing as low as possible so families can afford this help for children with special needs. We also have the opportunity to gift many bodycoats through a grant program with a Michigan foundation, Lori's Voice." (https://lorisvoice.org/) The Harrisons now have three patents that apply to items that help children with special needs and have plans to introduce more products. "The need exists, and the product is great," Jennifer Harrison said. "We are hoping once we begin to make a profit, we can set up a medical trust for Zoey."

John and Jennifer Harrison

The Harrisons are a busy, lively family, and although presented with challenges at times, their focus on helping others nurtures a meaningful life for each of them. "There are no words to describe the feeling we get from helping others," Jennifer said. "We receive feedback from most of our customers, and we love hearing how our products have made the lives of others easier."

CONTACT

Contact the Harrison family at INFO@XABILITYSTORE.COM.

Zoey Harrison is a 14-year-old ninth grader who was diagnosed with cerebral palsy when she was 2 years old. She lives with her parents, John and Jennifer Harrison, and four siblings in Ithaca, Michigan. When she was 10 years old, Zoey expressed a need for an easy way to bundle up for recess during cold weather, which was the impetus for the family e-commerce business, Xability, which produces bodycoats for wheelchair users.

NCART UPDATE AND 2024 INDUSTRY ISSUES

Written by: **WAYNE GRAU**

POWER SEAT ELEVATION- UPDATE

The Centers for Medicare and Medicaid Services (CMS) issued its preliminary coding and fee schedule determination in early November for Medicare coverage of power seat elevation systems. CMS held a public meeting on November 30, 2023, to gather additional stakeholder feedback.

NCART coordinated Complex Rehab Technology (CRT) industry experts to present information regarding concerns and recommendations in response to CMS' preliminary decision, which included:

- Discontinuation of existing HCPCS Level II code E2300.
- Establish two new HCPCS Level II codes reimbursed at a set fee schedule amount of $2,261.89.
- Discontinuation of Group 2 Power Wheelchair HCPCS codes K0830 and K0831.
- NCART's code application presenters focused on the following:
- Power seat elevation technology should be coded as a stand-alone system (similar to power tilt systems), not an accessory.
- An HCPCS code must be created for CRT heavy duty power seat elevation systems.
- Using a gap-filing method to establish an allowable for this technology is not appropriate.
- Discontinuation of HCPCS codes K0830 and K0831 should be delayed, allowing time to gather additional data and avoid any unintended consequences.

The CMS final coding, benefit category and payment decisions are expected to be published on CMS' HCPCS website in February 2024 and effective April 1, 2024.

UPDATE ON COVERAGE FOR POWER STANDING SYSTEMS

The industry eagerly awaits CMS' decision to open the coverage determination for Power Standing Systems. While CMS has not confirmed a date for opening the NCD currently, we are continuing to work to strengthen the advocacy for them to do so. NCART has specifically confirmed the NCD for power standing is on the CMS wait list posted on the CMS website for action. We will continue to monitor and advocate for its release for public comment, the first formal step in the process.

Once the NCD is released, we will mobilize CRT advocates to provide information and comments to CMS just as we did for power seat elevation systems. Stay tuned for additional updates in 2024!

UPDATE ON THE CONSUMER CHOICE BILL FOR TITANIUM AND CARBON FIBER WHEELCHAIRS – HR 5371

Rep. John Joyce, R-Pa., introduced HR 5371, a consumer choice bill, to rectify a past misinterpretation of Medicare policy. HR 5371 will offer consumers the choice of the proper manual wheelchair to fit their lifestyle. Should this legislation become law, consumers, once again, will be able to choose either a titanium or carbon fiber manual wheelchair frame and will be allowed to pay for this upgrade using their personal funds. Presently, Medicare beneficiaries are prohibited from upgrading to the equipment to best fit their specific needs.

An amended version of the bill was successfully voted out of the Energy and Commerce Committee of the House of Representatives. While we await a vote of the full House, lobbying efforts have begun in earnest in the Senate.

PARTNERING WITH CLINICIAN TASK FORCE TO FIGHT IMPROPER MEDICARE ADVANTAGE POWER WHEELCHAIR DENIALS

NCART and the Clinician Task Force (CTF) continue to gather data about improper Medicare Advantage denials. The data will be used to evaluate whether the Medicare Advantage plans follow Medicare guidelines when they are prior authorizing power wheelchairs. Any information shared with the CTF will be kept in the strictest of confidence, and all data will be scrubbed and de-identified to ensure confidentiality and compliance. NCART has heard from our members

> NCART HAS HEARD FROM OUR MEMBERS THAT IMPROPER DENIALS ARE HURTING THEIR ABILITY TO PROVIDE THE PROPER EQUIPMENT FOR THEIR CONSUMERS, AND IT NEEDS TO BE ADDRESSED.

that improper denials are hurting their ability to provide the proper equipment for their consumers, and it needs to be addressed. If your company or a consumer you work with has had a power wheelchair that you believe has been improperly denied, please go to https://tinyurl.com/3k5mrvmy and submit your information.

STATE BATTLES

Coverage and funding at the state level plays a vital role in the availability and provision of CRT products and supporting services. NCART offers providers, manufacturers, associations and policymakers strategic advice and direct advocacy on state issues to protect and improve access to CRT.

When a significant access issue is identified within a state, NCART's Payer Relations Committee and state work groups convene to review the problem, identify the needed solutions and implement the necessary advocacy plans.

This year, NCART's Payer Relations and CRT Repair Reform Committees advocated in over 20 states on matters directly impacting access. These efforts will continue into the new year, and we look forward to providing regular updates on our work. To learn more about the committees and individuals involved, do not hesitate to contact executive director, Wayne Grau, at wgrau@ncart.us.

THANK YOU

I want to thank Mickae Lee for all her contributions to NCART, our members and the CRT industry. Lee has begun a new chapter in her career as the senior manager of government affairs for Permobil. Mickae was part of the NCART team for 11 years, and she was a significant contributor to its success. She participated in and led many committees, the Legislative Fly-in and CRT Awareness week that contributed to the organization's success. I will miss her daily insight and calming demeanor as we worked on all the industry's challenges. I am happy that she will remain involved in NCART as a member of the Permobil government affairs team.

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 rely 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. For more information visit www.ncart.us or email wgrau@ncart.us.

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

HME INDUSTRY TALES OF SHAME, DEGRADATION AND HOPE: RUNNING A SUCCESSFUL BUSINESS WHILE MAINTAINING A CLIENT-CENTERED APPROACH

Written by: **CHARLES HARRISON, BPE**

"THERE IS ONLY ONE VALID DEFINITION OF A BUSINESS PURPOSE: TO CREATE A CUSTOMER."[1]

There are endless metrics employed when defining "success" in the business world: EBIDTA, Free Cash Flow, Operating Income etc.—the list goes on and on. While these outcomes are undeniably important, what separates the Home Medical Equipment (HME) industry from other sectors is none of these tangible measures is achievable without a maniacal focus on the most important link in the value chain, the customer. Understanding and prioritizing the needs of the people who require the use of the vast array of goods and services offered by the various enterprises and/or institutions who manufacture, prescribe, deliver and service their equipment is the key driver and cornerstone of a successful HME business; failure to make this a company's number one priority is a guarantee of ... well, failure!

It is a near universal truth that no one plans a career in the HME industry. As I enter my 33rd year in this unique field, I cannot think of a single person I have met globally who consciously chose to become an HME professional regardless of the role they currently or have historically assumed. Heck, most of us had no idea this was a profession that even existed because when all is said and done, we provide products no one wants until they truly need them. This is one of several key differentiators between the landscape we operate in versus the vast majority of other commercial entities. Realistically, how many people wake up on a brisk autumn morning and say to themselves, "I think I'll head down to my local HME provider today and roll through the shop looking at the new fall line of condom catheters!" As such, is critical to keep the concept of "unwanted until needed" front of mind across all functions when developing business strategies, tactics and, most importantly a client-centered culture to have any chance of succeeding in our exceptional space.

My first job in HME was ... interesting. I had an undergraduate degree in exercise science; post-graduation I was first employed by a provincial government sports and recreation organization, which provided a variety of programs for people living with disabilities, and then worked in the rehab department of a residential facility for veterans. These roles exposed me to medical devices for the first time, albeit superficially. I observed a local supplier working with the occupational and physical therapists in our clinic and thought to my 25-year-old self, "My hours of work are 1:00 pm to 9:00 pm, and my days off are Monday and Tuesday – that looks like a pretty sweet gig, and hey, how hard could it be?" As they say, ignorance is bliss, and I was about to discover I was positively joyous!

I applied for a job as a salesperson with one of the providers who called on us and thus began my journey into the world of HME. As it turned out, the provider who hired me was not the gold standard in terms of onboarding and training their staff let alone providing best-in-class service to our customers. On my first day, I was handed the binders of what were "The Big Three" manufacturers at the time, instructed to direct any questions to the techs and was informed I would be calling on care homes and LTCs by Thursday. I barely knew the difference between a wheelchair and a wheelbarrow! What could possibly go wrong?

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iNRRTS is pleased to offer another CEU article. This article is approved by iNRRTS, 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.

HME INDUSTRY TALES OF SHAME ...
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True story—the names have been changed to protect the innocent and ignorant: I literally got thrown out of my first ever wheelchair evaluation. Early in the second week of my new job, a call came into Provider "L" requesting someone come to a private residence with "a wheelchair" for an unfunded, self-paying client we shall call Mrs. Terrifyingov. No prescriber was involved. Details, which might have been valuable for a competent assessment (although I was about as far from being "competent" as one could imagine), i.e.—the client's diagnosis, prognosis, anatomical measurements and desired goals were neither gathered nor provided. I approached Manager AC and asked how I should proceed. He took me to the area where we stored the meager inventory we had on hand (as I was soon to find out, Provider "L's" owner had a tendency to not pay our suppliers in a timely fashion, hence a shallow pool to draw from), rolled a wheelchair from Manufacturer "Q" toward me along with a cushion from Manufacturer "R," which was "almost the right size" for said chair, and wished me luck.

I loaded the equipment into the van and, filled with trepidation, headed off to my inaugural appointment. As I pushed Manufacturer "Q's" chair bedecked with Manufacturer "R's" nearly-the-right-size cushion resting on the sailcloth upholstery down the apartment building's long hallway with one hand while clutching my little red toolkit in the other, I was beginning to seriously question my career choice. I took a deep breath, assured myself things were going to be just fine and knocked on the door. It swung open and there, supported by an inappropriate two wheeled aluminum walker laboring beneath her, loomed Mrs. Terrifyingov, a person with a goulash thick Eastern European accent and of proportions that far exceeded the dimensions of equipment I had on hand. To be clear, Mrs. T deserved the most appropriate piece of equipment available to meet her needs along with someone with the requisite expertise to properly assist and guide her through the evaluation process. The failure to furnish her with these basic requirements was the sole responsibility of Provider "L." The company's complete lack of customer focus, care and the inadequate training they afforded their employees across the org chart was wholly unacceptable and (spoiler alert) harbinger of their ultimate demise.
She waved me in, motioned to a space she wanted me to place the chair. Then, once positioned, did a collapsing transfer onto Manufacturer "Q's" product. It was immediately evident, even to a neophyte like me, the equipment I had been instructed to bring to the appointment was completely inappropriate; the side panels of the armrests were bulging out to the extent that they were rubbing against the wheels, the back height was so high it was pushing Mrs. T forward, which resulted in the chair being dangerously front heavy as the caster journals were placed in the trailing position, a truly unsafe situation. However, being completely inexperienced and having no other options, I foolishly decided to try to make the best of the situation and at the very least attempt to get the right measurements for a second visit. I got down on my knees to adjust the footrests to the right height. Because I was so nervous, I set my ratchet to tighten, not loosen and promptly sheared the head off the bolt trapping the pivot slide tube in the front hanger. A justifiably frustrated Mrs. Terrifyingov looked down at me and boomed, "You! You don't know what you do! Get OUT!!!" So, after assisting Mrs. T back to her aluminum walker, I did the walk of shame down the long hallway, pushing Manufacturer "Q's" wheelchair adorned with Maunfacturer "R's" nearly-the-right-size cushion in one hand and my little red toolkit in the other.

Given the circumstances, it wouldn't be untrue to say that I was considering waiting until Provider "L" closed up shop, dumping the equipment in the parking lot then vanishing permanently into the night, BUT in

THE MOMENT PEOPLE OR BUSINESSES CEASE TO EMBRACE AND INVEST IN THE EDUCATION PROCESS, WHETHER BY INDIVIDUAL CHOICE, SHORTSIGHTED BUDGET RESTRAINTS, INTELLECTUAL ARROGANCE OR ANY OTHER INDEFENSIBLE LINE OF REASONING MARKS THE BEGINNING OF THEIR INEVITABLE DOWNFALL.

addition to the facts that Mama Harrison didn't raise no quitters and the prospect of returning to my college job working in the late night hospitality scene was simply no longer an option, I really needed a steady income. The decision was made to cowboy up and refocus my efforts on never putting a client or myself in the untenable situation Mrs. T and I had unfortunately shared again ... EVER!

Time for another pearl of wisdom from Peter Drucker, "We now accept the fact that learning is a lifelong process ... and the most pressing task is to teach people how to learn."

So where to start? I had some experience working with people who used HME equipment prior to getting into the business and possessed a decent level of knowledge of both structural and functional anatomy given my formal education, so it seemed obvious that not knowing anything about the products was going to be my biggest initial challenge. The internal resources at Provider "L" were basic at best, which made it obvious that the learning I desperately required would have to be sought out elsewhere. I had observed there were these mysterious creatures who appeared in our store on a semi-regular basis who represented the companies that manufactured the products we provided to our customers. Ahhhhh, could this be the key to unlocking the hidden secrets of the staggering array of equipment I needed to learn about to pay the bills? As it turned out, the area I was exceptionally lucky to reside in had three extremely knowledgeable manufacturer's reps who had worked on my side of the fence who were willing to invest some time in helping the new guy find his way even though my employer had a less than stellar history of keeping his accounts in good standing. I am forever indebted to these individuals for explaining their product hierarchies and applications to me in beginner's terms as well as teaching me the basic ins and outs of how our provincial reimbursement programs worked. As it turned out, there actually WAS value in allocating time to the education and onboarding processes for new hires that extended beyond the distribution of product binders: What a concept!

I was also unbelievably fortunate to have resided in a city that hosted the International Seating Symposium, a world-class forum I was able to attend within the first eight months of joining the HME industry. Despite being completely overwhelmed by the volume and content of the material offered to attendees, I now fully understood that while the initial learning curve for people entering our business is Everest-steep, there are an abundance of knowledge Sherpas who have a true passion for education and are enthusiastic about sharing this information with those who are eager to learn along every step of our never-ending climb.

Newly armed with a thin but solid foundation of skills, I now felt confident and competent enough I would

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never find myself in the type of situation that resulted in Mrs. Terrifyingov sending me packing. I was also acutely aware my now chosen field would require an infinite amount of learning. This is another universal truth in the HME universe: Success, no matter how it is measured, is directly correlated to an individual or entity's willingness to expand their knowledge base. The moment people or businesses cease to embrace and invest in the education process, whether by individual choice, shortsighted budget restraints, intellectual arrogance or any other indefensible line of reasoning, marks the beginning of their inevitable downfall. I have witnessed it repeatedly over the past three decades with both providers and manufacturers alike and the stakeholder who pays the steepest price for this retrograde practice is inevitably the client.

WHEN YOU DISTILL THINGS DOWN TO THEIR VERY ESSENCE, WE ARE IN THE BUSINESS OF INDEPENDENCE AND CONVENIENCE.

There is a frequently used axiom in the HME business that states our industry is a giant monkey tree; you shake the tree, the monkeys fall but land on different branches. When the tree this monkey resided on first got shaken, I had the good fortune of being dislodged from Provider "L's" branch (unsurprisingly, that branch eventually rotted and fell into the Abyss of Long Forgotten Providers), defied gravity, fell up the tree and landed on the lofty branch of Provider "A." This was where I truly started to receive the most valuable piece of my HME education, in no small part because Provider "A" was owned by an individual who used the equipment we sold because of a spinal cord injury he sustained at age 19. In addition to the proprietor of the business being an end user, the majority of my colleagues also relied on our products in one way shape or form. I now shared a work environment surrounded by people with lived experience who I could approach with questions about why all those options on the manufacturer's spec sheets were important in the real world. In terms of learning, this was the equivalent of going from an online high school GED class to a Ph.D. program at an Ivy League school combined with an internship program led by Steve Jobs. Here was an enterprise that embodied the purpose of what the HME business is truly all about: ensuring the client receives the most clinically appropriate equipment the market has to offer.

Working in this environment also made me realize the industry we are in is a service-based industry: full stop. That is not to say sales and the accompanying revenue derived from those sales aren't important, obviously, they are critical factors to keep the enterprise viable, but sales without top-shelf service people/programs delivered expeditiously is vital to attract and, equally if not more important, retain customers - it is another cornerstone of a client-centric operation.

Another fact that became readily apparent is technicians and customer service staff members have more frequent contact with a client over the life cycle of their products than a salesperson does. With this in mind, successful operators in HME understand associates employed in these functions also require ongoing education; it is an investment well worth making in today's environment of rapidly expanding and more complex technology.

We have now established there are a number of cornerstones to be laid in an effort to create a viable HME business: a disciplined focus on satisfying the client's needs combined with ongoing clinical/product/technical training and education across all functions, but what is the most important requirement to build an enterprise for success over the long haul? The answer is quite simple: truly understanding the business we are in and then tirelessly channeling our efforts toward ensuring that every decision, investment and strategy we undertake creates a culture tailored toward achieving outcomes associated with that business. So, what IS the business we are in? When you distill things down to their very essence, we are in the business of **independence** and **convenience**. Our clients' lives are filled with endless challenges that revolve around these two factors: it takes them exponentially longer to get out of bed in the morning, to use the bathroom, to get dressed, to access whatever means of transportation they may require to get to work, go to their appointments or social events, to just live their lives, and they frequently rely on other people to assist them with these activities. Every single aspect of how our organizations operate should be structured around this consideration if we are to consider ourselves truly client-centred.

In his book on leadership, "The Infinite Game," author Simon Sinek discusses the necessity of developing a cultural mindset around a "Just Cause" upon which a business can position itself for long-term sustainability and success. He defines this just cause as being, "a specific vision of a future state that does not exist yet; a future state so appealing that people are willing to make sacrifices in order to help advance toward that position."[3] (page 30). Applied to the HME industry, our "Just Cause" should ideally align with the business we are in – independence and convenience – which is fluid and who's future state has no defined end point. Therefore, as the technology we currently have continually improves, so must our business practices and processes. It is, to quote Mr. Sinek, an "Infinite Game."

THE BOTTOM LINE IS WE ARE COLLECTIVELY FAILING TO CREATE A CULTURE OF SUCCESS FOR FUTURE GENERATIONS OF PROSPECTIVE HME EMPLOYEES.

We have all seen a variety of mission statements in our industry promising lofty outcomes, which usually revolve around a company being "The Best," "The Leaders," "The Highest Quality," etc., etc., but to once again quote Mr. Sinek, these supposedly inspirational messages are, "Egocentric – about the company: They look inward and are not about the future state to which the products and services are contributing." They do not meet the five criteria he specifies as a "Just Cause," which must be: "For something, Inclusive, Service Oriented, Resilient and Idealistic"[4] (page 33). Aspiring to provide our clients with the maximum amount of independence and convenience and constantly upgrading our ability to do so as markets, reimbursement and technologies evolve, most certainly DOES qualify as an unassailable "Just Cause." If enterprises wish to be successful in our space, whether they be manufacturers, distributors, clinically-based service organizations or HME providers, they must challenge themselves to structure their

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business practices around this concept and have the flexibility to adapt to an ever-changing landscape. The graveyard of failed HME entities is scattered with the bones of those who did not.

Druckerism the third: "Culture eats strategy for breakfast."[5] We have a problem in our beloved industry that threatens our odds of future success no matter how it is measured: We are aging out. iNRRTS recently published a terrifying statistic we should all be paying attention to – the average age of an iNRRTS Registrant is 50 years old. There is no doubt this demographic challenge is nonborder specific. How on Earth did this happen? Pink Floyd had it wrong when they famously sang, "And then one day you find, 10 have got behind you."[7] It was 20, and it needs to be addressed. It's a fair assumption the learning curve in the HME world is growing ever steeper and no matter how smart a new person entering our sector may be, no matter what their academic or technical background is, and no matter how hard they work, it is impossible to flatten it. The product selection is larger than ever, the clinical knowledge base is expanding as new studies and research provide additional insights into how specific conditions develop/are treated on a continual basis, reimbursement models are changing, and the technological skill set required to merge these three factors for optimal client outcomes becomes increasingly complex every single year.

Given the previously cited statistic on the average age of iNRRTS Registrants, most of us have long since forgotten how hard it was to get up to speed to be a useful resource for our clients, prescribers and employers, let alone truly comprehend how challenging it is for young people entering our chosen

A COMPANY CULTURE CENTERED AROUND THE 'JUST CAUSE' OF MAXIMIZING OUR CLIENT'S INDEPENDENCE AND CONVENIENCE TICKS ALL OF THE BOXES ASSOCIATED WITH THE CONCEPT OF A PURPOSEFUL CAREER.

field today. Unfortunately, this is true across all HME functions, especially our underappreciated, unsung industry heroes — the technicians who face physical demands and conditions other associates do not. A show of hands: How many people want to be approaching 60 and have to load a seized-up power chair with a fully loaded powered seating system into a cargo van … in the middle of the winter … in Buffalo … or Winnipeg? Don't all volunteer at once now!

The bottom line is we are collectively failing to create a culture of success for future generations of prospective HME employees. This is exacerbated by a misconception among far too many baby boomers and Gen Xers that all people under 25 years old are stupid, lazy and entitled; they are **NOT**; the problem is **US!** We have not been effective in terms of creating an awareness of the employment opportunities the HME industry has to offer, identifying and recruiting talent and then successfully onboarding, training and retaining that talent over the aforementioned critical two first years.

Unfortunately, there is no magic wand we can wave to conjure up a sorcerer's apprentice-like army of new RTSs, technicians, seating specialists or client care/customer service associates, but there are a number of controllable factors we should be prioritizing:

1. Identify talent at the source — Collaborate with colleges, universities and tech schools to attend job fairs and, if possible, participate in internship or placement/programs targeting occupational and physical therapy, kinesiology, industrial design, prosthetic and orthotics, rehab technology, electronic technology and office administration programs.

2. Hire for culture; train for skills — Clearly and consistently articulating our industry is purpose-driven and what we do matters resonates with people, particularly younger generations who want to make a positive contribution to society. As previously stated, a company culture centered around the "Just Cause" of maximizing our client's independence and convenience ticks all of the boxes associated with the concept of a purposeful career versus the antiquated view that the nature of work is purely contractual or transactional.

3. EDUCATE! EDUCATE! EDUCATE! — To roll out a tired axiom: Knowledge is power, and it is our obligation to empower our associates with the intellectual tools they need to provide our clients with the best experience possible. New hire learning opportunities are the foundation of successful onboarding programs, and for maximal impact, should include job shadowing and hands-on training across all functions to gain a holistic understanding of the variety of roles required to operate a successful HME business. Ideally, this should include exposure to clients and their caregivers whenever possible and extends to the manufacturing sector as well as providers.

4. Don't forget the money — We operate in a for-profit industry, so it is also important to ensure we provide a base level of formal business education to prospective employees in an effort to develop a comprehensive understanding of how/where revenue is generated internally and externally, the importance of responsible inventory management, prioritizing client needs while maintaining sufficient margin to create positive cash flow, etc. The fact we require profitable outcomes is not something our associates should be afraid to discuss with clients, their families or clinicians should that occasionally thorny issue be raised. All aspects of providing a high level of service and ongoing product innovation require significant capital, and it is completely acceptable to respectfully engage in that discussion.

There has been a significant level of consolidation across the HME industry over the past 10 years at all levels. Professional management teams, very well-educated and intelligent people, have been brought in from other sectors with mixed results.

When new leaders assume the principles that may be effective in the retail or commodity-based sectors from whence they came can be forced into our world which is significantly more service intense, the potential for failure grows significantly. Once an enterprise's messaging shifts from client-centred solutions to jargon monoxide such as "Recalibrating our priorities to maximize shareholder value," deep cuts to training/education programs are introduced and mass layoffs are initiated to achieve short-term, arbitrary financial goals; these are businesses positioning themselves for failure.

Successful outcomes have been derived when new leaders have embraced the notion we are a service-driven industry, the needs of our clients associated with the "Just Cause" of independence and convenience are prioritized, and success can be achieved while keeping these factors central to their operations. This is the future state we should continue to pursue and understand: PURPOSEFUL PEOPLE PRODUCE PROFITS!

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Charles Harrison BPE, has over 30 years experience in the Complex Rehab Technology industry on both the provider and manufacturer sides of the business. He has held a variety of positions in sales, sales leadership, training and education, national accounts, business development and business analytics.Harrison's journey into the Home Medical Equipment industry started with positions at the BC Sport and Fitness Council for the Disabled and the rehab department at the George Derby Centre for Veterans in Burnaby, British Columbia. He is a graduate of the University of British Columbia's School of Human Kinetics with a specialty in exercise science and the Schulich School of Business Master of Management.

REPLACING THE OLD SHOE

Written by: **DIANE BECKWITH, PT, ATP, AND WEESIE WALKER, ATP/SMS**

This case study is presented from the viewpoint of the clinician and the supplier when providing a new seating and mobility system as a replacement to an old, worn system, i.e., the old shoe. This can become a long, arduous process. What impacts the person's sitting tolerance, balance in the seat and ability to function? Control of muscle tone, dystonia, abnormal movement patterns, and pain/discomfort must be addressed. As everyone knows, one adjustment leads to having to adjust elsewhere. The time spent on delivery can add up to unrealistic billing times and sometimes volunteer hours to get it done.

CLINICIAN VIEWPOINT

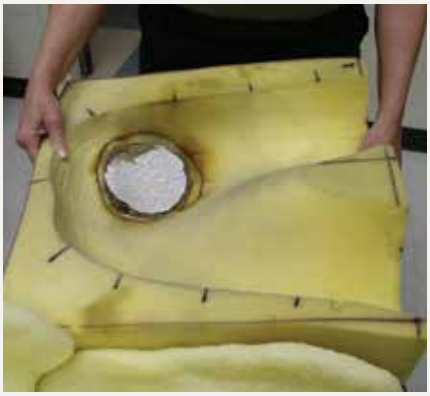
During my 35-year career working in a seating clinic, I encountered many challenges replacing a client's seating and mobility. Many such individuals come to mind: A muscular dystrophy client who has been sitting in a sling seat that is so old that the seat upholstery has now conformed to his pelvis and thighs, trunk leaning forward with the abdomen approximating the thighs. In this case, the obvious recommendation was to transition this client to a power wheelchair with tilt. The angle of the back is brought to an acute angle to match the hip to back angle of the client. Tilt is recommended to compensate for the downward angle of the trunk and for weight shifting, but when using tilt, the client's head falls back. Now the client has limited sight and reach. The flat seat pan does not mimic the large convexity of the pelvis and thighs. How does one position this client for function when muscle grades are gravity assisted? Tilt systems are recommended to address progressing muscle weakness, but do we think about the impact of function when such a transition is made? Seat height is often an issue with the transition from manual wheelchairs to power. There are many ways for a new system to fail the client.

Many clients become used to their seating system; the shape, the density of the foam, the height and depth of the back and then years later the manufacturer changes something. Suddenly, the system no longer "feels the same," or simply is now new and no longer soft and worn out! So, our solution then becomes a custom seat or back:

THIS CASE STUDY IS PRESENTED FROM THE VIEWPOINT OF THE CLINICIAN AND THE SUPPLIER WHEN PROVIDING A NEW SEATING AND MOBILITY SYSTEM AS A REPLACEMENT TO AN OLD, WORN SYSTEM, I.E., THE OLD SHOE.

Can we duplicate the previous system? Can we add a lower density foam overlay? Do we have enough depth in the seat to do so? I have had numerous clients or family members reject molded systems when the density of the

Evaluation day in the old chair



Heather's original molded seat — 12 years old.

Make the arm trough just like this

foam is too "hard." I have learned to agree that the higher density foams do not allow for enough emersion into the foam for controlling rotation and providing some pressure relief on bony prominences. I will argue that total contact in some cases is just not enough.

Heather, our case study, is a young girl in her early 30s with mixed muscle and athetoid quadriplegia. She has a persistent ATNR, dominated by head extension and rotation to the right. Dystonia is quite severe in the upper body. She has a strong and persistent tremor in the hands. The tremor and athetosis is so severe that each arm and hand must be secured with straps to the arm trough. Her fingers are wrapped in padded tape so that her skin is not rubbed raw by her constant movement. Contractures are present throughout, but her arms can rest at 90 degrees in arm troughs if secured tightly. Hips flex to at least 90 degrees. She has some isolated movement in her ankles/feet.

Can she see the display?

She is verbal but very dysarthric. Her mother interprets most of the time. She has a communication device, but this is slower than interpretation. She has a high level of cognitive functioning as indicated by her ability to reply to our questions and to laugh often; probably directed at her seating team for being so stupid! Much of her replies are lost in translation. Dysautonomia was a problem, particularly heat intolerance. Her scoliosis is severe enough to make it obvious from the start that a custom molded seating system is in order as she has on her current wheelchair. Her old wheelchair is just that. Old and needs to be replaced. It works for her for the most part therefore we agree from the start that we will be trying to copy her system to promote functionality once again. Of course, we are always considering alternative and newer product options. Family members often want new alternatives as well but new means different and can be difficult to get used to.

SUPPLIER VIEWPOINT

Every supplier and clinician can share a story about providing replacement chairs. Our experience with Heather was an adventure and a valuable learning experience. The goal was to duplicate the current seating and postural supports as it had taken many years to fine tune the system for comfort and function.

Heather's current wheelchair was a Quickie P200 with a Tilt Master system that was over 12 years old. No problem there, right? Neither of these products was available. Her seating system was a carved foam seat and back provided by Jody Whitmyer[1]. (Yes, THAT Jody Whitmyer). Every component of her seating was custom modified in Jody's shop: the arm troughs, the headrest, the chest harness, the padded straps. Nothing that couldn't be reproduced with a sewing machine, welder, CNC machine[2]. This model of service was not an option.

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Heather in her new chair.

REHAB CASE STUDY ...
(CONTINUED FROM PAGE 27)

Our approach for the new seating system was to measure each component carefully and send the specifications to the manufacturer with drawings. We had several options for molded seating, so we picked the type that offered the softest density of foam.

Heather chose to go with a mid-wheel power base with power tilt. Given that Heather drove the chair and operated all the functions with a joystick and three switches she operated with her feet, it was not possible to do a trial. Heather was confident she could adjust to mid-wheel over rear wheel drive.

With all the notes, drawings and measurements and funding approved, the orders were placed. This part of the process was more detailed and time consuming, but it was a commitment we made to duplicate the system that had served Heather well.

The initial fitting took place at the clinic. Everyone was anxious. How would the new postural supports feel to Heather? How would she tolerate the new molded seat and back? She was used to the carved foam that had lasted for 12 years! How would she like to drive a mid-wheel drive power chair with different electronics? How would the new shoe feel compared to the old shoe?

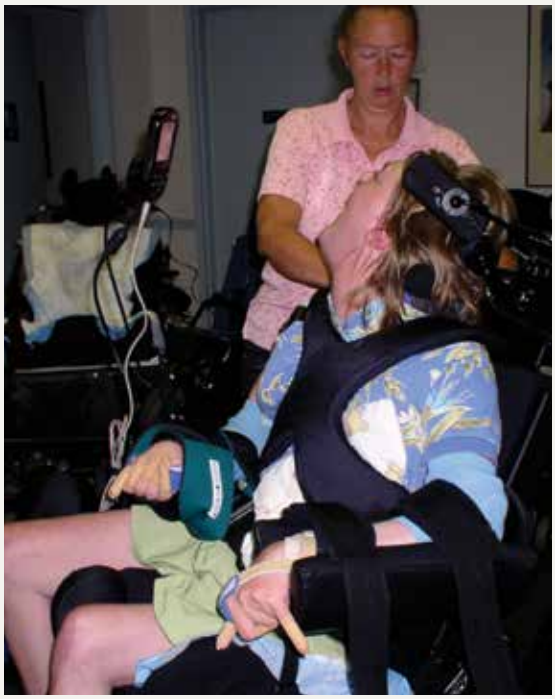
Heather was very adept at driving the new chair with a few programming tweaks. But, the seating, especially the seat cushion was not as comfortable. There is no way to duplicate the 12-year-old open cell foam. (Who knew that foam even lasted that long?) Within a few minutes, she had to be taken out of the chair. We carved out a relief area, adjusted the seat to back angle, adjusted the arm straps, the headrest and the arm troughs. Making too many changes at one time can complicate things. That was the first fitting.

Heather came back to the shop several more times for adjustments. Each time, we made a bit more progress toward increasing her sitting tolerance. We had provided all the prescribed custom-made components that came as close as possible to the old ones, but it just wasn't the same as that comfy "old shoe."

Throughout the break-in period, Heather never lost her sense of humor or her determination to adjust to the "new shoe." She faced respiratory complications along the way, further influencing her positioning and tolerance to the seating system. Sadly, Heather passed away in 2010.

CONCLUSIONS AND LESSONS LEARNED

- Manage expectations — There is no way to duplicate the "feel" of a old seating system. Prepare your client to expect a break-in period. Communicating this up front can help dissuade a person from immediately rejecting the system. It bears repeating this at every opportunity.
- Set realistic goals. As we noted, even if the client can get the same model of wheelchair, it is likely there will be changes in the newer model. Even minor changes can end up causing big problems in your client's functions.



Custom shaped chest harness

Old arm trough

Old headrest

In the molding frame

- Listen to your client and their caregivers carefully. They know what the specific needs are and how this technology will work best in their environment. Make sure you understand and ask questions when you don't.
- Plan for multiple follow-ups — The supplier and the client will need more time together for each to understand the issues and the limitations. Keep that communication open. Keep notes to show the progress you are making and the items that still need to be addressed.
- Be able to understand the difference between adjustments and postural support modifications. Know when it is time to return to the clinic for the therapist's input.

By all working together, we can reach a point of consensus that the new system is going to meet the client's goals so that one day it becomes the "old shoe."

CONTACT THE AUTHORS

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REFERENCES

[1] JODY WHITMYER-FOUNDER OF WHITMYER HEADRESTS AND WHITMYER BIOMECHANIX JODY WORKED WITH HEATHER DURING THE CREATION OF THE WHITMYER HEAD POSITIONING SYSTEM.

[2] CNC IS COMPUTER NUMERICAL CONTROL THAT AUTOMATES THE CONTROL, MOVEMENT AND PRECISION OF TOOLS, SUCH AS CARVING A SHAPE OUT OF FOAM

Diane Beckwith, PT, ATP, graduated from Emory University's Master of Physical Therapy in 1983. After a year working in an acute hospital setting, she was able to join the inpatient team at Emory's Center for Rehabilitation Medicine. After a brief stint on the general rehab floor, she worked on the brain injury unit for seven years, attending ISS in 1987. After attending ISS in 1987, the bug hit her. She used her skills providing seating and mobility for her ABI patients and in 1993 took over the Seating Clinic at Emory Rehab. The clinic served outpatient and inpatient complex wheelchair needs. Beckwith also provided services at the Emory ALS Clinic.

Beckwith retired in 2022. Due to reorganization of the hospital and her retirement, the seating clinic closed. Prior to retiring, Diane contributed to writing a chapter in the book "The Rehabilitation Specialist's Handbook" 4th Ed. 2013 by Roy, Wolf and Scalzitti entitled "Wheelchair Assessment and Prescription."

Weesie Walker, ATP/SMS, is the former iNRRTS executive director with over 25 years' experience providing Complex Rehab Technology to adults and children in Atlanta, Georgia. She has served on RESNA's PSB, Georgia Association of Medical Equipment Suppliers board and is a past president of iNRRTS. She currently is working on iNRRTS CE education. Walker is a Simon Margolis Fellow.

A BRIEF NOTE FROM THE NEW EXECUTIVE DIRECTOR

Written by: **ANDREA MADSEN, ATP**

As I open a new year as the new executive director, my thoughts continue to return to what is core to our organization. The small group of remarkable individuals who continue to pledge their time and talents to this organization and its mission have long fostered the embers central to our identity and will continue to shape our path forward. Our future relies upon our ability to share our mission and impact. And in this new year as iNRRTS, I already recognize the spark of a great renaissance for our organization. I truly feel we carry the torch that will light the way for our successors, and it is incumbent upon each of us to fan the flames and let the wildfire that is our passion and commitment to the elevation of excellence in Complex Rehab Technology (CRT) provision illuminate the world. To each of you reading this, thank you for your dedication to those we serve and to the profession of CRT provision at its very highest levels. I look forward to the great accomplishments we will celebrate in 2024.

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Andrea Madsen is the executive director of iNRRTS, the International Registry of Rehabilitation Technology Suppliers. She has over 20 years' experience providing Complex Rehabilitation Technology to adult and pediatric patients in Southern Minnesota, Western Wisconsin, Northern Iowa and internationally through her work with the Mayo Clinic. She holds a Bachelor of Science Degree in Business Management and Finance, is a credentialed Assistive Technology Professional and has been a Certified Complex Rehabilitation Technology Supplier®. She served for 10 years on the NRRTS Board of Directors and as committee chair for the Midwest Association of Medical Equipment Services. She has lectured for the University of Minnesota Rochester, University of Wisconsin La Crosse and the Mayo Clinic College of Medicine and Science.

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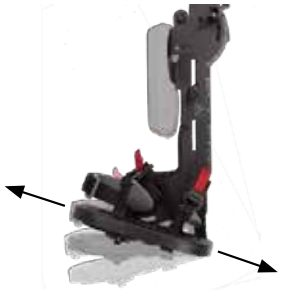

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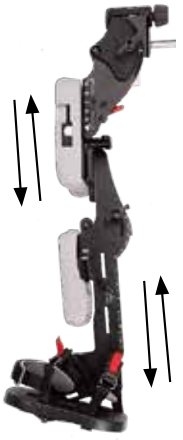

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RESNA: NEW WEBINARS COMING IN 2024

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

HAPPY NEW YEAR!

We're pleased to announce RESNA will be offering eight new webinars in 2024. All webinars will be offered on the third Wednesday of every month, starting February 21, at 12 p.m. ET. RESNA is an accredited IACET provider, and each webinar will offer 0.1 IACET CEUs. Webinars are free for RESNA members; the non-member fee is $45. Webinar recordings will be available on demand following the live webinar date.

On February 21, Marta Figueiredo, Ph.D., will present "Assistive Technology and Sensory Integration and Processing." The webinar will explore assistive technology and its characteristics and how it impacts neurodiversity. It will discuss how sensory processing needs and challenges are unique to each person and can change over time. This poses a special challenge for the assistive technology professional.

Check out the list of topics and presenters on the RESNA website!

SEATING AND MOBILITY SPECIALIST CERTIFICATION EXAM UPDATE

Thanks to the hard work of volunteers, the Seating and Mobility Specialist Certification (SMS) exam was updated last fall for the first time since its inception in 2010. The updated exam is on track to launch in the first quarter of 2024.

The Seating and Mobility Specialist (SMS) is a specialty certification for professionals working in seating and mobility. While the Assistive Technology Professional (ATP) is a broad-based exam covering all major areas of assistive technology, the SMS exam is focused specifically on seating, positioning and mobility. The program is intended for clinicians, suppliers, engineers and others involved in seating and mobility service provision.

As of January 1, 2024, there were 232 SMS certificate holders. If you think you might be interested, please check the RESNA website for the current exam outline, references and additional details. To be eligible to sit for the exam, you must already be an ATP in good standing and apply.

CALL FOR ATP AND SMS EXAM VOLUNTEERS

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

Any ATP or ATP/SMS in good standing is welcome to volunteer. Some volunteer opportunities consist of a half-day or day-long meeting; others are a few hours; some involve a handful of hour-long meetings over the course of a few weeks. If interested, please fill out our volunteer interest form (on the website under Membership, Volunteer and Leadership Opportunities) and upload your CV, or e-mail certification@resna.org. Please note, "Fundamentals in AT" instructors are not able to participate, due to the obligation to keep RESNA's education and certification programs separate.

ANNUAL NOTICE: RESNA CODE OF CONDUCT AND CERTIFICATION STANDARDS OF PRACTICE

RESNA's Code of Ethics and Standards of Practice reflects the commitment of all RESNA members, certificants and applicants for certification to the high standards of practice and ethics in the assistive technology field.

The Code of Ethics and Standards benefits and protects the public, provides practice standards for the assistive

technology field and advances the duty of care for professionals in our industry. Compliance with the Code and Standards is a requirement of initial certification and recertification as it is critical to the integrity of the individuals who hold RESNA Credentials. Violations of the Code and Standards may subject a certified individual or a candidate for certification to discipline as outlined in the Ethics Policies and Procedures.

We encourage all certified ATPs to review the Code of Ethics and Standards of Practice at least once a year to refresh their understanding and appreciation of the principles and ethical standards that guide our profession and industry. The Code and Standards may be downloaded from the RESNA website. All ATPs are also emailed the document directly by RESNA.

If you have knowledge of a RESNA-certified ATP who you believe is not following the Code or the Standards of Practice, you may want to consider filing a complaint with RESNA. RESNA's Complaint Review Committee of the Professional Standards Board (PSB) is charged with investigating and evaluating complaints through a peer review process that is credible to the public and fair to all parties. Complaints may be filed online through the RESNA website. Email certification@resna.org for more information.

CONTACT THE AUTHOR

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

WHO WINS WITH BLIND BIDDING?

Written by: **WRITTEN BY MICHELLE HARVEY, BSC HONS OT, RRTS®**

We explored this topic from the perspective of a client, therapists and vendors who have all experienced blind bidding in their provinces with different funders and for different equipment.

We interviewed all three parties, and we asked them the same three questions:

1. Do you believe blind bidding works and why or why not?
2. Do you feel blind bidding allowed you or your client to receive the equipment and service they needed?
3. Do you believe blind bidding should continue in certain provinces or with certain funders?

This article is from the client's perspective and will be the first of two parts that we will be featuring.

Client: Jenny and her daughter, Mya

Jenny's daughter has a rare genetic condition and is 6 years old. Jenny and her daughter's journey with blind bidding happened when Mya needed a stander.

Jenny started the blind bidding process with one vendor but received equipment from another. Jenny and her daughter live now in Alberta but originally received their equipment in British Columbia. Jenny and her daughter had already maximized their British Columbia provincial funding with the purchase of a walker the previous year.

They began the long process of self-funding most of the money through contributions from Mya's grandparents and wider family circle, as well as a generous donation from the company Jenny worked for.

The family required access to charity funding for the stander as the cost of the equipment was over $6,000. The amount they needed from the charity was less than $1,000.

Working with their private physiotherapist, Jenny filled out the application form for a charity that asked for three quotes from three vendors.

In total, the entire process took 14 months — from assessment through to receiving the equipment.

QUESTION 1. DO YOU BELIEVE BLIND BIDDING WORKS AND WHY OR WHY NOT?

No, from myself and my daughter's experience, it doesn't work. I don't see how it saves money.

All three vendors had to do quotes, Mya's physio had to do two assessments instead of just one. It was so much more administrative paperwork, and it took over a year.

I felt under pressure as our family and my work had contributed to Mya's stander; they wanted to see her progress, and we were halted from moving forward quickly.

QUESTION 2. DO YOU FEEL BLIND BIDDING ALLOWED YOU OR YOUR CLIENT TO RECEIVE THE EQUIPMENT AND SERVICE THEY NEEDED? WHY?

No, we ended up receiving a piece of equipment from a vendor who didn't specialize in pediatrics, and it was the first stander they brought to market.

That made me very nervous as a parent. The vendor ended up ordering an incorrect stander, and we had a lot of back and forth with the vendor. We needed five different appointments just to get Mya what she needed.

The vendor's bid was $347 less expensive than the other vendors, even though the two other bids were for MSRP.

The vendor that took such care and attention – who we trusted and had used for other pieces of equipment – was not awarded the charity funding piece. We couldn't afford to fund the $347 difference. Our chosen vendor agreed to drop their price to match the $347 difference, but the awarded vendor did not want to give up the sale.

MYA'S PHYSIOTHERAPIST WAS LEFT WORKING WITH A VENDOR WHO HAD NO EXPERIENCE WITH THE EQUIPMENT OR PEDIATRICS AND WE WERE PAYING HER PRIVATELY TO ASSESS AND RECOMMEND THE PIECE OF EQUIPMENT.

The chosen vendor didn't even have a demo stander we could try again, so they could measure Mya before purchase. The process had taken so long, and she had grown so much.

QUESTION 3. DO YOU BELIEVE BLIND BIDDING SHOULD CONTINUE IN CERTAIN PROVINCES OR WITH CERTAIN FUNDERS?

No, there must be a better way. I feel it really restricts our choice as the client.

I don't understand why clients are made to take part in this process; and when I spoke to the charity, they couldn't really answer that question either.

I can't see where it makes sense. I can only see that it takes more time and significantly adds a lot of frustration to the whole process.

Even the repairs and growth after Mya had been using the stander. The technicians from the vendor still struggle as it's not common equipment for them. They've told us many times that it's not their specialty area of equipment, and pediatrics isn't something they do a lot of business in.

This meant Mya's physiotherapist was left working with a vendor who had no experience with the equipment or pediatrics and we were paying her privately to assess and recommend the piece of equipment, she ended up doing everything twice.

We were lucky enough she didn't charge us twice, but other families may not be as lucky.

As a parent advocating for Mya, I was left so frustrated and disappointed.

Next time I'll not participate. There must be a better way.

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Michelle Harvey, BSC HONS OT, RRTS®, is vice president of sales and product for HME Home Health. Harvey is a iNRRTS Canadian Review Chair, serves on the Canadian Advisory Committee and became a iNRRTS Registrant in July 2021.

UNITE4CRT UPDATE

Written by: **JENNY SIEGLE AND JEN MENDENHALL**

Imagine the freedom of rolling onto an airplane IN your wheelchair, no aisle chairs, no transfers, just backing into your spot and securing your wheelchair. Or how about the feeling of using your joystick to raise your wheelchair to a standing position and grab your favorite coffee mug off a high shelf. Maybe you need a new pair of pants with pockets you can access or are made to unzip when you need to make a medical adjustment. Wouldn't it be an incredible professional experience to receive a promotion at work consistent with your nondisabled coworkers? Are you curious how you can find that dream job or career and keep your disability benefits? Possibly your child needs guidance on how to maneuver their new hot pink power wheelchair.

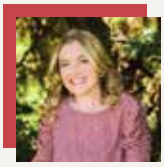
JENNY AND JEN ARE SO EXCITED TO BRING YOU LIVELY DISCUSSIONS ABOUT COMPLEX REHABILITATION TECHNOLOGIES AND RELATED AREAS OF INTEREST.

If these questions are familiar to you or spark your interest, please tune in to the Unite4CRT engaging and informative podcasts discussing various aspects of complex rehabilitation technologies. Our podcasts will include real people with lived experience. Topics will include: benefits planning and finding your perfect job with the accommodations you may need, fashionable and functional adaptive clothing lines, innovations for airline travel with a wheelchair, legislation for power wheelchair necessities such as sit to stand capabilities and preparing youth to embrace their Complex Rehab Technology. We also invite you to email us your questions, thoughts, challenges and successes to include in future Unite4CRT podcasts.

Jenny and Jen are so excited to bring you lively discussions about CRT and related areas of interest. Unite4CRT podcasts links will be posted on the iNRRTS website and via QR code in DIRECTIONS magazines. The first Unite4CRT podcast will be available March 1, 2024.

CONTACT THE AUTHORS

Jenny and Jen may be reached at
UNITEFORCRT@GMAIL.COM



Jenny Siegle is a producer for Altitude Sports in Denver, Colorado. After working in this industry for over a decade, she knows that sports fans want to get the headlines but have it delivered in a unique and entertaining way. Siegle was paralyzed at nine of months age from transverse myelitis. She is an incomplete C4/C5 quadriplegic and uses power wheelchairs for her daily mobility. She was the first child in the state of Colorado to get an power wheelchair when she was just 2 years old. She was originally paralyzed from the neck down but has regained partial use of her upper body after many years of physical and occupational therapy. Siegle currently drives and lives independently in her own home.

Jen Mendenhall is mom to a determined and sassy 17-year-old daughter, Codi. Codi has cerebral palsy and uses many forms of Assistive Technology (AT) and Complex Rehabilitation Technology (CRT). Mendenhall is a disability advocate and public speaker. Codi and Jen were presenters for TEDx Grand Junction in March 2020. Their talk, "Codi's Life: From Coding to Communication Technology," was selected to be on TED.com. Both are current members of the Colorado Assistive Technology Coalition. Mendenhall advocates for families and students with disabilities to assist in navigating the world assistive technology, transition services and Real Work for Real Pay employment for real pay. She has a Bachelor of Science in Natural Resource Recreation and Tourism from Colorado State University and a Master of Science in Public Administration from the University of Alaska.

NEW iNRRTS REGISTRANTS

Congratulations to the newest iNRRTS Registrants. NAMES INCLUDED ARE FROM NOV. 11, 2023, THROUGH JAN. 26, 2024.

Adriaan Biebaut, RRTS®
Independent Living Specialists

Allen Lafayette Newsome, III, RRTS®
Senior Mobility Aids

Amy Todd, RRTS®
Independent Living Specialists

Aoife Guilfoyle, RRTS®
NSM-Canada

April Meadows, RRTS®
Cook Medical Supply

Benji Braund, RRTS®
Independent Living Specialists

Bradley Burch, RRTS®
National Seating & Mobility, Inc.

Brooke Carroll, RRTS®
Independent Living Specialists

Carl Simpson, RRTS®
Independent Living Specialists

Corbin Murray, ATP, CRTS®
Freedom Mobility Center

David Burns, RRTS®
Independent Living Specialists

Devin Lukens, RRTS®
NSM-Canada

Ehsan Tehran, RRTS®
Sunquest Mobility

Emma-Jane Pollitt, RRTS®
Independent Living Specialists

Gabriela Murillo, RRTS®
Access Medical, Inc.

Grant Klinedinst, ATP, CRTS®
Reliable Medical Supply, Inc.

H Greg Lacey, ATP, CRTS®
Alliance Rehab & Medical Equipment

Hayley McIntosh, RRTS®
Independent Living Specialists

Heidi Hawkins, ATP, CRTS®
Reliable Medical Supply, Inc.

John Parras, RRTS®
Independent Living Specialists

Jordan Sikes, RRTS®
Allcare Pharmacy & Healthcare Services

Joshua Chiswell, RRTS®
Independent Living Specialists

Kayla-Maria Capurso, RRTS®
Independent Living Specialists

Leigh McBurnie, RRTS®
Independent Living Specialists

Michelle Lawson, RRTS®
Independent Living Specialists

Nathan Curran, RRTS®
Independent Living Specialists

Niamh Denny, RRTS®
Independent Living Specialists

Nicholas Reginato, RRTS®
Independent Living Specialists

Sandra Valadez, ATP, RRTS®
National Seating & Mobility, Inc.

Steven Neie, ATP, CRTS®
National Seating & Mobility, Inc.

Steven Schmelzer, ATP, RRTS®
Numotion

Timothy Pavlakovich, ATP, CRTS®
Ability Medical Supply, Inc.

Yael Garibay, RRTS®
Access Medical, Inc.

Zachary Andrews, RRTS®
Better Healthcare Options

CRTS®

Congratulations to iNRRTS Registrants recently awarded the CRTS® credential. A CRTS® receives a lapel pin signifying CRTS® or Certified Rehabilitation Technology Supplier® status and guidelines about the correct use of the credential. NAMES LISTED ARE FROM NOV. 11, 2023, THROUGH JAN. 23, 2023.

Casey Peterson, ATP, CRTS®
Redi-Quip Medical Equipment and Supplies, Inc.

Corbin Murray, ATP, CRTS®
Freedom Mobility Center

H Greg Lacey, ATP, CRTS®
Alliance Rehab & Medical Equipment

Heidi Hawkins, ATP, CRTS®
Reliable Medical Supply, Inc.

Jason Raymond, ATP, CRTS®
Better Healthcare Options

Renee Bird, ATP, CRTS®
Rehab Medical Inc.

Steven Neie, ATP, CRTS®
National Seating & Mobility, Inc.

Tyler Goff, ATP, CRTS®
Rehab Medical Inc.

FORMER iNRRTS REGISTRANTS

The iNRRTS Board determined RRTS® and CRTS® should know who has maintained his/her registration in iNRRTS, and who has not.
NAMES INCLUDED ARE FROM NOV. 11, 2023, THROUGH JAN. 26, 2023. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Darren Esch, ATP
Renee Balash
Robert E. White, ATP
Vincent Wolrab, Jr., ATP
Craig Ejk, ATP
Havre De Grace, MD
Andrea Callon

Gerald Erkhart, ATP
Rajesh B. Amin, ATP
Amanda Bult
Donald Wrye
Coleman R Mansfield, ATP/SMS
Julie McCallum, ATP
Scott Duelley, ATP

Spencer Doerrig
Jamie Patton, ATP
Lucas Rawle
Gavin Arnold, ATP
Ken Spicer
Joshua Peterson
Leticia Mendez-Araujo

Mark Chamberland
Brianna Germain
Keith Miller
Myles Fillmore

RENEWED iNRRTS REGISTRANTS

The following individuals renewed their registry with iNRRTS between Nov. 11, 2023, and Jan. 26, 2024.

PLEASE NOTE **IF YOU RENEWED AFTER JAN. 27, 2024,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO NOV. 10, 2024, YOUR NAME IS IN A PREVIOUS ISSUE OF DIRECTIONS.

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

Abood Qureshy, RRTS®
Alicia Correa, RN, BSN, ATP, CRTS®
Alisa K Adams, ATP, CRTS®
Allen McNiece, ATP, CRTS®
Anacleto Gutierrez, ATP, CRTS®
Andrew Gilberti, ATP, CRTS®
Angela Smith, ATP, CRTS®
Benjamin Douglas Burton, ATP, CRTS®
Brian Leitner, ATP, CRTS®
Carey Britton, ATP/SMS, CRTS®
Chadwick Filer, CAPS, ATP/SMS, CRTS®
Charles Winston, ATP, CRTS®
Charles B. Fontenot, ATP, CRTS®
Christian R. Galietta, ATP, CRTS®
Christopher Harwell, ATP, CRTS®
Christopher Tucker, ATP, CRTS®
Christopher L. Mayo, ATP, CRTS®
Clayton D. Cole, ATP, CRTS®
Cody Murphy, ATP/SMS, CRTS®
Colin Coyle, ATP, CRTS®
Courtney A. Thompson, ATP, CRTS®
Craig Glennie, RRTS®
Dalia Morales, ATP, RRTS®
Danielle Renee' Neale, ATP, CRTS®
David Adcox, ATP, CRTS®
David Butcher, ATP, CRTS®
David Silcox, Jr., ATP, CRTS®
David Lobato, ATP, CRTS®
David J Charette, RRTS®
David W. Hayes, ATP, CRTS®
Denise Harmon, ATP, CRTS®
Donald V. Maulucci, ATP, CRTS®
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Dwayne Wong, B.Sc, RRTS®
Dylan Vanderpool, ATP, RRTS®
Edward O'Brien, ATP, CRTS®
Edward J. Maubach, Jr., ATP, CRTS®
Elaine M. Stewart, ATP, CRTS®
Emily Williams, ATP, CRTS®
Gerald Dickerson, ATP, CRTS®
Gregg Stevens, ATP, CRTS®
Ignacio Rodriguez, RRTS®
Jacqueline Cloutier, RRTS®
James Chad Bennett, ATP, CRTS®
Jarrod Rowles, ATP/SMS, CRTS®
Jason Duewel, PTA, ATP, CRTS®
Jason Hardey, ATP, CRTS®
Jason Tate, ATP, CRTS®
Jason Raymond, ATP, CRTS®
Jason S. Lovato, ATP, CRTS®
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Jeffrey W. Shinn, ATP, CRTS®
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Jonathan Touchstone, ATP, CRTS®
Josh Lyon, ATP, CRTS®
Justin Hardee, ATP, CRTS®
Justin Walker, ATP, CRTS®
Kenneth Bridge, ATP/SMS, CRTS®
Kenneth H. Goff, ATP, CRTS®
Lea Loree, ATP, CRTS®
Les Mollon, RRTS®
Lester Miller, ATP, CRTS®
Luke Moore, ATP/SMS, CRTS®
Marc Smith, ATP/SMS, CRTS®
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Phillip Belcher, ATP, CRTS®
Phyllis L. Edwards, ATP, CRTS®
Rashid Khan, ATP, CRTS®
Raymond E. Gorneault, ATP, CRTS®
Renee Bird, ATP, CRTS®
Richard Morales, ATP, CRTS®
Richard Ray Ottman, ATP, CRTS®
Robbi Haase, ATP, CRTS®
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Tan Nguyen, ATP, CRTS®
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Trevor McKinnon, RRTS®
Troy Swan, RRTS®
Tyler Goff, ATP, CRTS®
Wayne C. Smith, ATP, CRTS®
Wayne L. Leavitt, QRP, RRTS®
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