DIRECTIONS

CLINICIAN'S PERSPECTIVE ON WHAT MAKES A GOOD SALES REPRESENTATIVE

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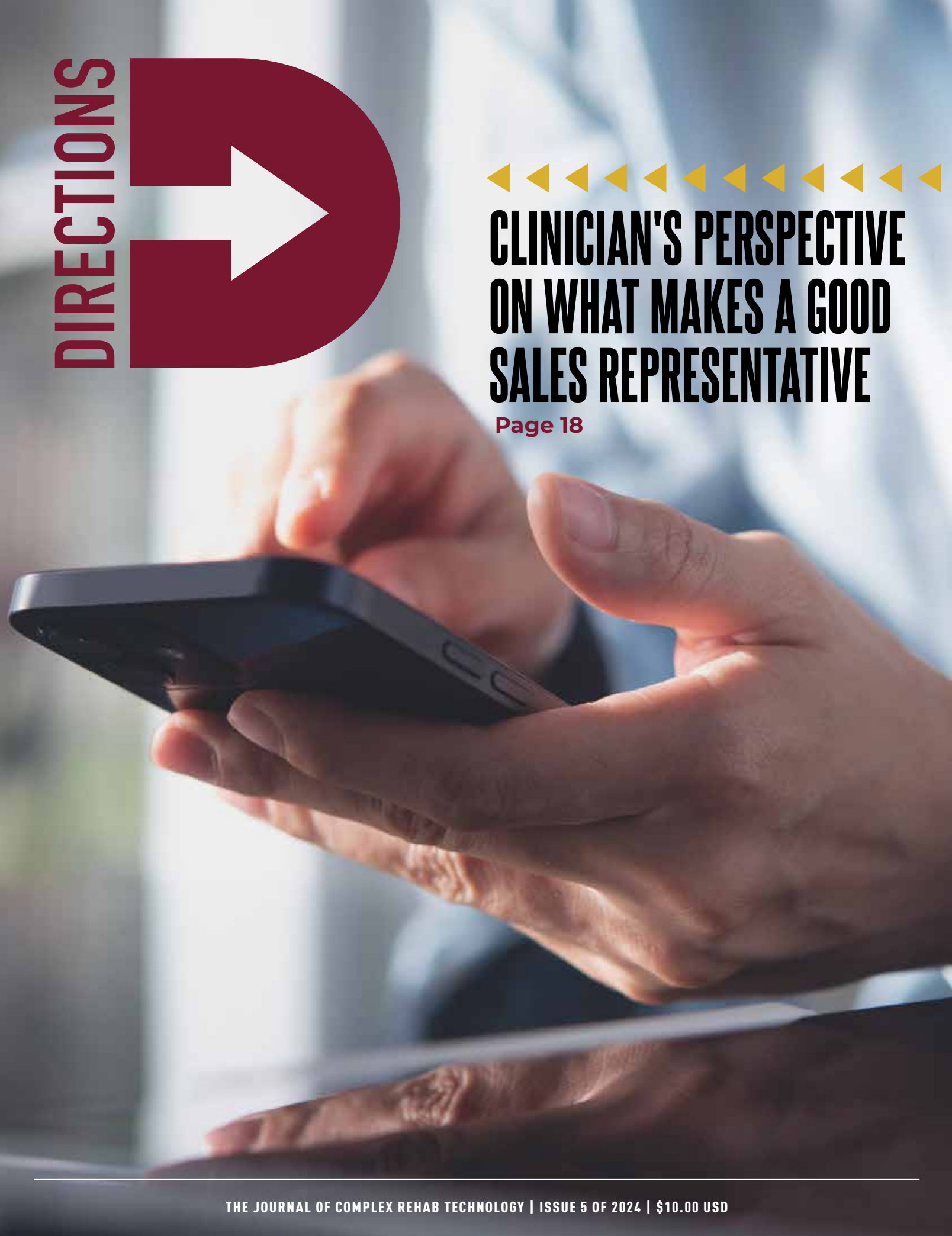

THE JOURNAL OF COMPLEX REHAB TECHNOLOGY | ISSUE 5 OF 2024 | $10.00 USD

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FROM THE EDITOR-IN-CHIEF

This issue of DIRECTIONS contains valuable information for any practice. Thank you to our advertisers and to our contributors who continue to raise the bar of our publication. Welcome, Jason Kelln, as our first international president. His message speaks strong to all of us.

Amy Odom, BS

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THE OFFICIAL PUBLICATION OF
The International Registry of Rehabilitation Technology Suppliers
VOLUME 2024.5 | $10.00 USD

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NEW INRRTS PRESIDENT SHARES FIRST MESSAGE

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

Thank you.

I want and need to send a huge thank you to Carey Britton.

For the last two years Britton was able to oversee the 30th anniversary of iNRRTS and, for only the third time, a new executive director. Britton saw growth in two foreign countries, which will help to put iNRRTS on the international stage.

There are many thank yous needed in this article; Britton, of course, thanked people like Gerry Dickerson and Elaine Stewart, who inspired and mentored him into the role he undertook in 2022 and did an amazing job.

By way of introduction, my name is Jason Kelln. I was born and raised in Regina, Saskatchewan, Canada. In 1999, I started my career in Complex Rehab Technology. Two and half years ago, my partners and I bought the company I started at in 1999.

I joined RESNA in 2005 and have been proud to be one of the few Canadians who have the Assistive Technology Professional certification. When I first called iNRRTS about becoming a CRTS® they said, "We've never had a phone call from Canada." It was better for my company, clients and the medical professionals, to be the best I could be at what I do. I was drawn to iNRRTS because of the people I met, the welcoming nature, and, as many people have said before, the top-notch education provided. As my journey in iNRRTS continued, I was happy to serve on the board and help guide an organization I was proud of as a Registrant.

As the first international president of iNRRTS, I am humbled, honored and extremely excited for this new role. Clearly this could not have happened without the mentors who are well-known to people, the amazing engaging personalities of Gerry Dickerson, Weesie Walker, Mike Osborn, Andrea Madsen, Bill Noelting, Amy Odom and Kathy Fisher, many people within my company and the people within the industry I interact with such as Mike Longo, Steve Cranna, Linda Norton and Judy Rowley.

All the things we do in our public-facing lives are supported by our families; for me, it's my amazing wife, Lia, and our children, Kai and Avery. Without their support I would not be able to do or to serve as I have.

I am excited iNRRTS is on the precipice of expansion internationally, bringing together more countries with more people who are like-minded who want to prove their professionalism, a code of ethics and their skills in the CRT field.

The certificate program is another milestone in the amazing history of iNRRTS. When I look back and read about the founder, Simon Margolis, I am saddened I never had the opportunity to meet him. But as I said before, when you see the people he inspired and their passion for this industry, you can tell the type of person he was and what he wanted to do for people requiring CRT. He would be happy with where we are and where we are going.

There are many constants in the CRT industry — none of them are defined by border or location.

We are all extremely busy, inundated with emails, phone calls and the duty to provide the best we can to our clients. In the hustle and bustle of this world, we still find time to take part in the education offered by iNRRTS through webinars and CEU Article Reviews. If we're lucky, we attend in-person seating conferences where not only do we expand our education, but we meet other like-minded in the industry and see them face to face or have the chance to break bread, share ideas and thoughts as we continue the passion this already great organization started.

My goal as president is to see growth in our numbers, top-quality education continue and new initiatives such as the certificate program take root and take flight. If you want to contact me at any time in the next couple of years, please do so; my contact information is at the bottom.

CONTACT THE AUTHOR

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Jason Kelln, ATP, CRTS®, is president of iNRRTS and became the first Canadian iNRRTS Registrant in 2018. Kelln serves on the RESNA Professional Standards Board and is an owner of PrairieHeart Mobility since 2022.

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SMITH IS RIGHT AT HOME LEADING, TRAINING, MENTORING THE MK BATTERY SALES TEAM

Written by: **DOUG HENSLEY**

As a college athlete, Jason Smith learned the important lessons sports can teach, but the one thing that has stayed with him through the years is the power of working together with others toward a common goal.

"I love people for sure," Smith said. "Part of my DNA growing up was playing sports, and in the past 15 years, I've been able to stay connected and live vicariously through the kids I coach. Pouring into people is something I have always been excited about doing."

That uncurbed enthusiasm serves Smith well in his current role as national sales director for MK Battery, a California-based company with a global reach. Smith's efforts are concentrated in the United States and the home medical equipment space as he works with eight regional reps, supporting their work and providing training as a mentor.

The job perfectly fits Smith, a 29-year veteran of the company who is at ease whether he is making conversation about the weekend's college football results or listening to his team's challenges and offering solutions.

"I think the way I am wired has a lot to do with the mentors I have had over the years working with me and supporting me," he said.

Smith was a talented high school football player and went on to play as a defensive back at Western Colorado University. He met his wife at the Gunnison, Colorado, school, and they have been married for nearly 30 years and have two daughters. Along the way, he has coached club and high school soccer for more than 15 of those years.

"What sports has instilled in me is a competitiveness to succeed and to see our customers succeed," he said. "What keeps me going is seeing our customers continue to do business with MK Battery. A lot of that has to do with our team which embodies the adage, 'act like a business owner, think like a customer.'"

For Smith, he believes he is at a point in his career where helping develop the next generation of company leadership is an important responsibility.

"I think it's about passing down what has been passed on to you," he said. "In the battery world, one of my mentors was Dennis Sharpe, a 30-plus year MK veteran. He was well known and respected in the home medical equipment industry prior to his retirement a few years ago.

"He took me under his wing and showed me the business, teaching me the nuances of wheelchair battery applications like selecting the right battery for the right application. He was passing the torch on. I think if you learn something, it shouldn't just be about having that knowledge, but also about paying it forward and sharing it with someone else."

MK Battery is headquartered in Anaheim, California, and was founded by Mark Kettler and Mark Wels in 1983. In addition to 26 distribution centers throughout the U.S., it has sales and distribution branches in Europe and Australia.

Smith has been around batteries most of his life. His father operated a battery distributorship in the late '80s, which gave him an early glimpse into the battery business.

"I had a foundation when I joined this company that allowed me to hit the ground running," he said. "And I quickly realized that I could make MK a home forever if I wanted to. A lot of what differentiates us is the culture. We are in the business of energizing independence and improving the quality of people's lives, not just selling a product. Once I embraced that concept, it was very easy to see myself being here for a long time."

Which is just how it has turned out.

Smith began his sales career in the motorcycle market and saw a natural career progression by learning about batteries and the technical aspects involved

The Smith Family – Jason Smith, his wife, Aimee (second from left), and their daughters, Payton and Madison

with them. He moved into a technical support role along with inside sales and began working directly with engineers at the plant as well as service people repairing equipment.

"That gave me the chance to really learn about the ins and outs of batteries," he said. "What makes a battery tick. How to take care of it. How to charge it properly. How to maximize its life. It was about putting another tool in my toolbelt."

After several years supporting all markets in a technical support role, Smith took on a leadership role in customer service and then transitioned into an outside sales position, before moving into sales management.

"I wore almost all of the hats I needed to so I would know enough about the business as a whole," he said.

The various positions have not only allowed Smith to accumulate significant knowledge about the company, but they also have demonstrated his willingness to work wherever the company needs him.

"It's also about filling a need if and when the company has one," he said. "It's about being a team player. I didn't start with the company expecting to manage customer service, but when we had someone leave and they asked me to do that, it allowed me to manage people, work with a team and teach them how to interact with our customers and end users."

The willingness to get a job done, while always remembering to keep customers first is one of many reasons Smith enjoys being a part of the MK Battery culture.

"One of the things our long-tenured employees always talk about, and we have a lot of people who have been with us 20 or more years," he said, "is the MK way. That is really going above and beyond and doing whatever it takes. "

Smith has seen MK employees live this out through the years. It is part of the company's culture and one of the ways it looks to differentiate itself in a competitive marketplace.

"Going above and beyond," he said. "We're not just a supplier to our customers. We are partners and we always try to emphasize that in everything we do. We have always had high quality products, but what sets us apart is our service."

Smith said there will always be challenges in the business, but the secret is consistency and not resting on your laurels.

"Competition is always looking to unseat you," he said. "Different technologies and lower quality products come and go. We tend to focus on our value proposition, which is our service, our market knowledge and support, and the simple fact that our products and our company can be trusted."

He also isn't one to look too far into the future, believing there is plenty to accomplish right here and right now.

"I don't look too far into the future and really try and take one day at a time making sure that I maximize every opportunity I have in front of me each and every day."

Jason may be reached at JASONS@MKBATTERY.COM.

Jason Smith is the national sales director for MK Battery in Anaheim, Calif.

KEY CRT DEVELOPMENTS MAKE PROGRESS

Written by: **WAYNE GRAU**

POWER STANDING UPDATE

The (Independence Through Enhancement of Medicare and Medicaid) Coalition worked with House of Representatives Disability Caucus Co-Chairs Republican Brian Fitzpatrick of Pennsylvania and Democratic Debbie Dingell of Michigan to introduce a "Dear Colleague" letter asking Medicare Administrator Chiquita Brooks-LaShure to open the Coverage Determination for Power Standing. A similar letter initiated by United Spinal in 2023 will help strengthen our efforts for the 2024 appeal.

Along with the House of Representatives' letter, three Senate champions — Republican Senator Marsha Blackburn of Tennessee and Democrats Bob Casey of Pennsylvania and Tammy Duckworth of Illinois sent a letter to Brooks-LaShure requesting the Coverage Determination be opened.

The industry continues to work diligently on this issue, setting up meetings with the PDAC, Medicare contractor for Pricing, Data Analysis and Coding of HCPCS Level II DMEPOS Codes, obtaining new clinical information about the value of power standing and meeting regularly with all stakeholders to identify other ways we can support the argument power standing is a medical necessity and will help individuals who could utilize this incredible product.

Once the cover determination opens, we will need the Complex Rehab Technology industry and all stakeholders to submit comments and provide your perspective on why power standing should be a covered product. Stay tuned.

THE CRT INDUSTRY ON CAPITOL HILL

National Coalition for Assistive and Rehab Technology and U.S. Rehab hosted our Legislative Fly-in after this article was written- September 24th. NCART also attended the AAHomecare CRT Fly-in on September 10th. We are focusing on ways to improve consumer access and educate members of Congress about the economic issues and challenges of caring for our CRT consumers. We are meeting with members of Congress on committees of jurisdiction that control any legislation that affects CRT stakeholders. The discussions will include:

- Educating members about the CRT industry, who we serve and how they can help us improve the lives of our consumers.
- Looking for co-sponsors to H.R.5371 - Choices for Increased Mobility Act of 2023 and the Senate companion bill (see below).
- Requesting the House offices join their colleagues in attaching their signature to the Power Standing Dear Colleague letter.

SENATE COMPANION BILL INTRODUCED FOR CONSUMER CHOICE

Sen. Marsha Blackburn, (R-TN) and Sen. Tammy Duckworth (D-IL) introduced a Senate Companion bill S 5154 during the NCART and U.S. Rehab Legislative Fly-in. S 5154 is a companion bill to HR 5371 introduced by Dr. John Joyce (R-PA) in the House of Representatives in 2023. We promoted both bills to House and Senate offices, asking for co-sponsors. The conversations were positive, and we expect additional support from those offices to allow consumers the right to choose a titanium or composite manual wheelchair without paying fully for it upfront.

THANK YOU

NCART would like to thank all those individuals who have paved the way for this industry to continue growing and caring for individuals who need complex rehab equipment. This is more of a personal note than just a simple thank you. We lost a friend in Mike Seidel; his incredible smile, laughter and good nature will be missed. We cannot forget Simon Margolis, who paved the road for this industry. There are so many to list, so please forgive me if I inadvertently left someone out. We all have our list of individuals who helped mentor us or offered a friendly hand or ear. To all of those on this industry's behalf, we thank you.

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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, providers, and the individuals we serve who use CRT equipment.

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PASSION, PURPOSE FUEL FUNK'S DESIRE TO MAKE A DIFFERENCE IN THE LIVES OF OTHERS

Written by: **DOUG HENSLEY**

Jessie Funk never saw herself where she is today.

She knew she wanted to help others. It was just a matter of finding the right fit and taking the right path at just the right time.

And a little bit of luck never hurts.

"I started my career out as an occupational therapy assistant and actually fell into it by accident a little," she said. "I was working as a physiotherapy assistant and ended up working as an OT assistant because it was the only job I could get at the time."

The work required Funk to interact closely with people who had suffered spinal cord injuries, so she was helping with self-care and mobility.

And ...

"I discovered how much I loved it and how complex it could be," she said. "I really had no idea."

Funk stayed in that role for several years until she felt like she had reached the career ceiling. Just more than three years ago she began looking around for a new opportunity and applied for a position with PrairieHeart Mobility, where once again she found a job about which she is passionate.

She is a product consultant for PrairieHeart and couldn't be happier. The family-owned and operated company's product portfolio includes more than wheelchairs and scooters. Additionally, it offers lift chairs, bathroom safety products, beds and mattresses, mobility scooters, vehicle accessibility products, home access products, walking devices and aids to daily life.

"My job primarily is helping people get new mobility equipment," she said. "I work a lot with rehab hospitals and occupational therapists. Sometimes I help people get their first chair and sometimes I help people get a chair after many years of using a different mobility device.

Funk with her sister Rachel.

Jessie Funk enjoying a hike in the mountains of Banff, Alberta, Canada.

"It is a job that has really challenged me and given me a chance to learn so much. I also get to share a lot of knowledge with others because there are so many opportunities for learning. I love that aspect of it. Education is something we can never have enough of."

The role requires Funk to be well-versed in a broad variety of products while also using her people skills to help clients achieve their mobility goals.

"I have to know what products are available that will enable them to realize their goals," she said. "I work with the occupational therapist and the client. They will tell me what their goals are, and I can say, 'Well, here are products X, Y and Z, each with different pros and cons,' so they can make a fully informed decision about what would best suit their needs.

"I love seeing people just get some independence. It is an amazing thing to see, and it always makes my job worth it."

Funk has a demanding job that requires her to be on the road often, meeting clients and hearing their needs. Her area of responsibility is the entire Canadian province of Saskatchewan, so it's easy to log a lot of miles. During these appointments, she invests time in her clients, making sure they know their equipment options.

"I am on the road an average of once a week, and I try to see three or four clients a day," she said. "In our appointments, we always start out by getting an idea of what they need so I can bring along demo equipment. They can try that out and see what they like and don't like."

Funk also devotes plenty of time to paperwork in terms of ordering and invoicing. Likewise, she is part of the team that makes the final delivery of a product, making sure it works properly and making any necessary adjustment.

Oh, yeah, she also helps with training and education.

Jessie Funk reading to her nephews, Kaiden (left) and Jaxon (right).

"I don't really have a typical day," she said. "Sometimes I might be driving all day, and sometimes I might be in appointments all day and sometimes I might be doing an educational workshop all day.

"The great thing is it's always a little different. I never get bored because I meet people and get to do so many things."

CONTINUED ON PAGE 12

Funk in Banff with her partner, Kyle, and dog, Alfredo.

NOTES FROM THE FIELD
(CONTINUED FROM PAGE 11)

The job also provides something unique – the chance to transform someone's life and see it happen right before your eyes.

"We have so many people that we can just change their life," she said. "When they come back in a month or two after getting their device and say, 'Let me tell you what I have been able to do.' Then they talk about being able to go grocery shopping or doing this or doing that. That is so rewarding for me. We give people their lives back."

That sense of helping others will continue as Funk is working on a bachelor's degree in Community Rehabilitation and Disablement Studies at the University of Calgary in Alberta, Canada. The program's focus is on models of disability and how it is viewed day to day.

"It's been really interesting," she said. "It is kind of changing my worldview. The infrastructure and the way society is organized can create disability in more than the body itself. I have a lot of passion about access to seating and mobility education in Canada. I want us to catch up and do more advocating for change and access to better quality equipment."

In the meantime, she will continue to focus on serving clients, sharing knowledge and being a general trouble-shooter of all types, especially as the complex rehabilitation industry continues to face several headwinds.

"The biggest thing is funding, funding, funding," she said. "I cannot say it enough. Some of our funders are really good. It's a matter of if the client needs it, then OK, order it, and it's done. Some are a challenge and they won't pay for something unless the client needs it to brush their teeth or go to the bathroom. For these funders, the equipment can't be justified on a basis of quality of life."

That's where Funk hopes to see progress made – on quality of life. She sees virtually everything through that lens.

"This is my opinion, but some policies are disabling," she said. "Having quality of life is a necessity of life. That's where it can be a headache sometimes, explaining that this is a real need, not just something we're making up for the sake of making a buck."

It's that passion that sets her apart and that will continue to serve her well throughout her career.

"Where I am now is not where I pictured myself five years ago, so I am curious to see where I go," she said. "At the moment, I'm moving toward education and advocacy and less toward direct sales and working with clients one-on-one. For now, I am happy where I am and feel like I have a long career ahead.

"I know that I want to keep working with people on some level. It's just going to depend on which people."

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Jessie Funk, PTA/OTA, RRTS®, began her career working as an occupational therapy assistant in neurological rehab. She transitioned to working as a product consultant for PrairieHeart Mobility in Saskatchewan, Canada, in 2021 and has been an iNRRTS registrant since 2022. She is passionate about increasing access to seating and mobility education in Canada.

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NORTON CHOOSES CONTINUED GROWTH DESPITE LIFE'S CHALLENGES

Written by: **ROSA WALSTON LATIMER**

Each year, individuals from all across the U.S. who are living with spinal cord injuries and neuromuscular disabilities come together at Chris Norton Foundation Wheelchair Camps. And they bring their families! The camps, held in Minnesota and Kentucky, provide support and resources to help participants live more fulfilling lives.

"We offer a unique opportunity to connect, play and experience a deep sense of community. Everyone enjoys a fun experience in the woods without barriers and takes their newfound confidence and positivity home with them," Norton, the camp founder and namesake, said. "I've learned through my experience that when you break down barriers, the possibilities are endless."

Each camp accommodates 32 families chosen from applications submitted on the foundation website. The event is free and includes food, lodging and a variety of activities. (Participants only pay for their travel to the camp).

"The camp is a powerful experience because participants do things they never imagined they could do," Norton said. Camp activities include zip lining, archery, Glow & Roll Dance Party, horseback riding, canoeing, laser tag, whiffle ball and, of course, a talent show and smores.

"More importantly, this camp is a place where people feel that they belong and have value. When you are isolated and don't have a connection with others, then everything feels worse," Norton said. "After a week at our camp, participants feel they have a second family. I've fortunately been able to make those connections through friendships and family, and now I'm trying to provide that opportunity to others."

Fun times at the CNF Wheelchair Camp.

Chris and Emily (second from left) Norton surrounded by their children: (l to r) Avarie (15), Lily (13), Izzy (11), Ariana (8), KJ (6),

"It takes a team of people and a lot of asking for help to offer this experience year in and year out," Norton said. "However, I've learned that when you cast a big vision and you are willing to back it up with hard work, people get on board. They want to be a part of something special that impacts the lives of others. We hope to have more opportunities like this in the future, and I would like to produce a documentary on the camps and their impact on the participants."

In addition to Norton's drive and inner strength, his life circumstances make him especially suited to recognize the importance of experiences like the wheelchair camp. After sustaining a devastating spinal cord injury during a college football game in 2010, the doctors told Norton there was a 3% chance that he would ever experience movement from his neck down. With fierce determination, Norton embarked on a comeback story that continues to inspire others. A year after his accident, he regained enough

Chris Norton, motivational speaker, author and founder of the Chris Norton Foundation.

strength throughout his torso and arms to operate a power wheelchair and resumed his college life, living on campus. In 2015, assisted by his fiancée, Emily, he walked across the stage to accept his diploma in business management. Three years later, after exchanging wedding vows, they walked down the aisle together. The documentary, "7 Yards: The Chris Norton Story", (https://www.youtube.com/7Yards) recounts this significant event and Norton's strength of will and positive attitude as he and Emily built a meaningful life together without limits.

"When Emily and I first met, we immediately connected. She saw me for who I was and not me in a wheelchair," Norton said. "Sometimes people just write off those with disabilities without giving them a chance or taking time to find out who they are as a person. Emily sees people for the unique individuals they are. She is exceptional, and I could not do what I do without her."

After the couple married, they became foster parents and, in five years, fostered 23 kids. "Although it wasn't something we initially planned, we both share a deep passion for helping children feel loved and find a sense of belonging, so this opportunity felt like a natural fit for us. Children in the foster system have been let down by guardians and parents, and it has been particularly on Emily's heart to give them a safe environment. However, the kids do as much for us as we can do for them. It is an enriching experience both ways," Norton said.

The Nortons now have five adopted children ages 15 to 6 years. "Through my circumstances I have learned that life is not easy and we are all going to get knocked down in some way. Emily and I want to share what we've learned about how to get back up and move forward," Norton said. "The goal of foster care is reunification with the guardian or family member and to keep them with their family, if the family meets expectations. When that fails, then adoption becomes a possibility."

Chris and Emily Norton (photo by Sarah Kate)

Norton effectively uses motivational speaking opportunities to communicate his message of "stronger through change." While in college, a local charity event asked him to speak. "They told me to take the opportunity seriously and be well prepared because I would be following two paid professional speakers," Norton said. "That blew my mind! I had no idea a person could get paid to share their story and inspire people. This was years ago and I didn't give a polished

CONTINUED ON PAGE 16

Attendees of a Chris Norton Foundation Wheelchair Camp

LIFE ON WHEELS
(CONTINUED FROM PAGE 15)

speech, but it had heart and a message that touched the audience. I could feel the energy in the room in response to my story and I was hooked!"

At that moment, Norton felt that God was calling him to pursue these opportunities to share a positive message. Even though he was, at that time, inexperienced, he believed he could be a professional, motivational speaker. "I began speaking to Rotary Clubs, in classrooms and anywhere else possible. The positive response of the audience again and again was confirmation that I could offer something to help others. I'm someone that when I get excited about something, there is no stopping me," Norton said. "I have relentlessly pursued this as something that I want to do for the rest of my life as a way to provide for my family. In the beginning, I was losing money, but I continued to improve and make connections for more opportunities to speak. Over time I've hired coaches and invested in myself and it did come together, but I

Adaptive horseback riding at the Chris Norton Foundation Wheelchair Camp

feel I created the opportunity. I believe opportunities 'fall into place' much easier when you combine it with faith and relentless hard work. The luckiest people are the hardest working people.

"When we embrace the unexpected instead of avoiding it, we open ourselves to find strength in the circumstances we never wished for," Norton said. "I grew up with an attitude of 'if you don't like where you are, do something about it. Just roll up your sleeves and work.

Keep your sad, angry mood hidden and be positive.' There may be some good in that attitude, but sprinkling a little positivity and gratitude on a difficult situation isn't going to change anything. It is OK to feel sad, to grieve, to work through your angst and hurt."

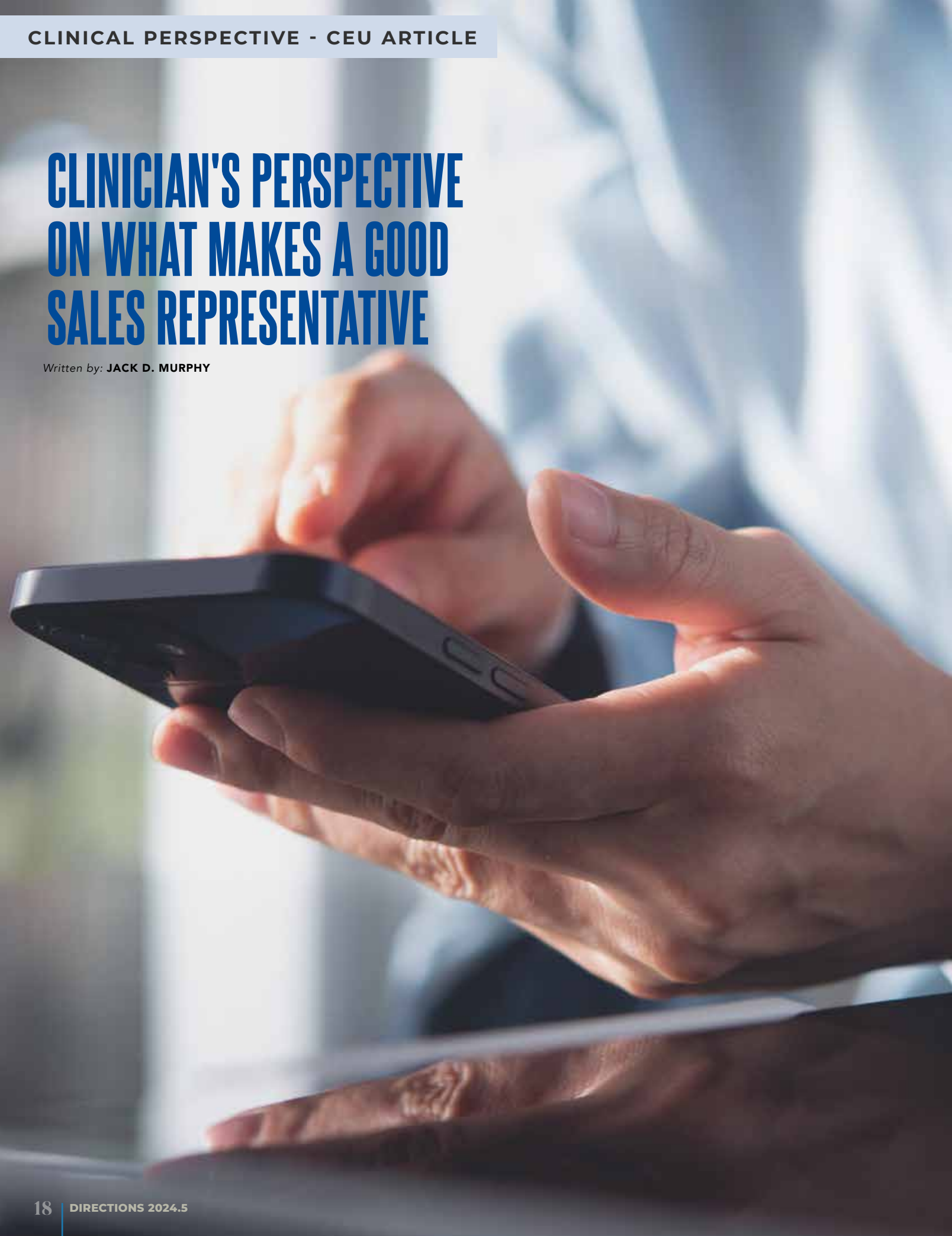
Norton has learned and continues to discover effective ways to find empowerment over life's challenges. "One of the things that I've done well is asking for help and admitting when I am lost or upset. "We often see asking for help as a weakness. After my accident, I didn't adjust well for quite some time. Individual therapy helped me grieve for what I lost. I learned to appreciate things for what they are and not what I wished for. I began to realize it is a strength to ask for help and tried it more often. I discovered it is a way to connect with others and while I might have been obsessed with my physical strength, or lack of, no one else really cares. Your true character is what matters."

Chris may be reached at CHRIS1@CHRISNORTON.ORG

Chris Norton is a motivational speaker, author and founder of the Chris Norton Foundation. The foundation is a 501(c) nonprofit dedicated to empowering individuals and families living with spinal cord injuries and neuromuscular disabilities. The foundation also provides grants for essential equipment and therapies at facilities across the nation. For more information and to read testimonials of the effect of Norton's message from organizations such as Microsoft, Fox Sports, and the San Francisco 49s, visit https://chrisnorton.org/speaking/.

CLINICIAN'S PERSPECTIVE ON WHAT MAKES A GOOD SALES REPRESENTATIVE

Written by: **JACK D. MURPHY**



INTRODUCTION

In the field of wheelchair provision, our role transcends the technical specifications of equipment. It's about understanding the profound impact these tools have on the lives of their users. My clinical background has emphasized several key principles crucial for delivering both effective and empathetic service, illustrating that our work is as much about human connection as it is about technical expertise.

Navigating the vibrant world of mobility and accessibility, where every day brings new challenges and triumphs, we share a common goal: to enhance people's lives through essential and appropriate equipment. Whether you're operating from a clinical perspective or within the supplier sector, our mission is unified in its purpose – it is two sides of the same coin. My journey began in Ireland where I practiced as an occupational therapist in community care and specializing in seating and postural management. This past year, I have made the leap across the pond to Toronto, where I have had the pleasure to begin working with Motion Cares – Canada's largest mobility and accessibility supplier. This shift from the Emerald Isle to the True North has provided me with a rich perspective on the diverse ways we contribute to this meaningful field.

When invited to contribute to iNRRTs, I saw it as a prime opportunity to share insights from my unique career path and experiences. This article will explore the lessons learned from both my clinical and dealer roles, aiming to offer valuable guidance to fellow representatives. From witnessing the good, the bad and the ugly, I hope to provide practical advice and three key learning objectives that will help others thrive in this dynamic industry. So, let's dive in and uncover some essential elements for success in our field.

OBJECTIVE 1: UNDERSTANDING THE IMPORTANCE OF THE WHEELCHAIR

During one of my clinical placements as part of my occupational therapy degree, I had the invaluable opportunity to work with a diverse group of individuals using both manual and powered wheelchairs. Many of these clients had severe physical disabilities, predominantly cerebral palsy. The placement was at a day service center for adults with moderate to severe physical and cognitive impairments, where activities ranged from art classes and employment preparation to life skills development and recreational games. This experience provided me with my first substantial exposure to the lives of individuals with significant physical limitations.

A particularly memorable experience involved a gentleman I'll refer to as John. John had a type of cerebral palsy that affected him similarly to a stroke. He had very limited use of his left side and was non-verbal, though he was able to vocalize. Over several weeks, John and I developed a strong rapport, and I came to understand that he had a vibrant personality and was a vital member of the day center community. John used a manual wheelchair, navigating with a combination of foot propulsion (using his strong leg while the other rested on a footrest) and arm propulsion.

One day upon arrival to the day center, John approached me in distress. Though he couldn't speak, he indicated that his footrest had broken at home, with a screw shearing off. I assured him I would

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CLINICAL PERSPECTIVE
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take the footrest, repair it and return it within an hour. The repair was straightforward (even for a student) and when I found John, he was working on a project at his computer in a busy room. I said, "Hey John, I have your footrest; it's fixed!" John looked up from his computer, saw me, saw his footrest, and the biggest smile you have ever seen erupted over his face. Shortly after he broke out with cheers, his good hand pounding the air.

To say I was perplexed by this degree of emotion would be quite the understatement! I put the footrest back on his wheelchair, helped John place his foot in a comfortable position and off he went on his merry way. That one had me scratching my head for several days. Why did this blasted footrest mean so much to this gentleman? As I am sure you can relate, as I was about to fall asleep after a hard day's work when it hit me. BAM. Why did his seemingly simple repair mean so much to John?

THE WHEELCHAIR WAS JOHN'S GATEWAY TO LIFE.

It symbolized freedom, mobility, access to work, social participation and numerous other activities that many of us take for granted.

This realization was profound to me. It challenged my earlier understanding of wheelchairs. I began to think of my grandfather, who had a stroke when I was very young, and he was wheelchair bound after his stroke. I recall the sorrow and pity from family and friends as we collected him from the hospital and the palpable view of those around him of this once great man now viewed as "helpless." My family and my grandad's loved ones viewed the wheelchair in a negative light. It represented loss and sadness to them. However, my experience with John revealed the opposite perspective — his wheelchair represented freedom and joy rather than limitation. This shift in perspective was eye-opening.

I realized that the emotional attachment to a wheelchair can vary significantly between individuals. For some, it is a symbol of personal empowerment, while for others, it may represent a source of grief or loss. Understanding this spectrum of experiences is crucial for providing empathetic and effective care. The emotional and psychological dimensions of mobility aids are just as important as their physical functionality. Literature supports this, noting that the wheelchair often becomes an extension of the user, impacting their identity and life satisfaction (Ripat et al., 2018; Rice et al., 2015). What became obvious to me was that whether the device is viewed positively or negatively, a connection to the device is inevitable (Gowran et al., 2020; Ripat et al., 2018). Acceptance of one's impairment and the role of the wheelchair in daily life are essential for positive identification and participation in various activities (Rice et al., 2015).

This insight ignited my passion for this field. I knew then that I wanted to dedicate my career to helping others in similar situations.

KEY TAKEAWAY 1: FOCUS ON THE INDIVIDUAL

Returning to my initial anecdote, it's crucial to start with the person using the wheelchair. They are the core of our work. A wheelchair can signify different things to different individuals, ranging from freedom to dependency. Regardless of the perspective, it plays a significant role in their lives. As professionals, we should approach each client with openness, understanding and a genuine willingness to assist.

Our focus should be solution-oriented: What does the individual need to achieve, and how can we facilitate that? Reflecting on our skills and seeking to improve them is valuable, but the essence of this learning objective lies in the commitment to help. The impact of our efforts is often measured not by what we say, but by how we make our clients feel. As Maya Angelou wisely said:

"People will not remember what you said, but they will remember how you made them feel."

OBJECTIVE 2: ANSWER THE PHONE!

One of the most challenging cases I've ever encountered involved a client with extensive physical impairments, classified as bariatric, and compounded by significant mental health issues. The clinical team

was at a loss for how to proceed. So, who did they turn to for solutions? The OT, obviously.

On a serious note, to give you a picture, this lady had a strong desire to remain in her home, where she spent most of her time on an air mattress and required home oxygen therapy. And, just for a bit of added complexity, she was a heavy smoker — two packs a day. Quite the cocktail of challenges, as you might imagine.

Our task was to figure out how to transition her from the bed to commode, shower chair and wheelchair, enabling her to participate in daily life. This was no small feat given her size, and the personal support workers assigned to her were significantly smaller and had no experience with bariatric care.

Our first step was to find a hoist (or you may know it as a Hoyer Lift) capable of supporting her weight. Unfortunately, none of the hoists we had at our disposal could handle the load. As the therapist on the case, I took the lead on finding a suitable hoist by reaching out to sales representatives across the country. I compiled a list of three potential reps from reputable companies, based on recommendations and prior knowledge.

I called the first rep, no answer so I left a voicemail, and moved on to the next one — same routine. And the third rep? Yep, you guessed it; no answer so I left another voicemail. Each voicemail highlighted our "emergency situation:" a bariatric client stuck in bed, no way of transferring and very difficult for personal support workers to move and in dire need of a hoist. To ensure my message was received, I sent a text message asking for a call back and a brief synopsis of the situation. Then, I sent an email to them with much of the same along with my contact details.

I thought to myself, "Everyone must be swamped, but surely one of them will get back to me." Well, by the end of the day no one had returned my phone calls. I tried to ring every day for a week. But as days passed, I found myself in the same situation - no responses and countless voicemails later. I wasn't hounding them (too much); I left the same message each time, but still, no callbacks.

After a week of radio silence, I decided to widen my net and ask colleagues for additional names. I remembered meeting a guy at a conference months earlier who mentioned his company dealt with bariatric equipment. I figured, "Why not give him a shot?"

Imagine my surprise when he answered on the third ring! He promptly provided the necessary equipment, enabling us to get the client out of bed and into a more manageable setup. This resulted in two big sales — a hoist and a commode — totaling just over €25,000 (approximately $27,800).

While the rep didn't do anything revolutionary, he was simply there when I needed him, and that made all the difference.

The rep had now established a relationship with me as someone who could be relied upon. We worked together for lots of other clients – he made some mistakes along the way as we all do, but equally he helped catch some of mine. A good working relationship. Even though he did not sell necessarily the highest quality products, the fact he was good at keeping communication not just with me, but all the other therapists he was working with, meant that he got continuous business. Not to mention the referrals I sent his way from other therapists in tricky spots.

As a side note, I did eventually end up hearing back from the other reps, but by the time they called back the orders were already in place. The excuse for many being: "best day to catch me is e.g. Friday when I do admin and paperwork" – this of course was of little help to me in an emergency.

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KEY TAKEAWAY 2: ANSWER THE PHONE!

So, what's the moral of the story? Answer the darn phone! Now, before you crucify me – I am not suggesting you drop everything, including your current clients, to pick up calls. Nor, am I taking away from the fact that at the end of the day, you may have 50 missed calls and as many voicemails (if you have this many – good on you). I understand how intense and overwhelming the job can be, especially when faced with a mountain of missed calls and voicemails. I know that a lot of early mornings and late nights are on the cards in this job, ensuring we get necessary products for clients.

However, what was most important to me as a therapist was reliability, not necessarily skill. Although, skill was incredibly useful! This may be contrary to what many of you think, but in my experience, this was a key trait I looked for when working with sales representatives. We dealers often get most of our referrals from clinicians who simply want to know that their messages are received. A quick call, text or email saying, "I'm currently busy but will call you back later," or "I can't handle this right now but will refer you to a colleague," can go a long way in building strong professional relationships.

So, next time your phone rings, remember answering it could mean the difference between a missed opportunity and a successful client outcome!

In practice, this means establishing a clear communication protocol within your organization. Perhaps consider setting aside specific times in your day to respond to calls and messages, ensuring that urgent matters are prioritized. Developing a reliable system to track and follow up on communications can also help maintain professionalism and efficiency. Additionally, providing feedback to clients about expected response times can manage their expectations and reduce anxiety during critical situations.

OBJECTIVE 3: PEOPLE-CENTERED CARE IN A LIMITED FUNDING FRAMEWORK

Selecting the right wheelchair and postural supports is an undoubtedly complex task. It involves not only choosing the most suitable product for current needs but also anticipating potential future requirements — a challenge that many professionals face. Yet, the true difficulty often lies not in the selection itself but in navigating the intricate maze of funding bodies to secure essential mobility supplies. This is a shared struggle for many of us in the field.

During my literature review for my master's thesis, I encountered a quote that resonated deeply with me: "Just as Tantalus in Homer's Odyssey stood immersed chest-high in water beneath a tree laden with ripe fruit, he could neither quench his hunger nor thirst. As he reached up to grasp, or bent down to drink, the fruit and water would move just out of reach. So, it is for many people with disabilities when they gaze at all the available technologies … Tantalizing, unattainable" (Pedersen et al., 2014, p. 643).

In Ireland, where I worked as a clinician for four years, I had the privilege of specializing in seating and learning from an exceptional mentor and dedicated seating specialist. My primary focus for my clients was to ensure optimal posture, with secondary importance focused on quality, brand and style.

However, it is crucial to remember the desired aspects of the equipment from the user's perspective. I reached out to friends who are wheelchair users and discovered that their priorities often diverge from those of clinicians. For them, factors such as brand, style and features often take precedence over posture and quality. While clinicians might view a wheelchair primarily through a clinical lens, users frequently consider how their chair reflects their personality and social status.

Ideally, we as therapists should remain impartial to specific brands, aiming solely for the best clinical outcomes with our seating interventions. Whether we use Company A's backrest or Company B's, our goal is functional efficacy. However, this is where things can become complicated. We understand what the equipment needs to achieve, but pinpointing the exact product that will deliver the desired outcome often requires the expertise of equipment specialists or sales representatives.

It sounds straightforward, but the reality is far more intricate. Many manufacturers produce excellent products, and in some cases, several options may meet the clinical needs. Conversely, it may be necessary to trial multiple products to determine the one that works best. Finding the right seating solution can involve a bit of trial and error.

This complexity highlights the importance of collaboration between different parties: the occupational therapist or physiotherapist who focuses on the clinical aspects and anticipates potential secondary issues, the sales representative who is an expert on the available products within the funding system, and most importantly, the client who understands their own needs and preferences for their wheelchair. This triad represents a balanced viewpoint, where each perspective is valuable and should be taken seriously. Sometimes, this balance involves compromises, while at other times, consensus is easily achieved.

As therapists become more familiar with the equipment, they may develop preferences for certain brands. Equipment experts, in turn, might begin to offer clinical suggestions based on their experience. Meanwhile, as clients gain experience and confidence, they might take a more active role in guiding their own seating prescriptions. The boundaries between these roles can become "blurred," and it's essential to recognize and address these shifts when they occur. Therapists should have a thorough understanding of the products without endorsing specific brands. Sales reps should offer insights and suggestions but avoid leading clinical decisions. Clients should be empowered to take charge of their seating interventions but should consider advice from both therapists and reps to ensure all aspects are thoroughly evaluated before deciding.

We all have different roles and perspectives when it comes to the wheelchair prescription process.

For example, during an interview for my master's project, a wheelchair user expressed frustration with the choices available through the Irish health system. He felt that the chairs listed were selected without consulting actual wheelchair users – especially as he was a competitive Paralympian and regularly met with other athletes from around the world. He compared it to "going to McDonald's as an adult and only being offered a Happy Meal," feeling envious of the diverse wheelchair options available in other countries - no doubt a shared sentiment among many in our world.

This leads me to another interesting point, which I have unfortunately seen time and time again. In a tight-funding environment with complex requirements, clients are far too often given what is easy, rather than what is right. It's easy to default to familiar options or what seems like the safest bet. We might think, "Let's just get another [brand X] chair since that's what they had before" or "I sold a similar wheelchair not long ago, and it was funded easily." Instead, we should aim to think critically and ask: "Why was [brand X] chosen initially? Have we considered other wheelchairs? Could we apply for a higher specification wheelchair for the client?"

The answers might reveal that the client never had the option to choose otherwise or that the process for ordering other brands was too cumbersome. It might also be due to matters of financial constraints. While discussing finances requires sensitivity, none of these reasons should prevent us from pursuing the best outcomes for our clients. The goal should be to offer a full range of choices. For example, showcasing high-quality options like RGK or Tilite wheelchairs to a client who has only used a lower-quality model can be beneficial. While it's true that the client will be aware of all available options, even if they don't choose them, this approach ensures they receive the best possible outcome for their needs. From a dealer's perspective, it also means a potentially larger sale, but ultimately, the client benefits most of all from having all options presented.

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CLINICAL PERSPECTIVE
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By understanding and incorporating the user's perspective and preferences, we can tailor solutions that not only meet their clinical needs but also enhance their overall satisfaction and experience.

KEY TAKEAWAY: NO ONE-SIZE-FITS-ALL APPROACH

Don't be afraid to ask questions, challenge assumptions and even step on a few toes. In the world of mobility and accessibility solutions, it is essential to embrace a mindset that encourages inquiry and critical thinking. Remember, while therapists have the clinical knowledge, they do not have the expert equipment knowledge – that's where you come in. We work together to bridge the gap between clinical requirements and practical solutions.

Clients, on the other hand, may not always be aware of the full spectrum of options available to them. They might have limited exposure to different types of wheelchairs, postural supports or assistive technologies. Therefore, it becomes crucial for both therapists and sales reps alike to engage in open and informative discussions with clients. This dialogue should focus not only on the technical and functional aspects of the equipment but also on the personal significance it holds for the individual.

To truly provide people-centered care, consider adopting a comprehensive approach in your assessments and consultations. Here are several key areas to explore:

What activities does the person need or want to engage in?

- Understanding the client's preferred activities is crucial in selecting the right wheelchair, as those involved in sports or outdoor activities may need more durable and maneuverable options, while indoor users might prioritize comfort and ease of use. This approach ensures that the equipment aligns with the client's lifestyle and aspirations.

What does the wheelchair mean to them?

- The wheelchair holds significant symbolic and emotional value, representing either freedom and independence or a reminder of limitations. Understanding these meanings helps us to tailor equipment solutions for our clients.

Do you know all your options?

- Encouraging clients to explore all available options helps them make informed decisions by revealing the latest advancements and features in wheelchair technology available within your funding model. Providing comprehensive information about various models and options ensures clients choose the most suitable equipment for their needs.

Have they tried other types of wheelchairs?

- Exposure to different types of wheelchairs through trials or demonstrations can be invaluable. Trying out various models allows clients to experience firsthand how different features affect their mobility and comfort.

What chairs do their friends use, if any?

- Sometimes, clients gain insights into wheelchair options through their social circles. By asking about the experiences of friends or acquaintances, we can gather additional information on practical, real-world usage of different wheelchair models.

By integrating these questions into your practice, you can uncover a better match for the client's needs and preferences. This approach not only leads to more effective and satisfying outcomes but also aligns with ethical practice by providing clients with a full range of options.

CONCLUSION

Incorporating person-centered care into our practice requires a nuanced understanding of how equipment impacts users' lives and an unwavering commitment to effective communication. It's evident from my experiences that the true value of mobility equipment extends beyond its technical specifications and features. What truly matters is how such equipment enhances the user's independence and overall quality of life. A poignant example of this was witnessing the profound joy of a client whose wheelchair had been repaired. For this individual, the wheelchair was not just a device but a symbol of freedom and self-expression, underscoring the deep personal significance that such equipment can hold.

Equally critical is the need for timely and reliable communication. In my experience, the challenge of securing a hoist for a bariatric client highlighted the vital importance of responding promptly to inquiries and maintaining open, transparent lines of communication. This responsiveness is not merely a procedural necessity; it plays a crucial role in significantly affecting client satisfaction and in fostering stronger, more trusting professional relationships. Effective communication helps to manage expectations, build rapport and ensure that the client feels valued and understood.

Furthermore, understanding and addressing user preferences are essential for delivering effective and personalized care. While clinicians might prioritize technical aspects such as posture and mechanical specifications, users themselves often place high importance on elements such as style, personal identity and how the equipment fits into their broader lifestyle. Engaging actively with clients to grasp their needs and preferences allows us to offer solutions that not only meet functional requirements but also resonate with their individual lifestyle and social identity.

Blending technical expertise with empathy and effective communication enables us to provide holistic and impactful care, leading to more meaningful and satisfying outcomes for those we serve. Nonetheless, this approach requires continuous learning and development. It is crucial to obtain additional skills, such as understanding specific conditions, managing muscle tone and integrating sensory approaches into seating solutions. However, do not overlook the foundational skills we discussed at length during this article. These skills are often underappreciated or overshadowed by the pursuit of more advanced techniques. As the old adage goes, "You need to learn to walk before you can run." Developing these essential skills is a vital step in advancing your career and enhancing client outcomes, ensuring that we are well prepared to address the complexities of everyone's needs with both competence and compassion.

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Jack D. Murphy has recently emigrated from Ireland to Toronto, Canada, where he was an occupational therapist. He holds a master's degree and a bachelor's degree, both in occupational therapy. Murphy has specialized in seating and postural management throughout his occupational therapy. career, leading several initiatives to establish mat evaluation and postural assessment clinics. His work involved accurately assessing posture and making appropriate equipment recommendations. Murphy's advice was frequently sought by fellow clinicians and equipment experts for product reviews, clinical insights and assistance with postural assessments. He worked primarily with complex neurological conditions, such as such as multiple sclerosis, motor neuron disease and Parkinson's disease. Murphy further enhanced his expertise by completing courses in 24-hour postural management, complex neurological disease management from a seating perspective, Oxford-Brooks MAT evaluation, postural management and clinical seating considerations for bariatric patients, among others. Due to his extensive experience and knowledge, Murphy was invited on several occasions to guest lecture occupational therapy students on wheelchair prescription and postural considerations. Earlier this year, Murphy began working with Motion, one of Canada's leading seating and mobility suppliers.

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SEATING EXAMINATIONS IDENTIFY OPTIONS FOR THE SENSATE BODY

Written by: **KAREN KANGAS, OTR/L**

The following rehab case studies are excerpts from the webinar, "Seating Problems, Let's Fix 'em!" presented by Karen Kangas, OTR/L, which is currently available on-demand at www.nrrts.org through the Learning Portal.

Please note: the names of the individuals within each case study have been changed to protect their confidentiality.

I've been involved in seating and mobility and positioning all my career. I primarily have been known as a pediatric therapist, but I also work with a lot of adults through our Office of Vocational Rehab, particularly in rural areas of Pennsylvania. Of all the issues I could talk about today, I really wanted for us to consider the problems not being addressed from an understanding of "seating for the sensate body."

Why does sensation matter? The reason it matters is because the "sensate" body cannot tolerate remaining still. And in today's current seating systems, "to say still" appears to be a primary consideration. This "seating position" is what is considered "correct" or the "right" seating. But, the fact of the matter is, in a sensate body, the body must be accommodated to manage a range of movements, because movement must be able to occur. As a seating specialist, you're not just giving someone a mobility system, meaning that system is going to allow them to be more mobile within their environment. The individual with a sensate body also needs to have movement within their seating system. The word "mobility" simply means movement. Individuals with "sensate" bodies need to move within their chair.

Sensate bodies cannot remain still even if movements are very subtle, and at times, may be more dramatic. There is no possible way a sensate body can tolerate being still. If I right now came to you, whatever position you happen to be sitting in at this exact moment in time, no matter what it is, and I then held you firmly in this exact position, you would find it intolerable in less two minutes.

With a sensate body, one can feel, and one cannot tolerate being totally still for long periods, even if the position is initially chosen by the person. In contrast, an insensate body, such as one with a spinal cord injury, lacks the sensory feedback that helps maintain skeletal integrity. Without this feedback, the skeleton (of a desensate body) can sink into the soft tissues, actually causing bruising and damage within those tissues, because the body does not "feel" how it can adjust its position.

CASE ONE

I want you to meet Luke. Luke has a traumatic brain injury, and he also had bilateral femoral resections. (This means the heads of both femurs were surgically removed.) This surgery occurred more than 10 years before this assessment. Post-surgery, Luke had pain in both lower extremities, possibly because the femurs are now "floating thigh bones" as they are no longer located within the hip joint. Consequently, that thigh bone can "dig" or "push" into the surrounding tissues. Luke's body is sensate. He feels pain. Although his body is now extremely limited in voluntary control, it is still fully sensate.

Luke only has limited lateral head movement and limited grasp in one hand. He can't drop his chin or drop his head back, but he can move his head from side to side. And he has an active grasp within his right hand. He uses a single mechanical switch attached to a buzzer to communicate. He is able to push that buzzer and make it buzz once for yes, and twice for no.

Luke is very adept with this buzzer and figured out he could hold it for a long period of time, or he could hit it repetitively, if he was trying to make a point.

When we were looking at seating, I wanted him in a powered chair with powered seat functions. I wanted him to be able to be up and about all day. He loved going out in the community, but he couldn't tolerate being in the same position all the time in his chair, as the leg pain would become intolerable. And when he was in this pain, he needed to be repositioned and that meant he had to be transferred to his bed.

So, we wanted to look at powered seat functions on a chair we could alter subtly throughout the day to cope with this pain including a full recline, so a

Patient with TBI, driving forward with use of hand switch in power chair with multiple seat functions, which allow for many small alterations throughout the day by his nurse attendant, rather than being put back to bed. This was due to residual bilateral hip pain.

resting position could be managed. When Luke was in his bed, his knowledgeable nurse (who had been with him for years) used small pillows to assist in positioning to decrease pain. We needed to use those within his seating system as well. With pain, in sensate bodies, no single position reduces pain, instead, the "changing" itself, reduces pain, and these positions can vary during the day. So, powered seat functions and the little pillows were needed.

We did have some days when he needed his right knee to be higher. Some days it needed to be dropped down; it couldn't be fixed in one position. Sometimes we needed to alter the left side, so the right side would remain stable. This was the leg that had the most pain. The little pillows were kept in his backpack, so they were readily available for his nurse to use at any time.

The hip guide is also important to use. You can see his right hip guide is farther back and his left hip guide is farther forward and then we have the little pillows which can be added as needed. You can see the right arm is dropped a little bit farther down than his hand. He has disuse atrophy in his left upper extremity so that arm rest functions as a prop for that arm.

Life changed for Luke. His nurse said "it's been so unbelievable. He is so much of a happier person because we can literally go out and go shopping in the afternoon. We can go around the facility and we can stay throughout a whole activity. Luke is a social person, so he is so happy to be out of bed." Luke lived in a retirement community where his bedroom was in the skilled care section. He could now join community activities and tolerate them because he could look at his nurse, she could change his position a little bit, not only with the powered seat functions, but add little pillows if needed.

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Closer view of use of hip guides, left one more forward, right one farther back, both supporting legs to diminish residual pain, and small pillows used and altered throughout the day for pain relief. This allows him to be "up" all day and in the community, not having to go back to bed.

REHAB CASE STUDY
(CONTINUED FROM PAGE 31)

CASE TWO

Next, let's look at Chris who has amyotrophic lateral sclerosis. This is how he looked when I met him, and he could barely manage this powered chair any longer.

He was using a joystick driven chair, but he wasn't able to manage it any longer. He was also very concerned about all the chairs that he was shown. They were much bigger, and he didn't think they could fit within his home.

He's also a very slender guy and all these bigger chairs also had much bigger seating systems, with higher backs and many other large parts. He then got a chair, which was simply drop shipped to him at his home. (This is where I joined the situation). He was supposed to get in it, and make it work. He was also expected to manage a joystick, which he couldn't anymore. But, he still had the energy to be able to use a mouse and still work from home. He was home during the day between four and six hours on his own.

Patient in new power chair, with a lower back, left removable hip guide and driving with a head array, using a single red switch at left hand for reset/select switch. Head array allowed him to use his mouse and get close to his computer.

Patient with ALS in scooter and current seating, which he could no longer manage due to his progressing weakness.

We were able to move to a head array. I also needed to ensure the back was not too high. We had to use an extended mount, because he's a tall guy. I wanted the head array to be small, and we also wanted him to be able to get close to his computer.

This is the chair where I added one hip guide. Why did I add that hip guide? After the hip guide was added, when he was dropped into his seat and transferred, he could feel stable. And he's an easy transfer. He's so lightweight. But in the past, he would realize after you left him for an hour and a half, he was seating in the wrong spot. We use the hip guide here as a guide and a "locator" so his body could be placed next to the hip guide. He could then feel the side of his leg solidly against the hip guide. This supported his pelvis enough that he's in the position to be able to not only manage to drive but do things during his day.

Just looking at his seating system, it seems simple, you can also see that the hip guide is removable. That's because sometimes it is taken off when he needs a transfer from the side of the chair. His wife takes him out from the front, but the attendants do better taking him out from the side.

Patient's wheelchair, with hip guide off, for ease of transfer, and showing lower back, which was needed for limited but needed trunk movement.

IN CONCLUSION

When you are dealing with a patient who has intact sensation, that's what sensate means. Even with a patient who has had a stroke, she has sensation on the non-affected side and often, she may still have some sensation in the affected side. Their paralysis still can maintain sensation as their injury was in the central nervous system (vs. in the spinal cord).

We all need to recognize for patients with sensate bodies that movement within the system is critically important. The supports we provide are not simply functioning as restraints, but they may also be functioning as cues, sensory cues for information to them regarding their current body position. This then also allows for more function and rotation in the trunk to support the extremities and provide a more upright posture and support respiration.

We need to carefully look at the seat cushion, specifically its relationship to the front hangers or the legrests and where the relationship of these positions affects that person's ability to transfer.

We also want to make sure we are observing our patients' bodies very carefully over time. It's very hard to do a seating assessment on a sensate person in a one-shot situation. Since their bodies need movement, and their bodies need to change positions throughout the day. These individuals are frequently going to be tired at different times and their expectations of their chair's supports will vary, as well.

Consequently, we need to build into our assessments that when we fit and deliver the system, we may need to have to change some parts. We may need to add some parts. That's why I choose the many parts I am recommending. I want them to be as flexible as possible, and I want them to be adjustable and removable.

I have many patients who will say to me during an assessment, "I'm not going to need that part." But when I go see them at another time of the day, I can easily point out to them, that they do need that part now. In short, sensate bodies need change. This change cannot be pre-determined, or predicted, but it must be accommodated.

We also need to recognize how important it would be if we could add pre cline as a powered seat function. Pre cline is the ability of the recline to come forward 90 degrees into an anterior position, and this allows the body to move slightly forward, and to offer increased support to that person's body into a more active position. This powered function allows the position to alter and not to be used all day, but to be able to be used so there is the ability to always move between relaxation and active control. The pelvis is non-weight bearing when the body is relaxed, and it is weight bearing when the body is active. Moving between this range is what the rest of us do all day, every day, subtly, and more dramatically, depending on what activity we are currently engaged.

I also want us to recognize how important leg positioning is to the pelvis and to the trunk and to the body. And recognize how high the back is and how these relationships of the equipment can prevent or support movement within seating systems. The parts we most frequently add are headrests, armrests, legrests. These are all signals to the body to rest. Yet, if we want to support our patients' bodies to be active, we can't have their bodies in positions of rest and then somehow expect those bodies to be more active... especially when that body is already coping with a disability. A body can have limited energy, limited range or limited movement. We need to ensure we are providing systems which support activity, function and accommodate the disability, but support movement.

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Karen Kangas, OTR/L, is an occupational therapist actively practicing for 50 years, a seating and mobility specialist for over 40 years, an AT specialist over 30 years, an adjunct faculty member at Misericordia University for seating in pediatric practice for over 10 years. Currently, she has been in private practice in Pennsylvania (for over 25 years) specializing in individuals with complex bodies for seating, mobility and access to AT (including AAC devices, computer access, powered mobility and environmental control), and she is a clinical educator, teaching workshops throughout the U.S. Kangas also has taught in New Zealand, Sweden, the UK, Scotland, Ireland, Israel and Canada. She is currently involved in a multiyear, statewide pilot project supporting students with complex bodies supporting the use of AT for inclusion and is working on a book focusing on children.

LEARNING NEVER STOPS

Written by: **ROSA WALSTON LATIMER**

Mary Pengelley's first job after completing her education was a four-year stint with the Peace Corps as a therapist in a Jamaican residential facility for hearing-impaired children. "When I think back, I wonder 'what was I thinking?'" said Pengelley, PT, DPT. "I was very naïve when I accepted the job, but I believe that was to my benefit. I didn't have preconceived ideas or expectations. The children were all under 12 years old, and I was pretty much on my own. I made parallel bars out of PVC pipe. I worked with carpenters to make chairs that I designed. Plumbers bent pipes for me, and we put wheels on the bottom to make walkers. My career of over 40 years began organically. The experience with the Peace Corps gave me the confidence to problem solve to provide for my patients regardless of the circumstances. I still take that approach today."

Mary Pengelley with her daughter, Nanette and husband, Lambert on a service trip in Cuba.

WHAT INSPIRED YOU TO PURSUE THIS CAREER PATH?

When I was growing up, I had a cousin who was a quadriplegic because of a diving accident and used a wheelchair. She was in college at the time I was in elementary school. I don't believe my relationship with her necessarily caused me to choose this career, but it sort of "prepped" my mind. I felt comfortable with her, and I had no judgment. She was just my cousin, Annie, who had a wheelchair. When I was in high school, I completed a vocational questionnaire that indicated that I should be some kind of therapist. I wasn't sure I knew what it meant to be a therapist, so I volunteered at a hospital. I applied to one school, got accepted and never looked back. It was a very easy career choice. At first, I thought I would specialize working in a neuro rehab with older patients because I liked that internship when I was in school. I had always wanted to be a Peace Corps volunteer however, and that desire led me to accept the job in Jamaica in 1983, and I have worked with pediatric clients ever since.

TELL US ABOUT YOUR CURRENT WORK.

I work for a private practice, Progressive Pediatric Therapy (https://ppt4kids.com/) in South Florida. I began with them in 2011. At first, we did home visits, but now we have three clinics and serve many medical daycares. I helped develop monthly orthotic and wheelchair clinics for our patients. Ten years later, we still offer those clinics in two of our locations and on-site at some medical daycare facilities. I have a long-standing working relationship with Carey Britton, branch manager at National Seating Mobility, who helps with our wheelchair clinics. Carey and I greatly benefitted from being mentored by Adrienne Bergen, a well-known and respected physical therapist and author of several books on adaptive seating and positioning. Adrienne was a pioneer in custom seating and adaptive positioning and when she retired, she moved to South Florida and began volunteering at our wheelchair clinics. It was a gift to learn from Adrienne for many years.

WOULD YOU TELL US A SIGNIFICANT CHANGE YOU HAVE EXPERIENCED DURING YOUR 40+ CAREER?

In the beginning, therapists struggled to get funding for anything – therapy and equipment. Eventually, we had state-provided Medicaid funding and more insurance options, which seemed to work well for a while. Currently with managed care, it seems there are many more steps required to support our patients' needs. For example, to get approval for equipment now, the paperwork often takes longer than the actual hands-on assessments and fittings.

WHAT ASPECT OF YOUR WORK DO YOU ENJOY THE MOST?

I like that no two days are the same, no two patients are the same, and no patient is the same on two different days. I enjoy the challenge of thinking outside the box. I love working with families and their kids. Usually, I ask the child what they would like to do and build the therapy around that. Therapy is very personal and impacts not only the physical body but also how children (people) feel about themselves. My job helps

Mary Pengelley with a pediatric patient in the Progressive Pediatric Therapy gym.

them find their own inner power, and it's humbling to see their accomplishments.

HOW DO YOU MEASURE SUCCESS?

Hahaha! If I get my paperwork done?! Actually, every day flies by, and I always look forward to the next. Now as I near the end of my career, I feel successful if I can pass on knowledge to someone who is newer in their career. I never considered myself a teacher, but in the last year, I became director of education and research. I am learning how to be a better educator, teaching continuing education courses and webinars, creating studies and training our staff in the things that are not covered in physical therapy school (like how to write 8-page wheelchair evaluations). I know a day will come when my body won't be able to do what I want, so I hope to pass the baton to others who have also have a passion for pediatric therapy.

WHAT ARE YOUR INTERESTS OUTSIDE OF YOUR PROFESSIONAL LIFE?

My husband, Lambert Pengelley, and I have four daughters and six grandchildren. We love to get together with family, which typically involves travel since they live in different areas. We each have our pursuits, but our interests often intersect. Lambert is a retired chef. One of my daughters is a nurse practitioner, another just began her residency in dermatology, one is a contemporary jeweler, and another has a Ph.D. in science education.

I am a walker. I love getting up super early and just disappearing. I might be gone for a few hours, see some alligators and raccoons, or walk on the beach. I enjoy being outdoors and having that quiet time. My 94-year-old mother moved nearby two years ago, and I also treasure my time with her. We like to play Scrabble, and she can still beat me. Reading is also an important part of my life, and I enjoy baking.

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Mary and Lambert Pengelley (center) with their children and grandchildren.

Mary Pengelley and Carey Britton interact with a patient during a trip to the Bahamas.

CLINICALY SPEAKING
(CONTINUED FROM PAGE 35)

DO YOU HAVE SOME ADVICE FOR SOMEONE JUST STARTING THEIR CAREER?

Find a mentor and an environment that supports your growth as a therapist. Learning never stops. Be comfortable in your work environment.

I always advise our new pediatric therapists 'Don't go in and do therapy. First, just play. You will know what to do therapeutically once you start playing.' Children who resist therapy can be tricky because it may feel as if you aren't able to do your job. But with kids, you must make a connection before they will engage, and that is mainly achieved through play. Children are like little mirrors. They read your face and show your emotion back to you. Sometimes, if I have to communicate to a parent about something serious, I might use my 'singing voice' so the child is relaxed and thinks I am being playful.

DO YOU HAVE A MEANINGFUL CHARITY OR VOLUNTEER ACTIVITY?

Volunteering has always been an important part of my life. As I get older, I find myself wanting to do more. I help with local organizations by connecting families to various charities that pay for unfunded equipment or additional therapy. We are blessed in Palm Beach County with resources for families due to the diverse economies here, from Mar-a-Lago-style living in the east to farm working communities like Belle Glade in the western rural part of the county. The United Way of Palm Beach County has had a Special Needs Equipment Fund for many years. Clinics Can Help (https://www.clinicscanhelp.org/) is a local nonprofit that recycles used equipment and has a special grant for children to provide equipment that is typically not funded. This includes things such as adaptive strollers for families to use when their child's wheelchair won't fit in grandma's car. Bella's Angels, Hope 4 Mobility, and Wheelchairs 4 Kids are other organizations I often collaborate with to support our patients' needs.

After the pandemic, a physical therapist with the Bahamas Association of the Physically Disabled, which operates a day school for children who are non-ambulatory, approached our company asking for help. They were re-opening their school and needed equipment. We were able to help them get what they needed from organizations such as Clinics Can Help, with assistance for shipping through the Bahamas Rotary Club. We have taken five trips with the help of Carey Britton from NSM, and Justin Kuntze from Falk Prosthetics and Orthotics, and have provided wheelchairs with custom seating, bath chairs, activity chairs, sleep systems, standers, walkers, gait trainers and orthotics to all the children at the school.

Our company, Progressive Pediatric Therapy, recently launched PPT4ed, (https://www.ppt4ed.org) a nonprofit focusing on education for families, therapists and educators locally, nationally and internationally. We have been pretty busy so far this year. We presented at the Early Learning Coalition Annual Conference

Caregivers and a therapist with Mary Pengelley at the Bahamas Association of the Physically Disabled facility.

to help preschool teachers learn how to better work with children with neurodiversity. We held a virtual caregiver training on Individual Education Plans (IEPs) and how to best advocate for their children at the start of the new school year. And, we have held several continuing education courses for pediatric physical and occupational therapists and speech-language pathologists in collaboration with local universities and hospitals. PPT4ed will continue to support service trips to the Bahamas and Ecuador, as well, with our next trip planned for October 2024.

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Mary Pengelley, PT, DPT, is the director of education and research at Progressive Pediatric Therapy in Palm Beach County, Florida. During her four decades as a physical therapist, she has become recognized as a prominent voice in pediatric physical therapy and assistive technologies.

ENHANCING INTERNATIONAL COLLABORATION THROUGH INRRTS

Written by: **ANDREA MADSEN, ATP**

Given the multifaceted nature of Complex Rehab Technology, professionals working in this sector must possess an intricate understanding of both technology and patient care. As the world becomes more interconnected, international collaboration between CRT supplier professionals has emerged as a key strategy for addressing the growing challenges and demands of the field. While CRT supplier professionals strive for innovation, maintaining high standards is essential. This is where the iNRRTS comes into play. iNRRTS provides a standard of excellence CRT supplier professionals should adhere to globally, ensuring ethical, safe and effective care for individuals with disabilities.

In recent years, advances in technology, clinical approaches and equipment design have transformed CRT. However, these advances are not confined to any one country or region. International collaboration offers CRT supplier professionals access to a broader pool of knowledge, innovations and diverse experiences. By working together across borders, CRT professionals can share best practices, contribute to research and collectively solve complex challenges.

While many countries have their own guidelines for CRT, international collaboration helps harmonize standards and ensures consistency in care delivery. By participating in global networks, CRT professionals can adopt universally recognized best practices, which, in turn, contribute to higher quality care. This is particularly important for multinational companies or those who source technology from various countries, as it ensures products and services meet rigorous quality and safety standards across all markets.

Ethical issues in CRT, such as ensuring equitable access to high-quality services, must be addressed through international collaboration. Professionals around the world face similar challenges in terms of funding constraints, resource limitations and disparities in health care systems. By collaborating across borders, CRT professionals can advocate for ethical standards in service delivery and strive toward policies that enhance access for individuals with disabilities in all regions

CRT professionals gain immense value from participating in international conferences, symposiums and research initiatives. Exposure to global perspectives deepens their understanding of the field, improves technical proficiency and fosters a culture of continuous learning. International collaboration also broadens networking opportunities, allowing professionals to build relationships with peers, innovators and thought leaders in the CRT space.

While international collaboration drives innovation, adherence to high standards is essential for maintaining quality and ensuring ethical service delivery. iNRRTS sets the benchmark for excellence in the CRT supplier profession, providing a clear framework for professionalism, expertise and accountability.

iNRRTS is the premier organization that registers CRT supplier professionals who meet stringent ethical and professional standards. By becoming an iNRRTS Registrant, CRT supplier professionals demonstrate their commitment to providing person-centered care, adhering to the highest standards in the industry. iNRRTS Registrants are bound by a code of ethics that ensures the provision of safe, effective and appropriate equipment and services to individuals with disabilities.

iNRRTS supports ongoing professional development through professional designation and continuing education opportunities. By fostering a culture of lifelong learning, iNRRTS ensures CRT supplier professionals stay current with the latest technological advances and clinical practices.

For example, iNRRTS offers courses on complex seating evaluations, advanced mobility systems and proper product fitting, which are critical to maintaining expertise in the rapidly evolving CRT landscape. These courses are available live online and on-demand as well, allowing for access without the barrier of time constraints, time zone

or international boundary. iNRRTS is a pioneer in the development of an educational pathway to becoming a professional and proficient CRT Supplier through our CRT Supplier Certificate Program. Here, individuals can take advantage of an online, self-paced course of study lays the foundational groundwork for the pursuit of a career in the CRT supplier profession.

iNRRTS not only provides education but also serves as an advocate for the CRT profession. Through advocacy efforts and collaboration with other industry organizations, iNRRTS ensures the voices of CRT supplier professionals are heard. This advocacy is critical in addressing reimbursement challenges, regulatory hurdles and ensuring access to quality services for individuals with disabilities.

While iNRRTS was conceived in the United States, its principles are universally applicable. CRT supplier professionals worldwide can benefit from adopting iNRRTS standards, ensuring they deliver ethical, high-quality care to those in need. As international collaboration grows, aligning with organizations like iNRRTS and its international registry of CRT supplier professionals can ensure professionals across borders are working with a shared commitment to excellence.

In the evolving field of CRT, international collaboration and adherence to rigorous standards are critical to advancing the profession and improving outcomes for individuals with disabilities. By fostering global partnerships, CRT supplier professionals can accelerate innovation, harmonize care standards and address shared challenges. Furthermore, iNRRTS offers a blueprint for excellence, ensuring CRT supplier professionals worldwide provide ethical, effective and person-centered care.

As the CRT field continues to evolve, the intersection of international collaboration and iNRRTS standards will play a pivotal role in shaping the future of the profession. By combining the power of international collaboration with the integrity of iNRRTS standards, CRT supplier professionals can elevate their practice and better serve the complex needs of individuals with disabilities. CRT supplier professionals who embrace both will be well-positioned to drive innovation, uphold ethical practices and deliver the highest quality care to the individuals they serve.

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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 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 iNRRTS 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, Mayo Clinic College of Medicine and Science and at the International Seating Symposium.

POWER OF PARTNERSHIP: INSIGHTS, OPPORTUNITIES FOR CRT EXIST IN ELECTRONIC HEALTH RECORDS

Written by: **LESLIE JACKSON, OTD, OTR/L, ATP, CEASIII, LSVT BIG CERTIFIED**

Electronic Health Records have become pervasive across health care settings due to federal and regulatory initiatives. Since 2011, the Centers for Medicare and Medicaid Services' EHR Incentive Program provided incentives to accelerate the adoption of electronic health records to meet program requirements.[1] With the adoption of EHRs, clinicians have quickly recognized the benefits and challenges with these systems. Out of necessity, clinicians have created opportunities and partnerships to improve processes when using EHRs for seating and wheelchair service provision.

"It is the quality and power of individual actions that can make the difference".[2] This quote aptly reflects the hard work of Clinician Task Force member and physical therapist Elaine Lu, PT, MHEd, ATP. She sought opportunities to embed (CRT) content in EHRs by partnering with various software companies throughout her career. Now Lu is working with Keith Favreau, director of product ownership at WebPT, to enhance content in templates, which will support clinicians conducting seating and wheelchair mobility evaluations and services. This article aims to highlight insights learned from this endeavor and propose considerations when advocating for enhancements in EHR systems.

THE EHR JOURNEY

Lu has long recognized a need to develop SWM content in EHR systems. In 2003, she began conducting wheelchair evaluations but quickly discovered her EHR system was designed for outpatient orthopedics care and did not meet her needs. She asked the software company for permission to use their format toward designing a template suited for seating and mobility. After gaining approval, Lu asked a friend who was a software engineer to personally design her first software program. Unfortunately, the software's programming could not be upgraded to utilize the required ICD-10 codes.

Later, DMERx sought Elaine's expertise to assist with developing software to support suppliers and therapists. After the company was sold to another organization, the new owners opted not to pursue additional software updates. Subsequently, she collaborated with two other software companies to develop templates for SWM evaluations. Despite lacking formal computer programming experience, Lu inputted content into a software system. She credits support of fellow CTF member Julie Piriano, PT, ATP, SMS, and the work of other clinicians who developed SWM assessment forms, including the Houston Methodist Functional Mobility & Wheelchair Assessment, which served as a basis for content.

Lu has been working with WebPT since October 2023 to develop CRT content in the EHR platform. The current software platform permits the capability for expanded customizations and configurations. According to Favreau, WebPT developed content for clinicians in occupational, physical and speech

therapies over the years and expanded its specialty templates, including but not limited to pelvic health, pediatrics, lymphedema and vestibular rehabilitation. WebPT's platform also offers clinical decision support tools and "Edoc" folders, which is a document repository that allows clinicians to upload and link forms (e.g. payer forms) to a client's case.

While a release date for the CRT templates is forthcoming, WebPT will publish the template and notify approximately 160,000 clinicians currently using the software.[3] WebPT plans to publicize the release through the software's dashboard, newsletters and emails. Future webinars may also offer clinicians a preview of the CRT content. Lu and Favreau hope CTF members, other clinicians and suppliers will provide beneficial feedback to enhance future iterations of the templates, particularly as industry and regulatory updates occur. Clinicians are welcome to share feedback to Favreau through his email (keith.favreau@webpt.com) or to the company's success representatives.

OPPORTUNITIES AND CONSIDERATIONS

Clinicians, suppliers and manufacturers regularly contribute valuable knowledge and expertise across regulatory bodies and nonprofit organizations. Equally important, Lu and Favreau's work also reflects the value of nontraditional partnerships in related industries. CRT stakeholders may also serve as consultants for research projects, quality improvement, and product development.

Lu believes robust CRT templates in EHRs can educate clinicians and funding sources. For example, clinicians, particularly in rural areas, may not regularly participate in seating and wheelchair provision. However, well-designed EHR templates can provide visual prompts to support assessment and necessary documentation to support justifications.

For those advocating for software updates, Favreau reminds clinicians, suppliers and manufacturers about the variability existing among platforms. Software customizations and configurations can differ. Some systems offer variable degrees of analytics, the capability to integrate graphics or customizations to format printed reports. Like CRT, software is not intended to provide a "one-size fits all" solution for clinicians, suppliers and manufacturers. End users' needs, settings and technical skills can vary.

Furthermore, software updates require time, perseverance, testing and effective communication between involved parties.

CONCLUSION

In summary, CRT content is expanding in the EHR landscape. CRT templates are forthcoming in WebPT due to a partnership and shared vision between CTF member and physical therapist Elaine Lu and WebPT's Keith Favreau. The power of this partnership will result in expanded CRT templates to strengthen clinical documentation and should inspire others to consult and advocate in adjacent industries. Clinicians, suppliers and manufacturers are encouraged to provide feedback after WebPT releases the CRT templates. Additionally, WebPT plans to update content to reflect evidence-based practices and regulatory changes in CRT.

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ACKNOWLEDGEMENTS

The author would like to acknowledge Elaine Lu and Keith Favreau for providing information for this article.

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Leslie Jackson has served as an occupational therapist for over 25 years in various settings, including outpatient, acute care, home health, acute rehab and a doctoral-level academic program. She currently leads the outpatient Seating and Mobility Clinic for Marion Health and serves as an occupational therapist for the Veteran Administration's Caregiver Support Program. Jackson earned her ATP certification from RESNA in 2008 and is certified in ergonomics and LSVT BIG, a treatment protocol for individuals living with Parkinson's disease. She volunteers as an executive board member for the Services for the Visually and Hearing Impaired, a nonprofit organization providing assistive technology and education to its clients. Jackson is honored to contribute through the Clinician Task Force's advocacy and educational initiatives.

RESNA SHARES CERTIFICATION NEWS

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

RESNA FALL WEBINARS

Check out RESNA's fall webinars, every third Wednesday at 12 p.m. ET. All webinars offer 0.1 IACET CEUs and are available on-demand 24 hours after the live webinar.

- October 16, 2024: Identifying and Overcoming Barriers to Gaining Access to AAC.
- November 13, 2024: AT for Healthy Aging.
- December 18, 2024: Maintaining Independence throughout the Lifespan with the use of Assistive Technology for Boys with Duchenne Muscular Dystrophy.

Need more CEUs for your ATP certification renewal? First, of course, check out iNRRTS and the on-demand webinars available to you. Secondly, RESNA has a list of continuing education providers on the website have several courses acceptable for renewal of ATP certification. Look for the list in the Certification section, under "Continuing Education."

TIPS FOR A STRESS-FREE ATP CERTIFICATION RENEWAL

Every fall, our thoughts turn to ATP certification renewals. Over 600 people will need to renew their ATP between October and February. Follow these tips for a stress-free ATP certification renewal!

- Use RESNA's online renewal form and upload digital copies of your CE certificates and the rest of your paperwork five to six weeks prior to your certification expiration date.
- If you find you can't upload your certificates because the files are too big, upload one certificate and submit your application. Then, scan all the remaining certificates into a single PDF and email everything to certification@resna.org. Do not snail mail.
- Make sure your RESNA online account is up to date. Your username is the email address you have on file with RESNA. You can reset your password if you've forgotten it. Remember to check that spam folder for the reset link!
- Don't delay, pay that invoice right away! Once we receive your paperwork, we will place an invoice on your account and email you. If you do not see an email within three business days, login to your RESNA account and see if the invoice is there before contacting the office.
- Make sure you have the required continuing education credits, and you submit digital copies of the certificates. You must have 20 hours of continuing education from the previous two years. Of those 20 hours, at least 10 must be IACET CEUs or from a preferred provider, like AOTA, APTA, etc. or a university. Note: iNRRTS is an IACET-accredited provider, as is RESNA.

You can use the same CE for ATP recertification as you use to renew your iNRRTS registration. iNRRTS requires Registrants to renew on an annual basis with documentation of 1.0 CEU of continuing education. This means those who successfully renew iNRRTS registration meet the requirements to renew their ATP. The only difference is the ATP renewal is every two years.

The RESNA office will close for the holidays starting Tuesday, December 24, 2024. We reopen on Thursday, January 2, 2025.

RESNA 2025 ANNUAL CONFERENCE

RESNA is proud to be a part of RehabWeek 2025 Chicago, May 12-16, 2025. Eight rehabilitation engineering and assistive technology societies are co-locating for the largest assistive technology conference in North America. We are expecting over 2,000 attendees from around the world with expertise in assistive technologies, robotics, exoskeletons, research and more. Visit rehabweek.org for more information.

Besides joint keynotes, panel sessions and an exhibit hall, RESNA will offer three days of our own conference sessions, covering all aspects of rehabilitation engineering and assistive technology. In addition, we will have our usual conference

favorites – the Developer's Showcase, Student Design Challenge, Scientific Paper Platforms and Student Scientific Paper Competition. Check the RESNA website for updated information.

ANNUAL NOTICE OF THE CODE OF CONDUCT AND STANDARDS OF PRACTICE

Earning certification requires not only demonstration of a core knowledge in assistive technology, but also a requirement to follow RESNA's Code of Ethics and Standards of Practice, which sets forth the fundamental concepts for ethical practice. Violation of one or more can result in punitive action by the RESNA Professional Standards Board, who oversees the Certification Program.

It's a good idea to review the Code of Conduct and Standards of Practice once a year, and make sure you know and understand the four duties owed by ATPs to consumers and the public, to the profession, to companies and affiliates, and to RESNA. The Code of Conduct and Standards of Practice are posted on the RESNA website in the certification section.

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.

WHAT IS THE ROLE OF VIRTUAL SERVICE?

Written by: **NEGASH OMER, STACEY BURNETT, RRTS®, BRIGETTE STEVENS AND LINDA NORTON, B.SC.OT, M.SC.CH, PHD, OT REG. (ONT.)**

Bert's power wheelchair stopped working, and he called for a service appointment. He was surprised when a technician offered a virtual service call. The technician talked him through the issues and discovered the drive lock out had been triggered, because the chair was in too much recline at the time. During the same call, the technician uncovered an issue with the joystick. Through the virtual service call the technician was able to diagnose which one of the three possible cables could cause the issue, was faulty. A service technician was scheduled to go and complete repair, and was able to do the repair quickly, because they didn't need to spend time diagnosing the issue. Bert wrote a five-star Google review describing how happy he was with this approach to service.

Initially, the idea of providing service calls was viewed with skepticism. How can a technician possibly repair a wheelchair or other equipment without physically being in the same room? During the pandemic, however, we were forced to consider different ways of providing service to our clients, including working virtually. Although everyone was eager to get back to in person activities, there continues to be a need for and advantages of virtual service for clients. This article will explore the impact of virtual service for clients living in Canada.

Reflecting on the experience with virtual service over the years, we identified six key benefits of this approach:

Increasing our client's independence – during the virtual service call, the technician talks the client and/or their caregiver through the trouble shooting and what to do when they find a particular issue. This process teaches them about their chair and empowers them to be able to fix simple common problems (like a loose cable, drive lock out, freewheeling, understanding error codes, etc.) independently in the future. This decreases the client's reliance on service technicians for simple issues. The increased knowledge about their chair and basic trouble shooting also helps to reduce the client's stress and worry about future breakdowns.

Less "down time" for the client — With a virtual service call, the technician can often get the client back up and running, at least temporarily. If not, they are able to diagnose the issue and send a technician with the correct parts to complete a quick repair.

Sets up our team for success — Completing a thorough diagnostic over the phone, including connecting to the wheelchair remotely as needed, enables the virtual technician to determine the source of the problem, and provide clear information as well as source the needed part for the on the road technician.

Increased efficiency of the technician team — Completing the diagnostic remotely enables the in-person technician to complete the repair quickly, with the correct part in hand. For funding agencies who require a quote before the repair can be completed, it saves driving to the client to diagnose the issue, then driving out again to complete the repair when funding has been approved and the part is available. At over 9.9 million square kilometers (about 3.8 million square miles), Canada is the second largest country in the world. The population density in Canada is 3.9 people per square kilometer versus a density of 35.3 people in the United States. This means many clients who use Complex Rehabilitation Technology live more than three hours from a major center, and even in a large center, commute times can be long. Saving the extra "windshield time" allows the technicians to use their skills working with clients, repairing equipment rather than driving.

Increased teamwork – The virtual technician isn't just available for clients. Less experienced technicians or mobility consultants can also call the virtual technician for assistance with on-the-spot trouble shooting. Not only does this enable the rep or technician to solve the issue for the client, but it also provides a valuable learning opportunity for them.

Makes the role of the technician more accessible – Working virtually means technicians with different abilities, or who are on modified duties, can still provide service to clients.

Virtual service is not without its challenges. Chief among them is access to a virtual platform. With COVID, many people became

proficient using Zoom, FaceTime, Microsoft Teams and other platforms. For some clients who do not have a computer or a smart phone, virtual service is by voice only. Although this can be a challenge, it can still achieve the same positive outcomes.

Key to the success of virtual services is the personality, expertise and problem-solving ability of the technician. While technical skill is critical, translating this knowledge into simple steps the client and/or caregiver can follow as well as establishing a good rapport helps build the client's and/or caregiver's confidence in their ability.

Despite the initial skepticism, and eagerness to return to in person appointments, returning to in-service appointments only and discontinuing virtual service would be a disservice to our clients. The benefits of this approach to service — increased client independence, decreased down time, setting up the team for success, increased efficiency and increased team work — all outweigh any challenges with this approach.

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

Negash Omer is a senior service technician at Motion Toronto, which is Motion's largest location. He joined the Motion team in 2018 and has been in the home medical equipment industry for over 20 years at other large-scale providers. Omer has extensive expertise and technical skills on complex rehab equipment, power equipment and power add on devices. Always eager to share his knowledge, he conducts training with new hires as well as skill development for his peers. Omer is dedicated to Motion's clients and goes above and beyond to provide excellent service. He frequently receives five-star Google reviews and positive feedback.

Stacey Burnett is the regional manager of Motion Toronto where she oversees sales, service and operations of Motion's largest location. Burnett began her career in the home health care industry over 20 years ago holding positions in administration, sales and sales management. As a dedicated people leader, her focus is on cultural transformation, team engagement and individual development. In 2023, she was a recipient of Motion's National Leadership Excellence Award. She has been an active member in Motion's Women in Leadership group participating in mentorship programs, events and book clubs.

Brigitte Stevens is currently the manager of procurement and order management with Motion. She first joined Motion in 2016, working in corporate administration and client relations before she transitioned to managing Motion Toronto's Service Department. During her time at Motion, Stevens has gained extensive knowledge across multiple areas of business, developing interpersonal relationships with clients and colleagues alike. Stevens is a collaborative member of the Motion team and actively participates in the Women in Leadership Mentorship Program, and despite moving on from the Service Department, she frequently mentors and trains individuals and locations on service processes with a heavy focus on client experience.

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

RENEWED iNRRTS REGISTRANTS

The following individuals renewed their registry with iNRRTS between July 23, 2024, and Sept. 18, 2024.

PLEASE NOTE **IF YOU RENEWED AFTER SEPT. 18, 2024,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO JULY 23, 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.

Aaron Harvey, RRTS®
Albert Alvarado, ATP, CRTS®
Albert Baxter, ATP, CRTS®
Anthony B. Nunez, RRTS®
Aundre Judge, RRTS®
Austin Sweet, ATP, RRTS®
Avrohom Ellinson, ATP, CRTS®
Blake Faulk, ATP, CRTS®
Bradley R. Gooch, MBA, ATP, CRTS®
Brett A. Watson, ATP, CRTS®
Brian Coltman, ATP/SMS, CRTS®
Brian Coady, RRTS®
Brittney Salter, RRTS®
Bryan Benton, ATP, CRTS®
Carlos M. Collazo, ATP, CRTS®
Carmelo Markray, ATP, CRTS®
Cassandra Kinnamon, RRTS®
Christian Stephens, PTA, ATP, CRTS®
Christian Cervantes, RRTS®
Christine Caetano, RRTS®
Cory Gladman, RRTS®
Craig Moulden, ATP, CRTS®
Cynthia Bohlmann, COTA/L, ATP, CRTS®
Daniel Daoust, RRTS®
Daniel Bartran, RRTS®
David Bechtel, RRTS®
David T. Murray, ATP, CRTS®
Derek W.M. Ng, ATP, CRTS®
Donald W Callaway, ATP, CRTS®
Douglas Crana, ATP, CRTS®
Douglas Hess, ATP, CRTS®
Eric Newell, ATP, CRTS®
Eric T. Smith, QRP, ATP, CRTS®
Francesca Whitaker, ATP, RRTS®
Frank A. Lane, ATP, CRTS®
Gregg M. Platis, ATP, CRTS®
Jaime L Pla-Gotay, RRTS®
Jakob Lopez, RRTS®
James Rees, ATP, CRTS®
James Blair, ATP, CRTS®
James C. Bond, ATP, CRTS®
Jason Lang, ATP, CRTS®
Jason Cook, ATP, CRTS®
Jason Kelln, ATP, CRTS®
Jason P. Steiner, ATP, CRTS®
Jay Krusemark, ATP, CRTS®
Jeff Cysewski, ATP, CRTS®
Jeffrey C. Ray, ATP, CRTS®
Jennifer Barrow, OTR/L, ATP, CRTS®
Jeremy Brockman, RRTS®
Jillian Petrillo, RRTS®
Joe Wood, RRTS®
John Lanier, ATP, CRTS®
Jonathan C Adams, ATP, CRTS®
Jordan Swan, ATP, CRTS®
Jordan Henderson, ATP, CRTS®
Jose Escobedo, ATP, CRTS®
Joshua Hamilton, RRTS®
Julian C. Fiske, ATP, CRTS®
K. Brandon Cowart, ATP, CRTS®
Karen Bussey, ATP, CRTS®
Kathy Fowler, ATP, CRTS®
Katie Allesia, RRTS®
Kenneth Gibbons, ATP, CRTS®
Kevin Ross-Jenkinson, ATP, CRTS®
Kevin Wallace, ATP, CRTS®
Kevin J. Mooney, ATP, CRTS®
Kristen Porcello, OTR/L, ATP, CRTS®
Latoria Cooke, ATP, CRTS®
Laura Frey, ATP, CRTS®
Lino Castro, RRTS®
Lyle Haynes, ATP, CRTS®
Lynn Ferguson, ATP, CRTS®
Mark Hebert, ATP, CRTS®
Mark Brazeau, RRTS®
Matthew Lippy, ATP, CRTS®
Matthew MacQueen, ATP, CRTS®
Michael Thayer, ATP, CRTS®
Michael "Jeff" Lane, ATP, CRTS®
Michael T. Crown, ATP, CRTS®
Nancy Greco, ATP, CRTS®
Paola Mena, COTA/L, ATP, RRTS®
Pat Molloy, RRTS®
Phillip D. Swanson, ATP, CRTS®
Prak Kim, RRTS®
Rick Church, RRTS®
Rick J. Capps, ATP, CRTS®
Robert Brent Hudson, ATP, CRTS®
Robin Grider, ATP, CRTS®
Rose Ebner, ATP/SMS, CRTS®
Ryan J. Romero, ATP, CRTS®
Sally Buxton, RRTS®
Sara Miller, RRTS®
Sara E. Warren, ATP, CRTS®
Sarah Stelter-Stirrett, RRTS®
Sean P. Reed, ATP, CRTS®
Sharon Frant Brooks, MA, OTR/L, ATP/SMS, CRTS®
Shean Wages, MHA, ATP, CRTS®
Stacy Denmark, ATP, CRTS®
Stephen Clark, ATP, CRTS®
Tamara Shoemaker, RRTS®
Tammy McDowell, RRTS®
Tammy Wilcox, RRTS®
Ted L. Hyde, BFA, CO, FAAOP, RRTS®
Teresa "Gaye" Barger, PTA, ATP, CRTS®
Tim Robinson, ATP/SMS, CRTS®
Trisha Swan, RRTS®
Tristan Yapuncich, ATP, CRTS®
Vincent Gumbo, RRTS®
William Fournier, ATP/SMS, CRTS®
Zeb Dugan, ATP/SMS, CRTS®

BE SURE TO FOLLOW iNRRTS ON SOCIAL MEDIA!

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 JULY 23, 2024, THROUGH SEPT. 18, 2024. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Darryl Hosmanek, ATP
West Milwaukee, WI

Kim B. Borck, ATP
Bemidji, MN

Robert J. Williams, ATP
Nashville, TN

Claude Herard
Eupora, MS

Brian Matthews, ATP
Washington, PA

Terry L. Bergman, ATP
Lebanon, PA

Jordan Joslin, ATP/SMS
Erie, PA

Andrew Cantrell, ATP
Augusta, GA

Nicolas Diaz
Riverside, CA

Tanis Ellen Minor
Thunder Bay, Ontario

Catherine Michielin
Hoppers Crossing, Victoria

Krystle Pettapiece
St Marys, Ontario

Stephen Dawson
North York, Ontario

Peter Lorentz
Ottawa, Ontario

NEW iNRRTS REGISTRANTS

Congratulations to the newest iNRRTS Registrants. NAMES INCLUDED ARE FROM JULY 23, 2024, THROUGH SEPT. 18, 2024.

Aaron McCord, ATP, CRTS®
Numotion
Oklahoma City, OK

Chelsea Henry, RRTS®
HomEquip
Winnipeg, Manitoba

Christopher Diaz, RRTS®
6th Street Bridge Mobility
Tampa, FL

Chue Xiong, RRTS®
National Seating & Mobility, Inc
New Brighton, MN

Dave Emery, ATP, CRTS®
Freedom Mobility Center

Ethan Neto, RRTS®
HomEquip
Winnipeg, Manitoba

Jane Schmitz, ATP, CRTS®
National Seating & Mobility, Inc.
Franklin, TN

Joseph Shortreed, RRTS®
Davies Home Healthcare
Squamish, British Columbia

Karla Coyer, PTA, ATP, RRTS®
National Seating & Mobility, Inc.
Atlanta, GA

Rina Dubosarski, RRTS®
HME Mobility & Accessibility
Nanaimo, British Columbia

Scott Bedford, RRTS®
TLC Medical Supply
Kemptville, Ontario

Seth Crawford, RRTS®
Premier Medical Supply, Inc.
Ceres, CA

Stephanie Schultz, RRTS®
Independent Living Specialists
Ballina, New South Wales

NEW 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 July 23, 2024, throughSept. 18, 2024.

Aaron McCord, ATP, CRTS®
Numotion
Oklahoma City, OK

Dave Emery, ATP, CRTS®
Freedom Mobility Center
Mooresville, NC

Jane Schmitz, ATP, CRTS®
National Seating & Mobility, Inc.
Franklin, TN

Matthew MacQueen, ATP, CRTS®
Browning's Pharmacy & Health Care
Melbourne, FL

Richard Alonzo, ATP, CRTS®
National Seating & Mobility, Inc.
Sharonville, OH

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

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METALCRAFT
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TOLT
VARILITE

AFONS

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