

DIRECTIONS



A TRIBUTE TO MIKE SEIDEL:

CHAMPION FOR COMPLEX REHAB
TECHNOLOGY AND HEALTHCARE

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FROM THE EDITOR-IN-CHIEF

Volume 6 of 2024 is here full of pertinent information for all. By the time you are reading this message, the holidays are in full swing. Whatever you celebrate, may you enjoy your time with your family and friends. We are excited for DIRECTIONS in 2025 and can't wait for you to see a fresh, new design with the same high-quality content. Thank you to our advertisers and contributors for your constant support.

Amy Odom, BS

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CELEBRATING A SEASON OF THANKFULNESS AND A WONDERFUL TIME OF YEAR

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

I recently had the good fortune to attend a tasting event to try different beverages. Many presenters put forth their offerings as perhaps one of the best. After the sampling, there were one or two that rose to peoples' favorites.

A perspective I gained from the event was that although many purport to be the good or the next best thing, it takes something special to rise to that level.

As we continue along in this ever-changing world of Complex Rehab Technology, there are some providers who have not yet adopted the iNRRTS designations of RRTS® or CRTS®. If we are those who have risen to the level and decided for our clients, our medical professionals we work with and our companies, and lastly for ourselves, we should work to help others rise to the professionalism we have attained.

One of the best moments in my professional career was to attain the CRTS® designation. The education and the people have helped my professional career, my clients and my company.

I have encouraged and assisted fellow co-workers and competitors to attain the iNRRTS designations.

I have collaborated with medical professionals, who mentioned to me after they have worked around North America, they are requesting the providers they work with have an iNRRTS professional to work with.

Our professionalism and the ability to locate the education sets us apart. iNRRTS CRT Supplier Certificate will make us that much stronger.

The iNRRTS CRT Supplier Certificate is the newest training course to help people rise to the professionalism we all aspire to achieve. I feel one of the best things is to help others we work with rise to this level.

I once received a card from a Dale Carnegie instructor that said, "Bloom where you are planted." This profession of supplying CRT is a calling. Some by choice, some end up in it after other careers, military service to their country or their second or third career. The world of CRT for those of us who bloom is rewarding. We see families after the worst times in their lives, and we bring independence, dignity, and in some cases, self determination back to their lives.

I have always felt if you enjoy what you do in this profession, then the best thing you can do is to try and be the best to your self and those we serve.

As we are nearing the end of 2024, I wish peace and happiness of this festive holiday season to you and your families.

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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 Rehabilitation Engineering and Assistive Technology Society of North America Professional Standards Board and is an owner of PrairieHeart Mobility since 2022.

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DOHERTY KNOWS VALUE OF TRAINING, EQUIPPING NEXT GROUP OF INDUSTRY LEADERS

Written by: **DOUG HENSLEY**

Jay Doherty knows the complex rehab industry needs an infusion of young, new talent. He is doing his part to make that happen.

Doherty is an occupational therapist and an assistive technology professional with a deep understanding of how things work in the business. He has put in the time, logged the hours and learned the ropes during his three-decade career.

"I enjoy teaching and sharing my experiences and helping clinicians who may not feel comfortable and confident in wheelchair evaluations," he said. "I want to get them to a point where they feel more confident. We have an industry that is aging, and getting new young blood into the industry is going to be very important for the future."

"I JUST HAD A CREATIVE MIND, AND I ALWAYS THOUGHT I WOULD DO SOMETHING WITH MY HANDS AND BE CREATIVE."

Doherty serves as a senior manager for clinical education at Quantum Rehab, which is based in Duryea, Pennsylvania, and focuses on providing customers with the most advanced, consumer-inspired power wheelchairs and related technologies possible. The company is equally focused on medical and quality-of-life needs.

Doherty has been with Quantum Rehab for the past 15 years, and he started his career in the industry fresh out of college.

"One of the things I loved about occupational therapy is there were so many avenues," he said. "I could go in a lot of different directions had I chose to."

Doherty felt called to be a therapist from an early age, especially after his mother became sick around the time he was 11 years old.

"She had shoulder replacements and hip replacements due to some medications she had been on," Doherty shared. "Her joints deteriorated over time, and she would come to me and ask how to do this or that differently. I had a knack for it, and one of her therapists said I should become an occupational therapist. It was my mother's illness that pointed me in this direction."

There was also an interest in creativity that Doherty wanted to address professionally, and he felt like complex rehab would be one place where that could happen.

"I have always been very creative," he said. "Even as a kid, I was creative. In this industry, you must have creativity to provide the equipment to meet individuals' needs. Once I got into it, I found I really enjoyed it."

When Doherty was young, he would ask his father for an item like an egg carton and then transform it into something very different.

"I just had a creative mind, and I always thought I would do something with my hands and be creative. It's funny. For someone who didn't do well in geometry, thinking about what we do in the complex rehab industry, it involves a lot of geometry. Not theory but real-life geometry."

Eventually, though, came a transition to teaching, which was something else he found he really enjoyed.

"I used to do some guest lecturing at the University of New Hampshire with the assistive technology class," he recalled. "When the job at Quantum opened up, I put my name in the hat, interviewed for it, and here I am 15 years later."

The job is not without its challenges, the most pressing of which might be keeping material fresh and audiences engaged.

"It can be tough coming up with new material or new class ideas to educate therapists," he said. "The biggest challenge in a clinical education role is hitting on multiple things in a class for everyone in the room. We could have some with less than five years' experience and some with 20-plus years.

"If they walk away and I've reminded them of something they forgot or refreshed it in their minds, then I've done my job. Teaching isn't always about something new; it could be something they hadn't focused on in years."

Doherty has great appreciation for the role he plays in the company, and he stays focused on his personal mission of encouraging and building up others so they might have the kind of rewarding career he has had.

"The chance to help others advance in their career in this field is really rewarding," he said. "We also help people by providing them with mobility they otherwise might not have had.

"I do miss working with individuals and their equipment every day. I do often get the opportunity when traveling to work with therapists and a consumer and be able to fine-tune a chair to better meet the individual's needs. There isn't one thing I can say gives me satisfaction in what I do; it is a lot of things together."

One quality that has contributed to Doherty's success is his desire to be a lifelong learner. He believes people have the chance to educate themselves in some way every day.

"I tell therapists, ATPs and iNRRTS Registrants all the time there is not a day that goes by that I don't learn, even though I might be teaching," he said. "People in the audience have experiences I may not have myself, and I can learn from their experiences. That's part of what makes this a very rewarding field, no matter what you do in the field."

Another rewarding aspect of his work has been Doherty's chance to be part of the Quantum Rehab culture. He said the company emphasizes collaboration, which is something that really invigorates him.

"We have a really solid and strong team," he said. "Everyone works well with each other. I love the way we problem solve as a team. If there is an issue, you will see us put our heads together and go to work solving it. There's a lot of looking out for each other. If I have a busy travel schedule and we need to do a clinical education event, someone else will step up and take the trip. It really is all about a team approach."

Doherty and his wife, Mary, have been married for 31 years, and they have three daughters and two grandchildren. One daughter works as an event planner; one is a pediatric physical therapist, and one is an intake specialist and scheduler for a home health agency.

As he thinks about his grandchildren (and spoiling them), Doherty also casts his eyes toward the future.

"Obviously, I want to retire at some point," he said. "But I also want to continue to make a difference in this industry. I feel like leaving my mark on the industry is important to me. Not necessarily my mark but help the company make a difference and being a part of that.

"I'm not sure what that looks like because it's ever-changing."

But Doherty does have some ideas. He is passionate about alternative drive controls and programming high-end electronics. Those are interests that challenge his creative mind.

"I like being able to solve problems for people," he said. "I remember years ago early in my career crawling under wheelchairs and flipping dip switches to make programming changes. The evolution of what we have seen in this industry is substantial, so to be part of that and to also foster change is very important to me."

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Jay Doherty, OTR, ATP/SMS, is director of clinical education for Quantum Rehab. Doherty has 28 years of experience working in the Assistive Technology field with a concentration in Complex Rehab Technology. Doherty presents nationally and internationally on seating and wheeled mobility, focusing on evaluation and application of available technologies. His expertise ranges from pediatrics to adults, and his presentations reflect a strong emphasis on different technology interventions.



PROGRESS MADE ON POWER STANDING AND MANUAL WHEELCHAIR POLICIES, PLUS WASHINGTON, D.C., ADVOCACY DAY

Written by: WAYNE GRAU

POWER STANDING UPDATE

The ITEM Coalition worked with House of Representatives Disability Caucus Leaders Reps. Brian Fitzpatrick, R-Pa., and Debbie Dingell, D-Mich., to introduce a "Dear Colleague" letter asking Medicare Administrator Chiquita Brooks-LaShure to open the National Coverage Determination (NCD) for Power Standing.

Sens. Tammy Duckworth, D-Ill., Bob Casey, D-Pa., and Marsha Blackburn, R-Tenn., wrote a similar letter to Brooks-LaShure. The ITEM Coalition, National Coalition for Assistive and Rehab Technology, Clinician Task Force and others continue to gather medical documentation to support coverage for power standing. We will continue to push the Centers for Medicare and Medicaid Services to open the NCD so that we can have our chance to demonstrate the value that power standing brings to patients.

THE CRT INDUSTRY SEPTEMBER WASHINGTON DC ADVOCACY DAY.

NCART and U.S. Rehab held their Washington, D.C., Legislative CRT Advocacy Day on September 24, 2024. We focused our efforts on ways to improve consumer access and educate members of Congress about the economic issues and challenges of caring for our Complex Rehab Technology consumers. We held 71 meetings and met with 64 members of Congress on committees of jurisdiction that control any legislation that affects CRT stakeholders. The discussions included:

- 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 HR 5731 and the newly introduced Senate Companion bill S 5154 (see below).
- Requesting the House offices join their colleagues in attaching their signature to the Power Standing Dear Colleague letter.

This was the first step to raise awareness of CRT on Capitol Hill. We are working with iNRRTS and other organizations to develop a long-term advocacy plan to ensure CRT consumers have the necessary equipment to lead whatever life they choose.

THE SENATE COMPANION BILL WAS INTRODUCED FOR MWC CONSUMER CHOICE

Sens. Marsha Blackburn, R-Tenn., and Tammy Duckworth, D-Ill., introduced S 5154, a companion bill to HR 5371, which was introduced by Rep. John Joyce, R-Pa. The bills allow consumers to choose the type of manual wheelchair that best fits their medical and lifestyle needs. The bill is expected to be budget-neutral for the American taxpayer.

Congress is back in session. NCART will notify everyone on our email list with a link to Fiscal Note that will allow everyone to send a message to their senators and representatives asking them to support this bill in the final days of the legislative session.

NCART STRATEGIC PLANNING MEETING

The NCART Board of Directors held our strategic planning meeting in Nashville, Tennessee. The board utilized the services of a professional strategic meeting facilitator and the feedback we received from our member survey to develop a three-year strategic plan. The plan is designed to focus our issues and resources to bring value to our members, the CRT industry and, most importantly, the people we serve who utilize CRT equipment.

THANK YOU

We want to thank all the volunteers who help the organizations (iNRRTS, Rehabilitation Engineering and Assistive Technology Society of North America, CTF, NCART, AA Homecare, and others) serving the CRT industry. We are all small organizations that rely on the participation of our volunteers to deliver the information, education and expertise to protect CRT patients. The volunteers give their time and expertise, and we say THANK YOU!!

CONTACT THE AUTHOR

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Wayne Grau is the executive director of the Rehabilitation Engineering and Assistive Technology Society of North America. 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 served who use CRT equipment.

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JOYCE HAS BUILT REPUTATION FOR EXCELLENCE THROUGHOUT HIS CAREER

Written by: **DOUG HENSLEY**

Michael Joyce has given a lot to the complex rehab industry, but then again, he feels like the business has given a lot to him.

He was recently promoted to head of corporate for HME Home Health in British Columbia and, before that, served as the company's corporate trainer while also overseeing sales business development. However, virtually every career stop along the way has helped prepare him for the important role he now holds.

"I feel like I am pretty much entrenched in the industry," he said. "I am doing what I want to be doing, and it's something I feel like I'm good at."

"I am thrilled to be with HME. I think this is a unique company in that they learn from mistakes and are always looking to invest and improve. I am yet to second guess my decision to come to work for HME and see myself here for some time to come."

Previously in his career, Joyce worked alongside information technology developing process tools and implementing warehouse management systems.

"What brought me to this industry basically are some friends I grew up with," he said, looking back in time. "I never thought in a million years that I would sell wheelchairs, but I thought I would give it a go, moved to Okanagan (Canadian province of British Columbia), and fell in love with the industry."

It didn't take long before Joyce found himself drinking from the proverbial firehose, landing a job and working in pediatric equipment sales after just a few weeks.

"It was a steep learning curve," he recalled, "and it was challenging, which I liked and found extremely rewarding."

By his own account, Joyce said it was about a full year before he could catch his breath. Still, he was grateful for British Columbia Children's Hospital personnel who educated him and accelerated his learning.

Joyce was part of the sales force for most of 10 years with Creative Mobility, a family-owned and family-run business. He was happy and feeling professionally fulfilled, but then the company's principals were nearing retirement age and considering a succession plan.

"They wanted to move forward in retirement and have a successful business for those who were still involved," he said. "One of my co-workers and I had the opportunity to buy into the company, which we gratefully accepted."

The new leaders implemented a series of changes that drove significant business results, and Creative Mobility suddenly appealed to larger companies. Joyce and his partners put it on the market, and Motion purchased it.

"I stayed on and worked for Motion for about four and a half years," he said. "I was heavily involved in sales and management."

At this point, Joyce decided to take a break from the industry, examining other opportunities before being approached by HME a couple of years ago.

He was more than a little familiar with HME, having worked alongside the company for eight years, and he had struck up a friendship with one of the company's owners because both served in a providers' association.

"We worked closely but were never direct competitors with each other, which made things easy," Joyce said. "Ultimately, I met with him a couple of times and the person recruiting me."

He said the recruiter's approach differed from some of the others who had approached him about opportunities.

"She knew what I was good at, but she asked what I wanted to do from day one," Joyce said. "We went back and forth and talked about that. I knew I wanted a role in pediatrics and high-end rehab because I felt like I was relied on in the industry for my knowledge. I had been doing this a long time, so they brought me on board originally as an educator."

Additionally, Joyce was asked to oversee the children's medical equipment device services. It was a dream role as he was involved in a number of different areas of operation, expanding his knowledge of the company and slowly evolving into the position he now holds.

Now, as Head of Corporate, he is closely involved in overseeing contracts the company secures. Joyce said most of these are with the British Columbia government and the British Columbia workers compensation program. He spends about 40% of his time working on contracts that have been secured for kids, ensuring safe and reliable equipment for children throughout the province.

HME has been an excellent fit for several reasons, including the company's consistent focus on its culture.

"I didn't realize how much they worked on culture here," he said. "It is very good and one of the things I appreciate most, especially as I have become involved in a lot of the onboarding of our new staff. We have an incredibly diverse staff with 26 languages spoken."

Needless to say, HME can quickly eliminate virtually any language barrier.

"Our people are in a variety of different roles, but if we have a language barrier, we just reach out to our staff to see if someone can facilitate and translate," he said. "Someone usually steps up."

Joyce enjoys that feeling of camaraderie as part of the HME team.

"I like collaborating with the rest of our senior management team," he said. "And that trickles down to the entire team. There is a lot of collaboration throughout the company, but ultimately, the goal is to help the client while we build on improvements, processes and procedures."

Working together, Joyce said, is one of the most rewarding aspects of the job, especially when the efforts lead to something special happening for a client.

"One of the biggest wins we experience is seeing a significant improvement happen in someone's life," he said. "Whether that is through an improved piece of equipment or better access to their home. It doesn't just impact the client. It is their whole circle. It could lead to mom and dad getting a decent night's sleep. The chance to work together as a team to provide solutions that improve people's lives is especially rewarding."

Of course, the job is not without its challenges, including one that is common across the industry.

"Funding is a challenge and probably always will be," he said. "That goes throughout the industry globally. It differs in Canada from province to province and from Canada to the U.S. There is also a steep learning curve in this industry. Some equipment that we deal with day to day can take a year to grasp and two years to have a solid expectation of its capabilities as well as how to provide and service it."

Joyce and his wife, Andrea, have been together for 10 years. She also works in the industry as a manufacturer's representative. They have two teenagers, Zoe and Xander.

For Joyce, it's almost like his career has come full circle.

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Michael Joyce, RRTS® works for HME Home Health in Richmond, British Columbia. He has been an iNRTS Registrant since 2022.

➤ 'STAY FOR DINNER, BUT NOT DESSERT':

A THERAPIST'S PHILOSOPHY

Written by: ROSA WALSTON LATIMER

Marianne Middlebrook is helping to reshape perceptions of disability and redefining what it means to be a helper.

Having recently graduated with a doctorate in professional psychology, she brings a unique perspective to her work with children, teenagers and adults. Living with spinal muscular atrophy, (SMA), a chronic physical disability, Middlebrook draws from her own experiences to connect with clients and demonstrate empathy and understanding. "I want to use my knowledge of psychology and my membership in the disability community to serve individuals like me," she said. "I feel, in most situations, I am able to empathize and connect with those with a disability in a deeper, more effective way."



Marianne Middlebrook, 2025 Ms. Wheelchair New Jersey.

Now, as a practicing therapist in a private practice setting, Middlebrook finds her work gives her as much as she gives to others. "What keeps me going is every now and then someone is able to make a significant change or comes back and says thank you or recognizes that I made an important impact on their lives," she said. "The possibility of that happening again helps me get through difficult situations."

"I've always been a 'school' person," Middlebrook said. "School was a place where my disability didn't stop me from doing things. I felt equal there." This early positive experience with education set the foundation for an impressive academic career spanning three degrees and multiple institutions. Her parents' insistence that Middlebrook live on campus during her undergraduate years at

Drew University, despite their home being just 15 minutes away, proved pivotal. "I'm really glad they insisted," she said. "I learned so much about myself — including how to manage caregivers, which I hadn't done before." This experience of independence, though supported, would become a cornerstone of her philosophy about living with disabilities.

The path to becoming a therapist became clear to Middlebrook through personal experience. "One of my best friends from when we were very young had some mental health issues," she said. "I went to therapy with her one time and realized how effective her therapist was. That's when I knew this was the path I wanted to take." This early exposure to the impact of therapy would guide Middlebrook through her undergraduate psychology studies at Drew University, her master's in social work at Columbia University in New York City, and ultimately to her Doctor of Psychology at Saint Elizabeth University in Morristown, New Jersey.

At Columbia, Middlebrook found herself among kindred spirits. "My parents call me an overachiever," she said. "At Columbia, I felt like a whole bunch of



Marianne Middlebrook enjoying a Zac Brown Band concert at MetLife stadium.



Marianne Middlebrook at the American Dream Mall.

overachievers were in one place and I loved it." The demanding academic environment pushed her to excel, deepened her understanding of therapy and social work and shaped her future.

Support has been crucial to Middlebrook's success; she is the first to acknowledge it. Her family — including her mother, sister, Sara (also her best friend), father, Brian, and brother, Michael — has been instrumental in her journey. "For too many reasons to list, I wouldn't be anywhere without my family. It is also very helpful that both my mother and my sister are nurses."

Despite her busy professional life, Middlebrook maintains a balanced lifestyle. She enjoys simple pleasures like getting her hair and nails done, reading fiction now that she's finished with school and spending time outdoors, especially at the beach. A self-proclaimed coffee enthusiast, she loves discovering new coffee shops. And she enjoys unwinding with reality TV shows like "The Bachelor" and "Below Deck" — a family favorite.

Perhaps Middlebrook's most inspiring aspect is her perspective on managing challenges. She shares wisdom

from her own therapist that helps guide her: "You can have a pity party, stay for dinner, but don't stay for dessert." This philosophy encapsulates Middlebrook's approach to life's difficulties — acknowledging struggles while not letting them become permanent residents in one's mind. Her advice to others facing limitations is both practical and meaningful. "It's important to stay busy and find something that makes you feel independent," she said. "I would encourage anyone who has limitations of any kind to find something, on some level, where they can be independent. This fosters confidence and courage to do more."

Middlebrook's commitment to helping others comes from a deep place of understanding. "I'm naturally a helper and a listener," she said. "In my daily life, I need help with many things. My work as a therapist is something substantial I can do to pay forward the help that I receive. The perspective of seeing oneself as both recipient and giver of help informs Middlebrook's approach to therapy and

CONTINUED ON PAGE 14



Roxanne and Brian Middlebrook with their daughter, Marianne Middlebrook, at her Saint Elizabeth University graduation.



Marianne Middlebrook, adjunct professor of developmental psychology at Saint Elizabeth University.



Marianne at graduation from Saint Elizabeth University with a PsyD in Counseling Psychology.

LIFE ON WHEELS (CONTINUED FROM PAGE 13)

life. The committed therapist advocates seeking help while maintaining independence whenever possible. Clients are encouraged to think about their interests and strengths, to do things that "fill up your cup," and to connect with others who share similar experiences.

In a world that often focuses on limitations, Marianne Middlebrook is a powerful example of transforming challenges into opportunities for growth and service to others. Through her work as a therapist, educator and advocate, she demonstrates that physical constraints don't limit the ability to help others. Her work is enhanced by the unique perspective of navigating life's challenges with grace, determination and an unwavering commitment to giving back.

The impact of her work extends well beyond the walls of her therapy office. Recently chosen as Ms. Wheelchair New Jersey, Middlebrook will participate in the national Ms. Wheelchair competition in Michigan in August 2025. While she awaits the national event, she will use her state designation to advocate for and promote mental health care in the disability community. "This is a natural advocacy path for me.

Through my own experience navigating the health care system, I noticed that rarely did any of my medical

providers consider my mental health," Marianne said. Participating in the Ms. Wheelchair competition was a positive experience.

"I enjoyed sharing with the audience about myself, my interests and my passions! Speaking openly about personal matters isn't something that I usually would do, but I feel in this supportive atmosphere, doing so has provided me great opportunities, and I'm very excited for the upcoming year."

Through her various roles and her openness to sharing her experiences with spinal muscular atrophy, Middlebrook provides hope and practical guidance to others facing similar challenges. In doing so, she's not just building a career — she's building a legacy of empowerment and positive change.

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Marianne Middlebrook earned her Doctor of Psychology at Saint Elizabeth University in New Jersey. She is currently a permit holding psychologist with a private outpatient therapy practice where she is fulfilling the required hours for full licensing. She is also an adjunct professor at Saint Elizabeth's and a brand ambassador for Quantum Rehab. Middlebrook was recently chosen as Ms. Wheelchair New Jersey 2025 and will represent her home state in the Ms. Wheelchair America event in 2026.

UNITE4CRT PODCAST INTRODUCING THE ROLL MOBILITY APP

Written by: JENNY SIEGLE



Join host Jenny Siegle talking with developers Rachel Zoeller and Joe Foster about the new app, Roll Mobility.



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UNITEFOURCRT@GMAIL.COM



Jenny Siegle is a producer for Altitude Sports in Denver, Colorado. She was paralyzed at 9 months of age from transverse myelitis. She is an incomplete C4-5 quadriplegic. At 2 years of age, she was the first child in Colorado to get a power wheelchair. Siegle lives independently in her home and drives an adapted van.



TOP ROW, FROM LEFT:
Mike Seidel and many industry
advocates from Capitol Hill

Mike Seidel at his best — advocating
for Complex Rehab Technology on Capitol Hill.

SECOND ROW, FROM LEFT:
Mike Seidel wearing one of his
famous Hawaiian shirts

Mike Seidel always had a smile

Mike Seidel and others in W
ashington, D.C., in 2019

THIRD ROW, FROM LEFT:
Mike Seidel and the Rehabilitation Engineering
and Assistive Technology Society of North America
Professional Standards Board members in 2011

Mike Seidel and Weesie Walker

Mike Seidel Seidel and Scott Lopez

FOURTH ROW, FROM LEFT:
Mike working the booth at
Medtrade in 2010

Even his broken glasses did
not prevent Mike from focusing on the
matters at hand. (Rehabilitation Engineering and
Assistive Technology Society of North America
Professional Standards Board Meeting 2011)



A TRIBUTE TO MIKE SEIDEL:

CHAMPION FOR COMPLEX REHAB TECHNOLOGY AND HEALTH CARE

On August 28, 2024, the Complex Rehab Technology Industry lost a favorite, Mike Seidel. Seidel was a long-term iNRRTS board member and Registrant. Mike was a pioneer in the CRT industry; he was a champion in advocating for individuals with disabilities and significantly impacted the lives of many individuals. Seidel was instrumental in leading the charge to preserve access and expand opportunities for technology that can assist individuals with disabilities. He started his durable medical equipment career at Abbey Medical in the late '80s working on the floor in retail sales, he had a passion for customer service.

In the early '90s, Seidel took a position with Associated Medical where he entered the CRT industry initially providing equipment and services to individuals with spinal cord injuries. He continued to develop and refine his skills and collaborated with local physical and occupational therapists to help individuals with their wheelchair selection, seating and positioning.

To further demonstrate his commitment to the industry, Seidel passed his Assistive Technology Professional certification in 1996 and further engaged advocacy efforts. He served on several committees, boards and as president of the National Registry of Rehabilitation Technology Suppliers (NRRTS) and president of the Case Management Society of America's Kansas City chapter. He was also appointed and spent time on the Rehabilitation Engineering and Assistive Technology Society of North America's Professional Standards Board and the state of Missouri's durable medical equipment subcommittee; these appointments gave Seidel a platform to continue to advocate for

individuals with disabilities. He also received several industry awards including the NRRTS Simon Margolis Fellow (2022) and the Kansas City Case Management Society of America's Making a Difference (2013).

Not only was Seidel an industry champion, his passion, compassion, attention to detail and commitment to serve was admirable and second to none. He started in 2000 as treasurer. In 2004, he was elected to president elect. Seidel was influential in deciding that iNRRTS required an executive director to lead the organization. Until that time, volunteers ran the organization with one full-time and one part-time employee. In 2007, he created the executive director position and brought Simon Margolis on board in 2008 to take the Registry to the next level. Worried about being able to support the position, Seidel gained the needed support from Mike Ballard, National Seating & Mobility founder, to bring about a very important change for iNRRTS. This step was critical for the continued growth and development of iNRRTS, including the iNRRTS Education Program. This was one of the most influential changes for iNRRTS.

Seidel had a wicked sense of humor, but he was equally serious about CRT Suppliers and the role they play. He served on the RESNA Professional Standards Board and was one of the first suppliers to become RESNA certified. He served as a subject matter expert for updating the ATP exam.

To stay involved with the NRRTS board, in 2019 he was review chair. Seidel was a true champion for iNRRTS.

There are so many "Mike" stories. Here are just a few.

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A TRIBUTE TO MIKE SEIDEL
(CONTINUED FROM PAGE 17)



Weesie Walker and Mike Seidel at a Rehabilitation Engineering and Assistive Technology Society of North America Professional Standards Board Meeting

The first time I met Mike was at a NRRTS Leadership Conference in St. Louis, Missouri. He drew me in immediately as he was very entertaining, and by the end of the meeting, we were fast friends. Since we served on the iNRRTS board together and then the RESNA Professional Standards Board, we saw each other several times a year. He promoted a strong commitment to standards and professionalism. Succeeding him as president of NRRTS worried me. Those were big shoes to fill (No pun intended). Whenever I needed guidance, he was my first call. He always gave me a straight answer to my question. But most importantly, he was fun to hang out with.

I can still hear him saying, "Oh my gawdd!"

Weesie Walker, ATP/SMS
LaGrange, Georgia



Gerry Dickerson and Mike Seidel at the Continuing Education & Legislative Advocacy conference advocating for access to CRT.

Mike Seidel was a larger-than-life personality. With his big, hearty laugh and smile, you always knew when he was in the room.

Mike represented the very best of what it meant to be a Certified Rehabilitation Technology Supplier. A professional in every sense of the word. His compassion, skill and expertise for his consumers was also reflected in his passion for the profession. He had a never wavering moral and ethical compass in his care for his consumers and exhibited those very same qualities in his extraordinary volunteer commitment to the entire field of Assistive Technology, especially in the realm of seating and wheeled mobility. Mike was at the forefront of NRRTS' annual visits to Capitol Hill. Mike articulated the CRT story to congressional staffers, and sometimes the Congress members themselves, in a way that was clear and understandable to those unfamiliar with what we all do.

The iNRRTS board, RESNA Professional Standards Board, and countless other organizations benefited from Mike's wit, wisdom, knowledge and mid-Western common sense.

Mike's passing leaves a huge void in our world. All of us who had the pleasure of knowing and spending time with Mike remain in disbelief that he is gone but will forever remember the man he was.

Gerry Dickerson, ATP, CRTS®
Stanhope, New Jersey

The first time I met Mike was in St. Louis, Missouri, during one of our iNRRTS conferences. I was young, naive and easily excited. Mike's bold and loud personality came out as we discussed the industry and how important Complex Rehab Technology providers are. He had such a strong idea of what iNRRTS could be and how that could impact everyone in the CRT industry. Mike's leadership and passion are the reasons I wanted to grow and become part of iNRRTS as a board member.

At my first in-person meeting as a board member, Mike was the presiding president. The topics were many, but I will never forget the discussion around impacting our industry with a grassroots effort. That day "The Block Captain" and a chest pound was founded as Mike stood large and boldly at the front of the room pounding his chest with passion. We joke often about that day when we would get together as a group, but Mike truly wanted to make changes moving iNRRTS and CRT forward. We have spent many days together on Capitol Hill in Washington, D.C., as well at the Missouri state capitol advocating for CRT. Mike has served on the Missouri Medicaid subcommittee and has assisted in making great changes in our state for CRT. Currently, the state of Missouri is considering certification to provide CRT services for those in need of complex rehab equipment. Mike is the individual who spoke up and truly made the case for doing what is right for the end user and requiring providers to do the same by enacting certification in our state.

Mike always picked up when I called to discuss ... anything. I was honored to write a nomination letter for Mike to be awarded the Simon Margolis Fellow. I will always remember his bold voice and his chest pound calling out we need "Block Captains!" Mike was truly a Block Captain in the industry, and he will be greatly missed!

Mike Osborn, ATP, CRTS®
Ozark, Missouri



The "Mikes" in discussion (Mike Osborn and Mike Seidel) at the Continuing Education & Legislative Advocacy Conference in 2010.

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It is with great respect and admiration that we honor Mike Seidel for his unwavering commitment and instrumental role in expanding the voice of Complex Rehab Technology. Over the past 25 years of knowing Mike, he has stood as a pillar of advocacy, not only raising awareness about the profound impact of CRT but also tirelessly working to improve access and innovation within this specialized field. His efforts have shaped policies, empowered individuals and united communities, ensuring that those with the most complex needs receive the equipment and support necessary for a better quality of life.

Mike's leadership reminds us of all the significance of CRT within the broader health care landscape. His work emphasizes how vital it is to address the unique needs of individuals with disabilities, ensuring they are equipped with the tools for independence, mobility and dignity. However, Mike's vision extends far beyond CRT; he understood the critical interconnectivity of all health care realms. From occupational and physical therapy to advancements in telemedicine, mental health and preventative care, he has recognized the importance of a cohesive and comprehensive health care system.

As health care continues to evolve, it is crucial to remember that every aspect — from CRT to other specialized services — plays an integral role in enhancing patient care. Mike has reminded me that by strengthening the foundations of CRT, we also strengthen health care as a whole — and for that I am very proud of.

With deepest condolences,

Kenton Randolph, ATP, CRTS®
St. Joseph, Missouri



International Seating Symposium, Pittsburgh, Pennsylvania, in 2019

I was saddened to hear the news of Mike Seidel's passing. I'm sure all those close to him — family, coworkers, therapists and especially clients — will miss him dearly.

I hoped iNRRTS might host a thread so Registrants who had the luxury of knowing him well could share their thoughts on Mike's impact. It might be meaningful to his family to see the positive impact that he has had not only on his local area but across the iNRRTS community.

Then I realized that even I, who had never even had the pleasure to meet him in person, was very impressed with him. I was always happy to see him in virtual meetings. He always listened intently and would often provide extremely insightful comments and recommendations. I'm sure those qualities helped make him incredible at his craft. Many of us, including myself, could stand being a little more like Mike Seidel.

Darrell Mullen, RRTS®
Moncton, New Brunswick, Canada

I first met Mike at one of our early planning meetings in St. Louis, Missouri. Pretty sure that was the one where the block captain idea came from. Afterward, he was just always there. In our ever-changing world of nothing consistent, Mike was just that and was constant in his unwavering support for his clients and our profession. There are many stories and fun times full of giggles that I will hold dear in my memory so saying he will be missed is an understatement, but I miss him.

Michele Gunn, ATP, CRTS®
Sequim, Washington

Many years ago, I was honored to be invited to join the RESNA Professional Standards Board. It was a little intimidating to be honest. I mean what could I, as a therapist and one of only two Canadians on the board, offer to the heavy hitters there. The first time I met my fellow board members in Washington, I was immediately put at ease by the warm welcome from Mike. Seeing him over the years at conferences and trade shows always felt like a big hug. I hope he knew what a difference he made in the world, because he sure made a big impact on mine. Thanks, Mike.

Stefanie Laurence, B.Sc. OT, OT Reg. (Ont.), RRTS®
Ontario, Canada

I did not know Mike personally. What I know about him by reputation is that he conducted himself as a "Center of Excellence." He maintained his integrity and honor putting his patients/clients first. He "walked the talk" until his transition. He did the hard things at a high level of expertise leaving the "magic" he worked, all along the way.

Thomas O. Henley M.Ed. ATP, CRTS®
Chattanooga, Tennessee

Mike was always a fun guy with a sarcastic sense of humor, who had a great business aptitude.

We will all miss him.

Jim Fiss
St. Louis, Missouri

I met Mike on many occasions over the years, and we were blessed to work in this wonderful profession. He was always cheerful! Always pleasant, warm and ALWAYS knowledgeable, YET receptive to learning.

He unselfishly shared his excellent knowledge and was just a wonderful character and friend!

Knowing him, it would not surprise me if he were right now helping some fellow heavenly dweller with their mobility and for that matter anything they may need. That is Mike!

His loss is a loss to this world and to all of us.

Hymie Pogir
Austin, Texas

Mike was a true CRT champion. He provided caring and professional service to his customers. And he gave his time and leadership to improve CRT coverage and access on the state and national levels. He left a great example for others to follow and will be greatly missed.

Donald E. Clayback
Snyder, New York

Mike was a great leader and mentor to me and our industry. He was always willing to help make the industry better; the Block Captain will be missed.

Carey Britton, ATP/SMS, CRTS®
Pompano Beach, Florida

I was sorry to hear of the passing of Mike Seidel ... He was someone who lived to help those of us in the disability community to have a better life by providing Complex Rehab Technology ... He will be missed!

Andrew Davis
Marietta, Georgia

I didn't know Mike at all before he became a NRRTS board member. Over the years we worked together, I learned how kind and dedicated he was to the profession and to his constituents. Mike listened to his fellow board of directors members, was always prepared and well-informed. He offered excellent insight and guidance as our organization grew and matured. Mike quickly became a respected and valued leader that made a valuable difference to the industry.

Daniel D. Lipka, M.Ed., OTR/L
Medina, Ohio

When I first met Mike, his energy and upbeat spirit was a joy to be around and work with. I am honored that I had the opportunity to network with him on the NRRTS board and CRT events over the years. He provided an atmosphere that was easy to work with and exchange ideas. He always spoke from the heart. He will be greatly missed in our industry but also as a peer and friend.

Elaine Stewart, ATP, CRTS®
Fort Wayne, Indiana

Having seen Mike in many meetings over the years, he had the quiet confidence and respect of everyone that when Mike spoke everyone listened. Mike clearly had many friends and colleagues who carried the utmost respect for him and what he did for the CRT community. The loss of Mike will be felt for a very long time.

Jason Kelln, ATP, CRTS®
Regina, Saskatchewan, Canada

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Well, I'm not a great historian, but I think I have known Mike for nearly 30 years. Holy cow, that's a long time! You could certainly say we grew up in the industry together!

In that case, you would think it would be 'easy' to pull together a meaningful tribute, but I found it hard to do ... while I'm anxious, I will forget something important, mostly it was difficult because it's still hard to believe that he's gone, and even harder to imagine our future industry functions without him. Mike was vital to us as an industry and as a social group of people! I don't think — in any social setting — you would find a funnier person! He could seriously make fun of other people; he was very good at it! He was also extremely good at making fun of himself. He loved life and had a good time with it, but he could also 'get to work'. Mike was 'that guy' who would have the entire table in stitches one minute, and in another breath command attention to the seriousness at hand. With confidence and authority, he led others to action.

I 'think' we met at our very first NRRTS Leadership Meeting, in St. Louis, Missouri. Mike was instrumental in the success of those early meetings, as well as the evolution into NRRTS' Continuing Education & Legislative Advocacy conferences. We served on the Board together. During this time, we became allies, and I began to call him "friend." Mike stepped into his NRRTS board/executive board roles with full responsibility, giving it 100%. He was always fair in his commentaries, at the same time holding people/entities accountable to move things forward. He was dedicated to iNRRTS, there was never a doubt about it!

I was thrilled when he joined our team at National Seating & Mobility. Some of my fondest memories with Mike were from our time in NSM conferences/social functions. This picture was taken at an NSM function — pictured are Mike Ballard, NSM CEO, and Michael Harmon, (age 8 or 9?) with Mike (my favorite three Mikes).

He later served on the RESNA Professional Standards Board, and our paths intersected again as he passed the PSB baton to me. Did you know that he also served on the Professional Standards Board Complaint Resolution Committee for several years? Mike made major inroads for us with RESNA via his participation on the Professional Standards Board and Complaint Resolution Committee. Gaining an Assistive Technology Professional seat at the academic table alongside Weesie Walker, they paved those inroads solidly, for the benefit of the Rehab Technology Supplier!

Lastly, I want to acknowledge Mike's gifts outside of his profession: I experienced his flair for hospitality, finding 'THE' most fabulous restaurants, home décor and largely

talented green thumb with lush gardens and backyard oasis — AND his devotion to his parents and Jimmy — all vicariously through conversations and his Facebook posts! Always, I was in awe that while dedicating hours to his profession, he seemed to know how to create the time and space for a life well lived at home and in his community.

Thank you for your dedication and outstanding contributions to CRT and the community we serve, dear Mike. We will miss you, friend.

Denise Harmon, ATP, CRTS®

Naperville, Illinois



National Seating & Mobility CEO Mike Ballard and Michael Harmon (age 8 or 9?) with Mike Seidel

I met Mike when I came on staff at iNRRTS more than 22 years ago, and he always made me laugh. His vibrant personality and love for life was apparent. He also knew how to treat others and truly lived by the golden rule. He was a true foodie and loved "his" Kansas City Chiefs. I now share that love due to the Chiefs quarterback Patrick Mahomes, who attended my alma mater, Texas Tech University. Mike cared about people and wanted to ensure his patients received the necessary tools to live life to the fullest. Mike, may you rest in peace. Your contagious laugh will be missed. I hope our industry can carry on his legacy when we are helping clients or each other.

Amy Odom, BS

Lubbock, Texas

I am deeply grateful to have had the privilege of working alongside Mike on the board of iNRRTS. His big personality was matched only by his even bigger heart, and he brought a unique energy that inspired everyone around him. His passion and conviction were contagious, driving us all to be more dedicated, compassionate, and resolute in our mission. Mike was a true leader whose positive impact was felt by each of us, and he had an uncanny ability to bring people together and make them feel valued. We are truly better for having known him, and his legacy of compassion, wisdom and unwavering leadership will continue to guide and inspire us for years to come.

Andrea Madsen, ATP

Chatfield, Minnesota

The day I “met Mike” I didn’t meet him, because he turned in his resignation moments before I walked in the door — something we would laugh about for the next 20 years as we became friends and close colleagues. However, it gave me the opportunity to be in Kansas City every week for months trying to fill his shoes, and that is when I learned what a truly extraordinary person Mike was. I got to see firsthand and feel the love and respect all the physicians, clinicians and clients he worked with had for Mike. I also understood why I had to have my husband fax me a copy of my ATP certification before I was allowed to cover Mike’s clinics — because he had raised the bar and instilled the value of working with certified individuals everywhere he went — something he actively did his entire career.

Serving with Mike on the RESNA Professional Standards Board was a great experience, especially when he was the chair, and I became his sounding board for all things “just not right” (you heard him in your head didn’t you)! I loved our “discussions” because no matter how (insert your favorite word here) they became, we were able to see one another’s point of view (eventually) and find solutions because he was always striving to make the complex rehab industry better. Of course, prompts such as “Oh, come ooonnnnnn” always helped my clarity just like I am sure it has helped others as well.

Mike’s passion for those he served was unwavering, as was his competitive spirit, which is why I love this picture of us so much. We were teamed up to pack meals for Feed My Starving Children, and he was bound and determined our team was going to pack the most. While I still don’t know why he had to wear a hair cover, and I don’t remember how many meals we packed that day, what I do know is his humor and constant conversation made the experience of helping others that much more enjoyable.

To this day I can’t pass an IKEA without thinking of Mike because we spent hours at the one in Minneapolis for no reason other than the fact that we had nothing better to do for half a day, it was “right there” and neither of us had ever been. What a grand time we had in true Mike fashion! Rest easy my friend.

Julie Piriano, ATP
Aurora, Illinois



Mike Seidel and Julie Piriano at an National Seating & Mobility conference

I had the privilege and pleasure of developing a deep friendship with Mike, affectionately known as Seidie, for almost 30 years. Mike was truly one of the most passionate individuals whom I had ever been around, his passion was so infectious that it called everyone around him to action. Mike’s passion coupled with friendship, humor (Mike had a memorable laugh), thoughtfulness and a little spit and vinegar made Mike a favorite of everyone around him. As we honor Mike, there is not a day that goes by where I don’t have him in my thoughts; his efforts made the world a better place. Thank you Mike!

Scott Lopez, OTR/L, ATP, CRTS
Lenexa, Kansas

FROM INSIGHT TO ACTION:

PROGRESSING WITH PURPOSE

Written by: **SHEILA BUCK, B.SC. (OT), REG, (ONT.)**

Where have we come from, and have we done enough to honor and advance our field? Can we push beyond the boundaries of what's currently possible, and what does the future hold for Complex Rehab Technology?

These are questions we must confront daily in the work we do. Yet are they being asked — and more importantly, answered — with the attention they deserve? Have we, as professionals in complex rehab, truly learned from past missteps and innovations, or are we solely standing on the achievements of those who came before us without preparing for those who will follow?

In CRT, progress relies not only on the latest advancements but also on a foundation of shared knowledge, collaboration and respect for the long journey it has taken to arrive here. Are we fully utilizing that foundation to mentor, inspire and equip future innovators, encouraging them to imagine beyond the limitations we face today? Are we passing on our expertise, stories and hard-earned lessons to foster an environment where emerging ideas can thrive? By doing so, we are also not just advancing technology — we are advancing hope, autonomy and quality of life for the people and communities we serve.

Every improvement, from accessibility solutions to cutting-edge assistive devices, represents a step forward in someone's quality of life. But as we reach higher, we must also think about what kind of legacy we are creating. Are we empowering the next generation with the wisdom and courage to tackle the challenges we could not yet solve? CRT demands that we look not only at the needs of today but also at the possibilities of tomorrow, ensuring we leave the field better prepared for those who will stand on our shoulders. The future depends on us, just as much as we depend on those who came before us, to build a world where every person can thrive.

It worries me when I see comments in the last five years ... who will

do what we are doing, who will take up the torch as there are no young people moving into the industry. However, attending conferences and seeing new research, they are there, but they are exploring new and exciting ventures in the CRT field. Maybe what we did was good enough at the time, but time moves on, and we need to embrace new technologies, not just in the assistive technologies themselves, but in how we get the information we need to prescribe. Need I say more when I say ... AI ... a whole new venture into determining outcomes at a faster pace than we ever could. Unfortunately, we still move at a snail's pace with respect to funding sources and the rest of the world catching up to more possibilities and accessibility for the disabled. Why don't funding sources understand ... is it not cool enough, are there not enough population numbers to count, is it not mainstream enough? So even if we have AI will it do us any good in the result?

Well, let's look at where we have come from! Over the years of training, teaching and sharing my experiences in the industry, I began with paper/book research. Some of the guidebooks that I used in the early years have included:

- "Cook, Hussey Assistive Technologies: Principles and Practice, Second Edition," 2002.
- "More Than 4 Wheels: Applying Clinical Practice to Seating, Mobility and Assistive Technology," Sheila Buck, 2017.
- "Ottobock Seating in Review: Current Trends for the Disabled," 1989.

- "Prescriptive Seating for Wheeled Mobility," Diane Ward, 1994.
- "Seating and Wheeled Mobility: A Clinical Resource Guide," Michelle L. Lange (Editor), Jean L. Minkel (Editor), 2018.
- "The Professional Wheelchair Contact," Invacare, 1980.
- "Wheelchair Selection: More than Choosing a Chair with Wheels" (Revised Edition), 1977, Sister Kenny Institute.

Books have got thicker over the years and have changed in practice and theory, but now we have the internet and the World Wide Web that allows us to share and search for answers with those from around the world. Prescription has also changed directly related to the increased availability of new and differing technology to address issues. The challenge is, how many of these books and research papers are being used in professional training programs or are we still relying on the anecdotes of those we work with to teach us where we are going? Is our research working on current issues, those which we have identified to get funders to recognize standing, lateral tilt and power add-on (assist) devices and chairs that come "fully loaded" vs. piecemeal add ons? Do we do enough outcome gathering to justify that what we provide is indeed doing the job we need it to do?

Working in Haiti and Uganda was eye opening to needs, wants and wishes, but also to what works and doesn't work based on the environment, education and capacity to maintain equipment that works best in the Western world. Do donated and old-style chairs and cushions really work over there after we all leave? The World Health Organization Wheelchair Provision Guidelines most recently released in 2023 assists with identifying needs and assessment/provision guidelines within the culture of worldwide communities.

We continue to promote networking and sharing of information and ideas through local and international conferences, which have absolutely allowed for engaging conversations and concerns. Channels that came to mind were Medtrade, Reha, CSMC, ISS, ESS, OCEANIA, and others that have spun off the great work of ISS. The challenge has been the sharing of knowledge through COVID and the expense and time for travel to these events. Luckily COVID did teach us about Zoom and Teams meetings, allowing for virtual conferences but something does get lost in translation ... the human touch.

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

**CLINICAL PERSPECTIVE**
(CONTINUED FROM PAGE 25)

And that is where I would like to segway to the thought, “Where are we going?” Recently in mentoring an occupational therapy student completing her master’s degree in OT, she noted when I asked her to assist with a MAT assessment of a client that “she didn’t touch people.” Why has the MAT assessment been a traditional bone of contention? Why are therapists so “afraid” or loath to touch a client? Can we complete assessments without feeling for tonal changes, limitations in range of motion, reactions to spatial orientation? Will AI be able to replace the human touch? That worries me because we then lose the human connection of sharing fears, wants, wishes, needs and internal subjective reactions to surfaces, heat/cold, hard/soft, etc.

WILL IT HELP IF WE LOOK AT WHERE SEATING AND WHEELCHAIR PROVISION STARTED?

In the 1977 book on wheelchair selection, it was recommended that a wheelchair assessment and prescription include transfer techniques, method of propelling the chair and other “disability-related factors.” These included a lack of trunk stability or limited range of motion for which a semi recline or full reclining backrest were recommended along with a seat belt. Lower extremity edema required elevating legrests and an arm tray for those with upper extremity edema. For physical measurements the following was noted “it may be necessary to measure a person before ordering a wheelchair. However, an adult-size wheelchair generally is suitable for an adult of average height and weight. A junior size chair is designed primarily for small adults and teenagers. Most firms have a narrow adult chair available for a slim person of normal adult height (narrower by 2 inches) and a wide adult chair is also available.

“Someone who is experienced in developing wheelchair prescriptions will be able to judge the required chair size from the person’s height, weight and appearance. Whenever doubt exists, actual measurement is necessary to determine whether a standard size chair can be ordered or whether size modifications must be specified. The person should be in a sitting position and five measurements taken: seat height, seat depth, back height, seat and back width and height of armrest.”

It is obvious that our current MAT assessment was not a big component of the overall assessment, but is that because of the

lack of availability of sizes, seating and manufacturer options? Or was the increased assessment awareness a learned understanding through both therapists and clients that chairs needed to evolve to become more functional, as we saw a change in rehabilitation and life spans of spinal cord injured clients and war veteran injuries?

SO, WHAT IS THE MAT ASSESSMENT AND WHY DO WE DO IT?

The initial concept of the MAT assessment was to place the client in supine on a flat firm surface (not their bed) to assess their available range of motion with gravity reduced from a seated position. This most typically was done in the clinic on a MAT table, and hence the term MAT. Although this described the location well, over the years I felt it did not define the assessment goal. Rather than change the term, which was now used internationally, in my own practice I decided to label it the M.A.T. Assessment with the acronym standing for Manual Assessment Tool. I felt this better described the location as well as the fact that it is a “hands-on” assessment required to touch the client. By touching the client, a therapist can now feel joint end range of motion, resistance to movement and forces (gravity and tonal changes) that affect their capacity to maintain a functional seated posture.

It was then felt that after the range of motion was determined in a supine position, the client should be moved to a seated posture again on a firm surface. From here the client’s available range of motion would be assessed with respect to orientation in space and the effects that gravity would have on this posture. Over the years additional assessment terms have come into play to identify a functional midline posture vs. a skeletal planar midline, tendencies of the body to move out midline in all planes and are these

tendencies reducible or non-reducible. The movement away from the use of the terms fixed or flexible has added to a better description of joint range of motion that may be non-reducible to neutral but may still have the capacity to move further away from midline and is therefore not “fixed” in both planar movements, i.e. flexion and extension.

We have also developed a higher interest in determining asymmetrical postures, which lead the body away from midline. These postures we learn have developed by a need of the body to achieve a balanced posture for the client to function. When the center of mass is affected by gravity and tonal changes where the client cannot correct their posture back to midline, we begin to see asymmetries. We now recognize that the client’s posture does not need to be 90-90-90, and in fact this type of posture does not promote function. We now view the pelvis as the building foundation to hold the head in a functional midline position for function. As a result, the pelvis may not necessarily sit in symmetry but be rotated into asymmetry, to reduce or support spinal curvatures that affect balance and head function.

That brings us to the biggest changes in seating and that is in the theories we follow. Traditionally, seating was only provided for comfort or prevention of skin ulcers. We now understand immersion and envelopment, increasing surface area to prevent peak pressure points as well as changing orientation in space in order to change where gravity applies to and affects body posture and peak pressure points. We also recognize how the shape of the seat cushion can affect the position of the pelvis, the hips and thighs. We recognize that clients have varying postures throughout the day including resting postures for relaxation or non-active times, as well as working postures. These postures include wheeling (foot and hand), drive control, dressing, eating, socializing and

all functional movement in the chair. The most important change over the years is the recognition that the pelvis and sacral area is not only supported from the “seat surface” but also from the back support. If the rear of the pelvis/sacrum is not supported, then the trunk is also compromised as well as ischial tuberosity placement and potential peak pressure points. Sacral support also leads to assisting with thoracic extension and upright postures. Therefore “seating,” which previously referred mainly to the seat cushion, must also embrace seat cushions, back supports, head rest, lateral supports and all surfaces required to assist the client to sit in a supported functional midline posture that does not hinder transition from a resting to working posture and back. This seated posture must consider repetition, maintain control and, most importantly, pain and pressure reduction.

In order to reduce or accommodate the asymmetries of the body, we now refer to three-point positioning where supports are positioned to provide a force and counter force, at, above and below a curvature that is being supported or corrected. Because the pelvis and spine are multifaceted joints held together, we must respect where the forces are applied and add the counter forces to gain a “straight-line.” We also must respect that these forces may change based on gravitational forces applied to the body that may change with a change in orientation of the seated system or wheelchair. We must also understand that when applying pressure or force against the body with any corrective support, that support must be applied to the body in an equal and opposite direction to the force of the body part and gravity!

Seated posture has also been identified as being impacted by foot position and foot loading. Gone are the days when elevating legrests were prescribed frequently to control edema. Now with understanding of tight hamstrings and circulatory flow of lymph systems, it is recognized that elevating legrests must be assessed

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**CLINICAL PERSPECTIVE**
(CONTINUED FROM PAGE 27)

carefully and most frequently used in combination with posterior recline and posterior tilt in order to elevate the feet above the heart when the client is in a seated posture. Foot loading has evolved, and understanding is prevalent in the knowing that if the feet are supported toward midline rather than distally into extension, then this support can assist with righting postures and supporting the pelvis in a more neutral position as it releases pressure and pull on the hamstrings. As a result, manufacturing is providing us options beyond the 60-degree hanger, and more frequently we see 70-, 80- and 90-degree hanger angle options. Traditionally concern was given to the fact that we would be causing tight hamstrings by sitting people with their feet closer to the midline of the chair. We have learned that hamstrings will tighten regardless and by trying to force the leg into extension we are indeed pulling the pelvis into posterior rotation and creating the high potential for the client to “slide out of their chair.”

With respect to sliding, have we got any further with restraint reduction and the recognition of seating and mobility systems that promote posture and reduce restraints? This is an ongoing consideration as the knowledge of the seating and mobility world has not been potentially shared enough with our medical cohorts and political lawmakers, as well as industry participants who practice without basic knowledge of seating and mobility principles.

As per the information from 1977, we do still need to include the transfer as part of our assessment. The transfer often determines how one is placed in their seating and mobility system, and if not seated properly after the transfer, then the devices and supports do not provide maximum support and guidance into a functional seated posture. Restraints are frequently an indication of poor transfers or repositioning, systems that haven't changed with client change in body mass, shape, function or postural stature (asymmetries), or seated surfaces that have bottomed out. When is the positioning belt of a three-point positioning system a restraint vs. providing that client with quality of life in such that they can now feed themselves, mobilize their wheelchair and socialize with those around them? How can we better demonstrate the use of support to promote function? These are questions that continue to need addressing and recognition as methods of maintaining dignity, comfort and safe support for our elderly or severely involved individuals.

WHY DO WE NEED TO SIMULATE POSTURE AND TRIAL SYSTEMS?

Although budgets are tight and maintaining a stock inventory or trial system inventory can be challenging, it is still imperative to simulate postures with corrective forces in order to determine the final parameters of the seating and mobility prescription. Although custom sizing is not always available for trial, once a client simulation is done with a hands-on approach and utilizing shape pieces and trial backs/cushions, then the final prescription can be completed. Trial provides the client with the opportunity to determine comfort surfaces best suited for them based on the parameters determined during the assessment and simulation. Trial also allows the prescriber to determine if the considered angles and orientation of the system will work in a variety of environments and wheeling surfaces. It gives the client and the therapist the moment to consider all working and resting postures to ensure that the system is functional for the client.

Once assessment, simulation and trial are complete, the final prescription is the last and easiest piece to complete. It should be based on all the data gathered and the collaboration of the team including the therapist and CRT provider to find the product that best matches the simulated system parameters.

To determine the best fitting product, it is imperative to maintain an ongoing relationship with manufacturers in order to review and experience new product options. That relationship should also include feedback to the manufacturer to understand limitations and set the bar for new innovation. That is how we got to the new technology in our current day, i.e., power add-on (assist), titanium, carbon fiber (cycling industry), power chairs with SMART technology, back up cameras, fans in back supports and seat cushions, custom shaped seating systems and custom made rigid frame chairs.

Initially manual wheelchairs were rigid frames with bentwood and cane seating. The large wheel was in the front with a swivel in the back. These worked great, but they limited the ability to transport the wheelchair beyond the home, so most wheelchair-bound clients were also housebound. Everest and Jennings did come along and change the wheelchair to a folding device with a folding cross brace and upholstery (vinyl) that could be transported. Unfortunately, these were very heavy, made of steel and not all that easy to lift and transport. Manufacturing then started changing materials and also found that less moving parts led to a more responsive chair and from this “sports” wheelchairs were born. Designs changed over the years in the frame shape and use of aircraft aluminum, then titanium and carbon fiber. Frame tubing also changed sizing trying to achieve sturdiness but light weight at the same time.

Today’s manual chairs have come a long way. Movement from hand propulsion to understanding considerations for foot propulsion and how center of gravity and center of mass affects the client’s ability to push a wheelchair and reduced resistance to movement all have changed the efficiency of wheelchair propulsion. Dynamic seating has also been added to manual wheelchair frames to assist with spasticity control. We also now have pediatric wheelchairs, strollers and seating meant for children, rather than chairs that are just smaller adult sizes.

Power chairs have also evolved from original folding frames from Everest and Jennings to bases from Fortress Scientific. Motor changes to gearless brushless, with greater torque changes and the position of the drive wheel from traditional rear wheel drive to front wheel drive and then more recently middle or mid wheel drive, have improved the capacity of power chairs to navigate alternate surfaces. The addition of stabilizing wheels, auto leveling and independent suspension or gravity

compensation have added to vibration reduction and better performance over rougher ground. Battery improvements from lead acid to gel cell to now lithium, have changed the maintenance, range and longevity of batteries.

Most recently the addition of power dynamic seating including posterior tilt, anterior tilt, power recline with shear reduction and lateral tilt have allowed clients to be more independent in their seated and driving postures. Anterior reach positions as well as power elevation to higher and lower height, and power standing have added to the benefits of function and socialization, moving beyond just the basic concept of mobility. We are also understanding the relationship between standing and bone density, respiration, circulation and spasticity control. This has not only evolved in the wheelchair and seating industry but also through office ergonomics and the effects of seated posture on overall body function, pain and work effort.

Chairs can be “driven” through sip and puff, eye gaze, proximity switch, head control and controls with microswitches to increase the capacity of clients with limited hand/finger fine motor control. Power chairs with auto leveling, lateral tilt, posterior tilt and now anterior tilt, standing and anterior assist for transfers and elevation enhance not only function but pressure and spasticity management, respiration and circulation and overall socialization. Ventilator support on chairs allows clients with heightened medical needs to still be mobile in the community. Driving sensors for driving safety for low vision or perceptual issues enhance the use of power for previously limited populations. The capacity of chairs to climb stairs has and continues to fuel ongoing research aiming to decrease accessibility limitations of our clients.

Today we have the added benefit of adding power assist devices to manual wheelchairs, providing clients with the capacity to maintain manual wheelchair use for longer periods of time and prevent repetitive use injuries. These devices have also evolved from powered wheels to front and rear add-on devices, which provide greater options for clients with respect to control methods, transportability and desirable power assist for environment of choice and use. These devices were very prevalent at this year’s Paralympics!

CONTINUED ON PAGE 30



CLINICAL PERSPECTIVE

(CONTINUED FROM PAGE 29)

Seating itself has come a long way from the provision of a pillow, foam, egg crate foam or air bladder cushions. Today we understand that the pelvis needs support and immersion, and not just softness to prevent pressure wounds. Mobility is also enhanced with pelvic and trunk support, and therefore instead of flat surfaces we have evolved into considering contour and shape to match a client's shape. Materials have evolved from low-density foam to a variety of high-density foam, memory or Visco foam and gel materials, both flowing and structured gels. Air cushions themselves have changed to provide increased capacity to add shape and compartmentalize the air chambers to enhance stability. The capacity to access hybrid cushions where shape can be captured with foam and then gel or air used to enhance pressure management, has provided a greater range of products for stability and comfort while at the same time allowing for working posture mobility.

Back supports now are more than upholstery or adjustable upholstery. They now provide lateral support, sacral support and upper thoracic support. Varying hardware also provides the capacity to angle the back to provide greater sacral control or thoracic extension as well as an open hip angle or fixed recline. Most recently, seating now has the capacity to be customized to each individual shape. Custom contouring and shaping have allowed the industry to accommodate asymmetrical body postures and assist with correction of reducible postures. Custom molded seating has also changed from foam in place kits to using cameras, tablets and 3D printing of seating systems and other assistive technology. The use of pulse oximetry has also allowed seating technicians to better monitor client oxygen intake related to seated postures when using custom seating to accommodate or correct asymmetrical postures.

In conclusion of this review, in 50 years we have come a long way! As materials change, industries change and research changes how we view accessibility, product development and theory does evolve. The challenge is to maintain and enhance the evolution but not in a medical model but a person-centered model of understanding client needs, function, work, play and the total occupation of life. Emotional, mental and social support needs to be a part of the whole seating and mobility experience. We should not be considering "basic" mobility but complete and totally personalized mobility, seated support and comfort to allow all people to function in an accessible environment.

I challenge everyone currently working in, or aspiring to work in, this specialized and deeply rewarding field to commit to ongoing growth, continually incorporating both current and emerging best

practices. It's essential for us to stay abreast of advancements in related fields to maintain access to the latest materials and mobility solutions that enable individuals to fully participate and thrive in their daily lives. As barriers are dismantled and new opportunities open, we are called to ensure that life is accessible, fulfilling and inclusive.

Our responsibility extends beyond just our profession — we must also engage and educate adjacent fields to emphasize the necessity of continuous change. Progress in accessibility depends on broad awareness and understanding, and without a shared commitment to education, transformation cannot occur. Let's foster collaboration, advocate for innovation and work together to create a world where everyone is empowered to live life to its fullest potential.

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Sheila Buck is an occupational therapist and internationally known speaker and educator from Ontario, Canada. Buck has spoken extensively in Ireland, Norway, Oceania and North America on seating and mobility concepts for the very young to

the very old. Her audiences have included but are not limited to physio and occupational therapists, nurses, doctors, case managers, DME vendors and manufacturers of seating and mobility products. Her extensive knowledge related to the provision of assistive technology for mobility is reflected in her book, "More Than 4 Wheels: Applying Clinical Practice to Seating, Mobility and Assistive Technology" Third edition. This excellent clinical guide is currently being used as a learning tool around the world with over 1,500 copies sold. Buck is also a contributing author in the publication "Seating and Wheeled Mobility: A Clinical Resource Guide." Buck is known for her compassion for her clients and advancing her learning and skills to those she works with.

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SNAPSHOT IN TIME:

PRESSURE MAPPING AS A TOOL IN MOBILE SHOWER COMMUNE CHAIR SELECTION AND SETUP

Written by: **ALLI SPEIGHT, MSCOT, ATP**

Jerry is a 47-year-old C6-C7 complete quadriplegic, 27 years post injury following a motor vehicle accident. Jerry presents with a reducible left low pelvic obliquity and posterior pelvic tilt. He uses a power wheelchair with power tilt and recline, a custom-molded cushion and a RAZ self-propel mobile shower commode chair for toileting and showering. Jerry is moderate assist for sliding transfers. Jerry experienced his first pressure injury in November 2023 — Stage 2 injury inferior to the left ischial tuberosity.

A TEAM APPROACH

Jerry's occupational therapist initiated a thorough assessment with the help of his mobility and accessibility consultant to address the issue. They worked to identify potential areas in Jerry's daily life that could have led to the source of the pressure injury. Considering all surfaces where he spends time, including his bed, wheelchair and mobile shower commode chair. Jerry and his wife, Maddalena, a manual wheelchair user who works full time, were included in all intervention decisions. Jerry preferred not to alter his traditional marital bed or use a mechanical lift for transfers but agreed to assess changes in his MSCC to reduce pressure and support healing. Jerry typically spends two to three hours every other day in the mobile shower commode chair, which became the focus of the assessment. Since the team had not assessed the mobile shower commode chair at this capacity, they asked the manufacturer representatives to join the team approach.

INITIAL ASSESSMENT DECEMBER 2023

The team met at Jerry's local dealer to assess the mobile shower commode chair using a BodiTrak2 pressure mapping system. His current commode is a RAZ self-propel with a molded front opening seat and tension adjustable back support. Baseline pressure mapping, Figure 1, revealed increased pressure on his left ischial tuberosity, most likely contributing to his pressure injury. His pelvis was in a posterior tilt, and pressure distribution was suboptimal, particularly on his buttocks and thighs. The team has implemented several steps to address this.

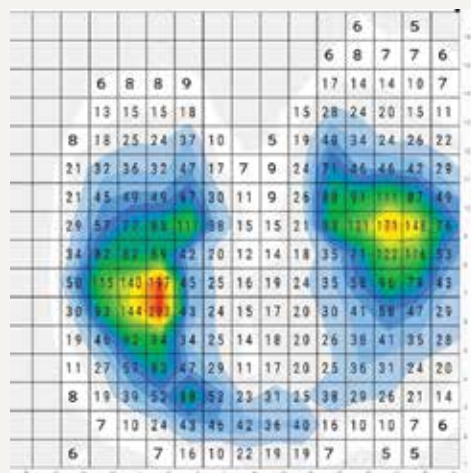


FIGURE 1 Baseline pressure mapping

UPGRADING TO VISCO FOAM INTERFACE

The team swapped Jerry's molded seat for a visco foam interface seat, which improved pressure distribution by allowing more immersion. Ischial Pelvic Alignment System was used to move the seat 1" forward on the base to try to distribute more pressure to the rear buttocks. Footplates were lowered to try to increase thigh loading for pressure distribution. This seat change and minor adjustments led to better pressure reduction, Figure 2.

ADJUSTING THE SEAT POSITION

To neutralize the pelvis and ensure seat depth was not pulling Jerry into the Posterior pelvic tilt, the Ischial Pelvic Alignment System was moved back to the original position and then moved 1" more rearward. The tension adjustable back support was tightened to allow support of the posterior superior iliac spine. It was noted Jerry's pelvis moved closer to neutral. The team agreed that these adjustments, along with the previously made footplate adjustments, provided the most ideal results, Figure 3. Collectively, it was decided a custom 18-inch depth visco foam interface seat would be the best option moving forward to allow for pressure distribution and a more neutral pelvic position. Education on positioning utilizing pressure mapping was completed.

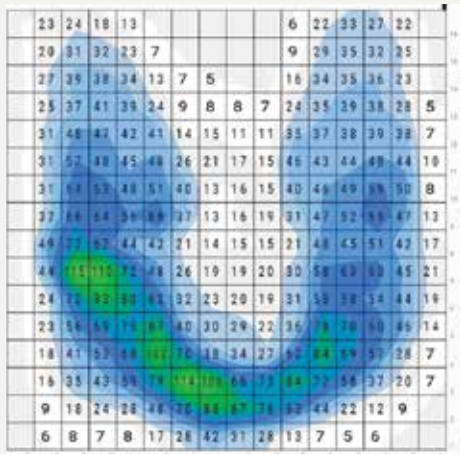


FIGURE 2 Visco foam interface seat moved forward, footplates lowered

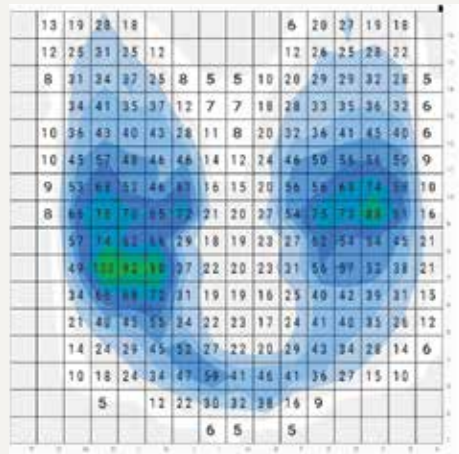


FIGURE 3 Visco foam interface seat moved rearward, back support adjusted

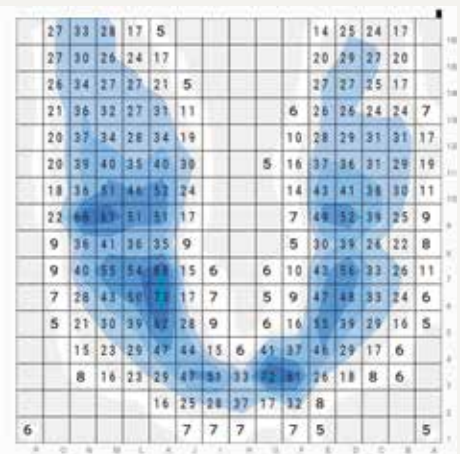


FIGURE 4 18" depth double Visco foam interface seat

FOLLOW-UP JANUARY 2024 – MOBILE SHOWER COMMODE CHAIR DELIVERY

Jerry's sore had not healed and had worsened slightly. Jerry had reduced his time in the mobile shower commode chair from three hours to two, but he could not tolerate the lower footplate position as he was unable to position himself properly to empty his bowels. Despite these challenges, Jerry remained committed to avoiding the use of a mechanical lift, preferring independent transfers and independence with self-propulsion. The team reconvened to deliver Jerry's new 18-inch depth VFI seat and the initial pressure mapping showed positive results.

During this session, the team also trialed an 18-inch custom double foam visco foam interface seat, with the goal to provide more immersion and envelopment, leading to further improvements in pressure mapping. Education on proper positioning was prioritized as the pressure mapping showed positive results when he was ideally positioned, Figure 4. Jerry and his care team were educated on the importance of centering his pelvis during use of the mobile shower commode chair.

FOLLOW-UP MARCH 2024

Jerry's pressure sore worsened, and he underwent flap surgery. Post-surgery, significant changes were made to his routine. Transfers were now performed with a mechanical lift, and his bowel routine was shifted to bed to reduce time spent in the mobile shower commode chair, which would now be used solely for showering. Jerry also lost 51 pounds, prompting another reassessment of his equipment.

FINAL ASSESSMENT JUNE 2024

The team reassessed Jerry's equipment, focusing on proper positioning in his mobile shower commode chair. While pressure mapping was consistent with previous assessments, maintaining positioning became more challenging and the team's priority. The team discussed the potential benefits of incorporating tilt and recline into the mobile shower commode chair for pressure relief, something Jerry had previously resisted. Figures 5 and 6 demonstrate the significant changes with the use of tilt and recline decreasing pressure on the buttocks. With demonstration of the benefits, Jerry agreed to switch to a RAZ Attendant Tilt base, with tilt and recline. Education was completed using guidelines from the Rehabilitation Engineering and Assistive Technology Society of North America Position on the Application of Tilt, Recline and

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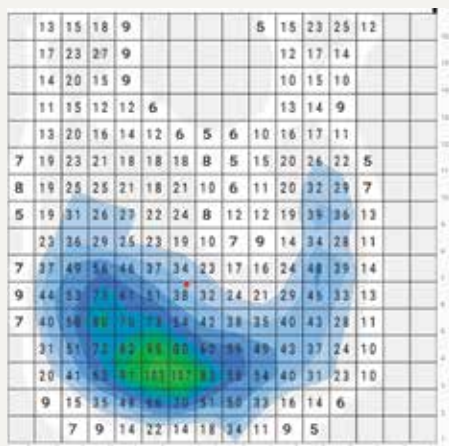


FIGURE 5 Tilt of 25 degrees

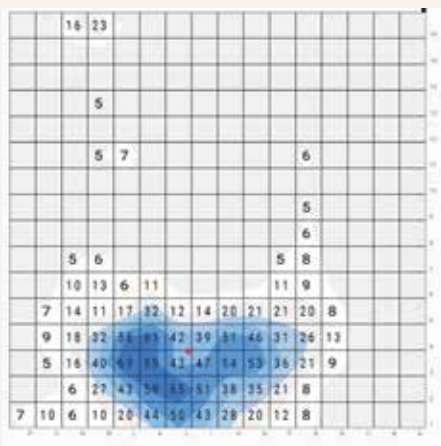


FIGURE 6 Tilt of 40 degrees,
recline of 100 degrees

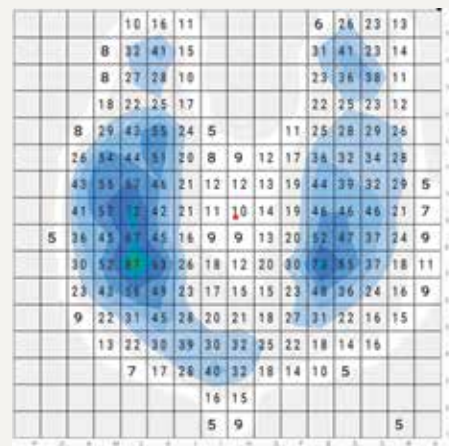


FIGURE 7 15 degrees of tilt to
maintain independence

REHAB CASE STUDY (CONTINUED FROM PAGE 33)

Elevating Leg Rests for Wheelchairs. When tilt is used alone, the degree of tilt must be greater than 25 degrees for pressure relief at the ischial tuberosity and the greatest reductions in pressure are seen when tilt and recline are used together. Figure 7 shows Jerry in 15 degrees of tilt to maintain independence.

CASE TAKE AWAYS

Jerry's case highlights several important takeaways for health care professionals:

- **Client Preferences:** Respecting Jerry's independence while navigating complex health challenges was key to maintaining his quality of life.
- **Pressure Mapping:** This tool provided valuable insights into how small changes in equipment selection and setup can significantly impact pressure distribution.



- **Education:** Continuous education for Jerry, his wife, and care workers was essential for maintaining proper positioning with the hopes of preventing future injuries.
- **Commode Setup:** mobile shower commode chairs require the same level of consideration and customization as wheelchairs to optimize independence, positioning and pressure relief.

Jerry and his wife, Maddalena, during the first assessment.

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Alli Speight, MScOT, ATP, began her career as an occupational therapist in the community setting, where her expertise was sought after for conducting home safety and mobility device evaluations. Her dedication to enhancing the lives of individuals through optimal seating and mobility solutions led her to join Motion Composites in 2016 as a clinical education specialist. Now as director of education with Motion Composites, Speight is instrumental in elevating the brand's presence across Canada and the United States. She is a respected figure in the field, providing global education on best practices in Complex Rehab Technology, with a primary focus on ultralightweight manual wheelchairs and seating and positioning prescriptions. Speight's passion and expertise earned her speaking opportunities at prominent conferences, including the International Seating Symposium, Canadian Seating and Mobility Conference and ATSA. Speight is also a member of the Canadian Advisory Committee for iNRRTS.

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EXERCISE IS MEDICINE

Written by: **ROSA WALSTON LATIMER**

Melanie Brennan, PT, DPT, is the driving force behind EA Therapeutic Health in Rochester, Minnesota. This physical therapist turned entrepreneur is shaking up rehab with a fresh take on long-term wellness. Brennan's journey from treating patients from her minivan to directing a successful 10,000-square-foot facility is inspiring. With a knack for problem-solving and unyielding perseverance, Brennan and her staff provide a path to better health with physical therapy and therapeutic-oriented health and wellness services. "Our mission is to provide equitable lifelong access to safe and effective therapy," Brennan said.

WHAT MOTIVATED YOU TO CHOOSE THIS PROFESSION?

I became a physical therapist with a strong desire to work with individuals with neurologic conditions, initially aiming to focus on pediatrics. However, due to a tough job market after graduation in 1997, I started working in a nursing home, gaining valuable experience in seating, mobility and chronic conditions. Later, I worked in a hospital specializing in stroke rehabilitation, which broadened my expertise. When we moved to Rochester, I joined the Mayo Clinic's spinal cord injury team, building lasting relationships with patients. These experiences gave me the knowledge and confidence to start my own business.

WOULD YOU SHARE THE STORY BEHIND LAUNCHING YOUR COMPANY?

In 2008, I started working with outpatients recovering from spinal and brain injuries. At the time, I noticed new recovery centers emerging across the country, focusing on innovative physical therapy techniques and lifelong wellness — something we couldn't fully address at the Mayo Clinic, where the priority was getting patients home. During family vacations, I'd visit these centers, inspired by their blend of physical therapy and personal training with a wellness focus.

It became clear to me that Rochester needed a center like this. I often saw patients returning to Mayo years after discharge, having lost progress in their rehabilitation due to a lack of ongoing support. Many faced preventable issues — weight gain, sores or worsening mobility — because they didn't have access to continuous resources to maintain their health.



Eva, Tim, Melanie, Anna and Mikayla Brennan on vacation in the Cayman Islands last year.

Determined to provide that support, I created a model offering a path to long-term wellness for these individuals. Despite having three young girls, I quit my job and started small — working out of my minivan and visiting clients in their homes. Six months later, I used YMCA facilities as my client base grew. By 2013, one of my clients, who owned a strip mall, suggested I rent space. I started with 10 clients and hired my first employee.

The business grew rapidly once I had a permanent location. I focused on marketing, word-of-mouth referrals and running the day-to-day operations with some help from my family. My mom handled the books, and my husband often took care of maintenance. We even took out a home improvement loan to invest in equipment. By 2015, I had 10 employees and a steady stream of clients. When COVID-19 hit in 2019, we had expanded to a 10,000-square-foot space with 30 employees. The growth was overwhelming and exhilarating, but it was fulfilling to see the impact we had on the community.



Melanie Brennan working on locomotor training with a client recovering from a spinal cord injury.

HOW DID YOUR STRENGTHS MATCH UP WITH THE CHALLENGES OF STARTING YOUR OWN BUSINESS?

Over the years, I've taken numerous personality assessments, and one thing remains clear: I'm a 'doer.' I naturally gravitate toward leadership roles, preferring to take action rather than sit back and observe. A forward-thinking mindset drives me, constantly focused on how to improve and innovate. As a physical therapist, this combination of being both vision-oriented and evidence-based makes me well-suited for the field. I'm passionate about applying scientific research to guide my practice while leading with determination and purpose. Some might call it stubbornness, but I believe this balance allows me to stay deeply engaged without experiencing burnout.

Like my colleagues, I wanted to do work that would help others have a better life. That drove me to go to PT school. I never thought I would have my own business. I have no specific education or training in business, yet I am now the CEO of a rehab company. I learned what I needed when I needed to. Being a CEO is part of my identity and makes me happy. My work is my hobby, and it fills my bucket. Owning a business has given me more flexibility to make time for my family, which was not the case when I worked in other settings.

I only treat a few clients, but I keep my office door open so I can easily interact with them. Hardly a day goes by that someone doesn't stop by to tell me how much they appreciate the help they are getting at EA Therapeutic Health. Those assurances are why I keep doing what I'm doing.



Melanie with her husband, Tim, celebrating her graduation in 1998 from physical therapy school at the College of St Scholastica.

TELL US ABOUT YOUR FAMILY AND WHAT YOU DO FOR FUN.

My husband, Tim, and I have been married for 26 years. We met in college, and he's been a constant source of support throughout my career. With a master's degree in business, Tim works in administration at the Mayo Clinic. While he's given advice when I've asked for it, he's been clear about not getting too involved in my business. His usual hands-on work is helping with painting and building maintenance.

We have three daughters, who have grown up alongside the business. When I started, my youngest was just 6 months old, and my older girls were 10 and 8. They've always been part of this journey in some way. My oldest daughter has worked with me part time and volunteers with the wheelchair basketball team we sponsor.

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EA Therapeutic Health staff and board of directors.

CLINICALLY SPEAKING

(CONTINUED FROM PAGE 37)

Now, my oldest is applying to medical school and is considering neurology as her focus. On the other hand, my middle daughter is in college studying journalism and has no interest in medicine. And my youngest is in middle school, still figuring out her path. I love seeing how each of them is finding their way.

The most fun we have together as a family is traveling. Every couple of years, we take an extensive vacation. We aren't afraid of long flights and big adventures. I have been to five continents, mostly with our family. We have visited South Africa, Europe, New Zealand and Dubai. These family experiences are meaningful and make for great memories.

WHAT ACHIEVEMENTS FROM YOUR BUSINESS JOURNEY DO YOU VALUE THE MOST?

One of the most significant rewards of this work is following our clients through their entire journey of staying healthy after rehab. As a nonprofit, community-based practice, we meet clients after they've received their initial care and equipment. They come to us ready to move forward, having accepted their diagnosis and determined to regain their health. Some of our clients have been with us since we opened in 2011, and it's fulfilling to witness their long-term progress.

One story that stands out is of a young woman who had a stroke. When she first came to us, she weighed over 300 pounds, relied

on oxygen and was in critical condition. Her family was deeply concerned. However, within her first year with us, she lost 100 pounds, no longer needed oxygen and became healthier overall. We got her a smaller wheelchair due to her weight loss, and most importantly, she began to smile again. We saw her three times a week, helping her exercise with adaptive equipment and offering the guidance she needed. Because of her impairment, she couldn't go to a regular gym, so we tailored her program and helped her stay motivated. She never regained the weight, and her journey is a testament to what consistent, personalized support can achieve.

Unlike traditional medicine, which often follows an episodic cycle where patients return worse off a year later, we focus on long-term wellness. Unfortunately, this approach is still foreign to much of the modern health care and insurance system, but it sets us apart. Many people struggle with self-care, and we're here to provide ongoing support. As a nonprofit, we work hard to offer sliding-scale fees to make our services accessible. Meeting people where they are, physically and financially, and helping them live healthier lives is the true reward of what we do.



Melanie Brennan with her girls, Eva, Mikayla and Anna, illustrating her life as a busy mom and business owner.



Melanie Brennan, PT, DPT, working in the early years of her business (2012) with a client doing aquatic therapy at the Rochester, Minnesota, YMCA.

WHAT ARE SOME OF YOUR CHALLENGES?

The biggest challenge I face is navigating the financial environment of our work. It's an ongoing struggle that consumes much of my time and energy and that of my staff. We grapple daily with how to make our services affordable for our clients. Although we can bill insurance for some short-term, episodic care, reimbursement rates for outpatient physical therapy have remained stagnant since 1998. Despite slight increases in 2014, government payments have been cut year after year, leaving us back where we started. Meanwhile, inflation has soared by 76%, and our salaries have doubled, but reimbursement rates haven't budged.

To compound the problem, there is a widespread reluctance to acknowledge that exercise is a form of medicine. Many people in our country cannot exercise independently; they need ongoing access to adaptive equipment and professional support, which requires funding. This discrepancy continues to be a tough battle. I stay actively involved with the American Physical Therapy Association and frequently communicate with legislators to advocate for better support. My commitment to maintaining high-quality care despite financial constraints remains my biggest challenge.

Being a nonprofit adds another layer of difficulty. As the sole person in charge of development, I find it grueling to handle fundraising responsibilities alongside everything else. We host only a few small events each year and rely heavily on grants, which are essential for purchasing equipment. Over the past couple of years, I've raised approximately \$300,000 annually. Without these fundraising efforts, our organization wouldn't survive.

WHAT ARE YOUR FUTURE PLANS FOR EA THERAPEUTIC HEALTH?

I'm proud of the model we've built and how well it's working. We operate out of a single location now, but our big dream is to expand to other areas. The challenge lies in finding and nurturing staff who share the same passion for EA Therapeutic Health that I do. It's not just about hiring; it's about finding genuinely dedicated individuals committed to our mission. The thought of growing our impact while maintaining the heart of what we do is exciting and daunting, but we welcome the challenge!

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Melanie Brennan, PT, DPT, is the founder and CEO of EA Therapeutic Health, a nonprofit health care leader, and a physical therapy profession advocate in Rochester, Minnesota. (<https://chooseea.org/>). EA Therapeutic Health fills the gap in quality outpatient care for those that need physical therapy and support over their entire lifetime.



IMPORTANCE OF CONTINUING EDUCATION:

ENHANCING SKILLSETS AND ADVANCING CREDIBILITY FOR SUPPLIERS

Written by: **ANDREA MADSEN, ATP**

Complex Rehab Technology encompasses advanced assistive devices and customized mobility solutions tailored to the unique needs of individuals with chronic or progressive disabilities. As technology in CRT continues to advance rapidly, suppliers are tasked with staying up to date on new devices, evidence-based clinical practices and the latest regulatory frameworks. Given the specialized nature of CRT, suppliers play a critical role in ensuring that clients receive products tailored to their unique functional needs, making the ongoing pursuit of specialized knowledge through continuing education indispensable.

The benefits of continuing education in CRT are multifaceted, offering significant advantages that extend beyond mere knowledge acquisition. For suppliers, ongoing education not only deepens their technical and clinical expertise, allowing them to stay current with new technologies, therapeutic approaches and best practices, but it also strengthens their professional credibility. By consistently updating their skillset, suppliers can build and reinforce trust with clients and health care partners, positioning themselves as highly knowledgeable and reliable experts in a competitive field. This expertise translates into enhanced professional visibility, as clients and providers are more likely to engage with suppliers who demonstrate both a commitment to quality and a mastery of the latest advancements. In this way, continuing education serves as a strategic asset, empowering suppliers to provide more effective solutions while also increasing their appeal and reputation.

THE ROLE OF CONTINUING EDUCATION IN CRT

Improving Client Outcomes through Informed Guidance

Suppliers equipped with the latest knowledge in CRT can offer informed, evidence-based recommendations, which directly impact client satisfaction and quality

of life. This is especially important in CRT, where devices are often customized and require ongoing adjustments to meet changing physical needs. Well-informed suppliers can better anticipate potential issues, provide preventative solutions and support clients in achieving optimal independence and mobility. The result is improved client outcomes and satisfaction, enhancing the reputation of both the supplier and the organization.

Keeping Pace with Advancements

CRT suppliers work in a field that is constantly evolving. New products and technological innovations are introduced regularly, each requiring a nuanced understanding of their applications, limitations and potential benefits to clients. Continuing education ensures that suppliers stay updated on these changes, allowing them to recommend the best solutions tailored to individual needs. For example, advancements in power mobility devices, alternative drive controls and custom seating systems require suppliers to maintain technical proficiency in order to maximize the effectiveness and efficiency of these devices for clients.

Navigating Regulatory and Reimbursement Requirements

The CRT industry operates under a complex web of regulations, including governments funding agency guidelines, private insurance requirements and regulatory compliance standards. Regularly updated knowledge of these policies is essential for suppliers, particularly as regulatory changes may affect reimbursement and eligibility criteria for certain CRT devices. Continuing education provides suppliers with insights into the latest regulatory updates and strategies for navigating the approval process, allowing them to advocate effectively for their clients while reducing delays and administrative burdens.

Supporting a Holistic Approach to Client Care

CRT professionals benefit from interdisciplinary knowledge, particularly when working with therapists, clinicians and caregivers to develop and implement individualized plans. Continuing education broadens suppliers' knowledge beyond specific products, fostering a holistic approach to client care. For instance, understanding basic principles of occupational or physical therapy can help suppliers provide better guidance on device setup, posture optimization and

functional movement strategies, ultimately enhancing the overall quality of client care.

THE CREDIBILITY ADVANTAGE OF CONTINUING EDUCATION FOR SUPPLIERS

Differentiating Through Expertise

In a competitive market, suppliers who pursue ongoing education can distinguish themselves by demonstrating a high level of expertise and credibility. Clients and health care providers increasingly look to partner with suppliers who are knowledgeable and reliable, and continuing education serves as a marker of commitment to quality and professionalism. By positioning themselves as experts, suppliers can build trust with clients and health care partners, which in turn can lead to increased referrals and business growth.

Expanding Service Offerings

Knowledge gained through continuing education allows suppliers to broaden their service offerings and adapt to emerging trends in CRT. For instance, training in adaptive sports equipment or custom seating techniques can enable suppliers to serve niche markets and meet the demands of clients with specialized needs. Expanded capabilities not only enhance the credibility of suppliers but also allow them to contribute to new client populations by addressing a wider range of client requirements.

Improving Client Retention and Loyalty

Suppliers who invest in continuing education demonstrate a commitment to excellence, which can foster stronger relationships with clients and lead to higher client retention rates. When clients know that their supplier is dedicated to staying informed and capable of providing top-quality products and services, they are more likely to remain loyal and recommend the supplier to others. High client satisfaction and loyalty are powerful assets, often resulting in word-of-mouth referrals that drive credibility enhancement.

Strengthening Relationships with Health Care Providers

Suppliers who continuously develop their skills through education can strengthen their partnerships with health care providers. Providers are more likely to collaborate with suppliers who exhibit a solid understanding of CRT and show proficiency in navigating the challenges of the field. This collaboration helps ensure that both parties can work seamlessly together to deliver cohesive, high-quality client care.

In CRT, where expertise significantly impacts the lives of clients, continuing education is not just a benefit but also a responsibility. Suppliers who commit to ongoing learning are better equipped to

meet the complex and evolving needs of their clients, advocate effectively within the regulatory landscape, and provide holistic, interdisciplinary care. Additionally, continuing education empowers suppliers with tangible skills that enhance their credibility, expand their service capabilities and build stronger client and provider relationships.

In this field, the pursuit of knowledge is a pursuit of quality and compassion. Suppliers who invest in continuous professional development contribute not only to their own success but also to the advancement of the entire CRT industry. By remaining informed and skilled, CRT suppliers position themselves as leaders, ensuring they can meet the demands of today while shaping a better future for tomorrow's clients.

For further information on how iNRRTS can support your continuing education needs, please visit:

<https://nrts.org/education/>

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SUPPORTING CAREGIVERS IN COMPLEX REHAB TECHNOLOGY:

STATE AND FEDERAL ACTIONS AND OPPORTUNITIES

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

As we observed National Family Caregivers Month in November, it's important to note that caregiving has become an increasingly urgent public health and economic issue in the United States, impacting more than 53 million family caregivers annually, as noted in the 2024 Report to Congress Progress Report. Many of these caregivers provide essential support to individuals who rely on Complex Rehabilitation Technology or durable medical equipment, as well as those with mobility impairments who may not yet use such equipment. Caregivers of CRT users face unique challenges due to the specialized equipment involved, such as augmentative and alternative communication devices, DME, and wound and ostomy care, in addition to basic Activities of Daily Living and Instrumental Activities of Daily Living care.

The 2022 National Strategy to Support Family Caregivers marked a significant step toward addressing the challenges caregivers face, laying the groundwork for a coordinated national response. In 2024, the strategy was updated to expand these efforts, offering more comprehensive support for caregivers, including many in the CRT community who often take on caregiving roles themselves.

As the number of family caregivers continues to grow, the demand for caregiving support rises alongside the increasing population of older adults and individuals with disabilities. Many caregivers, often unpaid, take on complex responsibilities, especially when assisting those who depend on CRT for mobility and independence. This review will highlight key updates from the 2024 strategy, offering insights into how these expanded efforts provide much-needed resources for caregivers across the country.

The economic and health impacts of caregiving are substantial. Family caregivers lose an estimated \$522 billion in income each year due to caregiving responsibilities. Additionally, the value of the unpaid



care they provide is estimated at around \$600 billion annually. This loss of income potential can significantly affect their financial stability. Beyond financial strain, the demands of caregiving often take a toll on caregivers' health and well-being, which also impacts health care systems and is exacerbated when they lack access to essential resources, training and respite support. Recognizing caregiver stress is the initial step to identifying those in need of support and to providing quality care.

FEDERAL INITIATIVES SUPPORTING CAREGIVERS

The 2024 Report to Congress Progress Report outlines several key federal actions aimed at improving support for family caregivers, especially those assisting individuals with mobility impairments and those who rely on CRT. These initiatives reflect a growing awareness of the vital role caregivers play and the importance of equipping them with resources and training.

One of the major actions is Medicare's Expansion for Caregiver Training. In 2024, Medicare introduced a policy that allows for the reimbursement of family caregiver training. This is an important step for caregivers who use or care for individuals using CRT, as it provides them with the training they need to manage mobility devices, perform safe transfers and help with positioning. This education not only ensures the safety and well-being of both the CRT users and their caregivers but also gives caregivers more confidence in handling the equipment, which can improve its durability and reduce the risk of damage.

Additionally, Medicaid and long-term care programs are being enhanced to better support individuals with disabilities. The Centers for Medicare and Medicaid Services has introduced a new rule mandating that 80% of funding for home and community-based services be directed toward compensating direct care workers. This change is particularly relevant for those relying on CRT, as it addresses the need for adequate staffing support, helping to reduce delays in care and improve overall service quality.

Another important update is the Older Americans Act Final Rule. The 2024 update strengthens support systems for aging with or into disability and supports aging-in-place programs. For caregivers of CRT users, this rule provides clearer guidance on accessing essential resources and coordinating services such as transportation and nutrition, which are often integral to managing the needs of those using CRT.

Lastly, the U.S. Department of Veterans Affairs' initiatives continue to make strides in supporting caregivers to provide support to veterans. The VA's Caregiver Support Program comprises the Program of Comprehensive Assistance for Family Caregivers and the Program of General Caregiver Support Services. Eligible and approved primary caregivers through the Program.

Of Comprehensive Assistance for Family Caregivers can benefit through respite care, financial compensation, mental health support, training, such as hands-only CPR training and reimbursement for travel expenses related to veteran's care. Approved general caregivers through Program of General Caregiver

Support Services can also benefit from resources, such as peer-support mentoring, skills training and educational opportunities. These robust resources help reduce the strain on caregivers managing individuals with chronic conditions and mobility impairments, offering them relief and ensuring better care for the veterans they support.

STATE-LEVEL INITIATIVES

Several states across the U.S. have introduced laws, programs and initiatives aimed at providing financial relief, training and respite care for family and professional caregivers. These state-specific efforts are designed to address the unique challenges and complex decisions caregivers face, considering the regional needs and payer systems in place. Together, these measures seek to improve the well-being, quality of life and standard of care for both caregivers and care recipients, fostering a more supportive caregiving environment.

Below is a look at some of the key state-level efforts supporting caregivers.

- **California** – Family Care and Medical Leave: Offers 12 weeks of unpaid, job-protected leave for caregivers of individuals with disabilities, expanding protections under the California Family Rights Act.
- **California** – In-Home Supportive Services: Financial compensation for in-home care of seniors and people with disabilities, allowing families to hire caregivers.
- **Connecticut** – Paid Family and Medical Leave Act: Offers up to 12 weeks of paid leave for employees to care for family members with serious health conditions, encompassing disabilities.
- **Hawaii** – Kupuna Caregivers Program: Up to \$70 per day in financial assistance to family caregivers of elderly individuals.
- **Massachusetts** – Paid Family and Medical Leave: Up to 12 weeks of paid leave for employees to care for family members with serious health conditions, including disabilities.
- **New Jersey** – Family Leave Insurance: Provides up to six weeks of paid leave for employees to care for family members with serious health conditions, including disabilities.
- **New York** – Paid Family Leave: Up to 12 weeks of partially paid leave for employees to care for family members with disabilities.
- **Oregon** – Family Caregiver Support Program: Provides respite care, training and financial support for family caregivers of individuals with disabilities.

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CLINICIAN TASK FORCE

(CONTINUED FROM PAGE 43)

- **Rhode Island – Temporary Caregiver Insurance:** Allows up to four weeks of partial wage replacement for caregivers of family members with serious health conditions.
- **Tennessee –** The state previously offered eligible TennCare members up to a \$3,000 one-time increase for services like respite care, adult day services, assistive technology and minor home modifications, intended to be available through March 31, 2024. Availability of these funds may depend on remaining resources or extensions not yet confirmed by the state of Tennessee.
- **Tennessee -** Starting in March 2024, Tennessee raised spending caps for Home and Community-Based Services in specific TennCare programs to better match current care costs.
- **Tennessee – Family Caregiver Paid Programs:** Advocacy is growing for a paid family caregiving program, following a 2023 resolution and Tennessee's last-place ranking in caregiver support.
- **Washington – Long-Term Care Trust Act:** A state trust fund, financed by payroll tax, provides long-term care services.

SPECIFIC IMPLICATIONS FOR CRT USERS AND CAREGIVERS

Recent federal and state updates directly benefit individuals using CRT and their caregivers, aiming to improve support and care quality. The Medicare change to caregiver training reimbursement will boost caregiver confidence and help them to learn to assist with safe transfers, ensure proper positioning and operate mobility devices, thereby extending the durability of the equipment.

The newer Medicaid rule reduces the burden on family caregivers and improves the overall quality of care. Programs like TennCare's expanded funding provide financial support and respite care for CRT caregivers, helping reduce burnout while maintaining high

standards of care. These updates offer caregivers the resources they need to provide effective care for CRT users, ensuring reliable support for individuals with mobility needs.

LOOKING AHEAD

As national and state-level strategies continue to evolve, there are several ways the CRT industry can support caregivers more effectively. CRT providers can collaborate with federal and state agencies to offer training and education programs, such as fall prevention, chronic disease management, and safe patient handling and mobility. For example, participating in Medicare's caregiver training reimbursement program would expand access to essential resources for those supporting CRT users. Providing client and family-centered education and resources should take into account the lived experiences and stressors of caregivers, as they possess different skill sets, health literacy and educational backgrounds.

Advocating for expanded financial and legislative support, particularly in states where caregiver infrastructure is limited, can help ensure caregivers receive the recognition and resources they need. Additionally, partnering with initiatives like the Direct Care Workforce Strategies Center can improve training and support for both family and professional caregivers, leading to better care outcomes for CRT users.

Caregivers hold vital roles in our homes and health care systems, dedicating countless hours, energy and skills to serve others selflessly. Across cultures, caregiving has long been a cornerstone of community, connection and dignified assistance. For centuries, they have attended to the needs of vulnerable populations, offering not only physical care but also emotional and psychological support. As the late First Lady Rosalynn Carter stated, "For those who have been thrust into the role, caregiving can be an extremely lonely, stressful and frustrating responsibility. We need to recognize and appreciate the contributions of our caregivers and give them all the support we can in their homes and communities."

It is also important to recognize that some caregivers who step into this responsibility do so by choice, driven by love and compassion. Others do so because of a deep sense of duty. Whether caregiving is assumed out of necessity or voluntarily, all caregivers face the physical, emotional and psychological demands of the role. Their contributions, regardless of how they arrived in the role, deserve recognition and robust support in their homes and communities.

The Clinician Task Force and the seating and wheeled mobility industry work together to support caregivers by promoting policies, best practices, and positive outcomes that benefit individuals with disabilities and their families. The mission of the CTF is to leverage clinical expertise to shape public policy and improve access to CRT. Both the CTF and its industry partners are dedicated to advancing caregiver-related policies and are available to support initiatives that expand value recognition, tools and resources for caregivers.

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Tabatha James is a licensed occupational therapist and Rehabilitation Engineering and Assistive Technology Society of North America Certified ATP/SMS. She received her Master of Science in occupational therapy in 2016 from the University of Illinois at Chicago. Her additional clinical interests include neurological specialties, aging in place, hippotherapy, adaptive sports and accessible camps. She is a member of the Clinician Task Force and North Carolina Occupational Therapy Association..



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 U.S. Department of Veteran Affairs' Caregiver Support Program. Jackson earned her ATP certification from Rehabilitation Engineering and Assistive Technology Society of North America 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.



END OF YEAR NEWS:

CERTIFICATION REMINDER AND PREVIEW OF REHABWEEK 2025

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

WRAPPING UP 2024

Well, 2024 is almost in the books! It's hard to believe. The year has just flown by. At the Rehabilitation Engineering and Assistive Technology Society of North America, we're now working on finishing up those December Assistive Technology Professional renewals and starting on the January and February renewals.

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

Next, as I'm sure you can imagine, there's quite a bit of housekeeping that goes into supporting over 4,500 ATPs. Here are a few ways you can help us (and you) out:

- Check your public ATP record on the RESNA website. Search for yourself using the "Find a Certified Professional" tool on the homepage. Is your record up to date?
- While reviewing your profile, check the expiration date of your certification and make a note. Even though we send out reminders at six months, 90 days, 60 days and 30 days before your expiration date, it is up to you to renew in a timely manner.
- If you need to update your contact information, you can do that (including updating your employer) by logging in to the RESNA website. Your login username is your email.
- If you don't remember your password, just click on "Reset Password" and you will be sent an email with a link. Check your spam folder if you don't see the email – it can end up there sometimes!
- If you have changed your email, then the "Reset Password" won't work. You will need to email info@resna.org and ask for your email to be updated. Please give us two to three business days for that update.

It's good practice to check that RESNA website profile once a year. You can do it as part of the New Year, on your birthday or on any other special day. We're all human, and we all know technology can be tricky. As staff, we always appreciate our ATPs who let us know when there seems to be something wrong with the website search tool. Don't hesitate to contact us at info@resna.org. It may take us a few days to get back to you, but we will.

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.

Besides joint keynotes, panel sessions and an exhibit hall, RESNA will offer three days of our own conference sessions, covering a wide array of rehabilitation engineering and assistive technology. All RESNA conference sessions will offer IACET CEUs!

We will have our usual conference favorites – Developer's Showcase, Student Design Challenge, Scientific Paper Platforms and the Student Scientific Paper Competition. Check the RESNA website for updated information and submission deadlines.

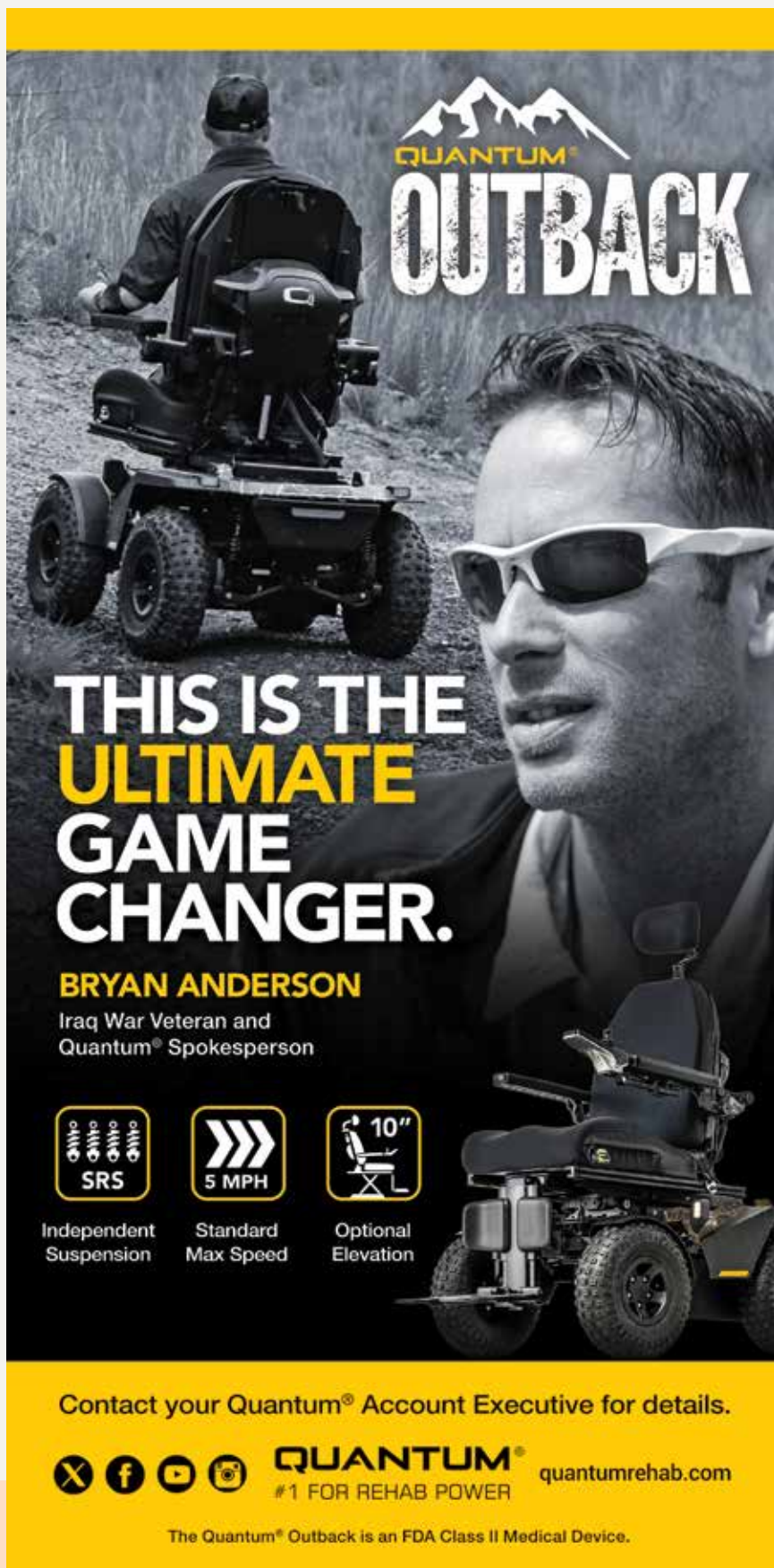
We hope you join us in Chicago next May!

LAST LIVE WEBINAR OF 2024

- December 18, 2024, at 12 p.m. ET: Maintaining Independence Throughout the Lifespan with the use of Assistive Technology for Boys with Duchenne Muscular Dystrophy; earn 0.1 IACET CEU once all elements are completed for this webinar.

Need more CEUs? RESNA offers a full library of on-demand webinars and Assistive Technology Journal articles and quizzes that are available for purchase. RESNA members enjoy free webinars and discounts on the AT Journal quizzes. Some recent additions include:

- Wheelchair Skills Assessment and Training: An Evidence-Based Approach; on-demand webinar, 0.1 IACET CEUs available.



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- AT Journal Quiz 35.6: Functional mobility, employment and safety benefits of seat elevating devices
Assistive technology journal quizzes are a great way to stay current on the latest research and earn CEUs. 0.2 IACET CEUs available.

And don't forget to check out the on-demand webinars from iNRRTS!

Wishing all of you a healthy and happy holiday season, and all the best for 2025.

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iNRRTS ATTENDS THE 2024 CANADIAN SEATING AND MOBILITY CONFERENCE:

ADVANCING KNOWLEDGE, ADVOCACY AND SUPPLIER ENGAGEMENT IN COMPLEX REHAB TECHNOLOGY

Written by: **ANDREA MADSEN, ATP**

In September 2024, iNRRTS participated in the Canadian Seating and Mobility Conference for the third year in a row to actively engage in advancing the field of Complex Rehab Technology and to support the community of Canadian CRT professionals. The Canadian Seating and Mobility Conference is a highly respected event in Canada, bringing together CRT suppliers, clinicians, researchers, manufacturers and advocates dedicated to enhancing mobility solutions for individuals with disabilities. As a leader in the CRT community, iNRRTS' participation at this event served to foster knowledge exchange, advocate for CRT advancements and strengthen professional standards.

iNRRTS' continued presence at the 2024 Canadian Seating and Mobility Conference is a testament to its commitment to supporting and promoting

best practices in CRT. Known for its dedication to professional development and advancement of the CRT industry through education, certification and advocacy, iNRRTS was able to use this conference as an opportunity to engage directly with Canadian CRT professionals, contribute to the field's growth and reinforce its mission of enhancing mobility and independence for individuals with complex needs.

iNRRTS' OBJECTIVES AT CSMC 2024

PROMOTING CONTINUING EDUCATION AND PROFESSIONAL STANDARDS

A primary goal of iNRRTS at Canadian Seating and Mobility Conference 2024 was to promote the importance of continuing education and adherence to high professional standards. As the CRT field continues to evolve with technological innovations, policy changes and shifting patient demographics, the need for ongoing professional development has never been more critical.

By engaging with CRT professionals at Canadian Seating and Mobility Conference, iNRRTS aims to underscore the value of maintaining high standards and staying informed. The organization emphasized its commitment to empowering CRT suppliers by enhancing their expertise and credibility through education, professional designation and skill development, to excel in a competitive industry.

ENGAGING IN KNOWLEDGE EXCHANGE AND NETWORKING

Through its presence at the conference, iNRRTS was able to engage in discussion, bringing together experts from various disciplines to explore innovative solutions to complex rehab challenges. This interdisciplinary approach allows CRT professionals to share diverse perspectives, solve problems collaboratively and gain a deeper understanding of the client-centered care that drives the CRT field forward.

From left to right, iNRRTS educator Manager Kathy Fisher, B.Sc.(OT), educator Michelle Lange, OTR/L, ATP/SMS, educator, and iNRRTS Executive Director Andrea Madsen, ATP.





INRRTS Canadian Registrant check in board from CSMC 2024. Registrants were able to check in and to receive recognition from their clinician partners.

Networking at the Canadian Seating and Mobility Conference also provided an opportunity for iNRRTS to build and strengthen relationships with Canadian stakeholders, including our existing Canadian registry of 245 suppliers, health care providers, advocacy organizations and policy leaders. These connections will enable iNRRTS to expand its impact within the Canadian CRT community and support professionals across borders in delivering high-quality care to clients with disabilities.

ADVOCATING FOR POLICY AWARENESS AND SYSTEMIC CHANGE

Advocacy for policy awareness and improvement is central to iNRRTS' mission. The organization recognizes the critical role that funding and regulatory frameworks play in ensuring access to quality CRT for individuals with disabilities. iNRRTS seeks to empower Canadian CRT professionals to become informed advocates for their clients, helping them to navigate complex systems and access the resources necessary for mobility and independence.

iNRRTS works to raise awareness of the need for systemic changes that benefit both CRT suppliers and the clients they serve. This includes advocating for fair reimbursement models, clearer regulatory guidelines and policies that support the unique needs of individuals relying on CRT solutions. By collaborating

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iNRRTS Education Manager Kathy Fisher B.Sc.(OT), and Canadian Spinal Research Organization Chief Development Officer Barry Munro B.A., LLB, discuss opportunities for education partnerships to assist clients with spinal cord injuries in rural areas.

iNRRTS' CONTINUED ENGAGEMENT AT CANADIAN SEATING AND MOBILITY CONFERENCE CREATES LASTING POSITIVE EFFECTS ON THE CRT COMMUNITY, REINFORCING PROFESSIONAL STANDARDS, EXPANDING ACCESS TO EDUCATION AND STRENGTHENING ADVOCACY EFFORTS.



From left to right, iNRRTS Canadian Advisory Council Member Linda Norton, B.Sc., OT, M.Sc.CH, PhD, OT Reg. (Ont.), iNRRTS Executive Director Andrea Madsen, ATP, and iNRRTS Canadian Advisory Council Member Steve Cranna, who is also director of new business development and government relations for VGM Canada.

DIRECTIONS CANADA (CONTINUED FROM PAGE 49)

with Canadian professionals, iNRRTS aims to support advocacy efforts that can improve the accessibility, affordability and quality of CRT across Canada.

HIGHLIGHTING INRRTS RESOURCES AND MEMBER BENEFITS

The CSMC is an ideal platform for iNRRTS to highlight its extensive resources and member benefits: the CRT Supplier Certificate program, RRTS®/CRTS® professional designation, access to continuing education and advocacy tools. Through these offerings iNRRTS supports CRT suppliers in enhancing their expertise, advancing their careers and providing better care for their clients. Attendees at the conference had the opportunity to learn about iNRRTS' Registry and the professional standards associated with iNRRTS certification, which is recognized as a mark of excellence in the CRT industry.

By providing information on its certification program, iNRRTS aims to encourage Canadian CRT professionals to pursue these credentials, thereby raising the quality and consistency of CRT services across the industry. Additionally, iNRRTS had the opportunity to share resources aimed at helping members stay updated on industry trends, product innovations and best practices.

IMPACT OF iNRRTS' PARTICIPATION ON CRT SUPPLIER COMMUNITY GROWTH

iNRRTS' continued engagement at CSMC creates lasting positive effects on the CRT community, reinforcing professional standards, expanding access to education and strengthening advocacy efforts. By encouraging CRT suppliers to pursue ongoing education, certification and professional designation, iNRRTS helps elevate the entire profession, ensuring clients receive optimal care and that CRT suppliers are recognized as trusted experts in their field.

The connections made at CSMC 2024 also extend iNRRTS' impact, fostering collaboration among CRT professionals and organizations in Canada and beyond. These partnerships enable cross-border knowledge sharing and support ongoing efforts to address shared challenges faced by CRT providers. iNRRTS' presence at the conference enhances the professional landscape of CRT, driving both individual and systemic improvements that will benefit clients, suppliers and the field as a whole.

The Canadian Seating and Mobility Conference 2024 provided an invaluable opportunity for iNRRTS to connect with the CRT supplier community, champion continuing education and strengthen advocacy efforts. iNRRTS' participation underscores its dedication to advancing the CRT field and supporting suppliers in their pursuit of excellence. By promoting professional standards, sharing critical



iNRRTS Executive Director Andrea Madsen, ATP, and Michelle Lange, OTR/L, ATP/SMS, educator and frequent iNRRTS contributor.



Welcome Cindi Petito, New Director of Clinical Networks!



U.S. Rehab is excited to announce that Cindi Petito will support U.S. Rehab and lead the charge to build out a network of occupational therapists, further our educational programs, and more!

Scan the QR code to learn more about Cindi, or visit vgm.com/about/team/cindi-petito/



resources and encouraging collaboration, iNRRTS continues to play a key role in shaping a future where CRT professionals are empowered, clients are better served and mobility solutions continue to improve quality of life.

As iNRRTS joins professionals from across Canada and beyond, it not only reaffirms its mission but also helps cultivate a community that values knowledge, innovation and advocacy. This year's conference was undoubtedly a pivotal moment for CRT, and iNRRTS' involvement aims to inspire and guide CRT professionals as they work together to create a more accessible, supportive world for individuals with complex needs.

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C¹⁰RT: PART 3 WHAT IF?

Written by: **GERRY DICKERSON, ATP, CRTS®**

What if there was a different way to provide Complex Rehab Technology service to people with disabilities?

What if there was a coding, policy and payment structure that addressed the needs of people with disabilities?

What if there was an agency staffed with people who were disability-competent? Individuals who worked in an environment where the mission statement always defaulted to the best needs of the consumer?

Coding, policy and payment fail to meet the needs of many consumers. Without much detail, coding fails to address the myriads of products and services available. Products are compressed into a specific code or codes that do not adequately reflect the cost and complexity of the item or service. Policies have inherent biases that restrict access to entire groups of people. Payment is the 800-pound gorilla in the room and could fill the pages of several issues of DIRECTIONS. The view that a piece of CRT could cost as much as it does have been the subject of endless debates.

Coding, policy and payment also cause us, the supply community, to wear many different hats, especially a fireman's hat. Run to this fire over here, and then the fire over there, and then there's a problem here and another problem there. We are always rushing to the next brush fire. Endless hours of both paid and volunteer time to tamp down the flames for something that probably should not have ignited in the first place.

One of the current issues is seat elevation and standing. Untold hours of work by a small but dedicated group of people to get policy consideration. COVID-19 was a huge roadblock, but power standing was ignored in the determination, and we are now involved in another brush fire to get it considered for coverage. Once that's completed, we then begin the "dance around the fire" over the issue of payment.

The other current hot button is repairs, or more correctly, the right to repair. The right to repair started in the Maker Community primarily concerning consumer products and allowing people access to the manuals and parts needed to do their own repairs. That concept bled over into the disability community primarily, I believe, because of the frustration experienced by consumers with CRT repairs. These angry (rightfully) consumers enlisted the help of state legislators to seek relief from their repair issues. With all good intent, but uninformed about the complexity of the issue, states began to craft their own right to repair legislation. Fire, fire, fire! Fire over here, fire over there, again. Extraordinary amounts of time and energy are still being spent on containment. We have been discussing the issue of CRT repairs for as long as I have been in the industry, a very long time.

I/we could go on and on listing all the brush fires. Remember with the advent of National Competitive Bidding the amount of work that went into keeping CRT and related products out of the bidding process? Fight, fight, fight! Yay, we won! Now we're back to square one!

These issues affect everyone involved in CRT. The consumer's struggle everyday with not just CRT, but housing, food, transportation, childcare, medical care (even finding a doctor willing to treat), accessibility and so on. Clinicians struggle with the complexities of different funding sources and different policies along with their provider community's interpretation of those policies. Letters of medical necessity that are often almost biblical in length, only to be denied as "not medically necessary." Clinicians also face the threat of their seating and wheeled-mobility clinic closing. Whether overtly or covertly, someone higher up in the management food chain is looking at key performance indicators and wondering why the seating and mobility clinic isn't making the money they think it should be making.

Insurance companies and funding sources in general are also burdened by the complexities of coding, policy and pricing. The prior approval process, what's covered what's not, utilization review, cost and many times a general misunderstanding of the needs of a person with a disability, all add to the problem. Policies are enacted as a guide for care and allow people who make frontline decisions to offer some consistency of care. The problem is guidelines become rules, rules not meant to ever be broken. None of us are homogeneous, especially people with disabilities. When guidelines become unbreakable rules, people suffer. Guidelines become obstacles to our belief in what should be a standard of care and begin to look like utilization roadblocks. After all, it's just a wheelchair!

All of this points to the title, What if? What if specialty care existed? It did exist in New York City for over 18 years. Independence Care System was an extraordinary, specialized MLTC that was created to support, really support, people with disabilities.

Space limitations prevent me from including every page of the Independence Care System story, but from the Independence Care System case statement, here are some brief excerpts to help describe this unique organization.

The vision for Independence Care System's proposed program — shaped to meet the articulated needs of consumers with disabilities — has four key elements:

- Consumer Participation
- Emphasis on Home and Community-Based Care
- Full Range of Services
- A Specialized Integrated Network

I'll elaborate on the last element, because it best describes "What If?"

The authors of the document, Rick Surpin, Francis Sadler and Ann Wyatt, described in the fourth element other specialized care models, and then continued:

"However, the existing demonstration programs still focus on medical care over social care. They treat paraprofessional home care as an essential service but not as a vital part of the caregiving team; and they provide only limited roles for consumers and their families in service planning and management, offering no consumer participation in the governance of the organization."

Moreover, these programs have typically faced barriers when they attempt to increase enrollment beyond several hundred people. While a variety of factors create these barriers, we believe the fundamental problem is structural: In each demonstration, the parent organization created a new, single related service that became the center of the program, e.g., a nursing home established an adult day program for a PACE site. In this process, a new capacity was created that typically served a subset of the disabled and chronically ill population well but was too narrow to meet the needs of a broader market.

In contrast, to help build a new model for the next generation of long-term managed care programs, Independence Care System will craft an "organized delivery system" through strategic alliances and contracts. The result will be an integrated network of organizations providing a coordinated range of service to a disabled and chronically ill population — a network that accepts both clinical and fiscal responsibility for the populations health status.

At the same time, this program will give those individuals closest to the direct provision of care the authority, responsibility and the

resources required to perform and continuously improve their work. The culture of the resulting network will actively promote team building and leadership among the various organizations and staff involved. Key staff will participate extensively in planning, with an emphasis on meeting consumer needs and learning experience — both successes and failures.

The last paragraph, above, is the key to What if? "The individuals closest to the direct provision of care will be given the authority, responsibilities, and resources needed to perform and continuously improve their work." This alone is worthy of further conversation, and I'll expand on what this meant to everyone, especially consumers, in a future article.

The concept of Independence Care System also gives support to the idea of a universal policy as it relates to care for people with disabilities and chronically-ill consumers. Hopefully, an expanded workshop and discussion of universal care will be presented at the International Seating Symposium 2025!

All the best for a happy holiday season and a Happy New Year!



Statements contained in this document are mine and mine alone. They in no way reflect the opinions of iNRRTS Board of Directors or any other organization.

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Award and a Rehabilitation Engineering and Assistive Technology Society of North America Fellow. He has presented nationally at the RESNA conference, International Seating Symposium and the National CRT conference and is a past National Coalition for Assistive and Rehab Technology board member.

RENEWED iNRRTS REGISTRANTS

The following individuals renewed their registry with iNRRTS between Sept. 19, 2024, and Nov 6, 2024.

PLEASE NOTE IF YOU RENEWED AFTER NOV. 6, 2024, YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.

IF YOU RENEWED PRIOR TO SEPT. 19, 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.

Adam Dunbar, RRTS®

Alan Channin, ATP, CRTS®

Alan Derr, ATP, CRTS®

Amanda Medeiros, RRTS®

Andrew Robinson, ATP/SMS, CRTS®

Andrew Lawrence, RRTS®

Andrii Gumeniuk, ATP/SMS, CRTS®

Anton Chapman-Smith, RRTS®

Avery Smith, ATP, CRTS®

Bob G. Poole, ATP, CRTS®

Brad Unruh, ATP, CRTS®

Brian Marshall, ATP, CRTS®

Brian Byler, ATP, CRTS®

Brian M. Crenna, ATP, CRTS®

Chad Amen, ATP, CRTS®

Charles W. Smock, ATP/SMS, CRTS®

Chevhaun Mathers (Jarrett), RRTS®

Christopher Billedeau, RRTS®

Christopher J. Henrichon, ATP, CRTS®

Corey Clonts, ATP, CRTS®

Cyle Cook, ATP, CRTS®

Dan Thole, ATP, CRTS®

Daniel Glazer, ATP, CRTS®

Darren J. Roberts, ATP, CRTS®

David Arnold, ATP, RRTS®

David A. McNair, ATP, CRTS®

David C. Vaughan, ATP, CRTS®

Dennis Paul Yurt, ATP, CRTS®

Derrick Dobbs, ATP, RRTS®

Dylan Ricks, RRTS®

Erik Lindblad, ATP, CRTS®

German Bermudez, RRTS®

Glenn Hales, ATP, CRTS®

Hayden Peake, RRTS®

Heather Worley, OTR/L, ATP, RRTS®

Ian Kingscote, ATP, CRTS®

Ilan Michael Breiner, ATP, CRTS®

James E. Cage, Jr., ATP, CRTS®

Jane McNay, ATP, CRTS®

Jed Golding, ATP, CRTS®

Jeff Harbert, ATP, CRTS®

Jeff Bour, BA, ATP, CRTS®

Jeffery Castle, ATP, CRTS®

Jeffery A. Hennessee, ATP, CRTS®

Jeremy Paules, ATP, CRTS®

Jesuric R. Federico, RRTS®

Jim Howe, ATP, CRTS®

Job Huckaby, ATP, CRTS®

Joe Prieto, ATP, CRTS®

John Leibach, ATP, CRTS®

John Phillips, ATP/SMS, CRTS®

John West, ATP, CRTS®

John E Culpepper, Jr, ATP, CRTS®

John E. Morse, ATP, CRTS®

Jolinn Rogers, RRTS®

Jonathan Threlkeld, ATP/SMS, CRTS®

Joshua McQuarrie, RRTS®

Julie Taylor, RRTS®

Justin Whittington, ATP, CRTS®

Justin Boulos, RRTS®

Kendall Wilmore, ATP, CRTS®

Kenton W. Randolph, ATP, CRTS®

Kirsten Stellmaker, ATP, CRTS®

Kort St. John, BS, ATP, CRTS®

Kristen Decker, ATP, CRTS®

Lazaro Muniz, ATP, RRTS®

Lissa Pether, RRTS®

Mark D. Patten, ATP, CRTS®

Mary Lisa McGuire, ATP, CRTS®

Matt Fremont, RRTS®

Michael Oliver, ATP, CRTS®

Michael Provines, ATP/SMS, CRTS®

Michael Joyce, RRTS®

Michael A. Bales, ATP, CRTS®

Michael Kristopher Ledford, ATP/SMS, CRTS®

Mike Osborn, ATP, CRTS®

Mike Eden, RRTS®

Nadege Visseyrias, RRTS®

Ness Aguirre, RRTS®

Pablo Tancredi, RRTS®

Palwinder Sangha, RRTS®

Patricio Zaragoza, RRTS®

Raoul K. Harlan, ATP, CRTS®

Raul Saldivar, RRTS®

Richard Alonzo, ATP, CRTS®

Richard M. Graver, Jr., ATP, CRTS®

Rick Williams, ATP, CRTS®

Rob Kriebel, ATP/SMS, CRTS®

Robert Brown, ATP, CRTS®

Robert Kavish, ATP, CRTS®

Robert B. Brewer, ATP, CRTS®

Samantha Audy, RRTS®

Sandro Leone, ATP, CRTS®

Sarah Uncle, Occupational Therapist, RRTS®

Tammy Lynn Rosemoore, B.Ed, ATP, CRTS®

Terry Buetow, ATP, CRTS®

Thomas Chad Bowling, ATP, CRTS®

Tim Flanagan, ATP, CRTS®

Timothy Spaulding, ATP, CRTS®

Timothy Bowling, RRTS®

Todd Freitag, ATP, CRTS®

Tom Simon, ATP, CRTS®

Tracy Luedtke Sveum, ATP, CRTS®

Tyron Boswell, ATP, CRTS®

Walter Myrdal, ATP, CRTS®

Warren Stuart, RRTS®

William C. McKeon, ATP, CRTS®

BE SURE TO FOLLOW iNRRTS ON SOCIAL MEDIA!



CONGRATULATIONS TO THE FOLLOWING INDIVIDUALS WHO HAVE COMPLETED LEVEL 1 OF THE CRT SUPPLIER CERTIFICATE PROGRAM.

These individuals can state they are iNRRTS Certified CRT Supplier, Level 1.

NAMES LISTED ARE FROM SEPT. 19, 2024, THROUGH NOV. 6, 2024.

Niamh Denny
Independent Living Specialists

Sarah Uncle
Independent Living Specialists

Christopher Savoie
University of Michigan Health – Wheelchair
Seating Service

Carl Simpson
Independent Living Specialists

Stephanie Bell
Independent Living Specialists

Cristina Araiza
National Seating & Mobility, Inc.

Barbar Majer
National Seating & Mobility, Inc.

Joshua Chiswell
Independent Living Specialists

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 SEPT. 19, 2024, THROUGH NOV. 6, 2024. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Timothy A. Schrag, ATP
Tarentum, PA

David St. Louis, ATP
Marquette, MI

NEW iNRRTS REGISTRANTS

Congratulations to the newest iNRRTS Registrants. NAMES INCLUDED ARE FROM SEPT. 19, 2024, THROUGH NOV. 6, 2024.

Anne-Marie Hart, RRTS®
Motion
Ottawa, Ontario

Emily Hingston, RRTS®
Independent Living Specialists
Thebarton, South Australia

John Lat Lazaro, RRTS®
HME Mobility & Accessibility
Richmond, British Columbia

Joshua Plunk, ATP, RRTS®
Hometown Healthcare
Houston, MS

Julie Morrison, RRTS®
Tango Medical
Moncton, New Brunswick

Kate Drury, RRTS®
Independent Living Specialists
Maroochydore, Queensland

Mac Hew, RRTS®
Independent Living Specialists
Belmont, Victoria

Myles Beato, RRTS®
Premier Medical Supply, Inc.
Ceres, CA

Randy Dorado, RRTS®
National Seating & Mobility, Inc.
Fresno, CA

Reynaldo Castillo, RRTS®
National Seating & Mobility, Inc.
Farmers Branch, TX

Stephen Liaci, ATP, RRTS®
National Seating & Mobility, Inc.
Whippany, NJ

Tessa Aadum, MSc OT, RRTS®
Motion
Victoria, British Columbia

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 Sept. 19, 2024, through Nov. 6, 2024.

Mary Lisa McGuire, ATP, CRTS®
Rehab Medical Inc.
Peachtree Corners, GA



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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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