

CRT Customer Service Excellence



REHAB CASE STUDY

Michael's Story: Three Years on a Couch

Person-centered care
and the provision
of Complex Rehab
Technology

Becky Breaux
PhD, OTR/L, ATP

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CLINICAL PERSPECTIVE - CEU ARTICLE

The Necessity of Best Practice in Complex Rehabilitation Technology

We get into Occupational Therapy, Physiotherapy and CRT Provision because we love helping people live their best lives. However, in complex rehab, if we don't follow best practice, our "non-life or death" job can suddenly feel a bit more life or death.

Jack Murphy
MSC, OT, BSC (HONS) Occupational Therapy

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FROM THE EDITOR-IN-CHIEF

The 2025 CRT Congressional Fly-In held in Washington, D.C., in September was incredible. Thank you to the sponsors for their financial support. Without their support, this conference would never have been possible. We are working on 2026 event and encourage you to watch for the save-the-date announcement.

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FROM THE NRRTS OFFICE

iNRRTS, CSMC Conference ... So Much Happening

WRITTEN BY: Jason Kelln, ATP, CRTS®

As I sit down to write this article, the leaves are turning from summer to fall. Summer has slowly slipped away and given way to autumn. People are back into routines that may have lapsed during the summer. Most people like routine, as much as this industry can be routine.

I recently was at the Canadian Seating and Mobility Conference in Toronto, lots of fantastic education and time to spend with likeminded people. iNRRTS had a booth, and we connected with many Registrants. The CSMC is moving and will have a conference on the east coast in April.

In September, I was fortunate to give a presentation on the Complex Rehab Technology Supplier Certificate program. It was exciting and exhilarating to present on this fantastic program we have created. So many questions and great ideas for using the program. When looking at the program, it really is something that punches above its weight and a great option for so many people.

Over the summer, and I know Andrea Madsen wrote about this last issue, we surpassed

1,000 Registrants worldwide. We are embodying that it is better to be sought. The Roman numeral for 1,000 is the letter **M**. When I heard we had surpassed this fantastic mark, I immediately thought of the letter **M**, and then I thought of Simon Margolis. His vision and hard work have helped to plant the deep roots that iNRRTS has grown on. Often, we are never aware of the ripples in the ocean we make. The fact that iNRRTS has become international and grown to a great number is due to the work of many people.

The week after the CSMC, the 2025 CRT Congressional Fly-In occurred. This is another example of one of the pillars we have, client advocacy. Several people within the industry participated in nearly 100 meetings with legislators to bring to light the world of CRT. A great job done by all who were able to take time from their busy schedules to continue this great work.

I mentioned getting back into routine, one of the best is to continue with the great education scheduled by iNRRTS and check out the upcoming live webinars and get ready for the great education planned for next year.

Lastly, thank you to all our iNRRTS staff who work hard and keep our great organization going. Check out the great staff: Amy, Bill, Lois, Sandi, Kathy and Andrea. Thank you for all the great work, day in and day out.



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Jason Kelln, ATP, CRTS®, is president of iNRRTS and became the first Canadian iNRRTS Registrant in 2018. Kelln is the recipient of the Simon Margolis Fellow Award. Kelln serves on the Rehabilitation Engineering and Assistive Technology Society of North America's Professional Standards Board and has been an owner of PrairieHeart Mobility since 2022.

LIFE ON WHEELS

Kathy Hertzog Speaks Truth to Power for Disability Rights

WRITTEN BY: Rosa Walston Latimer

When Kathy Hertzog joins a conversation, you know you are hearing from a dedicated, intelligent advocate. She's the one who will tell state officials whether their proposed policies will actually benefit individuals with disabilities. Hertzog organized a penny-filled protest at a restaurant with inaccessible restrooms, and she once helped block rush-hour traffic in Harrisburg, Pennsylvania, to demand action on disability rights. "I tell it like it is," she said. "I'm not afraid to give the cold hard truth."

That fearless streak has propelled decades of activism, opening spaces where people with disabilities can drive progress and build lasting connections.

Born in Reading, Pennsylvania, Hertzog grew up with more questions than answers about her condition. "They really didn't know what was wrong with me," she said. For years, doctors assumed it was cerebral palsy. Others suggested an incomplete C3, C4 spinal cord injury. "I say that I have cerebral palsy and/or an incomplete spinal cord injury. There's no definitive way to know, and honestly, it wouldn't change anything."

By age 12, she was also living with scoliosis and wearing a molded back brace, something



Kathy Hertzog, age 10, on a Yamaha 120 dirt bike. Her dad used duct tape to keep her safely in place.



Kathy Hertzog working out on the MotoMed at the Voices for Independence Accessible Fitness Center.

she continues to replace every five to seven years. Despite challenges, she thrived in school and, even though she was strongly advised to focus on computer programming, earned a degree in speech communications from Edinboro University. Instead of puzzling over coding errors, Hertzog was learning to use her voice with purpose.

Her internship at a center for independent living opened her eyes to advocacy work. In July 1990, she joined thousands of people with disabilities on the White House lawn for

the signing of the Americans with Disabilities Act. "It was exciting. A friend and I sat there with 3,000 other people with disabilities," Hertzog said. On her other side, Carl Odhner turned to her and remarked, "The battle has just begun." At the time, Hertzog assumed equal access would quickly follow. Only later did she come to understand the weight of his words — more than 35 years on, she is still pressing for equality.

Founding of Voices for Independence

Not long after, Hertzog and a small group of peers launched Voices for Independence. This nonprofit organization empowers people with disabilities to live independently by providing advocacy, resources and local support networks. "We wanted to provide a true consumer-driven center for independent living that really met the needs of the community," she said.

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The founding effort was gritty and grassroots in nature. We literally organized in my bedroom.”

She and a colleague spent two weeks hammering out IRS paperwork. “I basically retyped the entire 501(c)(3) application because the space they gave you on the form was ridiculously small. I had everybody I could think of reading it. ‘What did we miss? What should we add?’ The effort paid off. Against all odds, the nonprofit status was approved in just 14 days. ‘I was told it never happens that quickly,’” Hertzog said.

From that improbable beginning, Voices for Independence has grown into an organization serving 27 Western Pennsylvania counties with more than 130 staff members. Today, its programs include information and referral, peer support, individual and systems advocacy, independent living skills training, and transition services. Voices for Independence also provides home modifications, nursing home transitions, attendant care, employment support and fully accessible fitness centers — resources designed to help people live independently and on their own terms.

Asked what has driven the success, Hertzog gave credit to the organization’s visionary CEO, Shona Eakin, and other dedicated individuals. “We continually seek new board members and staff who truly believe in the independent

living philosophy. We make sure people have everything they need to make informed decisions. And we go that extra mile.”

Turning Up the Heat

Letters and phone calls are often where advocacy begins, but when those don’t work, Hertzog believes in increasing the pressure. “When you finally get to the point where nothing has worked, that’s when you need to step it up a little bit,” she said.

Hertzog and fellow activists once staged a sit-out at a pizza shop that had removed its ramp, ordering delivery from another pizza place and eating it right in front of the noncompliant restaurant. Another time, the group descended on an Erie eatery with inaccessible

bathrooms. “We paid in pennies at lunchtime,” she said. Their motto: It only takes pennies to remodel your bathroom. We’ll even help you do it.

The advocate’s willingness to escalate has sometimes meant arrest. “I have been arrested twice,” Hertzog said. In Harrisburg, she joined others in blocking a busy intersection after officials ignored their demands. “The police knew we were trying to make this demonstration, so they purposely delayed our arrest. It gave the news media plenty of time to get there and cover our story.”

Not every encounter has been friendly. During another peaceful protest in Erie, Hertzog said an officer leaned over her shoulder and said, “It would be a real shame if your wheelchair

tipped over.” And even though she was arrested, Hertzog, unshaken, points to the media coverage as proof that the effort made a difference.

Her forthright approach is balanced with optimism. “Treat other people the way you want to be treated,” she said. “Make your environment and your attitude so that people want to help you. Don’t be that crabby person nobody wants to be with.”

Opening New Worlds in Second Life

Hertzog’s tenacity extends into the digital realm. More than a decade ago, she logged into a virtual world to reconnect with a friend and discovered Second Life, a stage for creativity, connection and ministry. This online virtual world provides opportunities for people to create avatars, explore digital spaces and build networks that mirror — and sometimes expand beyond — real life.

Hertzog is now the disc jockey at multiple venues she designed herself, including a 1950s diner, a disco roller rink, and a Woodstock-style setting. “I put the music together and serve as the DJ, take requests and run the whole show,” she said. On Sundays, she leads a nondenominational Christian worship service, The Church at Cozy Comforts, with the service carefully typed out so that those who are deaf or have learning disabilities can participate.



Kathy Hertzog presenting at the YEAR National Self-Direction Conference, Baltimore, Maryland.

LIFE ON WHEELS

The reach is global. “I am literally meeting people from all over the world — Norway, Finland, New Zealand, Brazil, Australia. This experience has opened the world to me,” Hertzog said. For someone who spent years navigating inaccessible buildings and bureaucracies, Second Life offered something rare: boundless space to explore, create and connect.

Strength in Persistence

At 61, Hertzog admits the fight sometimes feels harder now. “Our country is losing the battle in some ways. Things are becoming more medicalized, more scrutinized, and it’s getting more and more difficult to get the things we really need.” Yet she remains steadfast, sustained by conviction, supportive networks and an unshakable sense of purpose. With a reputation as a compelling communicator, Hertzog was recently featured on the HBO television show “Last Week Tonight with John Oliver,” speaking about the potential adverse effects of the recently passed “One Big Beautiful Bill.”

She has advice for others just learning to live with disability: keep showing up, keep pressing forward and keep asking. “If you don’t ask, you’re not going to get anything,” Hertzog said. And, with her trademark mix of resolve and confidence, she added: “Appeal, appeal, appeal and keep appealing until you get what you need.”

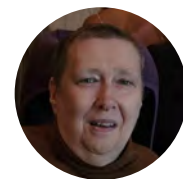


Kathy Hertzog using a Rifton TRAM to transfer to bed.



Kathy Hertzog meets with comedian and host of HBO’s “Last Week Tonight with John Oliver,” during his visit to Erie, Pennsylvania.

Hertzog’s story is a testament to what can happen when persistence is paired with respect, creativity and conviction. She has consistently turned obstacles into opportunities. She doesn’t just speak up, she creates platforms where others gain a voice as well. And while Hertzog is candid about the frustrations of bureaucracy and shifting systems, she never loses sight of what is possible. Her life demonstrates that progress is rarely convenient, but always worth pursuing. For Hertzog, independence is a collective mission, and she continues to prove, day after day, that perseverance can open doors where none seemed to exist.



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Kathy Hertzog is a disability rights advocate and community leader. She co-founded Voices for Independence (<https://www.vficil.org/>), a center for independent living now serving 27 counties in Western Pennsylvania. She is featured in an upcoming audio documentary by Dan Collison of Long Haul Productions. In addition to her advocacy, Hertzog is active in the virtual world of Second Life, where she connects with people around the globe.

MOMENTS WITH MADSEN

Looking Back, Moving Forward: Reflections on Two Remarkable Gatherings

WRITTEN BY: Andrea Madsen, ATP

As the executive director of iNRRTS, I often describe our work as both deeply rooted and forward thinking. We are grounded in the values of integrity, professionalism and service, yet we are always preparing for the next challenge, building a stronger field for Complex Rehab Technology. In recent months, I had the privilege of experiencing this balance firsthand at two noteworthy events: the Canadian Seating and Mobility Conference and the 2025 CRT Congressional Fly-In in Washington, D.C.

Both gatherings were very different in scope and style, but they shared an unmistakable energy: The commitment of people who believe in CRT, who care about advancing our field and who place the needs of individuals living with disabilities at the center of everything they do.

Reconnecting in Canada: The Canadian Seating and Mobility Conference

Attending the Canadian Seating and Mobility Conference as an exhibitor this year was a reminder of the importance of being

present, approachable and open to listening. From the vantage point of our booth, I was able to greet Registrants, manufacturers, clinicians and suppliers as they passed through the exhibit hall. What struck me most was the curiosity and enthusiasm with which so many approached our table, not just to collect information but also to share their own experiences, questions and aspirations.

Conferences are, of course, about education and product knowledge, but they are also about human connection. As I stood at the booth, I was able to hear directly from supplier professionals about their daily challenges, their successes with clients and their determination to grow professionally. Individuals spoke about the value of structured educational pathways, such as the CRT Supplier Certificate Program, which provide a foundation for building a career in CRT rather than just “learning as you go.” Others expressed gratitude for the existence of a registry and a professional association that affirms the standards of practice in this field.

These conversations, while informal, were powerful. They reminded me that the future of CRT will be carried forward not

only by seasoned professionals but also by new and emerging voices who are eager to make a difference. As an exhibitor, I felt appreciative to be able to both share resources and learn from those who stopped by.

The Canadian Seating and Mobility Conference also underscored the international character of our work. While the U.S. and Canadian systems differ in policy and funding, the underlying values are shared: ensuring access, promoting independence and recognizing CRT as an essential service. Being part of this event renewed my conviction that collaboration across borders enriches our field and that we must continue to learn from one another’s innovations and challenges.

Advocacy in Action: The 2025 CRT Congressional Fly-In

If the Canadian conference represented listening and connection, the 2025 CRT Congressional Fly-In represented action and advocacy. As one of the organizers of the 2025 Fly-In, in partnership with NCART and U.S. Rehab, I had the honor of welcoming supplier professionals, manufacturers, clinicians, consumers and

advocates to Washington, D.C., where together we carried a unified message to Capitol Hill: Complex Rehab Technology is not a luxury — it is a lifeline.

The Fly-In is always a logistical challenge. Coordinating schedules, preparing participants with talking points and ensuring that visits to legislative offices are both efficient and impactful requires immense behind-the-scenes effort and the invaluable support of our sponsors. But the reward for this effort was unmistakable. Our delegation met with dozens of congressional representatives, sharing stories that put a human face on CRT.

I was privileged to participate in several meetings and witness firsthand the power of collective advocacy. Participants shared personal stories and professional insights that underscored the essential role of timely access to appropriate equipment and services. Again and again, policymakers and their staff responded with genuine interest, listening carefully, asking thoughtful questions and demonstrating that our message was being heard.

As an organizer, what filled me with pride was not only

MOMENTS WITH MADSEN

the professionalism of our delegation but also the authenticity of their voices. Each participant spoke from personal experience, whether as a supplier professional or manufacturer advocating for clients' rights to access, a clinician reinforcing medical necessity or a consumer living the daily realities of navigating life with CRT. This diversity of perspectives made our advocacy more compelling, and it underscored the collective strength of our community.

Common Threads

The Canadian Seating and Mobility Conference and the 2025 CRT Congressional Fly-In could not be more different: One focused on education and networking, the other on legislative advocacy. Yet as I reflect on both events, I am struck by the common threads.

- **Commitment to growth:**

Whether in Toronto or on Capitol Hill, the individuals I encountered were eager to grow personally, professionally and collectively.

- **Respect for standards:**

Conversations at the booth and in congressional offices alike highlighted the importance of maintaining high standards for CRT practice. People recognize that excellence requires both knowledge and advocacy.

- **Passion for people:** Both gatherings reinforced the reality that CRT is about people, and enabling independence, dignity and participation in society for those who rely on these critical interventions.

These common threads remind me that our work is not compartmentalized. Advocacy strengthens education; education enhances practice; and practice fuels stories that drive advocacy. Each element supports the other, creating a cycle of growth that benefits our entire field.

Gratitude and Optimism

As executive director, I feel immense gratitude. Gratitude for the conference organizers in Canada who created a space for connection and learning. Gratitude for the Fly-In participants who traveled, prepared and spoke with courage. Gratitude for colleagues and partners who continue to support the mission of iNRRTS in advancing professionalism in CRT.

But gratitude is only part of the picture. I am also deeply optimistic. These events demonstrated that we are not only sustaining our profession but also building momentum. We are cultivating new talent, raising our collective voice and

ensuring that policymakers and communities recognize the value of CRT.

The challenges are real: workforce shortages, funding barriers and policy complexities. Yet the energy I witnessed in Canada and in Washington convinces me that we are up to the task. When CRT supplier professionals, manufacturers, clinicians and consumers come together with shared purpose, there is no challenge too great.

Looking Ahead

As we look ahead to the coming year, I encourage all of us to carry forward the spirit of these gatherings. For some, that may mean investing in professional development through programs like the CRT Supplier Certificate Program. For others, it may mean mentoring the next generation of CRT supplier professionals. For still others, it may mean joining us on Capitol Hill in the future to continue advocating for the policies that ensure access to CRT.

Whatever role you play, know that you are part of a larger movement, one that is shaping the future of CRT with integrity, passion and vision. Together, we are building more than a profession. We are building a community, a voice and a legacy. And for that, I could not be more grateful.



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

NOTES FROM THE FIELD

Jason Miller's True Grit: Making a Difference Through Teamwork

WRITTEN BY: Rosa Walston Latimer

Athletic discipline became the foundation for Jason Miller, ATP, CRTS®, guiding his work to help clients reclaim independence. Looking back on his career, Miller points first not to his own grit but to the family, mentors and colleagues who supported him — and still do today at Hometown Healthcare, where he serves as rehab director.

"I've always believed in the power of a team," Miller said. "When you are part of something bigger than yourself, you learn how important it is to show up, pull your weight and be there for each other." That self-effacing outlook has carried Miller through 25 years in the Complex Rehab Technology field. Established through discipline and experience, his quiet confidence gives clients reliability.

Miller and his brother and his sister grew up in a small Mississippi town where their single mother worked two jobs to support the family. She taught by example — responsibility and a strong work ethic. "When we got home from school every day, there was a list of chores for us. It wasn't optional. We knew they had to be done before she got home from work, and we had to work together," Miller said. "Kudos to my mom. She raised us tough and showed us how to



Miller with (l to r) his brother, sister and mother: Matt, Christy and Pam.

care for people. She cared for her dying brother, cared for her mom in her last days. My mom was a caregiver at heart, and I think some of that rubbed off on me and shaped my future."

Football gave Miller another foundation for his belief in teamwork. At Northwestern State University in Natchitoches, Louisiana, he played linebacker and defensive end, helping his team win back-to-back championships. "I played every snap," he said. "I was also a two-time Academic All-America in football, and that was a huge accomplishment for me."

Miller remembers his coach's unbending standards: "If we had a meeting at 5:30 in the

morning and you showed up at 5:31, the door was locked. No excuses. And if one person was late, everybody ran. It taught us accountability." He applies these same principles to his work.

Miller earned an undergraduate degree in criminal justice and planned to be a highway patrol officer. To help pay for school, he took a job with an agency supporting people with disabilities — a glimpse of what would become his life's work.

"I'd get up at 4 a.m. every day to help a man with a spinal cord injury get dressed for work," Miller said. "His mom was worried I would be uncomfortable with the personal care, but I said, 'If I'm going to do the job, I'll do it right.' I was making \$5.15 an hour, but the experience was formative. I realized that being able to help someone have a better life appealed to me, and I thought, 'Maybe I'm pretty decent at this.'"



Miller with close friends, Kasey and Kristen, after a Northwestern State University football game. Miller, a linebacker and defensive end, was a two-time academic All-American.

NOTES FROM THE FIELD



Longtime client and friend of Miller, Ashley, holding Iggy Mae.



Miller, a delivery driver at Home Care Supply in 2000, sweeping the front lobby —where it all started.

What started as a way to earn gas money turned into something more. “That job showed me I could make a difference.”

After graduation, Miller took a construction job until he landed at Home Care Supply in 2000 as a delivery driver. Within a year, he was named “Delivery Driver of the Year” out of more than 160 branches nationwide. “That’s one of my proudest moments,” Miller said. “The award was

based on survey cards from clients.”

He moved into rehab technology, eventually becoming a branch manager, rehab technician and an ATP, CRTS®, soon after. “I’ve done just about every job in this industry,” he said. “Each taught me something new.”

One of the most formative chapters of Miller’s career came during his years serving patients at Shepherd Center

in Atlanta, Georgia, one of the nation’s leading rehabilitation hospitals. For more than two decades, he made the drive from Mississippi and Alabama to Atlanta, sometimes daily, to help people recover from catastrophic injuries.

“I dealt with Shepherd Center for 21 years, and it completely changed my skill level,” he explained. “At home, I might see one spinal cord injury a year. At Shepherd, I was seeing five to 10 a day.”

That exposure sharpened Miller’s technical skills and deepened his empathy. “Every patient there had their life changed in an instant— a car wreck, a fall, a sports accident. You’d sit in a room with families, doctors and therapists, and you realized this wasn’t just about equipment. It was about giving someone hope and a way forward.”

Miller remembers the intensity. “When you go in there to do

rehab, your mind better be in it along with your heart and soul. If it’s just about the money, you’re in the wrong business. You’ve got to ask, ‘What is in the best interest of the patient,’ and ‘What can I do to make this family’s life easier?’”

He saw families reeling from overnight change: a teenager who had fallen in a cheerleading accident, a father who broke his neck diving into a lake, a young woman paralyzed after a car crash. “We weren’t faced with a progressive decline like Parkinson’s or Multiple Sclerosis (MS) (multiple sclerosis),” Miller said. “Every person I met had their life turned upside down in 30 seconds. You had to walk in that room ready to give them everything you had.”

Those years, he said, were challenging and formative. “It made me better — not just as a professional but also as a person.”

In 2013, Miller joined Hometown Healthcare after meeting owner Scott Kilgore over barbecue. Kilgore’s pitch was simple: He wanted a partner, not just an employee. “The best part about joining Scott was that anything to do with rehab went through me,” Miller said. “I had never had anyone really give me a voice before. For someone to have that kind of trust in me was empowering.”

At the time, the company was about a \$3.5 million business. Today, Hometown Healthcare



Richard Walls, ATP, CRTS® and Miller got to hang with Santa Claus after a New Orleans Saints and Pittsburgh Steelers game. The men have been friends for over three decades and travel each year to catch a Steelers game in a different NFL stadium.

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is approaching \$30 million with multiple locations. Miller sees the growth as the result of a shared vision. “We’ve built it together,” he said. “Scott gave me the platform, and the whole team has worked hard to make it happen. It’s a team win.”

Among the challenges of his work, Miller says the insurance-driven system is particularly troubling. “Sometimes I feel that it is almost inhumane how patients get treated. You have to tell someone who’s been independent in their chair for years that their new insurance thinks they deserve less. That’s the hardest part of the job.”

He tries to focus on the positives, like the introduction of prior authorization that reduced surprise audits and gave providers more security. “That was a big win for everybody,” Miller said. “And ultimately, people need us. That job security matters. What keeps me going is knowing we’re improving lives.”

Miller’s wife, Tina Miller, is also an essential part of his team at Hometown Healthcare, managing intake and insurance verification. “We’d be lost without her,” he said. Married more than 20 years, the couple balances work with family time and two French bulldogs, Iggy Mae and Coco Chanel, who happily join them on trips to the beach and the mountains. According to Jason, they think they run the household team.

Just as Tina plays a vital role in his life and work, Miller is quick to recognize others who have



Tina and Jason Miller in the Bahamas.



Miller's two French bulldogs, Coco Chanel and Iggy Mae.

guided and supported him along the way, especially longtime friend and industry leader, Will Jiron. “He taught me so much — flew me out to Dallas, showed me how to do my first quad, walked me through the order forms,” Miller said. “Will has mentored me for 25 years. I can’t ever thank him enough.” Miller follows that example by mentoring others. “When someone’s green, you can’t just send them out on their own. Somebody has got to mentor them. I had people do that for me, and I want to do the same for others.”

Miller views teamwork as more than a business strategy; he sees it as the foundation of meaningful service. “I hope I can be that person my colleagues and clients can always count on,” he said. “The heart of this work is giving clients the best of us—and that takes a united, dedicated team.”



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Jason Miller, ATP, CRTS®, is rehab director at Hometown Healthcare and has 25 years of experience in Complex Rehab Technology. His career spans roles from delivery driver to Assistive Technology Professional, including more than two decades supporting patients at Shepherd Center in Atlanta, Georgia. Known for his quiet confidence and commitment to teamwork, he continues to guide Hometown Healthcare’s growth while ensuring clients receive compassionate, expert care. Miller has been an iNRRTS Registrant since 2002.

CRT Customer Service Excellence

Customer Service Excellence is the cornerstone of effective Complex Rehabilitation Technology (CRT) provision. Because CRT is uniquely tailored to meet individual mobility and functional needs, the entire service process - from assessment and configuration to delivery and follow-up - depends on clear communication, responsiveness, and trust. **Excellence in customer service** ensures that each person's equipment supports not just physical independence, but also emotional confidence and long-term satisfaction. When suppliers, clinicians, and service teams uphold these standards, they elevate outcomes, strengthen relationships, and contribute to a more person-centered model of care in the CRT industry.



Clinical Collaboration & Expertise

Ensures precise assessments, individualized solutions, and successful integration of devices that maximize user outcomes and safety through qualified interdisciplinary teamwork.



Clear & Empathetic Communication

Fosters trust, ensures accurate understanding of user needs, and supports collaborative decision-making that enhances user satisfaction and quality of life.



Accurate Documentation

Supports clinical, funding, and compliance requirements, and enables precise tracking of user needs, device configurations, and outcomes.



Responsive Maintenance & Repairs

Safeguards continuous device functionality, user safety, and uninterrupted independence, minimizing downtime and maximizing the lifespan of essential mobility solutions.



Data Driven Outcomes

Objectively measures the impact of customized solutions, optimizes device performance, and demonstrates CRT benefit, improved quality of life, and functional independence.



Advocacy

Empowers CRT professionals to secure essential resources, influences policy, and ensures individuals receive the solutions they need for independence and quality of life.

The Critical Role of Qualified Technicians in Complex Rehab Technology and Why We're Struggling to Find Them

WRITTEN BY: Bill Noelting

In the world of health care, few roles are as underappreciated yet essential as the technicians who service Complex Rehab Technology. These professionals are the unsung heroes behind the mobility, independence and safety of individuals living with severe disabilities. From spinal cord injuries to cerebral palsy and multiple sclerosis, CRT users rely on highly specialized equipment tailored to their unique needs. But as demand grows, the industry faces a troubling shortage of qualified technicians, threatening not just the quality of care, but also the dignity and autonomy of the people who depend on it.

What is CRT?

CRT refers to medically necessary, individually configured devices designed for people with significant mobility impairments. This includes power wheelchairs, custom seating systems, environmental control units and other adaptive technologies. Unlike standard mobility equipment, CRT devices require precise customization and ongoing maintenance to ensure they meet the physical, functional and clinical needs of each user and deliver the therapeutic benefit prescribed by their attending clinician(s).

The process of acquiring CRT involves a collaborative team: physicians, physical and occupational therapists, and qualified CRT suppliers. But once the equipment is delivered, it's the service technicians who ensure it continues to function safely and effectively. Their work is not just technical, it's deeply personal, impacting the user's ability to live independently, avoid injury and participate in daily life.

Why Qualified Technicians Matter

CRT devices are complex, regulated medical equipment. Servicing them requires more than mechanical know-how, it demands specialized training and a deep understanding of how adjustments affect user health. A poorly repaired wheelchair can lead to pressure injuries, falls or even hospitalization. That's why technicians must adhere to best practices where strict standards set by the Center for Medicare and Medicaid Services, manufacturers and health care accreditation bodies are absent.

Untrained individuals attempting repairs risk voiding warranties, violating safety regulations and endangering users. In fact, even something

as seemingly simple as replacing a battery can have serious consequences if done incorrectly. Qualified technicians are not just mechanics; they're health care partners.

The Technician Shortage Crisis

Despite their importance, qualified service technicians in the CRT industry are facing a severe shortage. This crisis has far-reaching consequences:

- **Increased device downtime:** Users may wait weeks or months for repairs, leaving them immobile and vulnerable.
- **Declining quality of life:** Without functioning equipment, users lose independence and face isolation and depression.
- **Higher health care costs:** Malfunctioning CRT devices can lead to preventable injuries and hospitalizations.

The shortage stems from several factors:

- **Lack of awareness:** Few people know this career path exists, let alone understand its impact.
- **Limited training programs:** There are few formal

education tracks for CRT service technicians.

- **Low compensation:** Salaries often don't reflect the skill level or responsibility required.
- **High turnover:** Technicians face burnout due to understaffing and lack of career advancement.

Solutions to Bridge the Gap

To address the technician shortage, the industry must take a multipronged approach:

- **Enhanced training programs:** Develop comprehensive, hands-on training that covers both technical and clinical aspects of CRT service.
- **Standardized certification:** Create industrywide certifications that validate technician expertise and ensure consistent quality.
- **Educational partnerships:** Collaborate with vocational schools and colleges to introduce CRT service technology as a viable career path.
- **Continuing education:** Require ongoing professional development to keep technicians up to date with evolving technologies.

TECH CORNER

- **Incentives and support:** Offer competitive pay, benefits and clear career ladders to attract and retain talent.
- **Public awareness campaigns:** Highlight the importance of CRT technicians through media and outreach to inspire new entrants.
- **Government funding:** Advocate for grants and subsidies to support technician training and recruitment.

Why It Matters

At its core, this issue is about equity and access. CRT users deserve timely, competent service to maintain their health and independence. Technicians deserve recognition, support and resources to do their jobs well. And society benefits when people with disabilities can live full, empowered lives.

Investing in qualified CRT technicians isn't just a health care imperative, it's a moral one. These professionals are the backbone of a system that enables mobility, dignity and freedom. Without them, the promise of CRT falls short.



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Bill Noelting has 40 years' experience serving the pharmaceutical and health care industries. For the past 30 years, he has focused on the seating and mobility/ Complex Rehab Technology/ Assistive Technology industry, including serving 20+ years as chief information officer and senior vice president of marketing and strategy for National Seating & Mobility, a national seating & mobility provider. Since 2017, Noelting has provided consulting, advisory and production services as principal of Noelting Creative Productions. His podcast, "Talk Rehab," is dedicated to chronicling the world of seating and mobility and the amazing people that make it happen. He is currently acting director of marketing for the iNRRTS. For more information visit Noelting.com.



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The Necessity of Best Practice in Complex Rehabilitation Technology



WRITTEN BY: Jack Murphy, MSc. OT, BSc (Hons) OT, RRTS*

We get into occupational therapy, physiotherapy and rehabilitation equipment provision because we love helping people live their best lives, preferably with a perfectly adjusted wheelchair, not a crash cart and a prescription pad. However, in Complex Rehab Technology, if we don't follow best practice, our "non-life or death" job can suddenly feel a bit more life or death. In my discovery of the world of seating and mobility, it quickly became clear that when wheelchair provision isn't done correctly, the results can be catastrophic. For this reason, the topic of best practice should be at the forefront of everyone's minds across the industry. It's simply not good enough to say, "The OT/physiotherapist/Assistive Technology Professional writes the prescription; therefore, the blame is on them if something goes wrong." It's our collective job to advocate if we don't agree with something.

In many ways, the necessity of best practice to me has always been somewhat bizarre. It can sometimes feel as though so much time is dedicated to following best practice that it limits our ability to simply help people in the moment. Yet these standards exist for

a reason. Through experience and education within our wonderful field, I quickly realized that my ignorance of such a belief would hold me back. I cannot even begin to count the number of times during my OT placements I ran around "like a headless chicken" doing my best but working significantly harder than I had to and relying more on instincts than anything else. During this time, I realized that sometimes, despite our best efforts, while we want to help, we may not know how to help. In a nutshell, best practice aims to give us a framework and structure to help us help people.

From an OT perspective, although there is no exact definition of best practice, we generally consider best practice to have three essential pillars within its definition: It is evidence-based, client-centered and consistent with professional standards and ethics. I think our industry can absolutely learn from these three pillars, but to make this article more profession specific, I am going to suggest we further expand this definition to include an emphasis on timely repairs and service for our end users to ensure our clinical effort

translates into effective, safe and accountable outcomes for our clients. This article serves as a deep dive into each of these pillars through clinical examples and, hopefully, a bit of humor.

Defining Best Practice in OT and CRT

Best practice in OT is not universally defined between different professional registration bodies; however, it generally encompasses the aforementioned three core pillars. In addition to best practice, we also need to integrate the best available research evidence, the practitioner's skilled and clinical expertise, and the best available equipment within the funding context. Professional organizations like the American Occupational Therapy Association mandate that care must be occupation-centered (focusing on participation in daily life roles) and fundamentally client-centered (guided by the individual's goals and context). In the CRT space, this definition extends to a system-level expectation: The provision of high-quality, individually configured equipment must

be supported by timely service and repair infrastructure. This holistic framework ensures that the prescribed technology effectively meets the user's current and anticipated medical, physical and environmental needs, thereby functioning as a true enabler of independence and participation.

The Importance of Best Practice Guidelines

The establishment of formal best practice guidelines is critical for several interconnected reasons that center on quality, accountability and public protection. First, they ensure quality and effectiveness by requiring practitioners to move beyond traditional methods and base their interventions on scientific evidence, leading to optimal functional outcomes. Second, these standards protect the public and client interests by mandating that services are safe, ethical and tailored to the client's self-defined needs and goals, reinforcing the ethical principle of client autonomy. For CRT users specifically, adherence to these guidelines, particularly those related to skilled

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clinical reasoning within the interdisciplinary team, mitigates the risk of secondary complications, like pressure injuries, and catastrophic device failures. Ultimately, best practice guidelines reinforce professional accountability and consistency, strengthening the OT, physiotherapist or ATP's role in advocating for and securing access to medically necessary CRT services.

The Power of Evidence: Diagnoses, Assessment and Accountability

The first pillar of best practice is Evidence Based Practice (EBP), requiring us to fully understand why we must keep up with the latest evidence and commit to continuous professional development. In the world of seating and mobility prescription, the clinical landscape is shaped not only by our initial training but also by the real-life scenarios we face: the complex, unexpected and deeply human. One such case recently reminded me how essential it is for all clinicians, especially those prescribing mobility aids, to maintain this commitment: always grasping a patient's diagnosis and prognosis and staying current with best practices, even in their simplest form.

As a seasoned prescriber in Ireland of high-technology power wheelchairs, I've been fortunate to accumulate a range of experience. Still, even

with that background, I found myself in new waters when I began working in Canada. One of my first complex cases here was truly a baptism by fire: a gentleman newly diagnosed with Parkinson's disease, referred for a powered wheelchair. The case itself was complicated not only by the nature of the disease but also by challenging personal circumstances and system-level barriers, including my own unfamiliarity with the local funding process. The client needed a high-tech solution, and it was clear that this would not be a routine case.

To add another layer of complexity, the OT I was working with was also an almost brand-new prescriber, and this was their first time prescribing a high technology powered wheelchair. After we made our introductions and engaged in a conversation about our respective backgrounds, it became clear that they needed some professional development, especially around seating assessments and the principles behind them. The OT in this example had never completed a MAT (mechanical assessment tool) evaluation — a crucial part of any complex seating evaluation. So, I sent over some general forms, links to relevant YouTube videos (e.g., how to assess hip range of motion), and we spent a few evenings discussing the process and reviewing what to look for during the evaluation. I also shared something I learned

early in my own OT career — that it's okay, and sometimes essential, to lean on your physiotherapy colleagues. I encouraged this OT to connect with their physiotherapy colleagues to get hands-on practice with range of motion testing and supporting limbs.

Unfortunately, this knowledge gap is not unusual in our field. Many prescribers are simply “thrown into the deep end” and expected to learn as they go. This reality makes our roles as educators and mentors even more vital. It also reinforces the need to stay informed and up to date with evidence-based practice because in many cases, our knowledge may be the only resource another clinician has access to.

Side note: While I was in OT school, we weren't taught anything about MAT evaluations. It was deemed “not necessary,” something I still view as a major oversight, but that's a topic for another article, I'm sure ... The point is, most OTs simply don't have the hands-on experience required for this kind of evaluation, and we need to guide them toward the right resources when time and support are limited.

By the time the assessment came around, the OT was well prepared. They had reviewed the forms, practiced the techniques and were eager to learn. They asked me to lead, and I was more than happy to support them through it. It was during this session

that we made an important clinical discovery: The client had limited hip flexion. This would significantly impact our prescription, and it was my role to help the OT understand why.

After explaining that we cannot sit this person at a 90-degree hip angle and getting a somewhat puzzled look back, I decided to probe, and I asked a simple question: “What would happen if we didn't accommodate for this limited hip flexion?” The OT paused, then said, “Would it cause discomfort?”

“Certainly,” I replied. “But what else?”

After a thoughtful silence, I started explaining the biomechanics. If we tried to seat someone with restricted hip flexion at 90 degrees, they would not be able to maintain that position. They would naturally slide forward to achieve their maximum flexion angle. The OT's eyes lit up as the pieces came together.

“Wait, so you're telling me that if I missed that, it would cause sliding?”

“Exactly,” I said. “On top of discomfort and potentially pain and shear. And what happens when someone slides forward?” and I did a small demonstration on my office chair to add a visual aid.

“Well, the cushion would no longer be supporting the right

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parts of their pelvis, and the backrest wouldn't make full contact with their back."

And so, the pieces of the CRT puzzle began to fall into place.

These are the kinds of lightbulb moments that illustrate just how essential clinical reasoning is and how critical it is to continually seek knowledge, especially around conditions like Parkinson's, where posture, tone and motor control can change over time.

Keeping Up with the Evidence and Trust

Another pivotal moment in this client's case came during an anthropometric aspect of the seating assessment. The OT measured the client's hip width at 20 inches and proposed a 22-inch-wide chair. This was a classic example of outdated methodology, which is unfortunately still taught at some OT schools, adding a little extra room in case they wear a coat and for comfort. However, based on current best practice, we now know that a snugger fit typically results in better posture, pressure distribution and control. I also pointed out that with Parkinson's disease, clients often experience weight loss, not gain, particularly if their medications or overall health status doesn't suggest otherwise. Overall, in this case a larger seat would be placing the client at risk of developing a windswept posture.

Fortunately, the OT was receptive to this information.

Rather than feeling undermined, they appreciated the evidence and rationale I provided. This not only helped the client receive a more appropriate prescription, but it also strengthened the trust and rapport between the OT and me.

Trust is a powerful thing in clinical practice. In this case, it fostered a strong working relationship where I was seen not just as a sales rep, but as a coach, educator and reliable source of up-to-date knowledge. That trust will pay dividends far beyond this one client. The OT now has a better understanding of MAT evaluations, biomechanics, measurement standards and the implications of disease progression. They will carry that knowledge into every future case, sharing it with peers and helping other clients avoid common pitfalls.

There is a bigger lesson here, too. In our field, every interaction is an opportunity to educate, uplift and improve practice. You never know when a seemingly small moment, like explaining hip-flexion limitations, can create a ripple effect that benefits countless future clients. And none of this is possible without a commitment to ongoing learning.

We owe it to ourselves, our colleagues and, most importantly to our clients, to stay informed. Diagnosis and prognosis should always

guide clinical decisions, but they must be paired with an understanding of best practices and the willingness to evolve. No one should be navigating complex clinical scenarios alone, especially not new prescribers or therapists facing their first challenging case.

To those reading this who are more experienced, don't underestimate your role as an educator. You may be someone's only point of contact with current standards and effective clinical reasoning. And to those newer to the field, don't be afraid to ask questions and seek out mentorship. It's how we all grow.

In the end, this experience reminded me that the best outcomes happen when we combine clinical skills with curiosity, compassion and collaboration. Staying current isn't just about reading journal articles; it's about being present, asking the right questions and sharing what we know. And in doing so, we become not just better practitioners but also better advocates for the people who rely on us the most.

Client-Centeredness in Action: The Power of Listening and Prioritizing Needs

It can be easy to get caught up in the clinical checklist — posture, pressure relief, propulsion, materials and so on. These are, of course, critical factors in any successful

wheelchair prescription. But if there's one lesson I keep coming back to in my work, it's this: We need to start by asking the clients what they want. Their goals, their lifestyle, their preferences. Without that, even the most technically "perfect" equipment may fail to meet the needs that matter.

Understanding the Person Behind the Prescription

While I typically work with high technology powered wheelchairs, I also spend a significant amount of time working with rigid manual wheelchairs, a very different clinical puzzle with its own unique challenges and rewards. One recent case truly underscored the importance of being relentlessly client-centered in everything we do.

The client in question was a new wheelchair user, a lifelong above-knee amputee with a prosthetic. He was relatively young, highly motivated and trying to stay active but beginning to feel the strain. He shared that he was experiencing increasing fatigue and was finding it more and more difficult to keep up with his friends in the community. Although he was managing, it was clear that something wasn't quite working with his current setup.

From our very first conversation, it was obvious that this client had clear goals. He wasn't someone

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who stayed indoors or limited his movement to medical appointments and errands. Instead, he was frequently venturing around the city, navigating curbs, commuting, visiting friends and, perhaps most impressively, doing laps at the local athletic track. He was not interested in hiking or off-roading, but he needed something that could keep up with an active urban lifestyle, minimize energy expenditure and be easy to handle independently. Living in the bustling city of Toronto, he rented a compact apartment with limited storage, so the chair had to fold and be easily stored.

This is exactly where client-centered care starts: Not with assumptions or overly focusing on diagnoses, but with their lived experience.

Balancing Function, Fit and Flexibility

We moved into the equipment trial phase, and I made sure to keep the client's goals and preferences front and center. He was very clear on what he needed, a chair that was:

- Lightweight for propulsion and lifting
- Compact and foldable due to tight storage in his apartment and car
- Strong and rigid enough for high daily use
- A part of him — like a prosthetic does to its user

We trialed a few different models, both rigid and folding. Each had pros and cons. Some were lightweight but lacked the rigidity he needed for smooth, efficient propulsion. Others were strong and agile but too bulky or difficult to fold and store. It was becoming clear that no standard option was ticking all the boxes.

Then, we came across something a bit different: Motion Composites' Helio Veloce. And while this isn't a plug for the company, I'd be remiss not to mention it because for this specific client, this chair offered something unique: a rigid folding frame made of carbon fiber — a rare combination that directly addressed his top needs.

Why This Chair Worked: Matching Equipment to the Individual

On paper, the Helio Veloce brought several benefits. It had the rigidity and responsiveness of a performance chair, the folding mechanism of a more flexible, space-conscious chair, and the ultralight properties of carbon fiber, which carries not only practical benefits but also clinical ones, too.

Carbon fiber, beyond being light, reduces repetitive strain on the shoulders, something that cannot be overlooked in long-term wheelchair users. This meant easier propulsion, less fatigue and greater long-term joint health — all

incredibly important for someone planning to remain active for many years.

When we trialed it, the client immediately noticed the difference. He could lift the chair into his car independently and with ease — a major factor for maintaining autonomy. The rigidity made propulsion smooth and almost effortless. He described it as the first time the wheelchair felt like it "fit" him, like an extension of his body rather than a piece of equipment he had to fight with.

Prioritizing the Client Over Profit

There's an uncomfortable reality in our field: Sometimes the most appropriate equipment for the client isn't the most profitable option for the supplier and potentially a more difficult prescription for the clinician. This chair, with its specialized build and materials, was not the most margin-friendly choice. But that didn't matter, because it was what the client needed.

Client-centered care isn't just about being nice or agreeable. It's about advocating, sometimes fiercely, for what will work best for the person in front of you. That might mean more paperwork, less commission or longer justification reports. But it also means delivering better outcomes and preserving the dignity, autonomy and independence of the people we serve.

In this case, the "right" solution didn't come from a catalogue spec or funding matrix. It came from deep listening, collaborative decision-making and a commitment to finding equipment that aligns with the client's life, not just their diagnosis.

Why Asking Matters

There's an easy trap to fall into, especially for clinicians with experience: thinking we know what's best before hearing the whole story. But every client is different. Diagnosis alone doesn't tell us how someone lives, what they value or where they find joy. That information only comes when we ask:

- What do you want to be able to do?
- What's not working right now?
- What's important to you — really important?

When we create space for clients to answer these questions honestly, the prescription process shifts. We're no longer simply fitting a person to a chair, we're designing a solution around a life.

In this client's case, his life involved movement, autonomy, community and performance. The right chair had to support those things, or it wasn't the right chair at all.

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Client-Centeredness Pays Forward

One of the most powerful outcomes of a client-centered practice is that it fosters trust. That trust isn't limited to one transaction — it carries forward. The client is more likely to return for follow-ups, more likely to comply with clinical recommendations and more likely to share their positive experience with others who need support.

Moreover, it helps create a culture among clinicians, especially new or less experienced ones, that centers on the person, not the product. This approach influences teams, builds better interdisciplinary relationships and improves care across the board. This case was a perfect reminder that client-centered care is not optional. It is foundational. When we listen carefully, ask the right questions and design around the client's goals, we create better outcomes, stronger relationships and more meaningful interventions.

Yes, we bring clinical expertise. Yes, we understand the implications of diagnoses and biomechanics. But it is only when we blend that knowledge with the client's voice that we achieve real success.

So next time you sit down with a new client, resist the urge to lead with the solution. Instead, start with this:

"What matters most to you?"

The answers will take you exactly where you need to go.

Timely Service and Repair: Seeing Through the Client's Eyes

In the world of assistive technology, it's easy to focus on equipment — frames, batteries, cushions or parts. But what we must never forget is this: When a mobility device fails, a person's access to life is disrupted. Independence, dignity, social connection and daily function can all vanish in an instant.

We've all worked with clients who seem to "pester" us; those who call frequently, express frustration or report seemingly minor issues. It's tempting to dismiss these situations as overreactions. But it's worth asking: What if this issue, however small it seems to us, means everything to them?

For many, especially full-time wheelchair users, a loose bolt or slow repair isn't just inconvenient, it can be the difference between getting to work or staying home, seeing a friend or staying isolated, managing their health or risking decline. While we might see a technical fault, they are experiencing disruption to their entire world.

I delved into this point in more detail in a previous article for iNRRTS titled, "A clinician's

perspective on what makes a good sales rep." It may be worth checking out.

So, what can we do?

- **Set expectations early.** Help clients understand timelines and possible delays but do so with empathy.
- **Listen actively.** Often, people just want to be heard. Validating their frustration goes a long way.
- **Prioritize based on impact.** A "minor" issue for one user may be critical for another.
- **Follow up.** Let clients know they haven't been forgotten.

Above all, we must keep perspective. Timely service and repair aren't just good practice; it's a vital part of client-centered care. If we can see through the client's eyes, we will serve not just their equipment but also their humanity.

Professional Standards, Ethics and Conduct: The Supportive Expert Role

The commitment to best practice requires that every professional, particularly those in a supportive role, strictly adhere to professional standards, ethics and codes of conduct. Our primary duty is to serve as the equipment expert and act as a sounding board, advisor and general counsel for the prescribing

OT and the client. This involves sharing evidence-based product knowledge and biomechanical rationales without overstepping the scope of practice of the primary clinician (OT, PT or ATP). It is crucial to respect the clinical decision-making authority of the prescriber while simultaneously upholding your own ethical obligations to the client. This includes adhering to your company's ethical standards, as well as the codes set forth by professional regulatory bodies like iNRRTS or the relevant clinical registries.

As general advice, if a situation or decision "feels off," don't do it, even if your intentions are good. To ensure transparency and accountability in all interactions, it is wise to follow two pieces of timeless advice I received early in my career. 1) "When writing your clinical notes, imagine the client is reading what you are saying over your shoulder." 2) "If you had to explain objectively what you were doing to a judge or jury, how would they react?" These simple, yet powerful, standards ensure that every action we take is defensible, client-focused and maintains the highest level of professional integrity.

Conclusion

The journey through CRT is ultimately defined by our commitment to best practice. As practitioners and providers, we enter this field

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driven by a powerful desire to enhance independence, yet this article underscores a crucial, sobering reality: When we deviate from established standards, the results can be genuinely catastrophic. The responsibility for prevention is shared; it extends beyond the prescriber's signature and requires collective accountability from everyone in the interdisciplinary team.

Our expanded framework for best practice covers four key areas: evidence-based practice, client-centeredness, ethical practice adherence to professional standards, and timely service and repair. These are the blueprint for ensuring high-quality outcomes. The clinical narratives presented illustrate the profound difference these principles make. The moment a subtle limitation in hip flexion is identified or when a chair's weight is perfectly matched to a client's active lifestyle, we see the transition from merely supplying equipment to enabling a life.

This requires that experienced professionals act as dedicated mentors and coaches, actively sharing current evidence to close knowledge gaps like something as small as sharing current guidelines for a snug fit rather than extra-space fit (depending on the situation). Simultaneously, we must embrace the art of deep listening, ensuring that the technical 'perfection'

of a prescription never overshadows the client's self-defined needs and goals.

Finally, the focus on timely service reminds us that a wheelchair is not just a device; it is a gateway to life. When that gateway is broken, independence is immediately lost. Adhering to professional standards and ethics ensures that every decision made is defensible and client focused. By integrating these core principles, the CRT community moves beyond solving technical problems to truly serving the humanity of those who rely on us, cementing our role as essential advocates for function, dignity and autonomy.

REFERENCES

¹ I realize I should define "occupations" for our non-OT readers: Occupations are the core of occupational therapy. They are defined as everyday activities of daily living that provide meaning and purpose. A somewhat ambiguous definition, but this is why OTs focus on functional activities and activities of daily living.

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Jack Murphy has recently emigrated from Ireland to Toronto, where he was an occupational therapist. He holds a master's degree and a bachelor's degree, both in OT. Murphy has specialized in seating and postural management throughout his OT career, leading several initiatives to establish MAT evaluation and postural assessment clinics. His work involved accurately assessing posture and making appropriate equipment recommendations. Murphy's advice was frequently sought by fellow clinicians and equipment experts for product reviews, clinical insights and assistance with postural assessments. He worked primarily with complex neurological conditions such as multiple sclerosis, motor neuron disease and Parkinson's disease, among others. Murphy further enhanced his expertise by completing courses in 24-hour postural management, complex neurological disease management from a seating perspective, Oxford-Brooks MAT evaluation, postural management and clinical seating considerations for Bariatric patients, among others. Due to his extensive experience and knowledge, Murphy was invited on several occasions to guest lecture to OT students on wheelchair prescription and postural considerations. Murphy is now working as a Complex Rehabilitation Technology supplier with Motion. He became an iNRRTS Registrant in February 2025.

The Silent Struggle: A Story of Seating Clinics

WRITTEN BY: Bill Noelting

In a quiet corner of the city hospital, tucked between orthopedic wards and outpatient therapy rooms, sits the Seating Clinic, a place few know exists, yet for many, it's the last hope for mobility, dignity, and independence.

For decades, Seating Clinics have served as lifelines for individuals with complex rehabilitation needs. These are not your average wheelchair fittings. They are centers of expertise where clinicians, therapists, and technicians work tirelessly to match people with the highly specialized equipment they need to live full lives - custom wheelchairs, pressure-relieving cushions, tilt-in-space systems, and adaptive controls. Each device is tailored to the person's body, condition, lifestyle, and therapeutic need. It's not just about sitting; it's about surviving.

Take Make-believe Marcus, for example - a 17-year-old with cerebral palsy. His spine curves sharply, his muscles spasm unpredictably, and his skin is prone to breakdown. A standard wheelchair would leave him in pain, unable to

attend school or socialize. At the Seating Clinic, a team assessed his posture, measured his body, and trialed equipment. They designed a chair that supports his spine, cushions his pressure points, and allows him to control movement with a single switch. For Make-believe Marcus, that chair is freedom. And although Marcus is a fictitious person, he is an example of all-too-real individuals that need the clinic approach every day!

But the clinics are under siege.

Funding cuts have slashed budgets. Insurance companies balk at the cost of custom equipment, often denying claims or forcing families through months of appeals. Clinics are short-staffed, overwhelmed, and under-recognized. The work is complex, requiring deep clinical knowledge and technical skill, yet reimbursement rates barely cover the time it takes to do a proper evaluation. Many seating specialists burn out or leave the field entirely.

Patients suffer the consequences. Waitlists stretch for months. Children

outgrow their chairs before they're even delivered. Adults with progressive conditions like ALS or MS are left in outdated equipment that no longer meets their needs. The result? Increased hospitalizations, preventable injuries, and a devastating loss of independence.

Despite these challenges, the people behind Seating Clinics persist. They are driven by compassion and a fierce belief in human potential. They celebrate small victories - a child who can finally sit upright, a veteran who regains control of his power chair, a grandmother who can now join her family at the dinner table.

Advocates are fighting back. Some clinics partner with nonprofits to fund equipment. Others lobby for policy changes to streamline approvals and increase reimbursement. There's a growing movement to recognize seating and mobility as essential healthcare - not a luxury, but a right.

The Seating Clinic may be hidden from view, but its impact is profound. It's where science meets empathy, where technology becomes

transformation. And though the road is steep, the mission is clear: to ensure that every person, regardless of ability, has the chance to sit, move, and live with dignity. After all,... movement is a human right.

A New Chapter: The Marcus Center for Advanced Rehabilitation

Amid the challenges facing Seating Clinics nationwide, a beacon of hope has emerged. The Marcus Center for Advanced Rehabilitation (MCAR), a state-of-the-art facility dedicated to complex rehabilitation technology, opened its doors with a bold vision: to redefine access, innovation, and excellence in care. At the heart of MCAR is the James M. Cox Innovation Institute, a multidisciplinary hub where seating and mobility experts, driving rehabilitation specialists, and technology access professionals collaborate to empower lives. This case study explores how MCAR is transforming the landscape, one patient, one device, one breakthrough at a time.

CLINICAL EDITORIAL

Let Us Hear from You

As we consider the difficulties facing patients and seating and mobility professionals, and the MCAR's shining model of what a seating clinic can be, Weesie Walker's article and pictorial (next article in this issue) offer a great reminder of the people and purpose behind the human right of movement. If your clinic has developed unique

approaches, faced challenges, or uncovered insights, we encourage you to share with us your experience. Your stories, strategies, and lessons learned can help strengthen the collective knowledge across seating clinics nationwide and ensure that they continue to serve as effective tools for dignity, innovation, and better outcomes.



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Bill Noelting has 40 years' experience serving the pharmaceutical and health care industries. For the past 30 years, he has focused on the seating and mobility/ Complex Rehab

Technology/ Assistive Technology industry, including serving 20+ years as chief information officer and senior vice president of marketing and strategy for National Seating & Mobility, a national seating & mobility provider. Since 2017, Noelting has provided consulting, advisory and production services as principal of Noelting Creative Productions. His podcast, "Talk Rehab," is dedicated to chronicling the world of seating and mobility and the amazing people that make it happen. He is currently acting director of marketing for the iNRRTS. For more information visit Noelting.com.

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CLINICAL EDITORIAL

Center for Assistive Technologies Taking Seating Clinic to a New “Height”

WRITTEN BY: Weesie Walker, ATP/SMS

Seating clinics were created to provide clinicians and suppliers with a setting to assess a person's individual needs for positioning and mobility using mat evaluation and trial products. This valuable service has become harder to sustain due to lack of realistic funding for clinicians. Most clinics open today have support from a foundation or a grant to cover the staffing and operations. Without external funding, some clinics have closed.

Seating professionals know that the best outcomes are achieved when the team works together to identify the individual needs of the client.

Currently, access and long waiting times for appointments have become an issue. The options for the end user include:

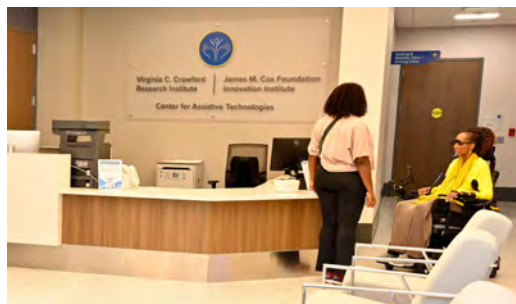
Option 1 - Wait for an appointment (can be up to five months)

Option 2 - Work with a home health therapist

Option 3 - Telehealth evaluation

Each option has drawbacks.

Option one is obvious. More time added to an already lengthy process.



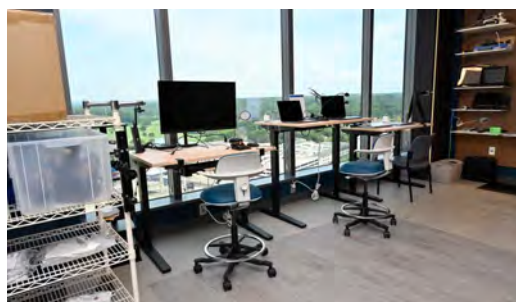
The check-in lobby for Assistive Technologies at the Shepherd Center is spacious and inviting. Located on the 11th floor of the Marcus Center for Advanced Rehabilitation, the technology clinics have truly reached new heights, both literally and figuratively.



The Driving Evaluation and Rehabilitation Program provides clinical evaluation and driving assessments.



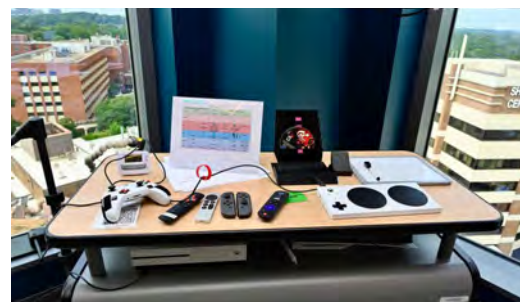
Technology, technology, technology.



Trial setups.



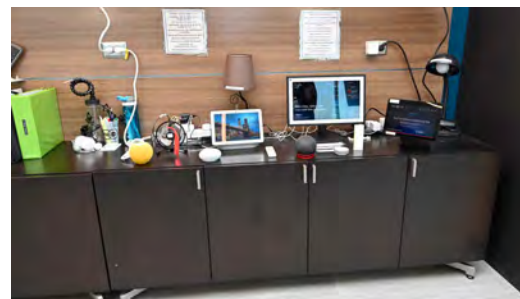
Chris Maurer, PT, ATP, Center for Assistive Technologies Program Manager, in the smart kitchen lab. Patients can try out the technology and learn what options are available to provide more independence.



The Travis Roy Ability Bar offers adaptive gaming options. Patients can try out different components to determine what works best for their individual needs. In 1995, Travis Roy suffered a C3-C4 spinal cord injury in his first hockey game at Boston University. He created a foundation that provides grants to people with spinal cord injury to enhance their lives. Roy passed away in 2020. This Ability Bar was created in his memory by his foundation.

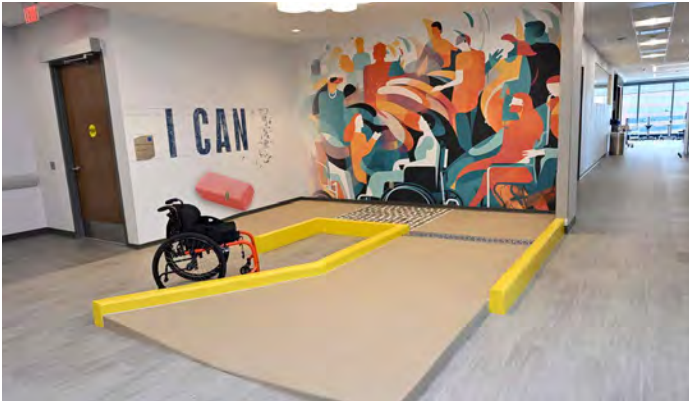


In the Smart Tech Hub, the in-service area offers a corner view. Staying up to date on the latest technology is important.



Vast array of devices.

CLINICAL EDITORIAL



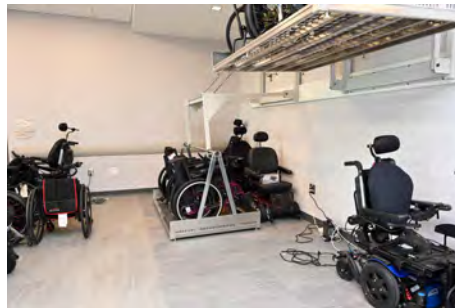
The Seating and Mobility Clinic has a built-in obstacle course with ramps, curbs and cobblestones.



Tile patterns on the floor are used for patients to visualize how different power chairs perform when turning and maneuvering in tight spaces.



Space-saving wheelchair storage for demo chairs. More chairs equal more choice for the patient.



Manual wheelchair shelf lowers for easy access.



Wheelchair components and wheel options on display.



All exam rooms offer a stunning view.



Robin Skolsky, PT, ATP/SMS, evaluates Gerald's seating with Alex Biello, ATP, CRTS®. The Seating Clinic treats patients over 12 years of age with any diagnosis.



Shop area, equipped with tools and wheelchair lift, is available for suppliers to make on-site adjustments and modifications.



Suppliers have a designated office space. Guess who they work for? Milton Robinson and Derek Register, ATP, CRTS®.



Chris Maurer, PT, ATP, Center for Assistive Technologies Program Manager.

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CLINICAL EDITORIAL | CONTINUED FROM PAGE 25

Option two results will vary depending on clinician and supplier skills and how they work together. Trial and choice of equipment is typically limited.

Option three limits the effectiveness of teamwork with either the supplier or the clinician working remotely.

There is good news. This year marks the 50th anniversary of Shepherd Center, opened in 1975 as a six-bed unit of an Atlanta hospital. Today, Shepherd is a 152-bed hospital providing treatment for diagnoses such as spinal cord injury, brain injury, multiple sclerosis and other complex conditions.

Shepherd recently opened the Marcus Center for Advanced Rehabilitation (MCAR Building), which houses the James M. Cox Innovation Institute that includes seating and mobility, driving and access technology specialists.

The MCAR Building, supported by an \$80 million grant from the Marcus Foundation and other generous donors, opened in April 2025 and is located adjacent to the main Shepherd Center campus.

The Access Technology Lab offers solutions for living, working and playing. After clinical evaluation by technology experts, patients can trial different devices to determine which works best. Offering independence ranging

from turning on a light switch to accessing a computer or mobile device, this lab benefits people with mobility barriers, vision barriers, hearing loss and neurological conditions.

The Wheelchair Seating and Mobility Clinic provides in-depth evaluations and custom fittings. From the obstacle course to the storage of wheelchairs, this clinic offers a better experience for all: patient, clinician and supplier.

The seating team effort is focused on greatest independence, comfort and safety for the patient. With a clinical assessment and trial equipment, patients can see the options and make choices.

In today's Complex Rehab Technology world, where we are witnessing the closure of seating clinics, it is refreshing to see this example of a clinic that offers so much in one space. Everyone who relies on CRT should have access to services provided by experts focused on individual need and function.

For more information about Shepherd Center and its 50th anniversary, visit www.shepherd.org/mission-moments/



Jenny Cowhig, PT, DPT, ATP, a research therapist, and Lakisha Gray, MSOT, OTR/L, CDRS, a driving therapist, show off their office.



Center for Assistive Technologies.



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Weesie Walker, ATP/SMS, is the certificate program curator. She has more than 25 years of experience as a Complex Rehab Technology Supplier. She has

served on the iNRRTS Board of Directors, the GAMES Board of Directors and the Professional Standards Board of RESNA. Throughout her career, she has worked to advocate for professional suppliers and the customers they serve. She has presented at the Canadian Seating Symposium, RESNA Conference, AOTA Conference, Medtrade, International Seating Symposium and the National Seating & Mobility Symposium. Walker is an iNRRTS Fellow.

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CLINICALLY SPEAKING

Always Personal, Always Patient-Centered: Physical Therapist Finds Purposes in Personalized Mobility Solutions

WRITTEN BY: Rosa Walston Latimer

Physical therapy has always been more than checklists and prescriptions for Melanie Parker, DPT, ATP/SMS. “When I look back on my career, I can see how much of it was influenced by my mother,” she said. Her mother, a home health and hospice care nurse, often had a special connection with patients. Parker and her brother would often accompany their mother. “We would help with household chores or bring food. I always admired how she would quietly champion those needs, and I am grateful she gave us those early experiences.”

Parker’s mother also modeled patient advocacy. “She was definitely a nurse ahead of her time and was not afraid to question a doctor if she felt they were missing something,” Parker said. “She became a nurse practitioner shortly after I became a PT.”

Teenage Parker realized she wasn’t suited for hospice work. “I asked my mother what is ‘the happy side of medicine,’ where people get better and don’t die. She recommended physical therapy,” Parker said. That summer, Parker volunteered with stroke patients and later at a pediatric clinic. “To this day, I remember being



Melanie Parker with her daughter, Phoebe, and her mother, Velvie Bennett before prom.



Melanie Parker and her children, Jeremiah, Joseph and Phoebe, following a marching band exhibition.

16 years old and volunteering during pool day for cerebral palsy patients ... I remember thinking, ‘If I can do this for the rest of my life, I will be so happy.’”

Her path led Parker to Virginia

University’s hospital. “I had requested to begin on the general rehab team but was placed on Spinal Cord Injury (SCI). I was terrified, but grateful for a wonderful team and the culture of a teaching hospital.” She rotated through SCI, brain injury and general rehab teams every six months, gaining skills quickly.

During those years at the hospital, wheelchair seating became Parker’s passion. “I loved putting the puzzle pieces together of a physical presentation, prognosis of recovery, home setup, caregiver situation and personal goals and matching those to wheeled mobility and seating solutions for optimal outcomes,” she said. “I learned quickly there is no ‘cookie cutter’ answer as each person is so unique.” Parker also earned her Assistive Technology Professional certification because she wanted “to collaborate as well as hold accountable the vendors who were coming into our clinic to ensure the best outcome for my patients.”

Marriage and motherhood shifted Parker’s career somewhat. “Inpatient rehabilitation will always be my first

Commonwealth University, where she graduated in December 2003 in the university’s first doctorate-level physical therapy program. By January 2004, she was on the inpatient rehab unit of Virginia Commonwealth

CLINICALLY SPEAKING



Melanie Parker, DPT, ATP/SMS, presenting for the first time in March 2025 at the International Seating Symposium in Pittsburgh, Pennsylvania.



The traditional Parker family Christmas picture (back row) Jeremy, Shiloh, Jeremiah, and Paris; (middle) Melanie Parker and Joseph; (front) Phoebe and Sonny Gowen.

love,” she said, “but I wanted something more flexible with fewer weekends and long hours.” She worked in home health, skilled nursing and pediatrics. “In each of those career opportunities, I always found myself back to doing equipment evaluations — and loving it.”

That passion led to entrepreneurship. “Through this variety of experiences, I developed a desire to open a clinic that would be done ‘the right way,’ as I saw it.” Parker launched Confident Living in 2015, reestablished it in 2019 and watched it grow. “We had a vibrant team and did some great collaboration to elevate the outcomes of our patients.”

The challenges of running a private practice were real. “Unfortunately, given high overhead costs versus the reducing and unpredictable reimbursements of insurance, the business was not able to sustain financially,” Parker said. Yet she is proud of what she and her team built. “Many of our clients said they felt seen, ‘at home,’ and had their best outcomes with us. I am incredibly thankful for those who ‘stepped out of the boat’ with me.”

Now, Parker is embracing a new season. “Currently, I am balancing several contract positions. My primary job is with The Wheelchair Clinic, where I do an average of 20 evaluations per week, both in person and remotely. I also

work PRN (as the situation arises) about three days a month at the Department of Corrections facility near me doing outpatient therapy with inmates. Lastly, I am consulting for adults and children on the intellectual disability/developmental disability waiver.”

Through her years of experience, Parker has seen many changes in the industry. “Insurance reimbursement, regulations and coverage criteria have been the worst. It’s a constant struggle to stay on top of the differences from one Medicaid plan to another or one Medicare Advantage plan to another,” she said. “It’s unfortunate that it often feels like we need to get the denial to understand what the latest interpretations are.” On a brighter side, she is encouraged by technology. “I continually get excited about the advancement of technology and how it empowers our clients to stay independently mobile longer. I love going to the International Seating Symposium and walking around to see what advances have been made.”

Despite the frustrations, what sustains Parker in her work is simple: “The outcome. I love seeing people and their caregivers excited on delivery day because their new equipment opens doors and provides comfort, support and function they did not have before. The

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CLINICALLY SPEAKING | CONTINUED FROM PAGE 29

words from caregivers, ‘I have never seen her sit so straight!’ or ‘I have never seen him so comfortable in a chair’ are music to my ears.”

Her passion extends beyond the clinic. “Outside of work, I am engaged in my church, serve on nonprofit boards and run The Whole Family Foundation, which I founded during COVID-19. We surround families with support when a member has a disability, ensuring that siblings and caregivers are included, too.”

Family remains central. “My husband and I have three amazing teenagers, each with their own passions and talents, and we love spending time together — especially family game nights.” She is also excited about future opportunities: “I am currently talking with a couple in Guatemala about taking a team to work with them in wheelchair clinics in remote areas. The thought of combining my seating and mobility work with missions excites me more than I can say.”

Reflecting on her journey, Parker sums it up with humility. “Over the years, I’ve learned to never stop learning and to stay humble. My diverse experiences have given me perspective and made me better at asking questions. And I never lose sight of the fact that each client is someone’s loved one. For me, it’s always personal — and always will be.”



Jeremy and Melanie Parker on a recent trip to Jerusalem, where Melanie met with an international client.



Marie Maitland, Sonia Yancey and Melanie Parker on a recent mission trip with their church to Scotland to assist with a community outreach project.



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Melanie Parker, DPT, ATP/SMS, is a physical therapist with over 20 years of experience in a variety of settings, specializing in seating and mobility across all ages. She is also the founder of The Whole Family Foundation, a nonprofit dedicated to connecting families with the resources they need to thrive. She is married to her husband of 21 years, and they have three teenagers and two dogs.

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INDUSTRY LEADER

Experience, Education and the MK Way: A Conversation with Rick Spiegel

WRITTEN BY: Rosa Walston Latimer

With more than four decades in health care, Rick Spiegel brings a unique perspective shaped by experience across managed care, home medical equipment and manufacturing. Now serving as MK Battery's Vice President of Corporate Business Development, Spiegel reflects on lessons learned, the culture that sustains his company and the personal passions that fuel his life beyond work.

What is one lesson from your early days in this industry that still influences the way you lead today?

I started my health care career in the early 1980s in a branch management role with Abbey Medical. I learned very quickly that while we provided products and services, what we were really providing was education and solutions to improve the quality of life for both the consumer and their support group. The branch I worked at in Downey, California, provided a comprehensive range of home health care equipment, with a special focus on pediatric rehabilitation. Fast forward to today, and that lesson remains the same — always focus on education and solutions that lead to the best possible outcomes.

In a business where some may see batteries as a commodity, how do you show customers the value of MK Battery beyond the product?



The Spiegel family celebrating Easter in 2025.

We spend a lot of time educating consumers, providers, funding agencies and user groups that not all batteries — or battery companies — are the same. Much of our education is on battery care and maintenance as well as selecting the best chemistry to meet a consumer's lifestyle. Properly matching battery chemistry to the consumer improves their experience and reduces overall downtime and repair costs.

As someone who values mentoring, how do you “translate” MK Battery's culture for the next generation of employees who may view work and loyalty differently?

We frequently talk about maintaining the “MK Way” in how we treat people, internally and externally. While I do my best to explain that philosophy

to new hires, it's something they must experience for themselves. It is not unusual for new employees to say, “I wish I had found you guys sooner!” Former employees also remain strong advocates, recommending MK Battery as a great place to work. While expectations of younger workers may differ from those of my generation, the strong work ethic, can-do attitude and genuine concern for helping customers and colleagues are contagious and self-perpetuating at MK Battery.

You have said that you enjoy learning from everyone you meet. What is the most unexpected lesson you have picked up in conversation with a customer, colleague or even competitor?

Daily, I try to learn something from everyone I meet, as I tend



Rick and Lynn Spiegel at Dodger Stadium.

to be very inquisitive and always looking to learn. Sometimes learning means revisiting deep-rooted knowledge you haven't thought about in a while. Recently, I spoke with the CEO of one of our key partners, who emphasized the importance of staying intentional with his plans and actions. I learned that it's easy to let big issues “manage us,” but by being deliberate, we always carve out time to make sure we touch all aspects of what we want to accomplish.

You have been in this industry for a long time. What personally drives you each day as a leader, and how do you stay motivated during challenging times?

We have certainly had our share of challenging times, and there seems to be no end in sight. I always approach challenges

INDUSTRY LEADER



Jason Smith, Amy Odom and Rick Spiegel at the 2025 International Seating Symposium.



The Spiegel family at their annual Murder Mystery Dinner event.



Rick and Lynn Spiegel with their granddaughter, Emme, at her taekwondo belt ceremony.

that may seem insurmountable with a “how do we make this work” philosophy. Through it all, I try to remain positive and forward-thinking. From a business perspective, two things drive me daily. First, as a health care company, we are making a difference in people’s lives — and that must always transcend any challenge. Second, I thoroughly enjoy the people I work with at MK Battery. Many have been here as long (24 years) or longer than I have. I truly want to do well for the people who make MK Battery such a great place to work.

In addition to the support of many industry trade associations, are there other initiatives you would like others to know about?

Two come to mind. We are involved with the United States Power Soccer Association (<https://www.powersoccerusa.org/>) and enjoy working with the athletes and their families as they grow this sport internationally. For the past 10 years, I’ve also participated with All Wheels Up

(<https://www.allwheelsup.org/>), which has become a real passion of mine — helping make air travel more accessible and removing barriers for those who rely on mobility devices.

How do you maintain a balance between your professional responsibilities and your personal life, especially when it comes to family and hobbies?

I have been blessed with a very supportive family that understands what I do in the health care arena is important not only to me, but also to those my products help every day. That said, family comes first, and I have always prioritized my time to make sure family time takes precedence. Now that my children are grown, my hobbies once again occupy more of my time.

Tell us about your family. How has it coalesced around baseball, specifically the Dodgers?

My wife, Lynn, and I have always been Dodger fans, both of us

growing up not far from Dodger Stadium. Over the years, we raised our two kids, Michael and Michelle, to also be passionate fans. We are now working on our granddaughter, Emme, who, at 7 years old, is a big Mookie Betts fan. During the season, we attend quite a few games together. It’s great to share that fandom as a family.

What do you do for fun or relaxation? How did you get started refinishing furniture?

I have always enjoyed the challenge of fixing things. Nowadays, thanks to YouTube, I can fix almost anything around the house. Refinishing antique furniture became a passion of mine 30 years ago when we lived on the East Coast. I would find distressed antiques — the more distressed the better — and enjoyed the process of restoring them to beauty and utility.

Spiegel’s career illustrates how a commitment to both innovation and human connection can define leadership. From

mentoring the next generation to restoring antique furniture in his spare time, he blends practicality with purpose. Above all, his dedication to making a difference — whether in the lives of consumers, colleagues or athletes — remains the hallmark of his professional journey.



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Rick Spiegel, a longtime industry veteran, began his health care career in 1980 and joined MK Battery in 2001, where he is now Vice President of Corporate Business Development. His 45 years of industry experience includes five years in managed care, 15 years as a provider and over 20 years on the manufacturing/distribution side of health care products. Rick and his wife, Lynn, live in Valencia, California.

The Virtues of Exceptional Customer Service in a Complex Rehab Technology Provider

WRITTEN BY: Christien Allan

In the rapidly evolving and highly specialized world of Complex Rehab Technology, delivering exceptional customer service is not just an ancillary goal — it is the cornerstone of a successful, trusted provider. For CRT providers, understanding and addressing the unique challenges faced by each client is essential. Unlike a one-size-fits-all approach, personalized support ensures that every patient's individual needs, circumstances and aspirations are met with tailored solutions and compassionate care.

Recognizing Patients' Unique Challenges

Every individual relying on CRT devices faces distinct challenges — be it physical limitations, cognitive impairments, environmental factors or financial constraints. Some patients require highly customized wheelchairs, power mobility devices or seating systems, while others need extensive training or ongoing support to adapt to new equipment. Many navigate complex health conditions, emotional stress or limited social support. It's vital that providers recognize these differences and tailor their support accordingly, rather than offering generic solutions.

By actively listening and engaging with patients, caregivers and health care professionals, CRT providers can better understand specific needs and obstacles. This personalized approach fosters trust and ensures that clients feel valued and understood — crucial elements for improving mobility, independence and quality of life.

Building Trust and Confidence

Patients and clinicians depend on CRT providers during critical moments, often in complex environments. Demonstrating genuine empathy, expertise and responsiveness helps build trust. When clients believe that their unique concerns are heard and addressed with customized solutions, they develop confidence in the provider's commitment to their well-being. This trust encourages ongoing engagement, loyalty and positive recommendations — fundamental for long-term success.

Providing exceptional service requires a team of highly trained professionals. It's essential to have staff who are knowledgeable, responsive and skilled — ranging from sales and clinical support to

technical specialists. Since CRT involves highly specialized equipment, understanding device features, customization options, programming and maintenance is critical. Proper training ensures that staff can effectively educate clients, troubleshoot issues and deliver solutions tailored to each individual.

A knowledgeable team means clients receive accurate information, confident guidance and reliable support throughout their journey. This not only boosts satisfaction but also ensures proper device use, safety and optimal outcomes.

Improving patient satisfaction and outcomes

Exceptional customer service directly correlates with improved patient satisfaction and enhanced quality of life. When CRT providers provide comprehensive, personalized education about device operation, adjustments and troubleshooting, patients are more likely to use their equipment correctly and consistently. This reduces the risk of device malfunctions, readmissions or complications. Ongoing support and follow-up facilitate better adaptation, fostering greater mobility, independence and overall well-being.

Fostering Loyalty and Repeat Business

In a competitive market, building lasting relationships is key. Patients and health care professionals who experience personalized, attentive service are more likely to remain loyal and refer others. This reputation for individualized care enhances the provider's standing within the community and among referral sources. Such relationships create a cycle of trust and advocacy benefiting all parties involved.

Ensuring Safety and Compliance

Proper use, regular maintenance and adherence to safety standards are essential. When providers proactively offer tailored training and support, they help prevent misuse or device malfunction, ensuring safety and compliance with health care regulations. Recognizing each patient's unique challenges allows providers to deliver targeted education and follow-up, reducing risks and promoting safety.

Supporting Health Care Providers and Care Teams

CRT providers are vital partners to clinicians, rehabilitation providers and caregivers. By offering personalized product recommendations, technical support and ongoing education, providers facilitate seamless coordination of care. Understanding each patient's specific health and functional needs enables providers to better serve care teams, contributing to improved clinical outcomes and patient satisfaction.

Embracing Technology and Innovation Amid Funding Challenges

Given current funding constraints and evolving reimbursement models, it's more important than ever for CRT providers to leverage technology and innovation. Implementing inventory management systems, digital documentation, remote programming and telehealth support can streamline operations, reduce costs and improve service delivery. Patient engagement platforms, online training modules and remote support tools enable providers to provide

personalized, accessible support tailored to each client's needs while navigating financial challenges.

These technological solutions enhance accuracy, responsiveness and patient engagement without replacing the human touch. Rather, they augment personalized support and operational efficiency.

The Critical Need for Skilled Staff

Having well-trained, knowledgeable staff across all roles — clinical, technical and customer service — is vital to delivering high-quality care. Staff must understand the complexities of CRT devices, including customization, programming, troubleshooting and safety considerations. Ongoing training ensures that staff stay current with industry advancements, standards and best practices, directly impacting customer satisfaction, safety and positive outcomes.

Driving Continuous Improvement and Innovation

A truly patient-centered approach involves listening to feedback from clients and health care professionals. This input is essential for refining products, services

and support strategies. Continuous improvement allows CRT providers to remain adaptable and innovative, always striving to meet the evolving needs of their clients. Recognizing that each patient's situation is unique, providers should emphasize flexible, customized solutions that address individual challenges effectively.

Conclusion

In the CRT industry, success hinges on more than just providing devices. It depends on delivering personalized, compassionate and proactive customer service that recognizes each client's unique challenges. Moving away from a cookie-cutter model and embracing tailored solutions, knowledgeable staff and innovative technology sets providers apart. Today's environment — with funding constraints and complex patient needs — demands adaptability, expertise and genuine care.

By emphasizing these virtues, CRT providers can build lasting trust, improve quality of life and foster a reputation for excellence, ultimately ensuring they remain vital partners in delivering effective, compassionate complex rehab solutions tailored to each patient's journey.



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With over 20 years of dedicated experience in the complex rehab technology industry, Christien Allan has had the privilege of working in a variety of roles across Canada. Throughout my career, he has been committed to improving accessibility, enhancing patient outcomes and supporting individuals with complex needs. His diverse background has given him a comprehensive understanding of the industry, from technical aspects to client-centered solutions. Allan genuinely enjoys the work he does, driven by a passion for making a meaningful difference in people's lives. Whether collaborating with teams or engaging directly with clients, he is always focused on innovation, quality and compassionate care.

REHAB CASE STUDY

Michael's Story: Three Years on a Couch

WRITTEN BY: Becky Breax, PhD, OTR/L, ATP

I first met Michael in the winter of 2022, when he agreed to an interview to discuss his experiences in the wheelchair industry. Born with spinal muscular atrophy (SMA), Michael had used a power wheelchair for most of his life. I knew he would bring valuable experience and perspective to my study on person-centered care and Complex Rehab Technology provision. When I asked if he would participate, he immediately agreed and kindly invited me to his home one evening for the discussion.

As I sat with Michael, his wife, Desiree, and his sister, Alicia, I was struck by how seamlessly they worked together in his care. Alicia and Desiree often anticipated his needs before he even mentioned them. When Michael requested assistance, his voice was at times barely perceptible, yet they knew instinctively what to do — whether to clear his tracheostomy tube with a suction device or to move his right hand slightly so he could better activate the tilt switch on his power wheelchair.

Michael's needs are complex. In my 30 years as a CRT clinician, I've met many individuals like him, where small changes to seating or positioning can dramatically influence health and function for better or worse.



"Michael on couch"

Michael with his wife and son several years ago, when pain and ventilator transport issues limited his wheelchair use.

As we chatted, I asked Michael if he remembered any experiences where things either went well or poorly while working with professionals in the wheelchair industry. He quickly replied that he could share a good example of both. The story that follows summarizes that discussion. It underscores the critical role of service providers in the CRT industry and how the service provision process can profoundly impact a person's life. It also demonstrates why person-centered care must be an essential component of the service delivery model.

To understand why those experiences left such a lasting mark, it helps to know where Michael's journey began.

His story, like that of many long-term wheelchair users, started in childhood, shaped by both medical realities and the people who supported him along the way.

As part of our interview, Michael shared memories from early childhood through adulthood. Growing up with a disability, he learned early on the importance of a well-fitting wheelchair for his health, function and quality of life. He received his first power wheelchair in early childhood because muscle weakness prevented him from standing or walking. Spinal muscular atrophy, a progressive neuromuscular disorder, causes generalized weakness throughout the body,

with greater strength in the distal muscles of the hands and feet and less in the proximal muscles near the torso and head. Progressive in nature, Michael's increasing muscle weakness means that the unpredictable nature of his condition, and future uncertainties, are a normal part of life.

Despite these challenges, Michael mastered his power wheelchair with remarkable skill as a young child. Using a joystick controlled by his hand, he maneuvered the chair independently throughout his home and community. Although he needed assistance with bathing, dressing and eating, his wheelchair gave him the ability to go where he wanted and needed to go each day.

As Michael grew up, his parents and siblings all chipped in to help him with self-care tasks, while also ensuring he was included in all family activities and outings, even carrying him to the top of the Statue of Liberty on one memorable vacation. A good student, Michael achieved many milestones typical of others his age. After high school, for example, he attended college where he met his future wife; shortly after their marriage, he and Desiree started a family. As a close-knit Hispanic family, the young couple moved in with his family, and they all shared in his

REHAB CASE STUDY



“Michael today”

Today, Michael uses his power wheelchair for several hours each day. As his needs change, his Complex Rehab Technology team continues to identify technologies that support his health, comfort and participation.

care. While he needed help with daily tasks, this did not prevent Michael and Desiree from leading busy and active lives for many years. Their days were very full as they engaged in their work, community events and family activities.

But everything changed shortly after Michael turned 30. A planned surgical procedure led to unexpected complications. When Michael awoke, he could no longer see, breathe

independently or move as before. Hospitalized for weeks, his life became a whirlwind of medical appointments as his care team worked to understand what had happened and to help him regain as much vision, movement and function as possible.

Although some of his vision eventually returned, the physical toll was immense. Before surgery, he could sit in his wheelchair for hours and drive it with a joystick. After discharge,

he could do neither. His posture, strength and tolerance for sitting had all changed. His family propped him up with pillows and books to help him sit in the wheelchair, but he experienced severe discomfort. He now required a ventilator 24 hours a day, yet his power wheelchair could not safely carry the bulky machine.

After returning home, Michael and his family reached out to the wheelchair supply company that provided his power wheelchair and asked for their help, but unfortunately, the process of getting his power wheelchair fixed and appropriate for his changing body proved to be very frustrating and ultimately futile. The challenges that ensued would lead Michael to describe the next three years as some of the most trying in his life. Employees from the wheelchair supply company met with Michael and recommended a new power wheelchair that they assured him would accommodate all the changes to his body, but when it was approved by his insurance company and delivered to his home several months later, it was no better than the original. Without a mobility system that met his needs, Michael's life was restricted to the four walls of his living room. Using an arrangement of pillows for support, he spent nearly all his days sitting on the couch.

Desiree described this time of their life as one of extreme

frustration as they repeatedly asked the wheelchair supply company for help, but each product solution they offered failed to address Michael's needs.

“And that was the worst because, to be honest, it was a company that was like ‘Okay here’s what you need, we’ll get it for you.’ And they gave us a chair that he couldn’t sit in. And so every time we’d go back and say, ‘Hey, he’s uncomfortable. He can’t sit in the chair,’ they would say ‘Well, we can do this.’ And they’d do something, and we’d say, ‘Well, this doesn’t work.’ [...] And so, he couldn’t get in the chair. It was so painful. And he sat on the couch for like three years.”

After multiple failed attempts, the company told Michael there was nothing more they could do. Feeling helpless, the family adapted their life around the couch. It became the center of their world — where they ate meals, watched movies, attended church services and even performed family skits so Michael could remain included in everything they did.

Three years later, a glimmer of hope arrived in the mail — a postcard advertising a wheelchair “tune-up” clinic hosted by another supplier. Intrigued, Michael and Desiree contacted the company, which sent a CRT supplier to their home. The representative asked detailed questions and

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evaluated Michael's remaining movements by placing a thumb under Michael's hand and asking him to pretend it was a joystick. Observing small but precise movements, the supplier suggested that Michael could operate a highly sensitive mini-proportional joystick. He recommended an evaluation with a CRT therapist at a local outpatient clinic to test equipment options and design a seating system suited to Michael's needs.

Desiree described that clinic visit as life-changing:

"That appointment was the best. They simulated a seating system so Michael could sit in it. And they simulated a mini joystick and things like that. And Michael drove for like the first time in like four years. They said, 'We'd like you to drive to each of those cones,' and Michael did. He drove to each of the cones. And he was so excited. That's what made us cry, he was so excited [...]. And we came home, and we were crying, and we said, 'They're gonna help us get another chair so he can sit in his chair and not on the couch.' So, we were excited for Michael to have some of his life back.

Through collaboration between Michael, his family, the CRT supplier and the clinician, he received a power wheelchair with a custom seating system and mini joystick that met his needs. He regained independence and returned to the activities that brought him

joy as a father and husband. More than 20 years later, Michael continues to work closely with a CRT team to adapt his equipment as his condition changes, maintaining as much independence as possible.

When asked what qualities he values most in CRT service providers, Michael answered with a single phrase: "Patience, awareness, consideration, sensitivity and intuition." When I asked him to elaborate, he added:

"I would say that they should be open-minded and receptive to the client's information. There are some people that just assume that they know what you're going through, and what you need and just give you that."

Without realizing it, Michael had described the essential elements of person-centered care. His story illustrates how profoundly different a person's health care experiences can be when person-centered care is or is not provided.

The Case for Person-Centered Care

For people like Michael, a wheelchair is far more than a convenience; it is an essential medical device. He uses it for several hours each day, and it must be configured precisely for his unique body, needs and goals.

To improve outcomes for wheelchair users like Michael,



"Michael family pic"

Michael with his wife, Desiree, and their son, Michael, in a recent family photo.

experts in the seating and wheeled mobility field recommend a person-centered care approach as the industry gold standard for service provision (Arledge et al., 2011; Cohen et al., 2013; Federici et al., 2015; Plummer et al., 2013; World Health Organization, 2023). A person-centered approach is much more than asking individuals about their goals. It is a holistic care philosophy that includes:

- **Collaboration:** Teamwork built on transparency, listening and effective communication.
- **Autonomy:** Respecting each client's individuality and self-determination.
- **Holistic assessment:** Understanding physical, emotional, social and environmental factors.
- **Therapeutic alliance:** Building trust and partnership between providers and clients.

• Shared decision-making:

Ensuring clients make informed choices about their care.

In short, person-centered care is fundamental to quality care and best practices in CRT provision. Research consistently supports its value in reducing technology abandonment, improving satisfaction and user-device match, and minimizing medical complications (Arledge et al., 2011; Federici et al., 2015; Holloway & Dawes, 2016; Johnston et al., 2014; Kittel et al., 2002; 2000; Scherer, 2002; Verza et al., 2006).

Person-centered care is also associated with long-term cost savings, reduced provider burnout and better continuity of care (Epstein et al., 2010; Mead & Bower, 2002; Stewart et al., 2000). While it may require more time initially, it saves time and resources over the full episode of care by preventing poor outcomes and

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dissatisfaction (Federici et al., 2015; Verza et al., 2006).

Unfortunately, as Michael's story demonstrates, person-centered care is not consistently implemented across the field (Federici et al., 2015; Johnston et al., 2014). Research shows that "a provider-centered/controlled approach continues to occur" (Johnston et al., 2014, p. 422).

Clients are too often denied opportunities for informed decision-making, such as trialing devices before purchase (Riemer-Reiss & Wacker, 2000). Systemic pressures—including profit motives, bureaucratic processes and time constraints—can lead providers to limit choices, rush processes or adopt ineffective service delivery models (Breux, 2024).

While the barriers to person-centered care are multifaceted, an important first step is increasing awareness and understanding of what this approach truly means and why it matters. It benefits clients, caregivers, providers and health care organizations alike. Most importantly, as Michael's story reminds us, person-centered care is not merely a "nice" thing to do—it is essential to a person's health, function and quality of life.

When we listen, collaborate and design with the person at the center, we don't just improve outcomes, we change people's lives.

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REHAB CASE STUDY

Wheelchair Skills Day Helps Kids Build Independence and Confidence

WRITTEN BY: Jennifer Janowicz, PT, DPT, ATP

There are shrills of joy and laughter in the center dome, with sounds echoing throughout the hospital. Children ranging from 7 to 14 years old are rolling and driving around obstacles in the open area. Kids and parents are scattered throughout the spacious room, all with smiles and anticipation for the “road trip” they are about to embark on. That’s right folks, it’s Wheelchair Skills Day!

On September 19, 2025, a joint event was hosted by Quantum Power Rehab and Shriners Children’s Salt Lake City, called wheels workshop. Children in both manual and power chairs were invited to come and participate in the Route 66 themed wheelchair skills day. This was comprised of various stations located throughout the hospital that were managed by Shriners physical and occupational therapists. The children were able to get one-to-one training on a specific skill set at each of the stations. Once their “road map” of stations were all checked off, they earned a Quantum Swag bag as well as snacks to “refuel” after such a taxing journey. The stations that were selected focused on mobility, preservation and improving current techniques which are all listed below:

- **Warm up:** This was a great opportunity for therapists to observe and assess overall ability to drive or push their chair. Trainers were able to intervene with tips or tricks on how to improve push strokes, approaching narrow spaces, assessing speeds or programming, ability to perform turns and overall control of their chair.
- **Doors:** It is natural that as kids approach school age, they are also trying to gain more independence. A door-opening task is one that just needs more practice, may be emerging for our school age kiddos, or it is a task that can greatly benefit from some new alternative techniques. Participants were taught things like approaching the door, body positioning to access doorknobs and management of hemiparetic upper extremity.
- **Ramps:** These accesses are commonly used in the community, and simple tips can make a huge difference. It can help to improve safety, while also providing more confidence when they encounter one in a community situation. Participants were taught to utilize change of body positions whether this was from power seat



Elsa practicing opening a door.



Quantum demonstration station.

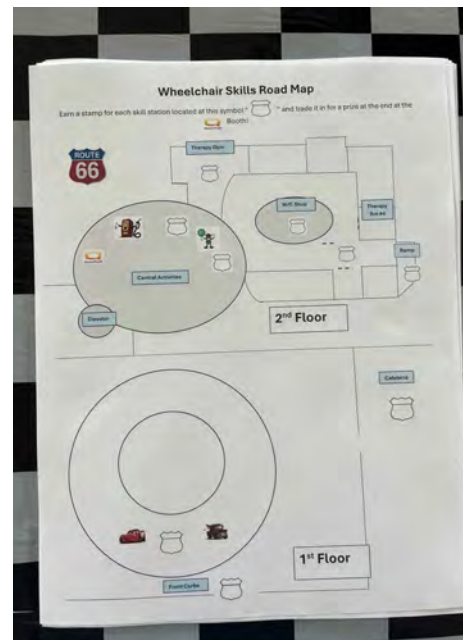
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Quantum swag bag.



Wheelchair Skills Day sign in sheets.



Close-up of the road map.



Ramp training.

functions or leaning trunk forward or back for our manual users.

- **Wheelchair care:**

Maintenance of the chair is an important factor in proper function and safety, while also assisting extending the lifetime of the chair. In this station, caregivers and participants were educated on basic care of their chairs like cleaning casters, battery care and greasing axles.

- **STOMPS:** When we look at literature, we see that individuals in wheelchairs are at risk of shoulder pain because they are unable to rest their arms sufficiently because they are dependent on them for both locomotion and typical daily activities.

We see that Strengthening and Optimal Movements for Painful Shoulders (STOMPS) exercise-based programs can be effective in reducing long-standing shoulder pain in wheelchair users as well as improved QOL scores (Mulroy et al. 2011). This was an important station to educate and train users early in attempts to either decrease risk of shoulder pain or provide the tools they need if they develop shoulder pain.

- **Transfers:** With age, transfers can become more difficult and what once worked as a transfer method may not work as the child grows. There were various pieces of equipment set up (standard chairs, bath chairs, benches, etc.), where

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Group skills warm up.



Group photo, start of the event.

participants could practice transfer skills. This was a safe environment that allowed multiple opportunities to practice with assistance of a therapist to offer recommendations.

• Curb and elevator

management: For the manual chair users, this meant practicing popping those wheelies! This started from the basics of popping casters

over a small rod, all the way to practicing popping wheelies for curb management. For the power wheelchair users, this meant making sure to align the front casters forward when encountering an obstacle. An elevator was required to return to the location of main event, allowing practice for body positioning, spatial awareness, timing and turning into small space.



Entrance to the ramp station.

• “Red Light, Green Light”:

To wrap up this fun event we combined a variety of skills with a game of “Red Light, Green Light.”

The background and purpose of this day was to allow a safe practice environment with skills that are used daily. As we know, children’s bodies grow and change with age. This can affect their strength, tone and overall movement strategies they use

to perform their tasks. Without efficient independent mobility, young children are at risk of developing passive, dependent behavior and older children are at risk of decreased participation and isolation (Livingstone and Paleg 2013).

Good standard of practice offers training upon delivery of the chair. However, if a child receives their first chair at age of 2, the wheelchair skills that they

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STOMPS exercise.



Connor in a power chair at the ramp station.



Elsa with a fuel bottle of lemonade.

need at age 7 are much different. Their world has expanded; they want to explore and be more independent. Where a kindergartener may have stayed in the classroom, now a grade-schooler is required to travel around the campus (library, cafeteria, etc.) or even switch classrooms upon junior high. Passive behaviors such as adults opening doors for them, pushing them into the elevator or over a curb has likely been a part of their early lives. This day was meant to review important skills or provide other techniques or tools that can assist with more independent wheelchair navigation.

Parent reports included: “Thank you so much,” “This was a lot of great information,” “We are excited to start opening

doors more!” The children reported, “It was fun to meet other kids.” All in all, it was a successful day focused on community excellence toward improving children’s efficiency with wheelchair mobility. There were smiles, laughter and socialization. However, the key measure of success is the follow-up report of implementing the skills that they learned. One young man started to notice some shoulder pain and Mom reported, “We are going to start that program for his shoulders.”

This was an inaugural event but hoping to make it an annual day where young children can continue to improve strategies and independence with wheelchair skills.

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RESNA News: Webinars, Certification and More

WRITTEN BY: Andrea Van Hook, RESNA Executive Director

RESNA Fall Webinars

Check out RESNA's live webinars remaining for November 2025. This webinar and all RESNA webinars offer 0.1 IACET CEUs and are available on-demand after the live webinar.

- November 19, 2025: "The Safe and Sound Protocol: A Calming Tool to Enhance Sensory Regulation and Assistive Technology Outcomes"

RESNA also offers several on-demand webinars, which fulfill the IACET CEU requirement for Assistive Technology Professional renewal, such as:

- "Telerehab and Telewellness for People Aging with a Disability"
- "Dynamic Seating: Providing Movement for Clinical Benefit"
- "Powered Wheelchair Access Methods for Highly Complex Clients"
- "Creating Mobility Solutions for Children"

Search for these and other on-demand webinars in the RESNA store. RESNA also has a list of continuing education providers on the website that have several courses acceptable for ATP renewal. Look for the list in the Certification section, under "Continuing Education."

Don't forget, you can use the same continuing education for ATP recertification as you use to renew your iNRRTS registration. iNRRTS requires Registrants to renew on an annual basis with documentation of 1.0 CEU of continuing education.

This means that those who successfully renew iNRRTS registration meet the requirements to renew their ATP. The only difference is that the ATP renewal is every two years.

Tips for Stress-Free ATP Certification Renewal

Almost 1,000 people will need to renew their ATP between October and February. Follow these tips for stress-free ATP certification renewal.

- Use RESNA's online renewal form and upload digital copies of your continuing education certificates along with required paperwork **up to 3 months prior** to your certification expiration date.
- If you can't upload your certificates because the files are too big, upload one certificate and submit your application. Then, scan all the remaining certificates into a single PDF and email everything to certification@resna.org. Do not send snail mail.

- Make sure your RESNA online account is up to date. Your username is the email address you have on file with RESNA. You can reset your password if you've forgotten it. Remember to check that spam folder for the reset link.

- Don't delay, pay that invoice right away! Once we receive your paperwork, we will place an invoice on your account and email you. If you do not see an email within three business days, log in to your RESNA account and see if the invoice is there before contacting the office.

- Make sure you have the required continuing education credits and submitted digital copies of the certificates. You must have 20 hours of continuing education from the previous two years. Of those 20 hours, at least 10 must be IACET CEUs or from a preferred provider, like AOTA, APTA, etc., or from a university. Note: iNRRTS is an IACET-accredited provider, as is RESNA.

Annual Notice of the Code of Conduct and Standards of Practice

Earning certification requires not only demonstration of a core knowledge in assistive technology but also a requirement to follow RESNA's

Code of Ethics and Standards of Practice, which sets forth the fundamental concepts for ethical practice. Violation of one or more can result in punitive action by the RESNA Professional Standards Board, which oversees the certification program.

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



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

CRT UPDATE

Keeping the CRT Industry Informed with the Latest Updates

WRITTEN BY: Wayne Grau

NCART, US Rehab, iNRRTS Lead CRT Advocates on Capitol Hill

Complex Rehab Technology advocates descended on Washington, D.C., and Capitol Hill the week of September 15 to discuss legislative and regulatory issues for CRT manufacturers, suppliers and consumers. The group held 70 congressional meetings, with most involving members of the Committees of Jurisdiction. COJ senators and representatives oversee Medicare and health care bills. The attendee numbers exceeded those of last year, and we had a good mix of manufacturers, providers and consumers.

The attendees discussed repair reform, power standing, the manual wheelchair titanium and composite upgrade bills, telehealth and competitive bidding. Those in the legislative offices were interested in understanding how these issues affected their constituents and how they could best assist. The CRT industry is small but highly impactful; however, we must continue to educate legislators so that they do not forget the value we bring to consumers who utilize CRT equipment.

We look forward to a bigger

and better event in 2026!! Stay tuned.

CMS Meeting Sets the Stage for Further Power Standing Discussions

Complex Rehab Technology industry representatives held a meeting with Center for Medicare and Medicaid Services leaders to discuss the opening of the National Coverage Determination for power standing. Power Standing remains one of the top priorities for NCART and our members. The ITEM Coalition secured the meeting and invited NCART, providers, manufacturers, clinicians and consumers who utilize this incredible product to share their story. The CMS attendee has a history of working with power wheelchairs and asked a lot of great questions. The most compelling argument for coverage of power standing came from the consumers, who described how power standing allows them to live their very active lives.

CMS stated they have had a backlog of National Coverage Determination requests (not just for CRT) and are working through a reduction in force due to voluntary retirements from federal workers; however, they are filling some of the positions. The conversation was candid,

and the group felt that we now have a path forward. We will be setting up meetings to bring the new CMS staff up to date with our medical evidence of the benefit of power standing. We look forward to engaging with CMS to secure coverage for consumers.

Tour Supports the Value of CRT Suppliers

NCART and U.S. Rehab attended a tour hosted by Metrocare in Fort Worth, Texas, with Energy and Commerce Committee member Rep. Marc Veasey, D-TX. He not only toured the facility but also assisted in the delivery and adjustment of a Group 3 power chair to a consumer. He was very interested in learning more about the equipment and repair process for his constituents. Afterward, we discussed some of the issues that create access obstacles for consumers who require Complex Rehab Technology equipment.

These types of interactions with members of Congress, both on the state and federal levels, are incredibly impactful and memorable. We are facing several challenges from competitive bidding to unknown Medicaid changes at the state level. NCART encourages all providers to reach out to your congressional delegation and invite them to come by and learn more about your business and the incredible services you offer their constituents. NCART will assist if you are interested in hosting

a state or federal congressional tour; please contact me.

Thank You to the Legislative Fly-In Organizers

I would like to thank iNRRTS and U.S. Rehab for collaborating with NCART to organize a successful Washington, D.C., Legislative Fly-In this past month. This is an excellent example of how, when we all work together, we can achieve great things. We learned this lesson when the industry came together to address seat elevation.

Advocacy Quotes

"I learned a long time ago the wisest thing I can do is be on my own side, be an advocate for myself and others like me."

— Maya Angelou



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

Efficiency Versus Safety: Streamlining the Five-Year Rule for Power Mobility Devices at What Cost?

WRITTEN BY: Laura Morgan, PT, DPT, MSPT, ATP

In May 2024, the Centers for Medicare and Medicaid Services implemented changes to the five-year replacement rule for power mobility devices, effective June 2, 2024.¹ Published in June 2025, the update eliminates the mandatory clinician evaluation at the five-year reasonable useful lifetime if equipment is replaced with the same HCPCS code (health care common procedure coding system) as the prior device.

At first glance, this change appears to reduce administrative burden and streamline access. However, the policy shift raises critical concerns across the Complex Rehabilitation Technology community with respect to clients' best interests and long-term outcomes. By removing the clinical evaluation requirement, the rule risks undermining best practices, compromising client safety and increasing long-term health care costs.

This policy change raises a central question for the CRT community: What role should clinicians play in the replacement of power mobility devices? While the Center for Medicare and Medicaid Services suggest efficiency can be gained by removing their involvement, decades of best practice show that the clinical evaluation remains the cornerstone of safe and appropriate equipment provision.

The clinical evaluation is not a formality; it is foundational to CRT provision.²⁻⁵ A licensed clinician identifies an individual's health status, function, daily activities, environments and goals, and then prescribes equipment features best suited to meet those needs.⁴⁻⁵ Suppliers play an equally critical and complementary role by matching technology options to the clinician's recommendations.⁵

RESNA emphasizes this shared responsibility: "The participation of both the therapist and supplier is critical, as they possess different and complementary skill sets."³ Without this dual perspective, the process risks devolving into a payer-centered transaction focused on codes rather than people.

What RESNA calls critical, the new policy treats as optional, leaving it to clinicians and suppliers to defend the role of comprehensive evaluation in protecting users' health and independence. Eliminating the clinical evaluation shifts medical decision-making to suppliers, placing them in a role that may exceed their scope of practice.⁶

While suppliers are highly skilled in product knowledge, many are not medically trained to assess clinical factors such as cognition, strength, range of

motion, balance, coordination, posture, skin integrity, history of pressure injuries, pain, endurance and cardiovascular status, which are core standards of a comprehensive clinical Complex Rehab Technology assessment.⁴ Even when the supplier-ATP also has medical training through a physical therapy or occupational therapy degree, it is not their role in CRT provision to perform the medical assessment.⁷

At the same time, CRT suppliers face significant pressures to process orders quickly.⁸ When combined with the policy change, this pressure can create predictable shortcuts: Less ethical suppliers may default to the same HCPCS codes to avoid delays. What appears "efficient" on paper can instead create significant risks for clients. Several risks emerge as a result:

- **Scope creep:** Suppliers risk acting outside their scope of practice by determining medical necessity after five years.⁶
- **Code inertia:** Pressure to keep the same HCPCS codes for speed and competitiveness, even when client needs have changed.
- **Reduced choice:** Without a clinical assessment, clients lose opportunities to explore new features or technological advances.

- **Delayed access:** Clients may be deprived of medically necessary equipment when changes require new codes and a clinical evaluation.

- **Potential abuse:** Some suppliers could automatically cycle equipment every five years or steer clients toward higher-margin products without medical justification.

These risks are amplified by the fact that most clients' needs change significantly over time. Some experts estimate that up to 80% of end users require equipment modifications within a five-year period.⁹ Even those with relatively stable conditions may develop pain, skin breakdown or shifts in caregiver support that alter their requirements. Progressive conditions accelerate these changes further.

Moreover, devices under the same HCPCS code are not interchangeable. For example, two skin protection cushions may share a code but differ dramatically in materials and pressure relieving properties. Only a clinician trained in CRT, working in partnership with the supplier's product expertise, can ensure the chosen equipment meets the client's medical and functional needs. Without reassessment, clients risk receiving suboptimal,

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outdated or unsafe equipment simply because it is quicker to process.

The CRT field has long-championed person-centered care. Evidence shows that comprehensive clinical assessments improve user-technology matches, increase satisfaction, reduce abandonment and lower overall health care costs.^{3,10–13}

By eliminating the clinical assessment requirement, the new rule signals that best practice and person-centered care is optional—or merely a bureaucratic formality. This stands in direct opposition to national and global benchmarks such as the 2023 WHO Wheelchair Provision Guidelines,^{3,13,14} which affirm that a comprehensive clinical assessment is indispensable to safe, effective and person-centered CRT provision.

To preserve best practice while addressing industry goals of reducing administrative burden and maximizing efficiency, the Clinician Task Force recommends the following adjustments:

- Require a clinical assessment for all five-year replacements, even when HCPCS codes remain unchanged.
- Allow streamlined documentation at the five-year mark when minimal or no changes are identified, provided the evaluation is performed by a specialty clinician with ATP or ATP/SMS credentials.

- Strengthen collaboration with advocacy organizations to ensure safeguards are in place and to protect clients from potential misuse.

- Pursue administrative simplification in other areas, such as reducing duplicative face-to-face requirements or creating a faster approval pathway when the assessment has already been completed by an ATP-certified clinician.

- Clarify CMS policy language to eliminate ambiguity. Some suppliers and clinicians remain uncertain whether evaluations are optional or required.

This is not a regulatory technicality. At stake are independence, safety and quality of life for people who rely on CRT. Without reassessment, clients may face preventable complications — falls, pressure injuries, pain, reduced function and avoidable hospitalizations. These outcomes drive up costs rather than reduce them.

Policy should reduce paperwork, not eliminate safeguards. A five-year-old wheelchair prescription is no more reliable than a five-year-old eyeglass prescription. Codes may remain the same, but people change. We would never accept outdated prescriptions for medications, oxygen or hearing aids. CRT deserves the same standard of care.

Reducing barriers is a positive goal, but not if it opens the door

to waste, abuse and unsafe outcomes. CMS' intent to ease administrative burden is commendable, but efficiency cannot come at the expense of best practice. Eliminating the clinical evaluation risks shifting decision-making outside clinical expertise—limiting both client choice and undermining safety.

The CRT community must continue to advocate for policies that put people before paperwork. Every five years, a clinical reassessment remains the gold standard to ensure equipment — whether identical, modified or new — meets client needs. Reinforcing the reassessment as essential, while trimming redundant hurdles, is the best path to clinically defensible, timely, safe and person-centered access to mobility technology.

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Renewed iNRRTS Registrants

The following individuals renewed their iNRRTS Registration between August 23 through October 17, 2025.

PLEASE NOTE **IF YOU RENEWED AFTER OCTOBER 17, 2025**, YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.

IF YOU RENEWED PRIOR TO AUGUST 23, 2025, 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.

Alan Derr, ATP, CRTS®	James C. Bond, ATP, CRTS®	Matthew Lippy, ATP, CRTS®
Albert Alvarado, ATP, CRTS®	James E. Cage, Jr., ATP, CRTS®	Matthew MacQueen, ATP, CRTS®
Albert Baxter, ATP, CRTS®	Jason Lang, ATP, CRTS®	Michael Thayer, ATP, CRTS®
Amanda Medeiros, RRTS®	Jason Cook, ATP, CRTS®	Michael Provines, ATP/SMS, CRTS®
Andrew Robinson, ATP/SMS, CRTS®	Jason P. Steiner, ATP, CRTS®	Michael A. Bales, ATP, CRTS®
Anthony B. Nunez, RRTS®	Jay Krusemark, ATP, CRTS®	Michael T. Crown, ATP, CRTS®
Aundre Judge, RRTS®	Jed Golding, ATP, CRTS®	Michelle Kennedy, RRTS®
Austin MacKenzie, RRTS®	Jeff Harbert, ATP, CRTS®	Nathan Lyon, ATP, CRTS®
Barney Deichert, ATP, CRTS®	Jeffery Lane, ATP, CRTS®	Ness Aguirre, RRTS®
Benjamin Jones, RRTS®	Jeffery A. Hennessee, ATP, CRTS®	Nicolas Diaz, RRTS®
Bob G. Poole, ATP, CRTS®	Jeffrey C. Ray, ATP, CRTS®	Palwinder Sangha, RRTS®
Bradley R. Gooch, MBA, ATP, CRTS®	Jennifer Barrow, OTR/L, ATP, CRTS®	Patricio Zaragoza, RRTS®
Brian Coltman, ATP/SMS, CRTS®	Jillian Petrillo, RRTS®	Rachel Mackeigan, RRTS®
Brian Marshall, ATP, CRTS®	Joe Prieto, ATP, CRTS®	Raoul K. Harlan, ATP, CRTS®
Brian M. Crenna, ATP, CRTS®	John Leibach, ATP, CRTS®	Richard Alonzo, ATP, CRTS®
Bryan Benton, ATP, CRTS®	John Lanier, ATP, CRTS®	Richard M. Graver, Jr., ATP, CRTS®
Carmelo Markray, ATP, CRTS®	John Phillips, ATP/SMS, CRTS®	Rick Church, RRTS®
Cassandra Kinnamon, RRTS®	John West, ATP, CRTS®	Rick Williams, ATP, CRTS®
Chelsea Henry, RRTS®	John Lazaro, RRTS®	Robert Garwood, ATP, CRTS®
Chevhaun Mathers, RRTS®	John E Culpepper, Jr, ATP, CRTS®	Robert Brown, ATP, CRTS®
Christian Cervantes, RRTS®	John Robert Farris, RRTS®	Robert Kavish, ATP, CRTS®
Christine Caetano, RRTS®	Jonathan Threlkeld, ATP/SMS, CRTS®	Robert McLean, ATP/SMS, CRTS®
Corey Clonts, ATP, CRTS®	Jonathan C Adams, ATP, CRTS®	Robin Grider, ATP, CRTS®
Daniel Bartran, RRTS®	Jordan Swan, ATP, CRTS®	Rose Ebner, ATP/SMS, CRTS®
Darren J. Roberts, ATP, CRTS®	Joseph Shortreed, RRTS®	Ryan J. Romero, ATP, CRTS®
Darryl Hosmanek, ATP, CRTS®	Joseph Vance Bryant, ATP, CRTS®	Sally Buxton, RRTS®
David Emery, ATP, CRTS®	Julian C. Fiske, ATP, CRTS®	Samantha Audy, RRTS®
Derek W.M. Ng, ATP, CRTS®	Justin Whittington, ATP/SMS, CRTS®	Sara Miller, RRTS®
Derrick Dobbs, ATP, CRTS®	K. Brandon Cowart, ATP, CRTS®	Sarah Stelter-Stirrett, RRTS®
Dino Padula, RRTS®	Karla Coyer, PTA, ATP, RRTS®	Seth Crawford, RRTS®
Dwayne Sharp, RRTS®	Kate Drury, RRTS®	Sharon Frant Brooks, MA, OTR/L, ATP/SMS, CRTS®
Dylan Ricks, RRTS®	Kathy Fowler, ATP, CRTS®	Shean Wages, MHA, ATP, CRTS®
Eric T. Smith, QRP, ATP, CRTS®	Kendall Wilmore, ATP, CRTS®	Stacy Denmark, ATP, CRTS®
Erik Lindblad, ATP, CRTS®	Kerry Hart, RRTS®	Tamara Shoemaker, ATP, CRTS®
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Fadi Nammo, RRTS®	Kristen Decker, ATP, CRTS®	Tammy Lynn Rosemoore, B.Ed, ATP, CRTS®
Francesca Whitaker, ATP, CRTS®	Krystofer Ogradzinski, RRTS®	Ted L. Hyde, BFA, CO, FAAOP, ATP, CRTS®
Frank A. Lane, ATP, CRTS®	Laura Frey, ATP, CRTS®	Teresa Glass-Owens, ATP, CRTS®
Glenn Hales, ATP, CRTS®	Lazaro Muniz, ATP, CRTS®	Timothy Spaulding, ATP, CRTS®
Gregg M. Platis, ATP, CRTS®	Lee Walking Eagle, ATP, CRTS®	Tom Simon, ATP, CRTS®
Hayden Peake, RRTS®	Lino Castro, RRTS®	Tracy Luedtke Sveum, ATP, CRTS®
Heather Worley, OTR/L, ATP, CRTS®	Mark D. Patten, ATP, CRTS®	Tristan Yapuncich, ATP, CRTS®
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Jaime L Pla-Gotay, RRTS®	Mary Lisa McGuire, ATP, CRTS®	Warren Stuart, RRTS®
James Rees, ATP, CRTS®	Matt Fremont, RRTS®	William C. McKeon, ATP, CRTS®

Congratulations to the following individuals who have completed Level 1 of the CRT Supplier Certificate Program.

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

NAMES LISTED ARE FROM AUGUST 23, 2025, THROUGH OCTOBER 17, 2025.

Nancy Sproul

Alejandro Perez-Alonso

Daniel Lunn

Jacqueline Barton

Rachelle Connon

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 AUGUST 23, 2025, THROUGH OCTOBER 17, 2025. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Vincent Gumbo
Whitby, Ontario

Henry Buyting
Fredericton, New Brunswick

Daniel Daoust
Cornwall, Ontario

Eduardo Jimenez Garcia
Burnaby, British Columbia

New iNRRTS Registrants

CONGRATULATIONS TO THE NEWEST INRRTS REGISTRANTS. NAMES INCLUDED ARE FROM AUGUST 23, 2025, THROUGH OCTOBER 17, 2025.

Barney Shirley, RRTS®
Independent Living Specialists
Gold Coast, Queensland

Emily Wischer, RRTS®
Medtech Services
Reno, NV

Jacqueline Barton, RRTS®
Independent Living Specialists
Virginia, Queensland

Michael Petz, ATP, CRTS®
Numotion
Mobile, AL

Christopher Guerrant, BS, ATP, RRTS®
Numotion
Norcross, GA

Gurpreet Singh, RRTS®
Mobility Specialties
Etobicoke, Ontario

Joshua Long, RRTS®
Summit Services & Supplies LLC
Kemmerer, WY

Ryan Little, RRTS®
HME Home Health
Richmond, British Columbia

Darius Ginn, RRTS®
KJK Service
Indianapolis, IN

Hector Teopengco, RRTS®
HME Home Health
Richmond, British Columbia

Kenneth "Kyle" Goff, ATP, RRTS®
Patients Choice Medical
Clarkston, GA

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 AUGUST 23, 2025, THROUGH OCTOBER 17, 2025.

Brittney Salter, ATP, CRTS®
6th Street Bridge Mobility
Tampa, FL

Heather Worley, ATP, CRTS®
Freedom Mobility Center
Mooresville, NC

Michael Petz, ATP, CRTS®
Numotion
Mobile, AL

Timothy Bowling, ATP, CRTS®
National Seating & Mobility, Inc.
Macon, GA

Christopher Fortune, ATP, CRTS®
6th Street Bridge Mobility
Land O Lakes, FL

Lazaro Muniz, ATP, CRTS®
Reliable Medical
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