DIRECTIONS

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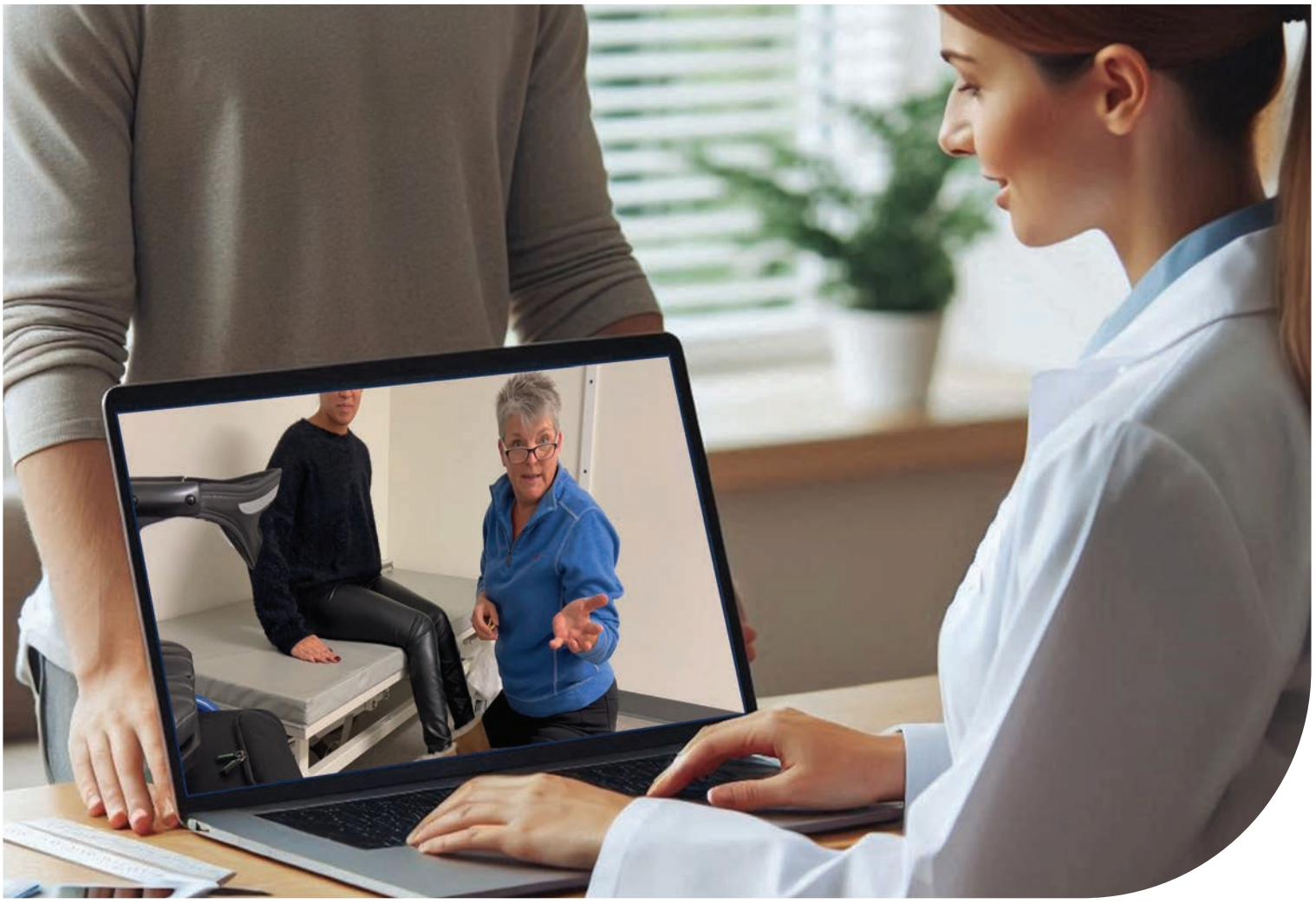

REHAB CASE STUDY

Telehealth: A Tool for Reassessing Upper Extremity Mobility Devices

WRITTEN BY:
William Danner, MOT, ATP, CPST

Over the past five years, tele-health therapy appointments have grown from an option rarely used to an important tool in patient care. In the following case study, telehealth was a major factor in the funding

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CLINICAL PERSPECTIVE - CEU ARTICLE

Considerations for Optimal Outcomes in the Provision of CRT Using Telehealth

CEU ARTICLE REVIEW

WRITTEN BY:
Melanie Parker, DPT, ATP/SMS

Though the COVID-19 pandemic closed many doors for therapists to evaluate clients for CRT, it opened the door for therapists to remotely participate in these evaluations. Though telemedicine has been studied and performed for nearly six decades, there are still no standards of care. Best practice considerations are proposed for the client, their environment, the rehab technology supplier, and the therapist.

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iNRRTS

IN THIS ISSUE

FROM THE EDITOR-IN-CHIEF

We are now five years past the COVID-19 pandemic, and this issue's clinical focus is on telehealth. Telehealth is critical to our industry and to our world. COVID-19 changed us all, but it also taught us how to do things differently with a positive and ethical result. Thank you for your support of iNRRTS and DIRECTIONS. We hope you enjoy reading this issue of DIRECTIONS as much as we did collecting the articles.

Amy Odom, BS

IN EVERY ISSUE

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LIFE ON WHEELS

Breaking the Cycle:
Amberly Campbell's Journey from Trauma to Triumph

WRITTEN BY: Rosa Walston Latimer

Everyone we profile in this column has encountered a pivotal moment that profoundly transformed their life. Whether stemming from a diagnosis or a life-altering injury, these experiences set them on a dramatically different path. Yet, each embraced their journey with courage and determination to lead fulfilling and productive lives. Amberly Campbell is no exception. Once a physically healthy young woman, Campbell faced unimaginable challenges following a brutal sexual assault that left her with

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Amberly swimming with a dolphin at Delphinus World dolphin conservation sanctuary, Xel-Ha, Cancun, Mexico.

FROM THE iNRRTS OFFICE

'Saturday Night Live' Recently Celebrated Its 50th Anniversary

WRITTEN BY: Jason Kelln, ATP, CRTS®

In the lead-up to the "Saturday Night Live" 50th Anniversary show, there were several documentaries. One looked at the five-minute auditions of people over the years. A resounding message from the stars was, "How did I ever get the job?"

One thing that was consistent was that Lorne Michaels and the casting personnel all saw something. It was not always visible in the audition, but there was something deep down that came through to the people making the choice. What is the magic secret for what they saw?

When I was in high school and university, no one mentioned the field of Complex Rehab Technology to me. I was introduced to it by people doing an excellent job at CRT already, and they, like Lorne Michaels, saw something in me and started.

We have all seen people present in interviews who may want to work with us, and it turns out they will not work for a multitude of different reasons.

How does one become good at this job? Caring for clients' needs, knowing where to get the best answer for solutions. Profound knowledge is not just about knowing the answer but knowing where to find it — a willingness to learn, be taught and to seek out answers.

iNRRTS is one of the best ways to find those answers. It provides world-class education, speakers, topics and advocacy.

Our industry tends to have people who do the job for a long time, and we have for a long time not had a lot of younger or newer people join CRT. At current count, the average age of an iNRRTS Registrant is 50.8 years old. One exciting thing is that we currently have 37 applicants whose average age is 38 years old. This is a great trend and something I hope we can build on. How can we build on his? By mentoring people, helping technicians who are assisting us in our jobs and making sure our co-workers know about the iNRRTS website and how to find answers.

The CRT industry and those working in it are nothing to laugh at. It is a serious business with serious results that can have huge impacts on people's lives. We all have looked at ourselves and said, "How did I get here?" To me, there is no definitive answer. Look for what someone may have. Mentor them and ensure we share the knowledge we have with others.

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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 is an owner of PrairieHeart Mobility since 2022.

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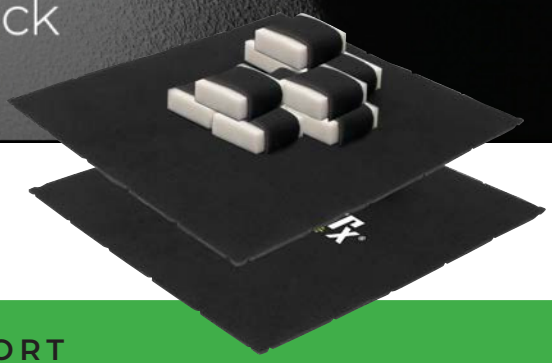

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REHAB CASE STUDY | CONTINUED FROM THE COVER

Telehealth: A Tool for Reassessing Upper Extremity Mobility Devices

WRITTEN BY: William Danner, MOT, ATP, CPST

of a Jaco robotic arm upper extremity mobility device.

Annah is a 28-year-old mother of two (ages 4 and 2) who suffers from Spinal muscular atrophy Type 1. During the time of her initial evaluation, Annah required 24-hour care due to her limits in mobility. Annah currently lives in an apartment with ramp access. The apartment is not set up for her regarding accessibility, therefore full assistance continues to be an important need for her safety and general daily living tasks.

Annah came to our Aaron W. Perlman Center at Cincinnati Children's Hospital Medical Center outpatient clinic with a single goal in mind: to receive a Jaco robotic arm. The Jaco arm is an upper extremity mobility device manufactured by Kinova. It is considered durable medical equipment and is funded for individuals with upper extremity deficits. Annah had seen one of these robotic arms and immediately knew it was the answer to her prayers.

"I know the Jaco robotic arm was made for me," she said during our initial evaluation session.

I recall thinking how great it would be if it were that easy. Upper extremity mobility evaluations typically involve two 90-minute sessions to evaluate all the options and make an educated decision on which device works best for the client. It usually takes the bulk of two sessions to sort through the mechanical, power and robotic devices available for clients. One advantage to having minimal movement in her arms was that Annah's only device option was the Jaco robotic arm.

The Jaco robotic arm is an upper extremity mobility device that mimics natural arm motion. The arm plugs directly into a client's power chair; therefore, to control the device, Annah would need to show skilled use of the joystick of her power wheelchair. Since Annah had already mastered accessing her power wheelchair joystick, she was an excellent candidate for this device.

During device trials at our clinic, Annah used the Jaco effortlessly to retrieve objects and perform activities of daily living tasks such as combing hair, picking up cups of water and opening doors. In fact, I have never seen anyone use the device as well as Annah did during her first session. She made the Jaco arm appear like an extension of her body.

After the initial evaluation, I agreed that the Jaco robotic arm was made for Annah and would dramatically improve her quality of life. After completing my evaluation paperwork, a letter of medical necessity was sent to the vendor who started the process of requesting funding.

There were many complications throughout this part of the process, including vendor change, Annah's loss of coverage, insurance changes, vendor extensions needed for recoding of the device, new paperwork for resubmission, another insurance change, etc. Due to these complications, an updated evaluation was necessary to resubmit for funding. This is where telehealth became a vital part of the revaluation process for Annah's equipment.

For the robotic arm to be funded, an updated evaluation of Annah's current function was necessary; however, Annah's health was not stable enough to travel the four hours needed for a face-to-face interaction at our outpatient clinic.

Luckily, I had run into similar situations before. During the pandemic, I completed an initial assessment for a robotic arm.

LIFE ON WHEELS | CONTINUED FROM PAGE 4

lasting physical injuries. Almost a decade after her life-altering trauma, Campbell exemplifies the power of courage in the face of adversity.

Living in Kissimmee, Florida, Campbell works part time at Discovery Cove Orlando, where she greets visitors and assists them in choosing excursions such as swimming with dolphins, exploring an expansive aviary or floating through waterfalls on a lazy river. "My job allows me to engage with and help others and makes it possible for me to live independently," Campbell said. "This is the first time I have lived on my own since my injury almost nine years ago."

The trauma Campbell endured in May 2016 was not only physical; it also was a catalyst that forced her to confront the toxic patterns and relationships in her life. "What happened to me was brutal and ugly, and left me physically disabled, yet that was probably the best day of my life," Campbell said.

This perspective may seem contradictory, but it opened the door to a transformative journey for the young woman. The harrowing experience Campbell endured provided new insight into a pattern of toxic relationships in her life. "The way he [the assailant] talked to me mirrored the toxicity and trauma that had been present my entire life and revealed the manipulative and narcissistic relationships I had with my family," Campbell said. "Once I had a little space from the actual assault, that realization drew me back into

REHAB CASE STUDY

In this case, telehealth was used for the evaluation with a follow-up "in-person" session at our clinic conducted later. In Annah's case, this order would be reversed. The main issue here was my documentation had to clearly show Annah was still able to use the Jaco device. Since we were meeting via telehealth, the justification would take some thought. Prior to the telehealth appointment, I ran through the evaluation and how I could clearly assess that the robotic arm was still an option for her.

Reassessing her upper extremity function would be a simple observation of her active movements through the computer screen. However, since Annah did not have a Jaco on hand for the evaluation, assessing her current ability to use the device was not an option.

After thinking this over, I felt the best way to reassess her ability to use the arm was to show her current joystick access. As mentioned previously, Annah is a power chair user and maintains a skilled ability to maneuver her wheelchair using a standard joystick.

During our telehealth reevaluation appointment, updated everything on the LMN, including any changes in medical condition. This part of the evaluation was all done through patient interview and chart review. The main change was a respiratory infection, which had been the cause for the telehealth visit. My interview and documentation showed that Annah's medical issues had not regressed and her condition was stable.

Next, there was the issue of demonstrating current upper extremity functional status. Annah demonstrated this through active movements that I observed and documented via video. She showed no change in functional status.

Everything above was documented on my LMN, then resubmitted to the vendor with fingers crossed. I resubmitted my updated evaluation paperwork for rereview on Feb. 29, 2024, and the device was approved on April 18, 2024.

This is an excerpt from the email I received from Annah:

Hey Bill!

I wanted to reach out and let you know I got my Jaco today! I cried happy tears because for the first time in my life I opened a door today. For the first time, I put my own sunglasses on and held a bottle of sweet tea to my mouth.

These were the first of the firsts. I know there's going to be hundreds more. I can't even describe to you how it feels to be capable.

So ... thank you. That's not enough. But thank you.

Annah

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William Danner has been an occupational therapist for 20 years with experience in outpatient, inpatient, behavioral, acute and home health settings. He has been a member of the Aaron W. Perlman Center at Cincinnati Children's Hospital Medical Center for the past 10 years and specializes in assistive technology assessments, including augmented communication, wheelchairs, upper extremity supports, activities of daily living equipment and car seats.

LIFE ON WHEELS

a spirituality that had been present since I was a child. "That discernment put me on a journey of understanding of why that day happened. I found my voice to set boundaries and advocate for myself."

Campbell is willing to help others by telling her story when the opportunity presents itself. "It was a long time before I felt comfortable telling about my experience," Campbell said. "It isn't an easy story to tell or to hear, but I have realized that it can be powerful in helping others. My motto is: 'If you are brave enough to ask, then you are courageous enough to hear."

"The words the rapist screamed at me during the five hours he confined me were familiar. I had heard the same verbal abuse from others who would also tell me they loved me. My mother was, and still is, abusive. She also had Munchausen syndrome, and I was her proxy." [Munchausen syndrome by proxy is a mental illness and a form of child abuse. The caretaker of a child either makes up fake symptoms or causes real symptoms to make it look like the child is sick.]

Campbell still has nightmares about the trauma she has experienced and has spent a great deal of time in therapy. "You never get over something like what happened to me, but you can learn to live with it. You must be brave and stop the cycle. When you realize what you don't want, you are able to allow what you deserve into your life."

Severing unhealthy relationships, especially with her

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LIFE ON WHEELS | CONTINUED FROM PAGE 7

Amberly beside the pool at Family Café, an annual conference for people with disabilities.

Amberly and her service dog, Sawyer, used an EcoRover chair to explore the Bear Creek area, Seminole County, Florida.

Amberly participating in an archery demonstration at the Family Café conference.

mother, was difficult. "I realized I couldn't change people who didn't want to change and who didn't accept I was no longer going to absorb their abuse," Campbell said. "I moved to another state to live with friends, so I could begin to heal. With my little dog, Sawyer, I drove 22 hours from Ohio to Colorado. It rained the entire time. I felt the universe was crying for me and proud of me. When I arrived instead of being bone tired, I was high on adrenaline. I was so proud I had broken away."

Campbell has had many interesting jobs, including working for NASCAR and managing large special events at a hotel. She was also on the staff of a cruise ship departing from Sydney, Australia. "I loved Australia and would love to live there someday. However, my work as an assistant service manager for a Nissan car dealership in Colorado Springs, Colorado, was one of my favorites," Campbell said.

"My team consisted of approximately 20 people. We provided service to our customers on any task that we could complete in a day."

Initially, feeling exhilarated about her newfound independence but in denial about the severity of the injury she had suffered, Campbell dove headfirst into her job at the Nissan auto dealership. "I was on my feet 60-70 hours a week, and the shop was very noisy. This was just six months after my injury."

During this time, she began to realize the importance of self-care and the necessity of slowing down to heal. "Once

Amberly placed second in competition at the fifth annual Center of Recovery and Exercise Survival of the Fittest competition in 2024.

An intense workout at a Crossfit facility is an important part of Amberly's self-care routine.

I paid attention to myself and my needs, I discovered I am an introvert-extrovert," Campbell said. "I enjoy socializing and spending time with others but also need time at home to read or crochet and recharge. While working at this demanding job, I didn't realize what I needed to do to help myself and listen to my body."

The needlecraft of crocheting is a serious creative pursuit for Campbell that also helps her heal. "I learned to crochet from a family friend when I was eight, and I've been crocheting for 30 years. It is comforting and meditative and helps me with anxiety," Campbell said. Her needlework is professional, and she sells intricate, complex crocheted items on Etsy, an online marketplace. She also offers crocheting instructions on her YouTube channel.

Helping others with disabilities find support and a community is Campbell's priority. She is a committee chair liaison and a board member of the Greater Orlando Spinal Cord Injury Network (GoSCIN), a chapter of the United Spinal Association.

The chapter hosts events for individuals with spinal cord and brain injuries who use wheelchairs or walkers. "We sponsor support groups, athletic events, picnics and holiday parties," Campbell said. "These events provide networking opportunities with a community that shares the same experiences and healing journeys. Once I was introduced to GoSCIN, my life changed."

This year, she plans to join fellow advocates at the "Roll on Capitol Hill" event in Washington, D.C., where they will engage with legislators to advance the empowerment and independence of wheelchair users.

Campbell is a beacon of hope and resilience for many. Her advocacy and openness about her trauma serve as powerful reminders of the strength that can emerge from vulnerability. In a world that often shies away from difficult conversations, Campbell is committed to fostering dialogue, healing and understanding within the disability community and beyond.

CONTACT

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Amberly Campbell earned a Bachelor of Science from The Ohio University in education and human ecology. She also earned a 1500-hour barber license from Toni & Guy Hairdressing Academy of Colorado Springs, Colorado. Her advocacy endeavors focus on healing and inclusion for those with disabilities. She is the committee chair liaison and a board member of the Greater Orlando Spinal Cord Injury Network (GoSCIN), a chapter of the United Spinal Association.

MOMENTS WITH MADSEN

Upholding Ethics:
Key Responsibilities for CRT Supplier Professionals

WRITTEN BY: Andrea Madsen, ATP

As a Complex Rehab Technology supplier professional, your role extends beyond merely providing equipment; you are a crucial part of enhancing the lives of individuals with disabilities. Your work supports their independence, mobility and overall well-being. Given the significant impact CRT has on consumers, adhering to ethical standards is essential for ensuring quality care, maintaining consumer trust, and upholding professional integrity.

The iNRRTS Code of Ethics serves as a fundamental guide for suppliers, helping them navigate their responsibilities with professionalism and ethical diligence.

Importance of Ethical Standards in CRT

The field of CRT is unique in that it involves highly customized equipment designed to meet the specific medical and functional needs of individuals with disabilities. Unlike standard durable medical equipment, CRT requires a collaborative approach involving end users, clinicians, caregivers and suppliers. Ethical considerations must guide every aspect of this process to ensure consumers receive the best possible care and their rights and needs are respected.

A strong ethical foundation is necessary for CRT supplier professionals because their decisions directly impact consumer health, safety and independence. Ethical breaches, such as misrepresentation of product capabilities, financial conflicts of interest or failure to recognize professional limitations, can lead to significant harm. Therefore, ethical vigilance is crucial to maintaining the integrity of the CRT profession.

Key Ethical Responsibilities for CRT Supplier Professionals

The iNRRTS Code of Ethics provides clear guidance on the ethical responsibilities of CRT supplier professionals. Below are key reminders of these principles:

Provide Competent and High-Quality Service

Staying informed about advancements in CRT is critical for ensuring consumers receive the best solutions for their needs. This includes:

- Engaging in ongoing continuing education and training to remain current with technological developments.
- Understanding the unique functional and medical needs of each consumer.
- Providing thorough assessments to ensure equipment recommendations are appropriate.

Competence also extends to proper equipment fitting, training and follow-up services. Supplier professionals must ensure consumers are comfortable and confident in using their devices.

Know Your Professional Limits

Recognizing professional limitations is a fundamental ethical principle. CRT supplier professionals should:

- Acknowledge when a consumer's needs exceed their expertise and refer them to appropriate professionals, such as physical or occupational therapists.
- Avoid making medical decisions outside their scope of practice.
- Collaborate with health care professionals to achieve the best possible consumer outcomes.

This principle protects consumers from receiving suboptimal or inappropriate services that could compromise their well-being.

Be Transparent and Respect Consumer Autonomy

Consumers have the right to make informed decisions about their equipment and care. Ethical suppliers should:

- Provide clear and comprehensive information about available equipment options, pricing and potential funding sources.
- Ensure consumers understand their choices without pressure or bias toward a specific supplier or product.
- Respect the consumer's right to choose their preferred CRT provider.

By fostering transparency, supplier professionals empower consumers to actively participate in their own care and decision making.

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TECH CORNER

Connecting with Clients in a Digital World

WRITTEN BY: Nicholas (Nick) Delenikos

Time is a precious thing, and often we feel there is not enough of it when assisting clients. Digital tools can help save travel time and enable clients to acquire what they need in a more efficient manner.

While the world of consumer technology is always advancing, the manufacturers of Complex Rehab Technology are continuously striving to improve and enhance our customers' experience. When it comes to power wheelchairs, features like Bluetooth have finally become an industry standard, giving users an opportunity to connect their chairs to their everyday devices for work and play. In addition to gaming or sending messages to coworkers, there are additional benefits of this technology when paired with a wheelchair. While taking the time to set up wireless connectivity for power wheelchair users can often be overlooked, it should be considered an essential step to maximize the user experience.

Power wheelchairs with the ability to connect to devices such as smartphones, tablets and home computers provide customers with the independence to carry out their own telehealth appointments. This offers a higher level of privacy and protection against information being miscommunicated or improperly relayed to their care team, often saving time and reducing frustration. By simply enabling a customer to access their personal device, they can manage their care, set appointments and review their health documents. All this can be done from the input device they use to control their standard driving and seating functions. A customer's ability to communicate independently should always be considered a crucial part of a wheelchair setup.

Another useful benefit of wireless connectivity is the

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MOMENTS WITH MADSEN | CONTINUED FROM PAGE 10

Protect Confidentiality

Safeguarding consumer information is not only an ethical duty but often also a legal requirement. CRT suppliers must:

- Maintain strict confidentiality of personal and medical information.
- Obtain proper authorization before sharing consumer data with third parties.
- Follow all relevant privacy laws and regulations.

Respecting confidentiality helps build trust and ensures that consumer rights are protected.

Serve Without Discrimination

Equitable service is a fundamental ethical obligation. CRT supplier professionals must:

- Provide fair and equal service to all consumers, regardless of race, gender, disability, socioeconomic status or any other characteristic.
- Avoid biases that could influence the level or quality of service provided.
- Ensure accessibility for all individuals seeking CRT services.

Upholding nondiscrimination principles ensures that all consumers receive the support they need to maximize their independence and quality of life.

Support Fair Complaint Resolution

A structured process for addressing consumer concerns is vital for maintaining service quality and accountability. CRT suppliers should:

- Clearly inform consumers about the iNRRTS complaint resolution process.
- Respond to complaints professionally and constructively.
- Use consumer feedback to improve services and address potential ethical concerns.

A fair and transparent complaint resolution process reinforces consumer confidence and trust in CRT services.

The Impact of Ethical Practices

Adhering to ethical principles benefits not only consumers but also the CRT profession as a whole. Ethical conduct helps to:

- Strengthen consumer trust, leading to better long-term relationships and service satisfaction.
- Enhance the credibility of CRT supplier professionals, fostering a positive reputation in the industry.
- Support professional growth and development through adherence to high standards.
- Reduce legal risks associated with unethical behavior, such as misrepresentation, conflicts of interest or privacy violations.

Ultimately, ethical responsibilities in CRT are about more than compliance. They are about ensuring the best possible outcomes for consumers who rely on these essential services.

The role of a CRT supplier professional carries significant ethical responsibilities that directly affect consumer well-being and independence. The iNRRTS Code of Ethics serves as a crucial framework for guiding suppliers in upholding professional integrity, quality service and consumer-centered care. By committing to ethical excellence, CRT suppliers help build a stronger, more trustworthy industry that truly prioritizes the needs of individuals with disabilities.

As we continue to advance in the field of CRT, let us remain vigilant in our ethical responsibilities, always striving for excellence in service and care. By doing so, we not only enhance the lives of those we serve but also reinforce the credibility and integrity of the CRT profession.

For the complete iNRRTS Code of Ethics, visit https://bit.ly/4iXpwSQ

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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

Purpose in Motion:
Jarrod Rowles' Journey of Care

The Rowles family: Kelly, Audrey, Weston and Jarrod.

In a world of technology and constant changes, assistive technology providers play a key role in connecting innovations to the people who need them most.

Jarrod Rowles, ATP/SMS, CRTS®, and branch manager at Reliable Medical, has built his career around this idea. Over nearly 20 years in the field, Rowles' journey has been shaped by unexpected opportunities, a strong purpose and a genuine desire to make a difference.

Rowles' entry into the world of assistive technology wasn't exactly planned. Growing up, he didn't have much exposure to the industry, but that changed in middle school. "We had a family with several boys who used power wheelchairs and had speech-generating devices. I thought it was interesting, but I didn't really understand at the time," he said. While the experience stuck with him, it didn't immediately steer him toward a career in assistive technology.

After college, where Rowles focused on IT, he began to feel as though he was heading in the wrong direction. "I couldn't see myself sitting behind a desk for the rest of my life," he said. A

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TECH CORNER | CONTINUED FROM PAGE 11

ability to use these tools for certain diagnostic purposes. Quantum Rehab has strived to lead the way with features like Q-Logic Interactive Assist.

When a power chair user downloads the application to their smart device, technicians can establish a remote connection to their device, enabling techs to review real-time chair settings and diagnostics and even provide the remote user a duplicate of the client's input display to follow along. With Interactive Assist, technicians can contact customers and review the equipment remotely to be better prepared to handle the situation. If a supplier or therapist is present with the customer, the remote technician can even make live programming changes.

Most of us have become accustomed to the world of live video communication. Accessing video chat for troubleshooting and repair dramatically increases the accuracy of information being shared between the technical support teams and on-site technicians.

Too often, errors are made because of simple differences in technical terms or missed interpretations. Most manufacturers are offering some form of this to better support technicians in the field. Video chats can be established without special software downloads, such as Live Lens used by Quantum Rehab, which utilizes internet browsers like Chrome and Safari.

It is important for technicians to have the proper devices to support customers with constantly evolving technology. Identifying problems and potentially solving them before leaving the office gives us additional time to help more customers. Wireless connectivity and applications such as Quantum's Interactive Assist and Live Lens do just that!

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Nicholas (Nick) Delenikos is the product research and integration manager for Quantum Rehab. He joined Quantum as a sales rep in 2016 and has worked closely with Stealth as their Western Regional Manager. Delenikos started in the industry at Permobil in 2009, holding technical and product management positions throughout his time there. He has spent significant time all over the United States as well as Canada and Australia working with products and clients. In his spare time, he enjoys the outdoors and adventures with his family.

NOTES FROM THE FIELD | CONTINUED FROM PAGE 13

Jarrod, Weston and Kelly all set for an Easter egg hunt.

Kelly and Weston

casual suggestion from a friend led Rowles to a job at Black Bear Medical in Portland, Maine, where he started delivering hospital beds and other medical equipment. He had no idea this job would kick off a career rich with purpose and meaning.

Looking back, Rowles knows that if he had stuck with IT, he would have drifted further away from what he now finds genuinely fulfilling. "You can't just say you're an ATP and expect people to get it," he said. "It's difficult to explain to non-industry people what we do in one or two sentences."

What truly keeps Rowles motivated is helping others, especially children. "I work a lot with kids, and that's where I get the most satisfaction. It's amazing seeing a parent realize that their child has more potential than they thought," he said. "In pediatrics, you are almost always giving the child something they didn't know was missing before coming to clinic. It is very rewarding."

Over the years, Rowles gained expertise and earned his ATP certification, moving from basic manual chairs to more specialized custom solutions. With every new challenge, he is reminded of the importance of his work.

After nearly two decades in the field, Rowles continues to focus on learning and collaborating with others. His involvement with RESNA and iNRRTS reflects his commitment to growing both personally and professionally. "I strongly believe in the importance of professional development. If iNRRTS introduced a new certification tomorrow, I'd sign up for it," he said.

The importance of mentorship echoes throughout Rowles' career. Although he remembers many individuals who opened doors to opportunities and provided key guidance, he considers Don McKenna an early, pivotal influence. "Don was my first mentor in the field," Rowles said. "Actually, I first learned about NRRTS from him. He was a CRTS® and had great respect for the organization. I followed his lead, and my iNRRTS association is an asset to my work. I love that it is now iNRRTS and the exchange of ideas is now more expansive."

Outside of work, Rowles values family time. He lives in Florida with his wife, Kelly, a speech-language pathologist, and their kids, 17-year-old Audrey and 5-year-old Weston. The family enjoys spending time together, whether hanging out by the pool or just relaxing. "I love being with my family, and sometimes I'll sneak in a round of golf," Rowles said, emphasizing the balance he maintains between work and home life. Living in Florida also means enjoying plenty of time outdoors. "It's more tolerable to be outside in the summer if you are in or near water," he said.

Having personal time to relax and recharge helps Rowles meet the challenges of being an ATP and branch manager, and he acknowledges the job can be tough. "Dealing with insurance

NOTES FROM THE FIELD

(l to r) David Mancini, Ki Mobility sales manager; Katie Petrocci, Permobil sales representative; and Jarrod, volunteering at an MDA camp.

Jarrod Rowles with Erin Baker, physical therapist, deliver equipment and smiles to one of their pediatric clients, Edwin.

and funding issues can be frustrating. Unfortunately, we don't reward innovation in the U.S. health care system," he said.

However, Rowles has developed strategies to handle these challenges and continues to fight for his clients. "Everyone faces similar battles with funding," he said. "I work with families to find resources and encourage them to reach out to advocacy groups and legislators." His approach is an example of the kind of resilience required in this field.

As his career grows, Rowles hopes the industry focuses more on clinical outcomes than profits. "We need to keep people with clinical expertise in the field to move things forward," he said, stressing the importance of combining competence, innovation and compassion. "We have to do what we can to make sure our specialty is left in better condition than when we found it."

Despite the ups and downs, the rewards of the job keep Rowles going. "The best way to turn around a bad day is to remember your successes," he said. "Every kiddo's smile and every family's gratitude remind me of the huge impact this work has."

Jarrod Rowles' journey is a powerful example of how dedication and care can make a real difference in the lives of others. What started as a seemingly random job opportunity has turned into a career where he advocates for people with disabilities and highlights the importance of purpose-driven work.

In a world that often overlooks the importance of inclusive mobility, Rowles serves as a reminder that behind every piece of equipment lies a story worth telling. Through steadfast dedication, he has become a beacon of optimism for many families, paving the way with compassion and ingenuity. And, as he looks back on his 19 years in the industry, Rowles knows that his journey is far from over — he will continue to unlock its full potential.

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Considerations for Optimal Outcomes in the Provision of CRT Using Telehealth

CEU ARTICLE REVIEW

WRITTEN BY: Melanie Parker, DPT, ATP/SMS

These include the safety of the environment, accessibility of the client, and the technical skills and knowledge bases of the therapist and rehab technology supplier. Additional considerations explored for the delivery/post-delivery follow-up of seating and mobility products and replacement equipment for known clients. In summary, it is the responsibility of the client, caregivers, rehab technology supplier, and therapist to cooperatively determine if optimal outcomes can be achieved through telehealth or if an alternative provision of care is indicated.

Objectives

After reading this article, you should be able to:

- Identify characteristics of the ideal client for evaluation/provision of CRT via telehealth.
- Identify characteristics of the rehab technology supplier/therapist team necessary for optimal outcomes when providing CRT via telehealth.
- Identify characteristics of the environment of the client necessary for safe provision of care via telehealth.
- Identify at least three pros and cons of CRT provision via telehealth.

Introduction

The concept of telerehabilitation and the provision of CRT through telehealth is a concept that has been explored and researched for decades. Telerehabilitation was first documented in 1959 for mental health services by the Nebraska Psychiatric Institute using an interactive video. Since that time, there have been pilots and theoretical investigations of how service provision could be expanded through the use of telerehabilitation.

The medical field pivoted drastically in March 2020 with the onset of the COVID-19 pandemic. The concept of telehealth provision of care had been explored, researched, and trialed in limited capacities for nearly six decades, but it was thrust to the forefront for many areas of medicine for the first time.

One such area was the provision of CRT. At the time of the pandemic onset, I was just six months into opening my own outpatient wheelchair clinic. This was wonderful and terrible timing as a new business owner. It became more wonderful than terrible when physical and occupational therapists became telehealth providers for the first time. I was able to immediately expand my client base to the entire state, not just those willing to drive to the clinic. Clients and suppliers were excited to have an opportunity to access an experienced clinician and avoid significant delays in acquiring the equipment needed due to extensive clinic closures.

Studies have repeatedly shown that people expressed satisfaction with the ability to receive urgent medical treatment through telehealth, especially during the pandemic, as one such study from residents of New York City proved.

A qualitative study performed by Cook and Pearson (2024) explored the experiences of musculoskeletal physiotherapists using remote consultations in the UK during the COVID-19 pandemic. Based on the interview design, themes identified were the challenges of the therapists to develop rapport with their clients/feeling disconnected, feeling unprepared in their ability to assess the clients, difficulty with technology, feeling grateful for the protection the isolation of telehealth provided, and a gratitude for being able to still provide services.

I concur with the experiences of the therapists interviewed in that study. Telehealth was an unexpected gift in the midst of a global tragedy, but there was much to consider in how we would do telehealth safely and in compliance with HIPAA standards and without compromising quality care to our clients. It was impressive how quickly the medical community and technology worked together to pivot to be able to address these issues head-on.

I have been doing telehealth evaluations for CRT more than half of my working hours since March 2020. Through this experience, I believe both my skills and those of the rehab technology suppliers that refer to me have improved, and our collaboration is greater than it was before. I have also come to terms with many limitations that impact the quality of provision of care virtually.

In this article, we will explore the characteristics of the client, their environment, and the CRT team that allow for optimal outcomes and the highest quality of care when providing evaluations and fittings for CRT. We will also explore the pros and cons of provision of care virtually for the promotion of a standard of care. For the purposes of this article, we will assume that the rehab technology supplier is present in the client's home/facility with the client. We will also explore options when all parties are remote, but this instance will be specified when discussed. The person being assessed will be referred to as "the client."

Typical Scenario

Also, for the purposes of this article, the scenario below is the assumed setup of the telehealth appointment. This is not intended to be set forth as the standard of care but is the format I use most often and from which this article will draw recommendations and considerations for the telehealth provision of CRT.

First, the supplier and therapist try to connect over the phone prior to the appointment regarding the purpose of the appointment. Any known

information about the client is exchanged, including any concerns or relevant history.

Next, the rehab technology supplier arrives at the client's home and sets up the video using the agreed-upon platform. The rehab technology supplier and therapist connect over video, and introductions are made. If the preliminary conversation has not yet occurred due to the inability to connect or lack of knowledge or experience with the client, the goal for the appointment is established with input primarily from the client and their caregivers.

Then, the rehab technology supplier and therapist discuss or view the home environment and transportation situation as relevant to the goal, with relevant input of concerns from the client and/or their caregivers. This is often when the rehab technology supplier completes their home evaluation and doorway measurements.

The therapist then acquires information relevant to pain, medical history, height/weight, mobility device usage/history, ADL status, skin health, current mobility/transfer status, etc., through an interview with the client and/or caregivers. The rehab technology supplier is present and listening.

Situations where the rehab technology supplier has the necessary skill set, experience and educational background to participate in physical assessments is exceptional and not typical. It is imperative that the supplier be mindful of the standards that govern their practice and their responsibility to perform their duties in accordance with federal, state, local, provincial, and professional associations prevailing requirements. When appropriate the rehab technology supplier can assist as the "hands" of the therapist. The therapist would direct the rehab technology supplier through manual muscle testing, range of motion, and postural assessment. The therapist must use their visual assessment skills and the feedback from the rehab technology supplier to properly document. Manual muscle testing, while having standards as in the table below, is still quite subjective. I have found that educating suppliers on this scale increases their knowledge and skill set in assessment but also helps to provide a common language for communicating findings and properly documenting. Depending on the skill set, experience, educational background and comfort level of the rehab technology supplier, I will direct hand placement for the best range of motion assessment depending on the complexity of and positioning of the client. If the rehab technology supplier or client/caregivers are not comfortable with the rehab technology supplier performing this, I will direct the caregivers to perform.

Next, the rehab technology supplier measures the client for the fitting of CRT as relevant to the requested equipment.

Finally, the rehab technology supplier and therapist discuss their findings and recommendations and educate the client/caregivers on those recommendations and what options exist to meet their needs and what is likely to be reimbursed by insurance. Often, I will use my computer to display images of options and features to consider so the client can see them, as I typically have a faster internet connection, and it limits the number of screens used by the rehab technology supplier in the home. Once all decisions are made as a team, the rehab technology supplier and therapist verify the plan and educate the client/caregivers on their anticipated timelines and plan any follow-up.

Qualifications of the Environment

First and foremost, the environment must be safe and accessible to the rehab technology supplier. The road conditions (inclement weather, rural roads, etc.) and housing conditions must be strongly considered. Urban settings should also consider the safest time of day in areas of high crime. Other safety considerations include the accessibility of the client. Is where the client is in the home sufficient for the assessment? Will the client need to get out of bed for the assessment to trial equipment? Will there be sufficient help to get them out of bed as well as space for the trial equipment? How will the rehab technology supplier get the equipment into the home? Do they need to bring a ramp? Are there barriers that would require additional physical help beyond the rehab technology supplier's ability?

Lastly, it is wise to ask the client if they have sufficient reception to be able to perform a video call from the client's home to the therapist. Is there Wi-Fi available? How strong is their cell phone reception? Is it better at a given time of day or in certain weather conditions?

Pro Tip: I have found the best time of reception is usually within the first couple of minutes of connection. If we know/find that reception will be an ongoing issue, I will complete the interview portion of my evaluation over the phone first. Then, I discuss with the rehab technology supplier a plan for assessing ROM, strength, and posture before we attempt to connect so that we can move forward quickly at our time of best signal strength. This may require disconnecting and reconnecting multiple times.

Manual Muscle Testing Grades

Grades	Description
0	No visible or palpable contraction.
1	Visible or palpable contraction without motion
2	Full range of motion, gravity eliminated
3	Full range of motion against gravity
4	Full range of motion against gravity, moderate resistance
5	Full range of motion against gravity, maximal resistance

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Qualifications of the Client

Ideally, the client will not be posturally complex as the therapist's hands-on assessment is limited to what can be visually assessed and the ability of the rehab technology supplier present in the home to assess and communicate findings. If the rehab technology supplier is comfortable and skilled with a thorough hands-on assessment, and the client is accessible to be assessed, a good outcome can be achieved. However, if it is determined that custom seating is indicated, an in-clinic appointment with therapist, rehab technology supplier, client, and caregivers present is strongly recommended for optimal outcomes. In situations where the rehab technology supplier is unsure if custom seating will be indicated, and transportation is a known issue, I will do the initial evaluation remotely to the best of my ability, and we will decide at that time if an in-clinic appointment for custom molding is needed. Having the preliminary appointment helps to make the in-clinic appointment more efficient as most of the needed information has already been obtained. Also, given that both the remote and in-clinic assessments are likely billable for the therapist, there is not a downside to doing the remote assessment first.

It is also recommended that the client be either somewhat mobile by themselves or with others so that the rehab technology supplier can be let into the home and so the client's in-home mobility can be assessed. If they are bedbound or chairfast, they need to be able to be accessed on both sides of their body for assessment of range of motion, strength, posture, and measurements. Caregivers are ideally present for those who have limited mobility to assist with holding positions for measurements of the body angles and lengths. For example, to properly measure upper leg length (back of buttocks to back of knee) and lateral measurements (seat to top of head, shoulder, axilla, elbow), assistance from a caregiver would be necessary to support the client sitting on the edge of the bed or to hold their leg in the position of hip and knee flexion while the rehab technology supplier measures.

If the client is not able to speak for themselves, a caregiver must be present to be able to answer questions regarding medical diagnoses, ADL status, transfer status, skin health, as well as what is currently working and not working relative to the goal of the appointment. It has been my experience that care settings such as ALF and group home/day support settings may have caregivers present who are not familiar with the full scope of 24-hour care for the client. This can result in less-than-ideal outcomes and/or missing that there is a need for equipment greater than the goal of the appointment. It is recommended to verify that there will be someone familiar with the full scope of the client's care and needs present prior to the appointment.

Qualifications of the Team

Therapists receive minimal training in the assessment and provision of complex rehab technologies in school. Therapists should be competent in the basic knowledge of the different types of wheelchairs and seating products available. At minimum, the participating therapist should be able to formulate a decision of what category of wheelchair base (manual vs. power, ultralight vs. tilt) and level of seating products (basic, pressure reducing, custom) to recommend on their own and be able to generally justify the equipment in the letter of medical necessity. While an experienced rehab technology supplier can guide the therapist in the selection of the specific manufacturer and/or model, the therapist needs to have a secure understanding of the risks and benefits of each option, as they are attesting to the recommendation in the confidence of their license by signing the LMN. It is not recommended that a therapist who would be insecure in performing an in-person evaluation of someone seeking CRT attempt performing these evaluations virtually. Poor prescription of CRT will impact outcomes of function, pain, and pressure, and can lead to harm. Given the cost of the provision of CRT and the timelines and complexities of acquiring CRT, an uneducated recommendation can lead to long-term problems for the client. Just as there are inexperienced therapists, there are inexperienced rehab technology suppliers. Neither profession should assume sole competence based on licensure alone.

Likewise, rehab technology suppliers do not receive significant training on hands-on skills for range of motion and postural assessment, and they are not trained in how to perform manual muscle testing unless they are also a therapist. The therapist should have a good working relationship with the rehab technology supplier and/or feel confident in their ability to communicate hand placement, when and how to apply force, and be able to use the subjective feedback of the rehab technology supplier to choose the correct manual muscle testing score if this measure is indicated. The rehab technology supplier should be able to follow these instructions and feel confident in their understanding of how and when to apply force for resistance measures. Extreme caution should be taken prior to performing any services which may fall outside of the scope of their competence, experience, or training. It bears repeating that it is imperative that the supplier be mindful of the standards that govern their practice and their responsibility to perform their duties in accordance with federal, state, local, provincial, and professional associations prevailing requirements.

The therapist and the rehab technology supplier need to both have strong communication skills to be able to collaborate on how to best obtain these objective measures of

the client. Likewise, both the rehab technology supplier and therapist need to have a humble honesty of the limitations of their skills in the assessment process so that further education can be provided or a decision to reschedule for an in-clinic appointment or alternative evaluation situation can be determined.

The reality that the outcome of the decisions made by the team will impact the long-term comfort, function, health, and well-being of a human person should weigh heavily on the conscience of both professionals.

For the appointment to be accomplished, all parties involved need to have some level of technical knowledge to be able to initiate, sustain, and complete the evaluation remotely. It is recommended that a preliminary discussion take place regarding what platforms are the most secure, accessible, and user-friendly. It is recommended that the client or their caregivers sign a disclosure of the risks of privacy and technical failure when attempting to perform a telehealth evaluation, including that the evaluation may need to be terminated and an in-clinic or alternative solution utilized if the virtual evaluation cannot be completed for technical, safety, or other reasons.

Ideal Situations for Telehealth

While a remote evaluation of a complex client presents many concerns, there are many simpler scenarios where a virtual appointment is better than in person. For example, a client that is familiar to the rehab technology supplier and/or therapist but is sick or immunocompromised can potentially have a caregiver facilitate the evaluation with rehab technology supplier and therapist remote to avoid a delay in care, while allowing the needed information to be obtained because the team is already familiar with the client. Similarly, if a client is known to the team and needs an assessment for a simple modification or replacement of basic equipment such as a hospital bed, shower chair, lift, etc., the therapist and/or rehab technology supplier can be virtual to expedite the completion of the evaluation and reduce delays in such provision of care. Telehealth has greatly assisted in the reduction of missed appointments due to illness and transportation failure for such simple requests.

I have also found telehealth helpful for safety bed evaluations for pediatric clients with autism and other such diagnoses that become highly anxious and/or are at risk of elopement. The benefits in this situation include the ability to see the setup of the home environment, the ability to see the child move in their natural environment, and the overall sense of safety and security of the child and their caregivers.

Fitting the client for equipment remotely can also be an appropriate and beneficial use of telehealth. This eliminates the complexity of coming to the clinic with one chair and leaving with two, reduces delays in receiving equipment from having to set up transportation, and allows for immediate trial in the home to be able to assess if any modifications are needed to improve home access or functional transfers. This is particularly valuable in cases of progressive neurologic conditions. The remote assessment at delivery allows the therapist to assess for decline that may have occurred since the assessment so that needed modification orders can be determined and documented to expedite the timeline for the client to receive the modified setup.

Remote deliveries allow for education that will be essential to the success of positioning and pressure relief methods by clients and their caregivers. The ability of a technician or rehab technology supplier to provide this level of education is highly variable. A therapist's perspective is of great value in the use of custom wheelchairs and seating and should not be minimized or overlooked. The ability to perform the fitting remotely versus waiting for a clinic appointment also is favorable for the financial needs of the supplier as many are motivated to decrease time from receiving equipment to delivery. Given that these appointments are also billable to insurance, it is another source of revenue for the clinician. That being said, the pressure on budget should not outweigh the clinical best interest of the client, such as in the case of custom seating and when wounds are present. It is not recommended that an uncertified technician remotely deliver custom seating unless they have been properly trained, and a certified therapist and/or rehab technology supplier is participating remotely. In these situations, an in-clinic assessment by the rehab technology supplier and therapist is likely the best scenario.

Clients with seating concerns/pressure injuries, especially those who are in newly provided equipment such as custom seating, are also great candidates for initial assessment to determine the most appropriate next steps. An in-clinic appointment will likely be indicated, but the ability to offer immediate solutions and support until an in-clinic appointment with the team can be achieved improves outcomes and reduces client/caregiver stress and anxiety.

Pros/Cons

With any model of care, there are always pros and cons to consider.

Examples of the benefits of telehealth are, but not limited to:

- Increased access to therapists that specialize in the provision of CRT versus whoever is local to the client.
- Eliminates missed appointments due to transportation issues.
- Allows for assessment of clients in their natural environments.

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- Efficiency of allowing rehab technology supplier to do client and home assessment at the same time.
- Allows the team to see a more comprehensive picture of in-home mobility versus clinic.
- Allows products to be trialed in the home, which is a more realistic measure of success than a clinic trial.
- Safer for immuno-compromised clients.
- Potentially less distracting than a clinic setting.
- Decreased risk of elopement/injury for children/persons with these concerns.
- Potentially increased productivity for the therapist.
- Ability to identify other needs by being in the home and seeing the full scope of mobility and equipment used (Does anything else need to be provided, repaired, replaced, or modified?), which could improve care of the client.
- Provides opportunities for ATP to elevate their manual assessment skills.
- Decreased time for intervention with issues with current equipment.
- Potentially decreased time to client delivery once equipment arrives at the supplier.

Examples of the drawbacks of telehealth care are, but not limited to:

- Technology failure/lag, poor picture quality impeding the ability of the clinician to evaluate.
- Therapists cannot do hands-on assessments.
- Limited ability to trial multiple demos as would be available in the clinic.
- Success is limited to the abilities/honesty of the team and situational parameters.
- Potential safety concerns for the rehab technology supplier.
- Limited ability to make current DME better (potentially fewer tools and other options available).
- Decreased perceived productivity for rehab technology supplier versus clinic due to travel.

Conclusion

While telehealth is a great option in the provision of CRT, there are many factors to be considered, and a higher standard of communication is needed for successful outcomes. There is not yet a "best practice" or "standard of care" as it relates to this model of care, though it continues to be explored in research. A retrospective study (McClammer et al., 2024) of persons with disabilities seeking a new mobility device in-clinic versus via telehealth during the pandemic found those in the telehealth group had a higher mean age, higher percentage of persons with progressive conditions (versus congenital or acutely acquired disabilities), and higher scores on the Functional Mobility Assessment, indicating a lower satisfaction with their mobility.

While there are many complexities to consider when attempting a remote evaluation for CRT, the potential exists for the same, or in some cases, better outcomes than an in-clinic appointment if optimal criteria are met. In a study of in-clinic versus telehealth provision of wheelchairs, Bell et al. (2020) found FMA scores improved in both situations.

As technology advances, so should opportunities for our provision of care. However, we must also advance with technology as we consider the needs of our clients as well as our need for safety, productivity, and accountability to the highest quality of care we can provide. The therapist and rehab technology supplier team must be competent, cohesive, and able to communicate needs, concerns, and findings for the best outcome for the client to be accomplished. Likewise, the client and their caregivers need also to be an integral part of the team, regardless of the setting, but likely bear a greater responsibility for the successful outcome of the evaluation when provided remotely.

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Melanie Parker, DPT, ATP/SMS has been a physical therapist for 21 years in a variety of clinical settings and has performed seating and mobility evaluations for clients of all ages most of her career. She is passionate about a client-focused model and advocating for the best outcomes possible for her clients. She owned and operated Confident Living, a comprehensive seating and mobility clinic in Richmond, VA, from 2019-2024, and now is broadening her practice through The Wheelchair Clinic, which provides seating evaluations in 11 states. Based on the struggles heard and seen from clients and families new to disability and her own struggles to find the resources for her son who has autism, she founded The Whole Family Foundation, a nonprofit which exists to educate, empower, and connect families who have a member with a disability to strengthen the family unit. Outside of work, she loves spending time with her family and dogs, traveling, being active in her community, cooking, and napping.

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CRT UPDATE

NCART Releases CRT Legislative and Regulatory Update

WRITTEN BY: Wayne Grau

Consumer Choice Bill Update: Titanium and Carbon Fiber Manuel Wheelchair

The Consumer Choice bill is back. Sens. Marsha Blackburn, R-TN, and Tammy Duckworth, D-IL, are again leading the charge in the Senate to allow Medicare consumers more access to titanium and carbon fiber manual wheelchairs. Rep. John Joyce, R-PA, has joined fellow Ways & Means committee member Rep. Vern Buchanan, R-FL, on the House side to introduce the companion bill.

These two bills will help consumers choose the type of manual wheelchair that fits their needs. The bill is also budget-neutral, which means that once it is passed, the American taxpayer will be protected and will not have to pay any additional funds. We thank all four legislators for their continued support and willingness to see this bill cross the finish line.

Seat Elevation Coverage Expanded

We are happy to report two state Medicaid programs have expanded seat elevation coverage for their Medicaid population.

- North Dakota: Medicaid has approved NCART's request to consider power seat elevation (E2298) as a covered benefit and has implemented coverage retroactively back to Feb. 1, 2025. The coverage criteria will be the same as those outlined in the National Coverage Determination, and reimbursement has been set. Please consult the North Dakota Medicaid manual for the specific fee schedule.
- Idaho: Medicaid has approved NCART's request to extend coverage for a power seat elevation system (E2298) to beneficiaries over the age of 21, effective immediately. Please consult the Idaho Medicaid manual for the specific fee schedule.

State Legislative Activity

State legislative activity is heating up this year. We have seen bills introduced in 17 states that will have a positive and negative effect on the industry and the people we serve. The mood of state legislators is one that all taxpayers are expressing, "Why can't we get anything done in Washington, D.C.?" This is not a political statement. Still, citizens are looking to their state legislators to address their concerns with various issues, including Complex Rehab Technology access. NCART is engaged in every state, and we appreciate our partnership with iNRRTS and other industry stakeholder groups to ensure access for CRT clients. NCART focuses on access issues because we believe providing access for consumers can also ensure manufacturers and providers are taken care of. To quote a great speaker, Zig Ziglar, "If you help enough people get what they want, you will get everything you want."

Thank You ISS Team

The International Seating Symposium meeting in Pittsburgh was an incredible opportunity to see old friends, fantastic products and network with industry stakeholders worldwide. We want to thank all the staff and volunteers who put in endless hours to ensure the show goes off without a hitch.

Running this large of a show, with so many attendees from so many countries, is incredibly complex, and this very talented group makes it look easy for all the attendees.

It was great to see everyone and look forward to the next ISS. THANK YOU to all the ISS staff and volunteers!

Advocacy Quotes

"I've learned that people will not forget what you said, people will forget what you did, but people will never forget how you made them feel."
— 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 exclusively with CRT companies. Grau graduated from Baylor University with an MBA in health care. He's excited to be working exclusively with CRT manufacturers, providers, Providers, and the individuals who use CRT equipment.

CLINICAL EDITORIAL

Connecting Care:
Telehealth's Impact on Early Intervention in Physical and Occupational Therapy

WRITTEN BY: Ginny Paleg, PT, DScPT, MPT

The rise of telehealth has transformed how we provide care, and its benefits have proven to be especially profound in the realm of early intervention for physical and occupational therapists. Gone are the days of packing up equipment, navigating traffic and spending all day driving (or even flying!) to remote areas to meet with families. Telehealth has given therapists and families a convenient, flexible and often more effective way to connect. Not only does this ease logistical challenges, but it also opens up a world of possibilities for incorporating coaching, motivational interviewing and routines-based interventions into therapy practices.

Funding for telehealth services in early intervention for PT and OT in the United States has become easier post-COVID, and the demand for remote healthcare options is rising. Initially, telehealth reimbursement for early intervention services faced significant barriers due to the complex regulatory landscape and varying policies at both the federal and state levels. However, over the past few years, several federal programs, including Medicaid and the Children's Health Insurance Program (CHIP), have expanded coverage for telehealth services, recognizing its effectiveness and necessity in providing care to underserved populations. This expansion has been particularly beneficial for families in rural or remote areas, where access to in-person therapy is often limited. Many states have also introduced specific telehealth reimbursement policies, helping to bridge the gap between the availability of services and the financial support needed to sustain them.

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INDUSTRY LEADER

Van Hook Sees Bright Future for RESNA in its Mission to Improve Lives

WRITTEN BY: Doug Hensley

When Andrea Van Hook saw the opportunity to return to the Rehabilitation Engineering and Assistive Technology Society of North America, she knew it would be a great fit.

Van Hook previously spent five years with the organization, building relationships as well as a reputation for getting things done. RESNA's mission captured her heart and animated her passion for serving others. These days, she spends her time leading a visible organization into its future while at the same time serving as a change agent.

"When I first moved east and was looking for a job, I wanted to stay in the nonprofit space," Van Hook said. "At that time, RESNA was looking for a marketing and membership person. I was attracted to both the mission and the organization, sent in an application and luckily was hired."

That was 2011, and her professional background to that point had included working in health care operations as well as serving as marketing, communications and public relations director for several nonprofits in Los Angeles. After five years, she left RESNA for another opportunity but returned in 2019 as interim executive director. A year later, the interim was dropped from her title.

She oversees a small staff and has large aspirations for the organization, which is based in Washington, D.C., and has a mission to improve the health and well-being of people with disabilities and seniors through technology.

"I do a lot of thinking about the new things that RESNA could do as far as what we can offer our members," she said. "I stay abreast of what is happening in the industry, so I do a lot of reading."

RESNA's sprawling professional membership includes engineers, clinicians, suppliers, manufacturers, product developers, computer scientists and

INDUSTRY LEADER

researchers. RESNA members are involved in multiple areas of assistive technology, including seating and mobility, augmentative and alternative communications, inpatient and outpatient rehabilitation, K-12 education, advocacy and policy, public access to services, transportation, buildings and homes, internet and computer accessibility, and more.

"I really love our members and the opportunities to work with our volunteers," Van Hook said. "They are very passionate and dedicated and creative people. I find them interesting people to be around."

The job is rewarding in multiple ways. She can work with groups of people eager to affect change.

"Our culture is really set by our volunteers because we work so closely with them," she said. "We have over 45 committees, and our volunteers are committed to ideals like innovation, thoughtfulness and optimism. They are also some of the friendliest people. If you go to a RESNA conference and you don't know anyone going into it, you will have 20 best friends by the time you leave.

"One of the things I love about RESNA's board is they are willing to take calculated risks and try things. They are not so hung up on having something deliver results right away. They give programs the time they need to grow, find their footing, and breathe."

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Despite these advancements, funding for telehealth in early intervention remains inconsistent across different states, and some challenges persist.

In many cases, reimbursement rates for telehealth services still vary, and some private insurance companies are slow to adapt to the evolving landscape. Additionally, there are concerns about the long-term sustainability of funding as the telehealth model continues to grow.

To further enhance telehealth access for early intervention, ongoing advocacy is needed to standardize reimbursement practices and ensure equitable access to these vital services for all families, regardless of location. The future of telehealth funding in early intervention looks promising, but continued efforts to secure stable and comprehensive funding sources will be crucial for ensuring these services remain accessible and effective.

One of the most important shifts telehealth encourages in early intervention is a move away from the traditional "hands-on" approach. While PT and OT are experts in facilitating development and rehabilitation, we've long known that doing things for children is not the same as teaching families how to incorporate strategies for participation across their day. This is especially true in early intervention, where the goal is not only to support the child's growth but also to empower caregivers and families with the tools they need to continue progress when the therapist is not around. Educating families and caregivers about assistive technology as well as maintaining the equipment is also possible through telehealth.

When it comes to assistive technology like seating, standing, stepping and power, telehealth is a natural fit. Instead of therapists going to homes and physically intervening, telehealth enables a coaching model. A therapist can interact with a family remotely, guiding them to incorporate therapy strategies into the child's daily routines. The therapist's role becomes less about direct physical assistance and more about offering support, insight and advice on how to adapt the environment, modify tasks or encourage the development of new skills.

This approach benefits the family by building their capacity to solve their own challenges, teaching them how to be the primary agents of change, while the therapist can step back and provide expert guidance from a distance. Together, the caregivers and therapists identify needs, goals and strategies to create fun and function.

Coaching: A New Way to Engage Families

Coaching is one of the most powerful methods telehealth allows for in early intervention. When therapists adopt a coaching approach, they are focused not just on what tasks the family needs to complete, but on how to empower the family to facilitate these changes themselves. This dynamic shifts the relationship from one of passive receipt of information (i.e., "the therapist tells the family what to do") to one of collaboration and partnership. Therapists work to elicit solutions from the family, creating a more individualized and authentic process for child development, on-time mobility and all the F-words (fun, fitness, future, functioning, family and friends)!

By using coaching techniques in a telehealth setting, therapists can observe a family in their own environment and provide real-time guidance on how to incorporate therapeutic exercises into daily life. For example, a therapist might suggest simple strategies for engaging a child during mealtime or bedtime routines, allowing the family to practice these skills in the real-world context that will lead to more sustainable outcomes. This coaching model highlights the idea that therapy doesn't just happen in scheduled sessions – it happens everywhere, all the time.

Motivational Interviewing: Encouraging Lasting Change

Motivational interviewing is another method that shines when paired with telehealth. This client-centered, collaborative conversation style is designed to help individuals explore and resolve ambivalence about behavior change.

While therapists may encounter families who are unsure about their ability to incorporate activity and participation into their daily lives, motivational interviewing offers a supportive way to uncover the family's motivations, concerns and desires. Therapists can also help families understand why a focus on body structure and function doesn't lead to participation, yet a focus on participation has been shown to benefit body structure and function.

Through telehealth, therapists can ask open-ended questions that encourage families to reflect on their goals and values, helping them connect their personal reasons for making changes. Doing this remotely, rather than in person, has been reported to be less stressful than in-person meetings for some families. It's a relief not to have to clean their house, corral all the animals and shovel the stoop to get ready for your visit!

Whether it's improving the child's mobility or developing fine motor skills, motivational interviewing guides families toward intrinsic motivation, making them more likely to follow through on therapeutic recommendations. The ability to have these conversations in a relaxed, familiar environment – their own home – can make it easier for families to express their feelings and open up about their challenges.

Early intervention, like all therapy, is relationship-based. Families and therapists alike report that telehealth does not interfere with this relationship and may improve missed visit rates.

Routines-Based Interventions: Integrating Therapy Into Daily Life

Perhaps one of the greatest benefits of telehealth in early intervention is its ability to facilitate routines-based interventions. This approach prioritizes the natural rhythms of a family's day and embeds therapy into these routines rather than creating a separate "therapy time." The beauty of routines-based interventions is that it focuses on what is most relevant to the family. It recognizes that the parent's (caregiver's) time is valuable and that it's more practical to build therapeutic activities into existing daily routines, such as dressing, bathing or playing with siblings. Telehealth also might make it easier for therapists to connect with childcare providers, grandparents and all the people that care for the child (remember to get signed permission via the IFSP process).

During a telehealth session, a therapist can go through a typical day and identify specific moments where they can apply therapy techniques. For example, a parent may want to encourage their child to work on walking during grocery store visits (take your supported stepping device or GoBabyGo car with you!) or use playtime to strengthen fine motor skills.

By making therapy part of the natural flow of life, telehealth allows therapists to empower families to make small but meaningful changes that lead to big developmental gains.

Remote Convenience: Bridging the Gap for Rural Families

Telehealth also brings a level of accessibility to families that was previously unavailable to those in remote or rural areas. For many families, travel time and the expense of getting to therapy sessions can be significant barriers. This is where telehealth shines, offering families a more flexible option for accessing services. With telehealth, therapists can schedule sessions during times that are convenient for families, avoiding the need to travel long distances and missing out on the benefits of consistent intervention.

For therapists, it's a game-changer, too. By cutting down on travel time, they can focus more on direct service delivery and spend time working with more families, particularly those who are difficult to reach otherwise. It's a win-win situation, allowing therapists to extend their reach while providing families with more consistent care in a way that fits seamlessly into their busy lives.

The Bottom Line: Telehealth as a Perfect Venue for Effective Therapy

At its core, early intervention is about helping families thrive in the environment they know best – their homes and communities. Telehealth allows for a more flexible, sustainable and impactful way to deliver therapy. By focusing on coaching, motivational interviewing and routines-based interventions, therapists can offer a more empowering approach to families, guiding them toward long-term success full of participation and happiness.

While handling and facilitation might have been the primary strategies in the past, the future of therapy lies in empowering families with the skills, confidence and motivation to lead the charge. Telehealth is the perfect venue for this shift, allowing therapists to be both hands off and highly effective in guiding families toward lasting change. With telehealth, therapists are not just visiting homes – they're making therapy a natural, ongoing part of everyday life.

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INDUSTRY LEADER | CONTINUED FROM PAGE 23

RESNA also is the primary organization responsible for certifying assistive technology professionals. It also provides regular continuing education opportunities and publishes a journal six times a year. On average, close to 400 new ATPs are certified each year.

Van Hook has seen a lot of changes during her time with RESNA. She said it has been remarkable to see the technological advances made and the way they have literally changed lives, such as technology that allows users to access and manipulate equipment through eye-tracking programs.

"When I first started here, eye-gaze technology was just starting to blossom," she said. "Eye gaze is huge in terms of what they are able to do with it now, even to the point of being able to control their chairs and communication devices."

Likewise, she has seen tremendous advances in wheelchairs.

"Standing wheelchairs, lifts, those types of things are huge," she said. "There has also been a lot of improvements in seating cushions, and that has been very beneficial for people."

What Van Hook hopes to see continue to expand is the ways and means RESNA finds to serve its membership. She would like to see the organization grow its points of contact, offering more opportunities for connection and relationship-building.

"RESNA has always been so active," she said. "I am really proud of the ATP certification program because that program started mainly for seating mobility professionals; we have worked to bring in special education, people who work in schools and speech-language therapists, so it is a true certification program for assistive technology."

Van Hook said the organization has just recently updated the seating and mobility specialty exam and certification (SMS), which came online in 2010. Other programming tweaks include moving a yearly lecture from being part of a conference to being a stand-alone event.

"Traditionally, the Colin McLaurin Lecture features someone who had significantly contributed to the industry looking back over their career," she said. "That was always part of our annual conference, but we wanted it to be more of an inspirational lecture for the next generation of students."

The answer was not only to break it out, but then to plant it at a university. Last year, it was held at the University of Buffalo, drawing 150 occupational therapy students and 170 others on the livestream.

The conference will probably undergo a few more changes soon.

"There was a time RESNA was the only assistive technology conference in North America," Van Hook said. "Back in the 1980s and 1990s, it drew 2,000 people and included a large exhibit hall, but the field has grown so much that there are now a number of related conferences. This year, we're partnering with another conference, RehabWeek 2025."

The 2025 Rehab Week conference is scheduled for May 12-16 in Chicago.

Something else Van Hook hopes to see continue is the organization's commitment to being multidisciplinary.

"We are an organization for the assistive technology field," she said. "RESNA has always been multidisciplinary, and I believe we need to be because a person with disabilities is a human being with many interests and needs. If they need a wheelchair, they will also need transportation, job opportunities, education, adaptive sports and opportunities to engage and participate in their communities."

Van Hook sees cross-functional collaboration increasing even more in the years to come, allowing more professionals to work together in the best interest of clients.

"It is important to have specialties that require deep learning," she said. "But at the same time, you need to also have colleagues in other parts of the field who you can refer to and work with to best serve your client. With RESNA and through our many partnerships, we can make that happen. No one should be in silos anymore."

Long ago, one of Van Hook's mentors, Simon Margolis, warned her to avoid "analysis paralysis," being so caught up in possibilities and data that a decision couldn't be made.

No worries on that front.

"I definitely tell my team members and my volunteers that now," she said. "I believe in this organization and everything it's doing to make an impact on people and make a difference in the world."

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CLINICALLY SPEAKING

Nurse and Educator:

Helena Brennert's Inspiring Path

WRITTEN BY: Rosa Walston Latimer

Helena Brennert, RN, BSN, ACC, a dynamic leader in health care, blends clinical expertise with a fervent commitment to education and positively impacting the lives of others.

As the clinical nurse educator at HME Home Health in British Columbia, Canada, she has dedicated over three decades to enhancing the quality of patient care through education. Brennert's journey into nursing has been enriched by diverse experiences and a commitment to making a difference in the lives of patients and health care staff alike.

What initially drew you to this career?

My initial draw to nursing stemmed from different factors. Firstly, I genuinely enjoyed science, particularly anatomy and physiology, which I discovered during my first year of university. At that point, I was a 19-year-old, somewhat adrift in terms of career direction. My parents, recognizing my aptitude for science, suggested nursing as a potential path. Several aspects of nursing appealed to me. I had a nascent desire to work with children, and nursing seemed like a viable avenue.

Furthermore, the field offered a sense of stability and job security, which was a practical consideration. Beyond these factors, I was seeking an intellectually stimulating career that offered daily challenges and, most importantly, allowed me to make a tangible difference in people's lives. Nursing ticked all those boxes. The varied nature of patient care, the constant learning and the opportunity to support individuals and families during vulnerable moments resonated with me.

Helena examining a HME Luna Mattress at the factory, in Vancouver, British Columbia.

Helena hiking in the state of Washington, USA.

Where did this professional journey begin?

My nursing career began when I took the first available position — a casual nursing role on a medical-surgical floor. This experience, while foundational, was quite different from my initial dreams of working in labor and delivery or the emergency room. It did, however, provide a valuable introduction to the realities of frontline nursing and ignited a desire to explore the diverse landscape of the profession. Following my time on medical-surgical units, I spent a year working in the nursing program at the University of British Columbia. This experience allowed me to contribute to the education of future nurses.

Instead of focusing on a specific niche early on, I embraced the opportunity to learn and grow in various roles. My early career journey was dynamic and included a clinical care coordinator role in a long-term care facility for seniors and a noninstitutional HIV/AIDS hospice — both unique and deeply impactful experiences followed by an association with various medical companies.

Describe your present work situation and responsibilities.

My current role at HME is as clinical nurse educator. The educational content I deliver varies depending on the setting and audience. Some days I find myself educating a group of occupational therapists on sling applications. Another

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Helena educating heath care aides in Victoria, British Columbia.

Helena presenting to a group of seniors on Vancouver Island.

Helena and her mother, Irene in British Columbia

day, I may present to a group of seniors on how to prevent falls or teach health care workers at a long-term care facility about decreasing musculoskeletal injuries. Education is a powerful tool — a vital investment for the staff at HME Home Health and our customers.

What do you think has changed the most since you began?

Since I began my nursing career in 1991, the most striking transformation has been the pervasive influence of technology. We've also seen a significant shift in the demographics of both nursing and sales. The traditional gender roles are blurring, with more women entering sales and more men choosing nursing as a career. Our HME sales representatives want purpose-driven careers that make a tangible difference in the lives of others. They consider their work as much more than just a job.

What keeps you engaged in your work?

One of the most fulfilling aspects of my job is the opportunity to empower and mentor

Max, Darren, Helena and Nicklas in Greece.

our young sales representatives, helping them develop the skills they need to succeed. And there is nothing more rewarding than having the opportunity to positively impact our customers, such as witnessing a child with cerebral palsy taking their first step while using a walking sling and seeing the joy the experience gives the entire family.

Outside of your work, what is important to you?

Outside work, my top priorities are health promotion, fun and self-care. I maintain an active lifestyle, whether hiking, yoga or golfing. I genuinely believe if you don't make time for your wellness, you will be forced to make time for your illness. I live by that philosophy, which translates into a strong focus on maintaining an active lifestyle.

Hiking is a passion I share with my husband, and we take full advantage of living in beautiful British Columbia, exploring the trails, mountains, rivers and the ocean surrounding us.

My ideal day would involve some physical activity. I've recently taken golf lessons, inspired by my sons' love of the game, as we can enjoy it together. Spending time with loved ones in the evenings, especially over delicious food, is also a great joy.

Are there any meaningful volunteer opportunities you are involved with?

I'm deeply committed to giving back to my community. I was part of the HME team that created "HME Gives Back." This initiative, rooted in our company's core values, gives deserving recipients medical equipment to empower them to live more independent and fulfilling lives. I also volunteer as a coach with Beedie Luminaries, empowering students navigating financial hardships to pursue their educational goals. Additionally, I dedicate some hours each week to providing health and wellness coaching to youth, adults and seniors.

Is there someone who has significantly influenced you?

It's difficult to pinpoint just one individual who has positively influenced me. During the past eight years, the leadership team at HME has had a significant impact on my career. My parents, who immigrated from Sweden, instilled important values in me. My mother's kindness and my father's leadership style helped shape who I am, both personally and professionally. A quote attributed to Henry Ford that my father placed on our refrigerator perfectly encapsulates his life philosophy: "Whether you think you can or you think you can't ... you're right."

What advice would you give to someone just beginning in your field?

For someone just starting a nursing career, I would emphasize the field's strong job outlook and inherent job security. Beyond the practicalities, it's a profession where you can genuinely impact patients' lives. Pursue what you love but also consider the financial implications. Don't let fear paralyze you, and embrace change, as it's a constant in life.

Helena Brennert is a testament to the transformative power of education and passion in nursing. Her journey exemplifies the impact that commitment, adaptability and a strong support system can have on personal growth and community welfare. Through her role at HME Home Health, she continues to inspire those around her, proving that a career in nursing is so much more than a job—it's a calling.

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Helena Brennert, RN, BSN, ACC, is clinical nurse educator at HME Home Health, British Columbia, Canada. She has over three decades of extensive experience in numerous public and private health care settings. Brennert supports her community through her work with HME and as a health and wellness nursing coach.

CLINICAL EDITORIAL

Telehealth, Justice and the Silent Voices of CRT Users

WRITTEN BY: Tabatha James, ATP/SMS, OTR

As I write this in early March, we are aware the future of telehealth remains uncertain, but a recent extension has bought us more time. The latest policy update has pushed back restrictions on telehealth services from March 31, 2025, to Sept. 30, 2025. For now, Complex Rehab Technology users, individuals with mobility limitations, those in rural or underserved areas, patients with chronic illnesses, mental health service recipients and caregivers reliant on remote consultations will not be abruptly cut off from vital telehealth access.

But make no mistake, we are still dangling from the cliff. This is a delay, not a decision. It is a temporary compromise, not a guarantee of long-term access. And that distinction is critical because for many, telehealth has never been about convenience. The need for telehealth is undeniably rooted in equity, survival and the fundamental right to healthcare access.

Still, some stakeholders and policymakers contend telehealth is a luxury. I strongly disagree. This is not just a matter of policy or economics; it is a moral imperative. This issue forces us to reckon with the philosophical foundations of justice, fairness and empathy within health care. If we are serious about building a system that values inclusion, then telehealth cannot be framed as short-term relief, it must be recognized as essential infrastructure.

Lately, I've been drowning in books on ethics, law and human behavior, trying to make sense of a world that seems determined to defy them. If nothing else, they've taught me justice isn't as self-evident as we'd like to believe. John Rawls' '"veil of ignorance"' is a thought experiment that challenges individuals to design a health care system without knowing whether we would be born rich or poor, disabled or able-bodied, urban or rural. If we truly embraced this principle, we would build policies with guaranteed access to care, not just for the fortunate but also for everyone. Through this lens, telehealth is not just an option, it's a necessity.

And yet, despite the ethical clarity, the American health care system operates on assumptions of mobility, independence and financial stability. These are privileges not everyone has. Without telehealth, CRT users, many with significant mobility challenges, are forced to navigate inaccessible transportation, endure physical strain and spend limited resources just to access basic medical care.

I am from, and I serve the people of Appalachia. Every week, I see firsthand what limited health care access really looks like. Many of my clients don't have reliable transportation or caregivers to assist them, and even when a ride is available, safely transferring in and out of a vehicle can be an impossible task. Some have no choice but to rely on ambulance transport for a routine appointment, if they can secure it at all. Others are forced to travel for hours just to see the nearest specialist, turning basic medical care into an exhausting, often unattainable ordeal.

The assumption in-person care is always accessible is a dangerous illusion. It is an assumption that disregards the lived experience of those for whom travel is not merely an inconvenience but a barrier that cannot be crossed.

Behavioral law and ethics remind us that policy must be designed for real people, not an imagined, self-sufficient, able-bodied majority. When legal frameworks willfully overlook marginalized groups, they don't just fail them; they create systemic barriers that actively reinforce exclusion.

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RESNA

RESNA Update – Spring 2025

WRITTEN BY: Andrea Van Hook, RESNA Executive Director

Announcing the Colin McLaurin Distinguished Lecture

Jean Minkel, PT, ATP, is the 2025 RESNA Colin McLaurin Distinguished Lecturer. The Colin McLaurin Distinguished Lectureship Award recognizes a scholar and leader who has made substantial and innovative contributions to the field of rehabilitation engineering and assistive technology through research, education and/or practice.

Minkel is the senior vice president of rehab and mobility services for Independence Care System, a nonprofit care management agency for persons living with a physical disability in New York City. She leads On A Roll, an occupational and physical therapy private practice specializing in seating and wheeled mobility services. Minkel is also an independent consultant who provides educational and consulting services to all members of the assistive technology team. She is the co-editor, with Michelle Lange, of the newly revised textbook, "Seating and Wheeled Mobility – A Clinical Resource Guide."

A longtime RESNA member and a recognized, impactful voice in our industry, Minkel is also a RESNA Fellow and has previously been recognized with RESNA's Samuel McFarland Mentorship Award.

Minkel's talk is titled "Mobility Equity." She will examine our clinical practices, public policies, research agendas and technology offerings to uncover systemic inequities toward people with mobility disabilities.

The Colin McLaurin Distinguished Lecture will be offered at RehabWeek 2025 as part of the RESNA Conference. After the conference, the lecture will be available as an on-demand webinar for 0.1 IACET CEUs.

RESNA 2025 @ RehabWeek

RESNA is joining with seven other international and national societies at RehabWeek Chicago, May 12–16. Approximately 2,000 rehabilitation and assistive technology professionals and researchers are expected. The RESNA "conference within a conference" is May 13 -15, and includes continuing education sessions, scientific paper platform and poster sessions, the annual Colin McLaurin Lecture, the Developers Showcase and the Awards Ceremony.

The complete education program has recently been announced and is available on the website. A diverse array of sessions will cover virtually all aspects of assistive technology, including seating and mobility, emerging technologies, play and recreation, smart home, artificial intelligence and more. Attendees will be able to earn IACET CEUs for all RESNA sessions and enjoy a large exhibit hall with both rehabilitation and assistive technology products.

See the RESNA or RehabWeek website for details. Hurry, early bird registration ends soon!

Annual Notice: How to File a Complaint with RESNA

All iNRRTS friends and Registrants should be aware of the options they have if they believe RESNA-certified ATPs are engaging in unethical practices in violation of our Code of Ethics and Standards of Practice. The Complaints Review Committee of the Professional Standards Board may investigate and subsequently act when/if it receives evidence that a certified ATP has engaged in conduct that undermines the integrity of the certification process and/or the credential.

In the certification section of the RESNA website, there is clear information about the types of complaints that can be filed, as well as a downloadable copy of the complaints policy. Anyone can file a complaint, including consumers. There is an online complaint form that is easy to use and convenient.

Please note we cannot accept complaints about professionals who are not RESNA certified. We also cannot accept anonymous or hearsay complaints. The person filing the complaint must have direct knowledge of the unethical practice violation. Please contact certification@resna.org if you have questions. Feel free to ask to speak to me if you are unsure or wish to discuss something.

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DIRECTIONS CANADA

Focus on Client-Centered Care in Challenging Times

WRITTEN BY: Kathy Fisher, B.Sc. (OT); Michelle Harvey, B.Sc. Hons OT, RRTS®; Andrea Madsen, ATP

In an ever-evolving market, individuals who rely on Complex Rehab Technology (CRT) must remain at the center of the product selection and prescription process.

Despite economic fluctuations, supply chain disruptions and changes in health care policies, the commitment to prioritizing the needs of CRT users should never waver. A client-centered approach ensures individuals receive the most appropriate technology to enhance their functional potential, independence and overall quality of life.

A key element in achieving this goal is the collaborative effort of the CRT team, which includes the clinician, CRT supplier, the client, and, when applicable, family members or caregivers. Each team member brings valuable insight and expertise to the table, contributing to informed decision making. The clinician provides medical and functional assessments, the CRT supplier offers critical product knowledge and logistical expertise, and the client or their support network communicates personal goals, preferences and daily challenges.

Given the complexity of CRT, the selection process is not always straightforward. Different stakeholders may have their own perspectives on products and manufacturers, influenced by various factors

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With recent legislation, key telehealth provisions, such as removing geographic restrictions, expanding provider eligibility and allowing audio-only services have been extended until September 30, 2025. That buys us six months, but what happens after that?

A truly just society does not need to debate whether individuals deserve access to health care. It does not grant access in increments, subject to legislative whim. It affirms access as a right.

The RESNA Code of Ethics notes the duty of rehabilitation and assistive technology professionals to act in the best interests of individuals with disabilities and to avoid harm through unnecessary barriers. If telehealth restrictions return in October 2025, limiting CRT users' ability to receive care, it will not be just an administrative decision, it will be a direct violation of the ethical tenets that support our profession. And that should make us feel some kinda way.

Iris Marion Young, a philosopher of social justice, argued that justice is not just about distributing resources fairly, but about dismantling the structures that create oppression. By this standard, any rollback of telehealth would be a deliberate reinforcement of systemic barriers, reintroducing harm that policy could prevent.

To those still reading, we know the real issue isn't whether telehealth should remain accessible to CRT users, it's whether our decision-makers are willing to prioritize inclusion and equitable health care or continue treating them (and us) as afterthoughts.

The temporary extension to Sept. 30, 2025, offers relief, but it is not a resolution. We cannot let this issue fade into the background, only to scramble when the next policy deadline looms. Now is the time for resilience and continued advocacy to push for permanent telehealth protections that ensure ongoing, reliable access for those who depend on it.

If justice means anything, it means refusing to create barriers where none are necessary. It means understanding that health care is not a privilege, it is a fundamental recognition of human dignity.

And so, once again, we stand at a crossroads, not only with policy, but with principle. The decisions made in the coming months will determine whether our society truly values fairness, empathy and justice in action, or only in rhetoric.

If we are serious about building a health care system that serves everyone, then telehealth cannot be seen as temporary relief. It must be a permanent guarantee of access.

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Tabatha James, ATP/SMS, OTR, is a supplier-side ATP/SMS and occupational therapist invested in furthering the Complex Rehab Technology industry through public health policy, clinical advocacy and technology innovation. With a passion for improving health care access and equity, she collaborates with clinicians, policymakers and industry leaders to drive meaningful changes. James' dedication extends to mentoring emerging professionals and contributing to initiatives that improve access and lead to better outcomes for individuals relying on CRT.

such as product availability, durability, manufacturer support, margin opportunities and import logistics. While these considerations are important, the ultimate priority must always be to ensure the chosen equipment best meets the client's unique needs. By maintaining a focus on client-centered care, the team can navigate these challenges and select the most suitable product based on clinical justification and functional benefits rather than external influences.

The role of the CRT supplier is particularly critical in this process. Suppliers serve as key resources in providing detailed information on product features, benefits and clinical applications. Their expertise helps bridge the gap between technological advancements and practical application. By working closely with clinicians, suppliers can help identify equipment aligning with the client's functional goals while also considering factors such as funding constraints and product availability.

With a wealth of information available from manufacturers, regulatory bodies and funding agencies, it is essential for all team members to engage in open, fact-based discussions about available options. A transparent and collaborative approach allows the team to weigh the advantages of different products, ensuring each decision is based on objective criteria rather than personal biases. Funding options must also be carefully evaluated to ensure accessibility and sustainability for the client, minimizing potential delays in obtaining necessary equipment.

Adopting a client-centered approach not only benefits individuals who rely on CRT but also fosters trust and professionalism within the industry. By prioritizing the client's needs and maintaining strong communication within the team, stakeholders can navigate uncertainties with confidence and integrity. Ultimately, the goal is to enhance the quality of life for CRT users, empowering them to achieve greater independence and participation in daily activities.

In challenging times, a steadfast commitment to collaboration, education and advocacy ensures the right technology reaches those who need it most, reinforcing the core values of CRT provision and care.

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CLINICIAN TASK FORCE

Creating Impact Beyond the Treatment Plan:

How PTAs and OTAs Can Make a Valuable Difference in Seating and Mobility

WRITTEN BY: Nathan Rhudy, LPTA, ATP, CDME

The connection between the physical and occupational therapy professions and those with the Assistive Technology Professional credentials has evolved into a strong, cohesive bond. This synergy has created a valuable perspective within the seating and wheelchair mobility clinic, expanding the whole team's understanding of rehabilitation products across the spectrum, offering dual viewpoints from both the supplier and the clinician, and encouraging open communication and better decision making. This partnership can help to increase clinicians' confidence in prescribing appropriate equipment for their clients as the team works together.

However, despite the clinician/ATP partnership, one important question remains somewhat unclear: Where do physical therapist assistants and occupational therapy assistants fit within this evolving framework of wheelchair prescription and service provision?

This article aims to showcase the contributions of PTAs and OTAs in the seating and wheelchair mobility process, and the valuable impact on practice when therapy assistants also serve as skilled ATPs.

Assistants can play a crucial role in seating prescription, contributing through equipment consultation, Complex Rehab Technology/durable medical equipment fitting, equipment trials and client education. While finding a path into CRT can be challenging for the assistant, it is achievable and rewarding. Every journey is unique, influenced by one's practice setting and state regulations. Students may earn Associate of Applied Science degrees from accredited PTA and OTA programs at universities and community colleges. The educational curricula for PTAs and OTAs are broad and comprehensive, including therapeutic and neuromuscular interventions to support pediatric, adult and geriatric populations.

After completing didactic coursework, students complete clinical and fieldwork rotations in various clinical settings. During these clinical experiences, PTA and OTA students assist and lead therapy sessions and implement various therapeutic interventions such as exercises, functional self-care activities and neuromuscular interventions. These rotations afford students opportunities to gain insight into practice areas, including seating and wheelchair mobility, postural care and pressure injury management.

While therapy assistants do not perform the full evaluations, in many states, they can perform assessments for which they have demonstrated competence. Therapy assistants contribute to the evaluation process by providing clinical observations (e.g., goniometry measurements during supine mat assessments), gathering data related to home environments, educating caregivers and assisting with wheelchair-related outcome measures (e.g., Six-Minute Push Test).

OTAs and PTAs often spend more treatment time with clients needing support services than the evaluating OT or PT. This deeper connection allows assistants to support evaluating therapists' or physicians' clinical assessments when gathering relevant information regarding prior equipment use and challenges with mobility-related activities of daily living.

Assistants can gather information related to clients' funding sources while providing client education in all domains. Therapy assistants also participate in multidisciplinary team meetings, consulting with a wide range of stakeholders, including fellow therapists, patients and their families regarding CRT.

Gaining insight from experienced equipment suppliers, manufacturers' representatives and/or seating clinicians provides valuable perspectives from different knowledge bases. While learning from a seating clinician is extremely valuable, it is essential to learn from those with experience outside of the clinic when delving into CRT. Developing these relationships is key for assistants who desire to pursue this path. For clinicians, much of the hands-on training and product knowledge will come directly from the ATPs during CRT service delivery. Building broad industry networks can boost confidence and expertise in CRT prescription.

During my early days at UAB Spain Rehabilitation Center in Birmingham, Alabama, I had my first meaningful encounter with an ATP who worked as a manufacturer's representative. We shared similar health care backgrounds, which created an immediate connection and made it easy to engage in clinical discussions about the patients in my rehab center. Over time, his visits became more than just routine interactions — he naturally took on a mentorship role, guiding me through the intricacies of CRT. Through his expertise, I gained hands-on experience with everything from fine-tuning the center of gravity on K0005 wheelchairs to advanced programming for power chairs. His mentorship not only expanded my technical skills but also opened my eyes to the depth and complexity of CRT, sparking a passion that

continues to drive my learning and professional growth today.

"Mentorship describes a relationship focused on sharing knowledge and perspective between experienced mentors and motivated mentees with the aim of promoting professional development and self-actualization" (Yoon et al., 2017). As a PTA, one of the best decisions that I made in my career was accepting this mentorship from the ATP community.

These relationships truly sparked and nurtured my passion for complex seating. I vividly remember when I began working at Spain Rehabilitation Center after spending three and a half years at a small inpatient facility. At that time, my knowledge of CRT and DME was limited to what was presented through the PTA curriculum.

When I began my career, I had only observed one seating evaluation. While that experience intrigued me, I was under the common yet mistaken belief that a PTA couldn't be involved in something as specialized as CRT. Looking back, I'm incredibly grateful to have been wrong.

During this time, an opportunity arose to transition from a clinical role into a position focused solely on DME. This role encompassed a broad range of responsibilities, from fitting patients with appropriate equipment to navigating the complex funding barriers often associated with DME. As I became more immersed in the intricacies of this work, my focus naturally shifted toward CRT. Each case presented new challenges and learning opportunities, deepening both my expertise and passion for the field.

As my proficiency with DME grew, I began applying the skills I had gained through mentorship into practice. Fellow clinicians started seeking my guidance on CRT prescription for their patients, which gradually evolved into formal consultations. These consultations ranged from selecting appropriate CRT based on a patient's specific injury to assisting patients and their families with home assessments — ensuring accurate measurements of doorways, thresholds and other accessibility considerations.

After two years of full-time exposure to CRT, I had gained the knowledge and experience needed to qualify for the ATP exam. Passing this exam was more than just a professional milestone; it was a personal achievement that solidified my place in a field I had once thought was beyond my reach.

As a practicing PTA, I'm often asked: "What can you do in a clinic that falls within the PTA scope?" Since therapy assistants cannot perform complete seating evaluations, this is a valid question. I found it relatively easy to begin training and educating my patients in basic wheelchair skills, as this was an integral component of practicing as a PTA.

Assistants are instrumental in identifying the need, supporting the evaluation and assisting with delivery and continued equipment training for the seating and wheelchair mobility client. Therapy assistants can teach fundamental maintenance practices for manual wheelchairs, such as tire pressure checks, brake adjustments and proper seating alignment. As their confidence and knowledge grow, they can progress to more advanced skills training — guiding individuals in the use of alternative drive controls and teaching essential techniques like safely and effectively performing wheelies in ultralight wheelchairs to improve mobility and independence.

Additionally, we are assets for helping clients understand funding dynamics in addition to promoting and supporting ongoing communication between interdisciplinary teams to ensure continued support for the client's independence and safe mobility practices.

Having a PTA or OTA who is also an ATP, brings invaluable expertise to a clinical setting, enhancing patient care in ways that are not commonly found in traditional therapy environments. For those interested in specializing in seating and wheelchair mobility, numerous resources are available to support their growth. Conferences, such as the International Seating Symposium and Medtrade, provide valuable insights into CRT prescription. Most CRT manufacturers offer CEU courses to expand clinical knowledge as well.

My experience as both a clinician and an ATP in an inpatient rehab setting has reinforced the vital role therapy assistants play in bridging the gap between inpatient care and outpatient seating clinics. By strengthening continuity of care and fostering better communication among providers, we can enhance patient outcomes and support long-term mobility success. As the need for specialized expertise in seating and wheeled mobility continues to grow, I encourage therapy assistants to explore this path, seek mentorship, and take an active role in shaping the future of CRT.

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