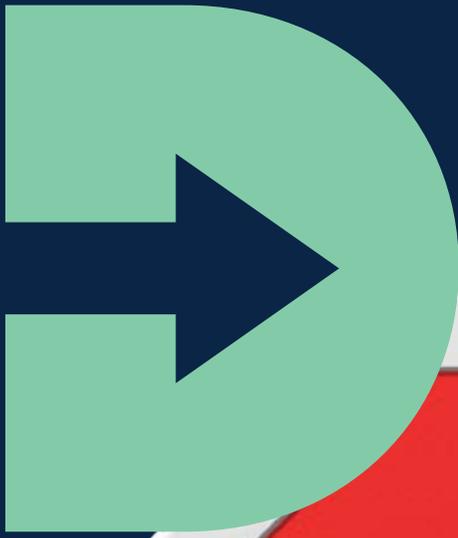


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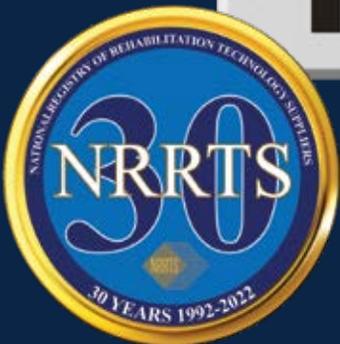


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FROM THE EDITOR-IN-CHIEF

Happy Holidays!

I'd like to wish each of you a joyous holiday season. Enjoy celebrating with your families and be grateful for your time together. On behalf of NRRTS, I'd like to thank Michelle Lange, OTR, ABDA, ATP/SMS, for her contribution to NRRTS the past several years. She's helped us raise the bar on our education and the clinical content in DIRECTIONS. Thank you, Michelle! Best of luck in your future endeavors.

Amy Odom, BS

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RESILIENCE AND PERSISTENCE

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

I continue to be amazed at the talent and resilience within our industry. In the past two years, it has felt like the perfect storm that could have destroyed our industry, but instead, we came together and figured out a way to provide equipment and services to the customers we serve.

The COVID-19 pandemic, although continuing to create disruptions and logistical challenges, gave rise to improvements in communication, scheduling and remote options to assist clients. Many of these changes allow continued access, support and improved efficiency.

Inflation, funding pressures and supply chain complications continue to create challenges that many industry partners and organizations have risen to those challenges by bundling equipment and advocating for changes and improvements to preserve the industry and advocate for the customers we serve.

Unite for CRT, an organization for and by equipment users, is gaining momentum, and with a larger voice, can be the mouthpiece to engage with funding sources on the need for access and the value of Complex Rehab Technology providers.

Seat elevation and standing considerations have been many years coming, with a lot of work from all the industry stakeholders in showing these options are critical and can be medically necessary.

Repair Legislation- Many states are hearing from equipment users that service is lacking, and they want increased access. Although the direction it is heading is concerning, it is the notification that as an industry, we need to do better.

Aging RTSs are becoming the next great challenge as they leave our industry, creating voids in talent, knowledge and wisdom. The industry has responded with many educational programs, trends toward mentorships and NRRTS's certification program, which is needed more now than ever.

The 4th quarter is our busiest time with the sprint to provide services that will expire at year's end, to fill the back orders of equipment, and to blend all of this in with advocating for legislative changes and attention to ourselves and our families.

We cannot let our foot off the accelerator and neglect the continued growth to NRRTS, increasing its reach and ability to advocate and elevate our profession.

Those of us who are Registrants understand NRRTS is the only organization that represents and advocates for the RTS. When speaking to our customers, clinicians and competitors, challenge them to become a part of NRRTS, whether as a Registrant, member of Unite for CRT or Friend of NRRTS. By doing so, you will be helping to ensure and strengthen our voice and value within the industry.

On behalf of myself, the NRRTS Board of Directors and the amazing NRRTS staff, we wish you a happy, health and prosperous 2023!

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



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THE JUICE IS WORTH THE SQUEEZE

Written by: ROSA WALSTON LATIMER



Shaun Kalpakoff with his brothers, Noah and Gabe Kalpakoff, and his dad, Bill Kalpakoff, Christmas 2021.

In 2017, at the age of 36, Shaun Kalpakoff was diagnosed with amyotrophic lateral sclerosis (ALS), a progressive neurological disease that causes a person's muscles to weaken and atrophy, ultimately leading to paralysis. Also known as Lou Gehrig's disease, ALS impacts an individual's ability to walk, use their hands, talk, eat and eventually breathe.

Kalpakoff didn't talk about his disease for months after his diagnosis except with his family and close friends. A year later, he posted this message on

Facebook: "When I watch my son, Ashton, make good choices and be kind to others, I get this feeling that cannot be explained," he wrote. "He is my driving factor that keeps me focused, positive and willing to do whatever it takes. I sincerely hope each and every person who reads this message has someone — not something — that fulfills that feeling. If you don't, I challenge you to go out and find that person."

In a video interview produced in January 2019, Kalpakoff explained that it seemed almost weekly he discovered something new he can no longer do without assistance. "At the end of the day you could roll over, take it and just wither away, but that's the easy way out. My strength comes from my son and seeing him grow up. That's my role. If I didn't have a child, I don't know where my strength would come from. He's the driving factor that keeps me going and not give up. The most powerful thing anyone can do is love someone."

Along with profound weakness and other physical obstacles, Kalpakoff has lost the ability to speak as the disease progresses. In preparation for these articles, we usually conduct a telephone interview with the individual featured. Instead, Kalpakoff used assistive technology for communication, a Surface Pro device with Tobii Dynavox Eyegaze hardware, to respond to our questions. His email signature includes the phrase "typed with my eyes."

A life-changing diagnosis such as ALS throws the recipient into a whirlwind of uncertainty. There are many questions to be answered and many practical problems to solve. One question is most likely to be, "Will this change me as a person, and if it does, what will those changes be?" Kalpakoff responded, "I think every terminal disease changes your outlook on life. For me personally, I focus my time on family and relationships. I've learned to be patient, become comfortable having others help me and be present in

every moment." We then asked Kalpakoff what values were important to him and were these values different after his diagnosis: "Working hard to build wealth is a good example. When you are young, in the prime of your life, you work hard to play hard. Being diagnosed with ALS has changed my ability to work and play hard. Wealth has been changed into love for family and friends, relationship building and saying, 'I love you' a lot more."

Kalpakoff further describes his daily life with ALS as being like a rollercoaster. "The highs are amazing, and the lows are dark. Trying to have a conversation is difficult and frustrating. I communicate only through my eye gaze computer, which is much slower than talking. Somewhere between 15 to 25 words per minute. I can't participate in group conversations, even a one-on-one conversation is tough. And sometimes people don't even let me finish my sentences."

Even in the dark times, Kalpakoff can find positive aspects of his life. Alongside losing the ability to speak has come the ability to be more observant of people and his surroundings. Writing about the family Christmas celebration last year, Kalpakoff recognized that "it's kind of nice not joining in the crazy conversations anymore, I just listen and smile." He described "sitting by the fire with family and dogs while presents were opened really did it for me. I was truly happy. I love this life, it's worth fighting for."

ALS has changed Kalpakoff's outlook on life, which, he says, has been liberating. "I've become more open, not really scared to express my feelings. There's a lot



Shaun Kalpakoff and a group of friends before the 2022 Super Bowl.

HE IS MY DRIVING FACTOR THAT KEEPS ME FOCUSED, POSITIVE AND WILLING TO DO WHATEVER IT TAKES. I SINCERELY HOPE EACH AND EVERY PERSON WHO READS THIS MESSAGE HAS SOMEONE — NOT SOMETHING — THAT FULFILLS THAT FEELING.



Shaun Kalpakoff and his son, Ashton, at Ashton's eighth grade graduation, 2022.

more to life than everything that you are trained to believe is important."

Through the challenges of Kalpakoff's life, his sense of humor remains strong. In an early blog for his website, Kalpakoff wrote this self-portrayal: "ALS has drastically changed me from a walking, talking, handsome father of Ashton into a nearly paralyzed, ventilator dependent, handsome father of Ashton."

"I try to do as many normal things as possible," Kalpakoff said. "I enjoy going to the movies, sporting events, the theater and the beach. I have become a

CONTINUED ON PAGE 10



Shaun Kalpakoff enjoying the sunset at Crystal Cove State Park, Newport Beach, California.

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(l to r) Ashton and Shaun Kalpakoff with Shaun's parents, Bill and Sandy Kalpakoff.



Shaun Kalpakoff with his girlfriend, Tracy, at the theater.

THE JUICE IS WORTH THE SQUEEZE
(CONTINUED FROM PAGE 9)

fantasy sports fanatic." With friends and caregivers, Kalpakoff has also learned how to navigate traveling as his disease progresses. "In May of this year, we took a road trip to Yellowstone and Colorado, and in September, we traveled to Oregon." In a blog recounting one of these adventures, Kalpakoff said, "This trip seemed impossible for an ALS patient like me who requires so much equipment. All it took was some planning and a 'can do' attitude. The trip was very challenging but not impossible." During the trip to Oregon, Kalpakoff saw a sign at the Azalea Mountain Store that was especially meaningful to him that read in part: I do not choose to be a common man. It is my right to be an uncommon man. The statement resonated with Kalpakoff because "a common man [with ALS] would have thrown in the towel already. My son, who is 14, is my inspiration. He is my reason for not giving up."

Kalpakoff's friends and family established a website, www.teamshaunboy.com, to advocate for ALS research and patients, and allow Kalpakoff to communicate through a blog. The website also provides a link to the Shaun Kalpakoff Irrevocable Medical Trust, a special needs trust created to raise money to help offset the enormous financial burden of living with ALS. "When I was diagnosed, we made it our mission to not give in to ALS, and we knew the round-the-clock care I would need would be expensive." The trust will pay for medical treatment and equipment costs, the purchase of an accessible vehicle, home modifications needed to make Kalpakoffs home wheelchair accessible and provide eventual 24/7 in-home care. Costs to support a person with ALS can be more than \$200,000 annually. Upon Kalpakoff's untimely passing, all funds in the trust will pass to a new trust for his son, Ashton.

"I have learned to live well with this disease and learned the most powerful thing any human can do is love someone," Kalpakoff said. "Life is difficult for everyone, including me. Difficult, but not impossible. The juice is worth the squeeze. Don't give up; find your love for life. I have."

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Shaun Kalpakoff, a lifelong resident of California, attended California State University, Fullerton, and worked in the solid waste management business as a manager. To learn more about the Shaun Kalpakoff Irrevocable Medical Trust, established to help offset the enormous financial burden of living with ALS, visit: www.teamshaunboy.com.

THANK YOU, MICHELLE LANGE!

Written by: **WEESIE WALKER, ATP/SMS, EXECUTIVE DIRECTOR OF NRRTS**

Over the past decade, Michelle Lange has spent much of her time and energy to guide the NRRTS Education Program. The process of identifying webinar topics and presenters is always challenging. The content must be relevant and delivered in an engaging manner. She recognized the opportunity for NRRTS to become an IACET Provider, which in turn expanded NRRTS offerings. CEU articles were added to DIRECTIONS along with other features such as case studies.



Lange will be leaving this position at the end of this year. I want to personally thank her for all her hard work and vision that has made NRRTS Education the best!

Lange will continue to be a contributor to NRRTS Education as a presenter and author.

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COMMITMENT TO THE LONG GAME

Written by: ROSA WALSTON LATIMER

As Carey Britton, ATP/SMS, CRTS®, begins his tenure as president of NRRTS' Executive Committee, he is eager to continue supporting the industry in a "hands on" fashion. "I like that I've done this work for 30 years and that my term as president is simultaneous with NRRTS' 30th anniversary," Britton said. "During my career, I have always played the long game by trying to create strong, lasting relationships with each person I serve. This philosophy aligns with the purpose of NRRTS to provide education and support to the industry and our Registrants, current and future. It is humbling to be selected to this position of leadership by peers who are dedicated to ensuring that the industry carries on at a high standard. My focus will be on helping increase registration and strengthening the organization so once I retire, I will know that I, along with my colleagues, will have left the industry better."



Debra and Carey Britton with their daughter, Ashley Britton (center).

In his early 20s, Britton found an opportunity to blend his entrepreneurial spirit with a desire to work in health care. "I saw the opportunity to purchase an Amigo franchise as the perfect blend of two things I wanted in my future," he said. "My father and I bought the franchise in 1992, and he passed away a year later, thrusting me into being an independent business owner at the age of 23. After several years with Amigo

Mobility, I realized being a franchise had benefits, but it also made it difficult to support our clients as their conditions changed. We disbanded the franchise and transitioned to Active Mobility Center. This move gave us the ability to do whatever we needed to take care of our clients."

"I sold Active Mobility to National Seating & Mobility (NSM) in 2015 and took a position with them.," Britton said. "I spend 40-plus hours a week working directly with consumers who need seating and mobility equipment. I help problem solve to determine the best equipment for each need and help get that equipment through the system. My experience as a business owner, where I saw every avenue of the industry, helps me tremendously now. I clearly understand the entire process and can explain it clearly to the consumer."

In a sense, Britton has come full circle and now devotes his time in the manner he originally wanted. "What I find most enjoyable is working directly with the consumer and in particular, the pediatric community," he said. "Being able to devote my time to that certainly makes me happier than all of the responsibilities that go with owning a business. I would like to say I'm working less hours, but that's not the case. Nevertheless, it was a good move for me. The industry

was changing, and continues to change, in a way that makes it difficult for the smaller companies to compete successfully." From 2015 to 2020, Britton was the sole NSM branch manager at the Pompano Beach location. In 2021, a general manager came on board to help handle day-to-day internal operations. "What I still do with NSM is what I love most about this industry. That is equipment provision," Britton said.

"Working in this industry is rewarding, but I find working with the pediatric community most satisfying. Often adults, no matter their age, focus on what they have lost. Children only have something to gain. If they were born unable to move, and you provide a device that gives them mobility, you are a hero. Once they have accepted their child's condition, parents are also appreciative. I try to immerse myself in the pediatric world, because it keeps me charged up and ready for the next day.

However, Britton maintains his dedication to the "long game" when it comes to cultivating and maintaining a solid personal relationship with his clients. "My young clients mean a great deal to me, but I also have adult clients who I have served for the entire 30 years I've done this work," Britton said. "If I first saw a child at 10, they are now 40. I've been a part of their development and growth, and we have shared the many 'ups and downs' of life. These relationships are built on trust and a common goal."

Britton's wife, Deborah, worked with him when they owned Active Mobility Center and transitioned with him after the sale to National Seating & Mobility. "It was important for us to provide continuity of service to our customers and referral sources," Britton said.

In addition to an opportunity to focus on his work and relationships with his clients, NSM has allowed Britton to create a strong work team. "I am only as good as the team that supports and helps me," he said. "And, as they support me, it is important for me to help them have every opportunity to continue to improve, so our access and value to our clients also improve.

Britton provides an ATP/tech training program every week when he works with the internal NSM staff. He also conducts internal office meetings regularly to reward and celebrate staff successes



Carey Britton took this photo of an osprey catching a fish in south Florida.

and discuss whatever might need to improve. "I've been blessed to have great people around me and to continue those positive internal relationships," Britton said. "If I need someone to make an adjustment or help communicate something, if my team and I aren't in sync, the customer can experience an inconsistency that presents unnecessary complications."

Britton considers himself fortunate that many who work with his care enough about their responsibilities to clients that they have stayed with him for the long game. "A long-term commitment to a profession isn't common. Many people come and go and are only looking for a job," Britton said. "Fortunately, most people who work with me consider this work a calling, a career. As we are all aware, this industry is a grind, and there are many opportunities for things to go wrong in each situation. Other than my clients, my staff members are the most important part of my work."

Britton admits he has a hard time saying "no" and commits a great deal of time to the training and instruction of upcoming physical and occupational therapists. "We volunteer our time to do seating and positioning training to graduate therapists in the south Florida area. In some cases, we do this on-site and other times we go to the colleges," Britton said. "NSM considers this a direct way to contribute to the next generation who will be helping the clients in the community we serve. We also assist and contribute to as many organizational events as possible."

Britton makes time for these outreach commitments because he believes they, along with the work of organizations such as NRRTS, have a consequential influence on the industry's future. "It concerns me the average age of the current CRTS is 52. What happens to our industry and profession if we don't bring in younger people?" Britton said. "The certification program NRRTS is developing is a good indicator of our concern for a way to transition people from



Carey Britton's work family NSM132.

outside positions to direct service positions. It is incumbent on those of us with experience in this industry to help instill values and a dedication to foster a sense of calling rather than being 'just a job.' This attitude could potentially alter the Complex Rehab Technology industry into a commodity business like standard durable medical equipment. Our outreach and education have to continue to push the intention if you plan to make a career in this industry, you have to ensure it stays viable and continues to stand for the express purpose of helping the consumer. During NRRTS' 30 years, our industry has had many accomplishments and positive changes. However, unfortunately, our industry is still fighting some of the same battles it has faced for years, and it isn't for lack of leadership and effort. We must remain committed to the long game, fight the good fight and compel others to join us."

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

EMMA'S PATH: SMITH FINDS WAY TO HELP OTHERS AS CLINICIAN, POLICY INFLUENCER

Written by: **DOUG HENSLEY**

There was a time when Emma Smith thought she might want to be an engineer.

But that wasn't the path she chose. Or maybe the path chose her. Either way, she now is fully immersed in helping others. Smith is an occupational therapist, researcher and educator who strives to make a difference in the lives of others.

"I wanted to be an engineer when I was younger," she said. "I've always had a technical bent to me, so it really should not be surprising I ended up in technology because that's where my interests were anyway. I also love what technology can do for people. This is something, in a lot of ways, I fell into, but I have absolutely no regrets I ended up staying there."

Originally, Smith trained as an occupational therapist and spent some time in clinical practice. She then opted to return to school to pursue a doctorate in rehabilitation sciences. In both pursuits, she has focused on assistive technology meant to improve the quality of life for people with functional limitations. She has a particular passion for new and emerging technologies.

"I worked clinically for seven years," she said. "Then when I went for my Ph.D., it took five and a half years. In my clinical research as part of my Ph.D., I was helping train older adults to use powered wheelchairs. There's been a little shift since because primarily, I've stepped away from the clinical work, and I miss it."

For the most part, Smith invests her time on research to support effective assistive technology policy and working with other established authorities, such as the World Health Organization and European Disability Forum. She said she sees this as a way to have a broader impact. She can also draw on volunteer and teaching experiences from elsewhere around the world, having spent time in Ghana, Thailand, Haiti and Nepal.

Currently she is based in Ireland and working as a Marie Skłodowska-Curie Actions Fellow at Maynooth University. "I'm fortunate to work here with Malcolm MacLachlan, who has a background in psychology and disability policy. It's been great having the chance to work with him."

Although she completed her undergraduate education in International Development Studies, she "didn't feel I could contribute on an international scale without a skill" and decided to train as an occupational therapist, she said. "I went to occupational therapy school because I had an interest in working with kids with disabilities.

When I was younger, that was an area of interest. The funny part is if you had asked me in OT school about the areas I did not want to work with, it would have been wheelchairs and older adults.

"Then I ended up with a Ph.D. in wheelchairs and older adults."

Smith earned her Bachelor of Arts in International Development Studies from Dalhousie University in Halifax, Nova Scotia. That is where she also earned her occupational therapy degree. She received her doctorate from the University of British Columbia, completing her work there in 2019.

"When you work clinically, you have an impact on many individuals, and that's wonderful," Smith said. "When you do policy, though, you can have an impact on many all at once. It takes longer, and it's not always effective. There are challenges in it."

While change can be difficult to make happen, it can have a profound impact on clinicians and the people they serve.

"Policy can make it more difficult to do our jobs sometimes," she said. "But if we can impact policy in a positive way, the outcome is going to be better for everyone. The frustration is equal. The clinician doesn't have control over policy either, but trying to change it yourself, it's just such a huge task. Working with governments needs patience because they're



Taken in 2014 - Emma Smith working on a wheelchair in Haiti as part of a Team Canada Healing Hands wheelchair service trip.

WHEN YOU WORK CLINICALLY, YOU HAVE AN IMPACT ON MANY INDIVIDUALS, AND THAT'S WONDERFUL. WHEN YOU DO POLICY, THOUGH, YOU CAN HAVE AN IMPACT ON MANY ALL AT ONCE. IT TAKES LONGER, AND IT'S NOT ALWAYS EFFECTIVE.

not driven by time. And policy is often driven by budget, and not everyone always agrees on what they want to see happen.”

Smith said while working as a clinician is rewarding, she has always felt a pull toward meaningful involvement in policymaking.

“I would never say one is more impactful than the other,” she said. “They have impact in different ways. For me, I saw an opportunity to make changes for an entire population. Policy in general is done very poorly. By that I mean it doesn’t take into consideration the needs of the individual. I run up against bad policy every day, and it can be immensely frustrating.”

Toward that end, she is now part of the World Health Organization’s Global Cooperation on Assistive Technology (GATE) initiative. Smith also is plugged into several other WHO projects and she works with the Global Alliance of Assistive Technology Organizations (GAATO).

“The work I am doing at the moment is around policy broadly, not specifically on a specific disability group,” she said. “It’s about saying we need widespread, generic, inclusive policy at the national level that can be integrated into health care programs and based on principles of human rights. We often fail there, trying to ensure people are engaged in the inclusive part. We need to hear from those impacted as far as what they have to say about it.”

The knack for being around the right people and in the right place at the right time has benefited Smith throughout her professional career.

“I have been really fortunate,” she said. “I’m working with the European Disability Forum, which is an organization made up of smaller organizations across every country in Europe. Working with the EDF, I’ve had the chance to work on behalf of a broad group of people with disabilities. My work is centered in the work they do, and the EDF works to make sure those voices are heard.”



Emma Smith and Chapal Khasnabis, head of Access to Assistive Technologies and Medical Devices Unit at the World Health Organization. Photo taken at the WHO in Geneva, Switzerland, while contributing to the Guideline Development Group for a new global Wheelchair Provision Guideline.

Smith’s research interests have been focused in three primary areas: global health policy development and analysis, wheelchair skills training, and assistive technology.

Still, she says there is more to accomplish. “If you had asked me when I was doing my undergrad degree where I wanted to be at some point, my dream was working for a United Nations agency,” she said. “I remember in 2017, sitting in an executive boardroom of the World Health Organization and thinking this is where I want to be. It was a really exciting moment.”

Likewise, there are times now when she misses working with patients.

“I’ve been four years without one-to-one relationships with clients,” she said. “I miss that a lot. In fact, I’m in the process of getting my occupational therapist license received in Ireland because I miss it so much. It’s something I don’t want to lose. It’s important to stay grounded into reality. There’s a danger, I think, in getting away from clinical experiences. There’s something personal about those one-to-one relationships.”

CONTINUED ON PAGE 16



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EMMA'S PATH ... (CONTINUED FROM PAGE 15)

For now, though, Smith plans to complete her fellowship and continue her consulting work with nonprofits.

"From a long-term perspective, I am focused on the rights-based side of things, the rights of people with disabilities as people and promoting those rights. I'm not sure what that role looks like, but that's where I would like to be."

Remembering and respecting the fundamental humanity of people with disabilities will always occupy a lot of her time.

"It's important for me to acknowledge I am not a person with a disability," she said. "It's not an experience I have on a day-to-day basis. I work with people who have disabilities, but that's not my experience. We don't acknowledge that enough. I want to acknowledge and recognize that."

Smith said too many people define the disabled by their disability rather than giving them room and opportunity to enjoy a fuller human experience.

"I think from a Western perspective, there is generally a paternalistic sense of needing to protect people with disabilities by limiting their choices and risk," she said. "That is another frustration of mine. I am really interested in trying to explore that and address it. Just because someone has a disability doesn't mean they are not capable of making an informed choice. They should have the right to take risks as individuals, and part of that is providing the technology to help them to make those decisions to be independent. We should probably encourage that."

CONTACT

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Emma Smith, Ph.D., is an occupational therapist, ATP/SMS and Marie Skłodowska-Curie Research Fellow at the Assisting Living and Learning Institute at Maynooth University in Ireland. Smith's work revolves around the rights of persons with disabilities, including the right to assistive technology to promote participation and choice. She works with a range of governmental and non-governmental stakeholders to build better assistive technology policies and systems and conducts research in rights based approaches to assistive technology delivery.

2023 NRRTS WEBINARS

TO LEARN MORE, VISIT:

WWW.NRRTS.ORG/EDUCATION/



TUESDAY, JANUARY 10, 2023

7:00 PM EASTERN

Keynote

Speakers: Jen Mendenhall and Kory Wilcox

Each year, NRRTS kicks off the new year with a keynote webinar. For 2023, a panel made up of parents of children who use Complex Rehab Technology, will discuss their view of the wheelchair delivery service process. They will give important feedback on their experiences. Hearing their firsthand interactions will offer insight on what matters the most to them as they navigate this transaction.



MONDAY, JANUARY 26, 2023

7:00 PM EASTERN

Made for Each Other: Early Custom Seating and 24-7 PCM for All Ages

Speaker: Tamara Kittelson, MS, OTR/L, ATP/SMS

Posture deviations develop frequently in individuals with movement limiting conditions. These impact health and function and require increasingly complex wheelchair seating as joint contractures, pelvic obliquity/rotation and scoliosis develop and progress. This need not happen! Early adoption of custom seating combined with 24-hour posture care management (24-7 PCM) can intervene in this scenario. Custom seating and 24-7 PCM facilitates healthy alignment, development, growth and function in all human orientations by promoting a foundation of body symmetry and stable posture. Learn principles underlying this approach and how to start making this approach work for your clients.

NRRTS WEBINARS



WEDNESDAY, FEBRUARY 8, 2023

4:00 PM EASTERN

The Hidden Clues: Solving Mysteries in the Assessment and Provision of Geriatric Seating and Mobility Technology

Speaker: Sheila Buck, B.Sc. (OT), OT Reg. ON

Have you ever asked, "Why does my client continue to slide?" or "Why bother, they are in bed half the time anyways!?" If so, this course is for you! Seating and mobility for the geriatric population is just as, if not more important, than many other user populations. Not only is there often no predominant diagnosis, but also there are many aging/physical deterioration factors that add up to severe sitting postural issues, pain and mobility limitations. Often these factors are hidden and not assessed, resulting in poor prescriptions that haven't addressed critical physiological and pain triggers. Sign on to learn great practical assessment and prescriptive guidelines for seating the elderly.



THURSDAY, FEBRUARY 23, 2023

7:00 PM EASTERN

"It Takes a Village" or How Organizations Working Together Make a Stronger Voice for Advocacy

Speakers: Weesie Walker, ATP/SMS, Andrea Van Hook and Wayne Grau

In the world of Complex Rehab Technology (CRT) if we added all manufacturers, providers, suppliers, clinicians, CRT consumers and others together, it is a small number in the scheme of things. Having a strong voice is more difficult when there are few to carry the message. We recognize the value in forming partnerships with organizations to allow more efficiency and less duplication of efforts.



For more information, visit the website www.nrrts.org



THURSDAY, MARCH 9, 2023

7:00 PM EASTERN

Infection Control in the Real World

Speakers: Anna Sokol, RN, MN, BScKin, BScN, WOCC(C), and Kim Davis, PT, MSPT, ATP

When the COVID-19 pandemic shook the world, some health care organizations discovered their wheelchair disinfection protocols were outdated. Organizations learned there is no one-size-fits-all approach. Many clinicians and administrators turned to vendors and manufacturers with questions about safe and effective cleaning of multicomponent manual chairs and complex power systems. This session will discuss how infection control is approached in the real world, where regulatory requirements may sometimes compete with facility objectives.



THURSDAY, MARCH 23, 2023

7:00 PM EASTERN

Power Add-ons for Manual Wheelchairs: Outcomes and Training Requirements

Speakers: W. Ben Mortenson, BScOT, MSc, PhD, FCAOT, OT, and Mahsa Khalili, PhD

Participants in this workshop will learn about the latest research on the impact of powered mobility add-ons for manual wheelchair users. This will include a discussion about the impact they have on users perceived autonomy and training requirements for their safe use.



THESE LIVE WEBINARS ARE AVAILABLE AFTER THE PRESENTATION DATE IN THE ON-DEMAND LIBRARY.

NRRTS recognizes that quality education is critical for the professional rehab technology supplier. We are committed to offering this benefit to NRRTS Registrants, Friends of NRRTS, and other Complex Rehab Technology professionals through our NRRTS Continuing Education Program. Our goal is to become a primary source of relevant, cost-effective educational programming and information in the industry and profession.

ADVANCING ENGAGEMENT AND ADVOCACY IN 2022

AN INTERVIEW WITH CTF EXECUTIVE DIRECTOR CARA MASSELINK

Written by: AMBER WARD MS, OTR/L, BCPR, ATP/SMS, FAOTA, AND LESLIE JACKSON, OTD, OTR/L, ATP, CEASIII

“Join our legacy of advocacy.”

- Cara Masselink, CTF Executive Director

Cara Masselink, executive director of the Clinician Task Force (CTF), is continuing to forge pathways to strengthen engagement among CTF members in advocacy and educational initiatives. Under her leadership and the work of the executive board of directors, CTF members have made substantial progress through its various workgroups. Based on an in-depth interview, the authors aim to showcase key accomplishments of the CTF in 2022 and introduce how Masselink's professional background has helped shape her vision as a leader for engaging CTF members in the future.

Masselink joined the CTF in 2016 and became executive director in 2021. She notes her prior team management jobs, comfort with policy issues and Ph.D. education helped her transition into this role. She notes mentorship from former executive director Cathy Carver and others assisted her with this “big responsibility.” Significant efforts are made to ensure the CTF is going in an effective direction and that leadership is aligned with the CTF values and mission. Masselink reports her first year had a strong workgroup and project focus, and this second year is focused on reflection and completing the first year projects. All efforts move to support the CTF mission: *to provide clinical based expertise to inform and promote public policy, best practices and positive outcomes regarding people with disabilities who require Complex Rehab Technology (CRT) products and related services.*

Among the CTF's key initiatives are increasing engagement among its membership. Executive Director Masselink and the board of directors believe engaging in CTF initiatives are exciting means for fulfilling professional work. Understanding members' skill sets, practice areas, professional interests and expertise are essential to effectively identify mechanisms to support member engagement and to appreciate individual member capacity and goals.



Cara Masselink riding with her daughters, Sadie (left) and Adalynn (right)

Furthermore, a mentorship program could provide a mechanism for providing intentional guidance and support for new members or those who are interested in serving through specific workgroups. Identifying forefront issues and tangible outcomes is also essential to optimize engagement among members. Maintaining a collaborative process and encouraging reflection can support members' work while advocating for current issues.

Highlights of the work completed or in progress by the CTF in 2022 include:

1. Initiation of the Power Assist Policy Process. Members are working to change Centers for Medicare and Medicaid Services (CMS) coverage so users will not need to wait one year after getting their MWC to be eligible for power assist.
2. Compilation of state Medicaid durable medical equipment policy links, posted on the CTF website.
3. Publication of the “Policy Analysis on Power Seat Elevation.” Setup organizational collaboration with the National Pressure Injury Advisory Panel (NPIAP).
4. Continued work on the supported standing scoping review in coordination with RESNA (currently close to finalization).
5. Continued work on Power Seat Elevation and Power Standing National Coverage Determination Reconsideration Request. This year, CMS opened public comment on power seat elevation systems, and the CTF recruited and published public comment and engaged in the National Coalition on Disability Roundtable and Congressional Briefing.

CTF LEADERSHIP HAS AN OBLIGATION TO PROVIDE AN ARRAY OF OPPORTUNITIES SO ALL MEMBERS CAN ENGAGE

6. Expanded social media efforts to optimize CTF reach and access to articles.
7. Continued collaboration with NRRTS and NCART (bimonthly CRT webinars, CRT fly-in, CRT awareness week), and RESNA (joint CTF/RESNA Supported Standing position paper, members collaborated on Wheelchair Service Provision Guide and Posture Care Management position paper).
8. Engaged in articles for HME News and DIRECTIONS magazine.
9. Started organizing a national research study on wheelchair requests for Medicaid beneficiaries.

One of the questions donors and potential supporters ask is “Why should I support the CTF?” Masselink notes a few key reasons, which include:

- CTF is a very lean organization, with effective use of funds and is always working toward financial sustainability.
- CTF has a legacy of advocacy for 19 years.
- CTF works at both an individual level as well as policy/systemic level.
- CTF’s membership is comprised of very skilled clinicians who are engaged and active.
- CTF has a strong focus on active policy issues and process as well as directing best practice.

Reflecting on her time with the CTF, Masselink offers several items of advice to support new members. Her key advice: “Be engaged!” She admits it is easy for new members to feel intimidated, as experts in this area are often passionate and even opinionated.

Nevertheless, it is important to keep trying to be a part of the work and advocacy initiatives and reach out if something sounds exciting to work on. Equally important, she believes that CTF leadership has an obligation to provide an array of opportunities so all members can engage. “There needs to be ways to give a voice to other projects besides what the workgroups are doing, including micro-volunteer opportunities.”

Serving as the CTF executive director, Masselink has provided solid leadership while pursuing pathways to engage in the CTF’s priorities, workgroups and mission. Masselink is committed to continuing the legacy of advocacy and invites others to engage through the diverse workgroups in the coming year.

CONTACT THE AUTHORS

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Amber Ward has been an occupational therapist for 28-plus years; with inpatient rehabilitation, outpatient with progressive neuromuscular diseases, and in a wheelchair seating clinic. She is an adjunct professor in the OTA/MOT programs at Cabarrus College of Health Sciences in addition to working in the clinic full time. She received her ATP in 2004 and her SMS in 2014. She is the author of numerous articles and book chapters, as well as speaking and presenting locally, regionally, nationally and internationally. As a part of the Clinician Task Force, she most recently ended her term with the executive board and remains an active member.



Leslie Jackson has served as an occupational therapist for over 20 years, with clinical experience in a variety of settings. She earned her post-professional occupational therapy doctoral degree from Creighton University. In addition to her current practice for a seating and wheelchair clinic, she serves as a full-time faculty member for the Occupational Therapy Doctoral Program at Indiana Wesleyan University, where her teaching responsibilities include assistive technology, adult intervention and assessments, orthotic fabrication, clinical documentation, and health systems and policy. Jackson holds several certifications, including the Assistive Technology Professional, Certified Ergonomics Assessment Specialist and LSVT BIG® Certification.



FALL 2022 CRT UPDATE

Written by: WAYNE GRAU, EXECUTIVE DIRECTOR OF NCART

ELECTION EVE – WHAT LIES AHEAD FOR THE REMAINDER OF 2022

As of the writing of this article the election has not taken place but could be decided within 48 hours. While we are expecting the outcome of the elections for the House of Representatives to be decided on election day, the Senate may not be decided in certain states until days, weeks or even a month or two after election day. The number of lawsuits and contentiousness of this election is at a record high as the fight for power may drag on. The one thing we can be certain of is there will be considerably less campaign commercials on our televisions, social media feeds and in our mailbox and that will be a welcome change for every American.

After the election, a lame duck session will begin as those who lost or are retiring will be finalizing their post-election careers while the new incoming members will be preparing to take control in January 2023. NCART will keep everyone informed of any potential legislation that could move during the lame duck session. We look forward to providing a post-election update and 2023 legislative Complex Rehab Technology (CRT) outlook during our December 8 CRT Industry Webinar. Get registered for that no-cost presentation by visiting www.ncart.us.

CONGRESSIONAL, DEAR COLLEAGUE LETTERS, IN SUPPORT OF SEAT ELEVATION AND POWER STANDING SYSTEMS

The House of Representatives and the Senate released Dear Colleague letters shortly after the NRRTS/NCART virtual fly-in and the Capitol Hill Congressional Briefing. Industry outreach to Congressional offices helped to generate the following results:

- The House Dear Colleague letter was led by Reps. Jim Langevin, D-R.I., Brian Fitzpatrick, R-Pa., Debbie Dingell, D-Mich., and John Rose, R-Tenn. A total of 81 House Representatives signed on to the letter, which exceeded our previous record.
- The Senate Dear Colleague letter was led by Sens. Tammy Duckworth, D-Ill., Marsha Blakburn, R-Tenn., and Bob Casey, D-Pa. In total, 22 Senators signed on to the letter, which was also a new record.

Great job to all of those who contacted their legislators and asked them to support the seat elevation and power standing systems coverage.

UPDATE ON COVERAGE OF SEAT ELEVATION AND POWER STANDING SYSTEMS

The Centers for Medicare and Medicaid Services (CMS) opened a 30-day public period on Medicare coverage of power seat elevation on Aug. 15. While this was good news, unfortunately

I AM HONORED TO BE THE NEW EXECUTIVE DIRECTOR OF NCART. I FELL IN LOVE WITH THE CRT INDUSTRY MANY YEARS AGO AS I SAW THE PASSION OF THE COMPANIES, CLINICIANS, ATPS, AND REHAB TECHS AS THEY STRIVED TO ENSURE THAT THEIR PATIENTS WERE PROVIDED THE MEDICALLY CORRECT EQUIPMENT TO MEET THEIR NEEDS.

CMS also announced it is “delaying” a review of Medicare coverage for power standing systems to a later date. We were extremely disappointed with this delay since power standing systems were included as a connected benefit in the initial September 2020 request for coverage.

The ITEM coalition, NRRTS, NCART, Clinician Task Force, Consumer Groups, RESNA, AAHomecare and others helped to rally stakeholders to submit over 3,500 comments to CMS about the value of seat elevation in the lives of CRT patients. This was a tremendous response, and we would like to thank all of you that participated in the process and submitted your comments.

The full text of comments submitted by NCART can be found at www.protectmymobility.org. Our primary message is we strongly support Medicare coverage of power seat elevation to establish critical access for Medicare beneficiaries with disabilities as detailed in the formal September 2020 coverage request. We also commented that while we are grateful CMS is moving forward with its review of the power seat elevation portion of the coverage request, we are very disappointed CMS is delaying to a later date the opening of comments for power standing systems.

NCART also participated in a follow-up call with CMS in October to answer any questions and provide some

additional data for CMS to consider in their coverage decision. CMS acknowledged the large number of comments, the receipt of the House and Senate Dear Colleague letters, and the additional data to help support the CRT industry's position that power seat elevation must be covered by Medicare.

CMS is reviewing the comments along with information submitted within the application for coverage and will issue a proposed decision memo in February 2023. This will be followed by another 30-day public comment period. A final coverage decision for power seat elevation systems is expected in May 2023. NCART will continue to actively work with the ITEM Coalition and other disability advocacy groups to secure coverage.

We have questioned CMS about when we could expect the 30-day comment period for power standing to be released. CMS would not comment on the release date. We will continue to urge CMS to open the comment period for this medically necessary coverage.

UPDATE ON THE EXPIRATION OF PUBLIC HEALTH EMERGENCY

The COVID-19 Public Health Emergency (PHE) is currently in effect through January 11, 2023. Congress did pass legislation to extend the PHE 151 days after (through June 24, 2023) There are varying predictions on if the PHE could once again be extended, and the expiration will depend on a variety of factors in the months ahead.

From a CRT perspective, this means physical and occupational therapists will continue to be permitted to provide CRT telehealth services to their Medicare clients through at least June 24, 2023. This timeline is based on legislation passed by Congress earlier in the year that extended current COVID-19 telehealth flexibilities for an additional 151 days after the end of the PHE.

CMS issued guidance on Aug. 18 entitled "Creating a Roadmap for the End of the COVID-19 Public Health Emergency." CMS is encouraging agencies and health care providers to prepare for the end of these flexibilities as soon as possible and to begin moving forward to re-establishing previous health and safety standards and billing practices.

BECOME AN NCART MEMBER

NCART is the national advocacy association of leading CRT providers and manufacturers dedicated to protecting CRT access. To continue our work, we depend on membership support to take on important federal and state initiatives. If you are a CRT provider or manufacturer and not yet an NCART member, please consider joining. Add your support to that of other industry leaders. For information visit the membership area at www.ncart.us or email wgrau@ncart.us to set up a conversation.

THANK YOU, AND I AM EXCITED TO BE WORKING WITH NCART

I would like to personally thank Don Clayback for his 13 years as the executive director of NCART. I had the privilege to work with Clayback as he began his tenure with NCART and participated as both a board member and committee participant as NCART educated legislators about CRT. His leadership, knowledge, friendship and witty sense of humor will be missed by many, but he will remain in touch with the industry, and we sincerely wish him the best in this next chapter of his career.

I am honored to be the new executive director of NCART. I fell in love with the CRT industry many years ago as I saw the passion of the companies, clinicians, ATPs and rehab techs as they strived to ensure their patients were provided the medically correct equipment to meet their needs. The people we serve will always be top of mind as we continue to fight for coverage and reasonable reimbursement so we may continue to provide the quality service the CRT industry is known for. I also look forward to working with Mickae Lee at NCART as she brings her experience and strategic thinking for the betterment of the CRT industry. I want to thank you for the opportunity, and I look forward to working with each of you. Let's get out there, and let YOUR VOICE BE HEARD.

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

PAINTING A PICTURE IN OUR DOCUMENTATION

Written by: HEIDI KOHAKE, PT, ATP/SMS, AND KATIE FITZGERALD, PT, DPT

As clinicians who make wheelchair and seating recommendations, we often hear the advice “make sure you are painting a picture in your documentation.” But what does that really mean? And when electronic medical records and evaluation templates are designed around clicking checkboxes, how can we continue to effectively and efficiently document in a way that paints a picture?

Evaluating a client is so much more than taking measurements and testing equipment. It is also discussing what is working well for the client, what barriers they may face, and the advantages and disadvantages of equipment recommendations specific to them. However, if that interactive discussion doesn’t translate into the documentation, there is a vital piece missing that could result in a denial.

Painting a picture does not mean more documentation because we don’t have the time, quite frankly! What it does mean though is clearly connecting the dots of the full assessment by directly stating the relationship of functional goals, objective findings and the subsequent recommendations.

It was not until we both took on the role of a reviewer it became clear that even a good objective assessment and solid justifications didn’t always get the stamp of approval. Reviewers can’t assume or make an inference as to how a component is medically necessary to

address an objective finding or functional need. The documentation must spell it out clearly and directly - connecting the dots for the reviewer.

The client history and subjective portion of the assessment are a crucial part of painting the picture, but this information should go beyond age, gender and diagnosis to portray a story. What is their day-to-day life like? Where do they need to be able to maneuver in the mobility base? What isn’t working for the client using their current equipment? Is there anything they can’t do that appropriate equipment would allow? If they are a new user, what is their prognosis for function? And what about caregiver roles? When concretely tied to the objective findings in the mat assessment, this information can nearly write the justification.

When completing recommendations, avoid the use of stock language or descriptions of the function of a component. Instead, be client specific to demonstrate explicit connection to the findings in the objective portion of the evaluation. Most reviewers know what a piece of equipment does, but they don’t know what it does for this client. How might

WHEN ELECTRONIC MEDICAL RECORDS AND EVALUATION TEMPLATES ARE DESIGNED AROUND CLICKING CHECKBOXES, HOW CAN WE CONTINUE TO EFFECTIVELY AND EFFICIENTLY DOCUMENT IN A WAY THAT PAINTS A PICTURE?

**CONNECTING THE DOTS:
EXAMPLES OF CLIENT-CENTERED JUSTIFICATIONS**

1. LATERAL TRUNK SUPPORTS

- a. Good: Support the trunk in midline.
- b. Better: Support the trunk in midline due to low tone.
- c. Best: Reduce right lateral lean due to decreased trunk control; reduce caregiver burden for repositioning during school activities.

2. 24" PNEUMATIC TIRE WITH SPOKED WHEEL

- a. Good: To reduce weight, high performance.
- b. Better: Active client requires lightweight, high performance due to history of rotator cuff injury.
- c. Best: Requires lightweight, high performance rear wheel to reduce excessive loading on shoulders due to history of rotator cuff injury. Active user travels for work requiring frequent loading of chair components.

this look? When justifying lateral trunk supports, stating they are “necessary to support the client’s trunk” is common knowledge. However, stating they are “necessary to support the client’s trunk in an upright posture due to their low tone allowing them to independently operate a power wheelchair controller” paints a clear picture of the client in the reviewer’s mind.

Explicitly stating what the recommended equipment or component can do to address objective exam findings and to meet a client’s specific needs for function, mobility, and engagement in their chosen activities connects the dots for reviewers and these words paint a full picture.

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Heidi Kohake, PT, ATP/SMS, is a licensed physical therapist in the state of Ohio. She received her Master of Physical Therapy degree from Saint Louis University in 2005. She is a RESNA Certified ATP and SMS and a board certified neurologic clinical specialist. Her areas of interest include neurologic physical therapy, wheelchair seating and mobility, and adaptive sports. She has experience as a former medical reviewer and has been a physical therapy assistant program adjunct instructor for the past 11 years. She is also a member of the Clinician Task Force.



Katie Fitzgerald, PT, DPT, is a licensed physical therapist in the state of Kentucky and a board-certified as a neurologic clinical specialists. She received her Doctor of Physical Therapy in 2007 from Ohio University and became an APTA Board Certified Neurologic Clinical Specialist in 2016. Her primary area of expertise is spinal cord injury and wheelchair seating and mobility. Her experience also includes roles as a medical reviewer, adaptive sports coach and adjunct faculty member. Fitzgerald is also a member of the APTA AT/SWM SIG, Clinician Task Force and RESNA.

WHEN SITTING IN YOUR WHEELCHAIR HURTS

Written by: TAMARA KITTELSON, MS, OTR/L, ATP/SMS



Most of us change our position and orientation multiple times per hour, certainly many times in a day. If we are uncomfortable – worse yet in pain - we change position as we seek to stop or ameliorate it. But what if our position is dictated by positioning and mobility equipment, and we can't shift away from or move out of it? What if we are in pain while sitting in it? Such was the situation for Tre.

I first met Tre in 2017, at age 17. His mother brought him to a 24-hour posture care management workshop I was teaching. He presented with highly complex postural deviations, secondary to his diagnosis of glutaric acidemia type 1 (GA1). GA1 is an inherited organic acid disorder in which the body is unable to process certain proteins properly. This condition leads to abnormal buildup of organic acids,

which accumulate and cause brain damage. This was the source of Tre's cerebral palsy (CP); he was dominated by high extensor tone and spasticity, with posture marked by his extreme torticollis. Over time, his body had become flattened and windswept (see Figure 1). When we first met, Tre's mother, Corinna, explained in addition to CP, he had sleep apnea, autonomic dysreflexia, received nutrition through a G-tube and used oxygen at night. He was non-verbal but answered yes/no questions with facial gestures. Tre and his family live in a remote, rural area of Idaho where travel for any specialized services entails at least two hours sitting in a vehicle.



FIGURE 1 Tre at age 17, showing flattened and windswept posture distortions

TRE SPENT MOST OF HIS TIME IN BED BECAUSE HE COULD NOT TOLERATE SITTING IN HIS WHEELCHAIR, WHICH WAS ABOUT THREE YEARS OLD.

Fast forward to March 2021, when Tre was referred to me at age 22 for help with his wheelchair seating. Because he lived more than three hours away, our first session was a teletherapy video call. Through the webcam I was able to see Tre's postural presentation, his equipment and his home environment, while interviewing his mother about his history and needs. While Tre is non-verbal, he clearly responded to my comments and questions with smiles and facial expressions through the camera during the visit. During this call I learned Tre had undergone surgical fusion of his spine with instrumentation, as well as resection of his left femoral head (Girdlestone procedure). He had a pressure injury on his right ear lobe caused by pressure and shear against his head support pad that was nearly healed. He also had a dressed wound on his right heel. Tre spent most of his time in bed because he could not tolerate sitting in his wheelchair, which was about three years old. During the teletherapy visit, I was able to identify some potential wheelchair and seating issues and make preliminary suggestions – the most important being use of Tre's dynamic back. I could see a dynamic back was installed on his wheelchair, however it was locked, and Corinna stated she did not know how to use it. We took care of that in short order, hoping to give Tre the ability to move in his chair for some relief, given his extreme spasticity and extensor tone. Their goal was for Tre to tolerate six hours of sitting in his tilt in space manual wheelchair, with appropriate changes in orientation. At the time, he cried in pain and could not tolerate sitting even two hours.

In August 2021, we actually met in person. As a young adult, Tre was very slender with numerous bony prominences putting him at risk for pressure injuries when coupled with his tone and uncontrolled

movements. He presented initially in his manual wheelchair with right trunk rotation, pelvic rotation and obliquity, profound shortening of his hamstrings with strong pelvic thrust, and right wind sweeping of his lower extremities. The Girdlestone procedure had left Tre with a 3" upper leg length difference, shorter on his left. The mat evaluation confirmed that minimal flexibility toward correction existed for most asymmetries. Tre had little control of his movement, with high tone and spasticity dominating. His extreme right torticollis and neck hyperextension caused Tre's visual field to be rearward and toward the ceiling. A combination of cushions, neck pillow, and head support pad were used in an effort to protect his skin and give him adequate support. Tre struggled to tolerate sitting in his wheelchair; and his mother described his crying in pain when he had to sit in it for the two hours required during travel to medical appointments from his home. Therefore, he often traveled lying on the back seat. He had traveled more than three hours to his appointment with me and the supplier.

As we examined Tre's wheelchair, some issues I had noted during the teletherapy session months earlier were confirmed. Tre had a custom molded back support, but sat on a gel cushion that was unstable and bottomed out, leaving him sitting with bony

CONTINUED ON PAGE 28

WHEN SITTING ...
(CONTINUED FROM PAGE 27)

prominences on the hard surface of his seat cushion base. Moreover, the off the shelf cushion did not adequately support his longer right upper leg and was too long for his shorter left side, combining with his tight hamstrings to pull him out the front of the cushion. Tre's



FIGURE 2 Tre's 3-year-old wheelchair was too narrow for his windswept posture.

four-point belt was secured too far forward to stabilize his pelvis enough for him to use his dynamic back – he just slid forward and under the belt. The head support was adjusted in symmetry at midline, resulting in excessive pressure and shear as Tre's torticollis and neck extension prevented his resting appropriately in the head pad. The narrow wheelchair fit his slim hips but did not allow for his windswept lower extremities, resulting in excessive pressure laterally where his right leg pressed against the foot rest hanger (see Figure 2). Finally, 60-degree footrest hangers with a foot box could not accommodate Tre's maximum 90-degrees of knee extension. He actually presented with one leg tucked behind the foot box for comfort. Small wonder Tre was in pain and unhappy sitting in his wheelchair.

At this visit we determined Tre would benefit from new custom molded back and seat cushions to stabilize his posture and offload his bony prominences, but we had to schedule a later visit for the shape capture. Meanwhile, we did what we could to provide relief by moving the foot box as far back as possible, although Tre clearly required 90-degree footrest hangers to accommodate his limited knee extension. We also moved Tre's head support laterally to more adequately accommodate his torticollis and reduce the pressure on his ear and cheek, instead of forcing him in a direction he could not tolerate. We moved his four-point belt attachments 3" rearward, which stabilized Tre's pelvis and allowed him to activate his dynamic back. When he extended the back moved with him, absorbing the impact force of his movement, he then appeared to relax somewhat, rather than continuing to push into extension.

This was all we could do, until new equipment could be procured. This included a new custom seating system, parts to widen the

AT THE TIME, HE CRIED IN PAIN AND COULD NOT TOLERATE SITTING EVEN 2 HOURS.

wheelchair frame for accommodation of Tre's windswept lower body, 90-degree footrest hangers and a taller foot box. We elected to complete these modifications first and then re-assess Tre's head support needs before ordering more parts. With the new seating system, wider frame, and 90-degree footrest hangers, Tre's trunk and pelvis orientation greatly improved, his legs rested in a natural and relaxed position with accommodation of his windswept posture and limited knee extension, and the components of his head positioning system were re-configured to improve support for his head. A longer and adjustable curved pad was recommended for more secure head support, with a tone deflector



FIGURE 3 New head support with mandibular weight bearing surface



FIGURE 4

New system with custom molded seat and back and offset head support pad



FIGURE 5

Tre sitting happy and pain free in his wheelchair.

CORINNA REPORTS HE NOW SITS COMFORTABLY IN HIS WHEELCHAIR FOR FOUR HOURS WITHOUT CRYING AND HAS NOT DEVELOPED SKIN BREAKDOWN.

to absorb some of the force when Tre has spasms and extends. These parts were justified and ordered, but their arrival was delayed so that fitting took place six months later.

Finally, a full year after we began the journey to help Tre sit pain-free, the last parts were installed and fit to meet his needs. On the final fitting day, Tre’s back and seat cushions were found misaligned, secondary to a side impact car accident when he was riding in his wheelchair secured in his accessible van. The seating system itself was re-adjusted for Tre, and his new head support piece was added. His extreme right torticollis and history of right ear skin breakdown left few safe weight bearing surfaces for contact with the head support. In the end, a long and curved right side pad was adjusted to support Tre at his right mandible – an unusual application, but one that is working well for him (see Figure 3). The changes made to Tre’s wheelchair frame and seating have been successful thus far. Corinna reports he now sits comfortably in his wheelchair for four hours without crying and has not developed skin breakdown. In her words: “When I look

at his wheelchair empty, I can’t believe a human being can sit in it (see Figure 4). I need to put him in from the side, to get around the head support. But he’s happy in it.”

And that is what matters – happy and no longer in pain (see Figure 5).

CONTACT THE AUTHOR

Tamara may be reached at TAMARALKA@GMAIL.COM



Tamara Kittelson is an occupational therapist and ATP/SMS. She directs Posture 24-7 and Eleanore’s Project, promoting 24-hour posture care management and appropriate seating and wheeled mobility provision in low resource settings. She is founding co-chair of the RESNA 24-7 PCM special interest group, and a member of AOTA, RESNA, CTF and is a Friend of NRRTS.

Kittelson has presented and written on these topics nationally and internationally. Kittelson served children and adults with complex neurodisabilities in Montana from 1983 to 2022. She credits her daughter Eleanore, born with cerebral palsy and profound deafness, as her best teacher.

LOOKING AHEAD AND PLANNING FOR THE FUTURE: THE SUCCESSION PLAN

Written by: WEESIE WALKER, ATP/SMS, EXECUTIVE DIRECTOR OF NRRTS

Beginning in January 2023, NRRTS will begin searching for the next executive director, a very rewarding and important job. Succession planning takes time to develop a strategy for bringing in the new person to head up this fantastic organization. The search committee is dedicated to finding the right person with the right credentials and giving that person time to learn the NRRTS processes. This will ensure a smooth transition for the organization and the staff.

Working from the seeds planted by Simon Margolis (NRRTS' first executive director), our organization has grown and evolved as a recognized leader in Complex Rehab Technology (CRT) education. Our most critical function is representing the finest professional suppliers in North America. As the only organization dedicated to upholding a Standard of Practice and Code of Ethics, NRRTS provides a method for CRT consumers, clinicians and funding agencies to identify the most qualified suppliers. We know when there are standards to meet, the consumer will have better outcomes.

Here are three examples of how NRRTS has increased awareness of the professional CRT supplier and the importance of this role to achieve the best outcomes for people who rely on seating and mobility technology.

In 2017, NRRTS became an International Association of Continuing Education and Training (IACET) authorized provider of CEUs. Not only did this raise the bar on NRRTS Education, it allowed for partnership with other education programs that offer CRT training.

In 2019, NRRTS began the development of a CRT Supplier Certificate Program. This is the first educational content geared toward the role of the supplier. Recognizing the need for basic training to bring new people into this field, this program will be offered to anyone as a pathway to a career that changes people's lives.

In 2020, a group of Canadian stakeholders got involved and with their hard work brought NRRTS

Standards and Code of Ethics to Canada. They saw the benefits the Registry offers for suppliers and clinicians. Today, NRRTS boasts Registrants from all over North America.

What is the role of the executive director of NRRTS?

- The executive director is the CEO of the organization and leads the dedicated staff who work together to provide the best customer service.
- The executive director participates with the education committee to plan webinars and CEU articles.
- The executive director participates on the editorial review committee of DIRECTIONS.
- The executive director oversees all new applications working directly with each one to guide them through the process.
- The executive director participates with other organizations on behalf of NRRTS.

The job requirements are:

- Experience as a CRT supplier
- Past or current NRRTS Registrant
- Leadership
- Industry knowledge
- Dedication to advancing the profession of CRT supplier

For more information, send an email to: wwalker@nrrts.org.

Few things in life can be more rewarding than supporting the professionals who provide technology for people with disabilities.

CONTACT THE AUTHOR

Weesie may be reached at
WWALKER@NRRTS.ORG



Weesie Walker, ATP/SMS, is the executive director of NRRTS. She has more than 25 years of experience as a Complex Rehab Technology supplier. She has served on the NRRTS Board of Directors, the GAMES Board of Directors and the Professional Standards Board of RESNA. Throughout her career, she has worked to advocate for professional suppliers and the consumers they serve. She has presented at the Canadian Seating Symposium, RESNA Conference, AOTA Conference, Medtrade, International Seating Symposium and the NSM Symposium. Walker is a NRRTS Fellow.



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RESNA UPDATE

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

ATP AND ATP/SMS CERTIFICATION RENEWALS DURING THE HOLIDAYS

The end of the year is here, and that means a high volume of ATP certification renewals. Don't get caught in the holiday backlog! Follow these steps for a timely renewal:

- Make sure your RESNA online account is up-to-date! RESNA's database now has added security, so if you have not logged in since your last renewal, you may need to reset your password. If you have trouble doing that, email certification@resna.org for help.
- Make sure your e-mail is current. All communications, including certificate delivery, are through email. We no longer mail physical certificates.
- Scan and e-mail your recertification paperwork at least four weeks prior to your certification expiration date. Email your paperwork to certification@resna.org. Do not snail mail.
- Once the office receives your paperwork, we will place an invoice on your account and email you information on how to pay. Pay attention to this email!
- Pay securely online using a credit card, or mail a check to the address on the invoice.
- Renewals are processed in order of payment received! Don't forget to pay!

If you keep your NRRTS registration up to date, including documentation of 1.0 CEU of continuing education every year, you meet the requirements to renew your ATP. **You can use the same CEU documentation for your ATP that you use for NRRTS.** The only difference is the ATP renewal is every two years, so submit two years of CEU documentation.

CALL FOR ATP AND SMS EXAM VOLUNTEERS

We're very grateful to the dozens of RESNA-certified ATPs and ATP/SMS certificants who volunteer every year to help maintain and update both exams. If you are a certified ATP or ATP/SMS in good standing, and feel you can "ad-hoc volunteer" on exam maintenance and update projects, we would love to have you.

Any ATP or ATP/SMS in good standing is welcome to volunteer, provided that you are also not a RESNA "Fundamentals in AT" instructor. Some volunteer opportunities consist of a half day or day-long meeting, others are a few hours, and some involve a handful

THE END OF THE YEAR IS HERE, AND THAT MEANS A HIGH VOLUME OF ATP CERTIFICATION RENEWALS. DON'T GET CAUGHT IN THE HOLIDAY BACKLOG!

of hour-long meetings over the course of a few weeks. If interested, please fill out our volunteer interest form (on the website under Membership, Volunteer and Leadership Opportunities) and upload your CV or email certification@resna.org.

UPDATED! RESNA CODE OF CONDUCT AND CERTIFICATION STANDARDS OF PRACTICE

Please download the updated RESNA Code of Conduct and Certification Standards of Practice from the RESNA website for your files. This update comes into effect starting Jan. 1, 2023, for all certified professionals renewing after that date.

RESNA's Professional Standards Board will be holding an informational webinar about the update. After the live webinar, a recording will be available on-demand and for free. Not much has changed in terms of content, but both documents have been clarified and re-organized into what we hope is an easier to use and understand version.

Thank you to the literally hundreds of stakeholders who participated in discussions about the update

at the International Seating Symposium and the RESNA Conference this past year, and who submitted comments during the public comment period.

FYI: UPDATED ATP EXAM AS OF JANUARY 1, 2023

As reported in the last issue of DIRECTIONS, an updated version of the ATP exam is launching Jan. 1, 2023. Those who schedule to take the exam between Jan. 1 and March 31, 2023 will be eligible for a \$100 discount on the certification exam fee until the first 100 people have taken the exam. In exchange for the discount, exam takers will need to wait to receive their scores after RESNA has established a passing score for the updated exam. This may be as early as mid-March, but could as late as April or May. The discount is available now.

Wishing everyone in the NRRTS family a joyous holiday season and a very happy New Year!

CONTACT THE AUTHOR

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EXECCOFFICE@RESNA.ORG



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

MEET YOUR BOARD AND STAFF

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CLIENT'S PELVIC OBLIQUITY SHIFTED AS THEY CROSSED THE CANADIAN/US BORDER!

Written by: LINDA NORTON, B.SC.OT, MSC.CH, PHD, OT REG(ONT)

Although this headline is obviously not true, we have heard some concerns from Canadian Rehab Technology Suppliers that they don't see the benefit of becoming a NRRTS Registrant due to the lack of Canadian content. This statement couldn't be further from the truth! NRRTS is a wonderful example of cross border collaboration to promote best practices in the provision of Complex Rehab Technology to our clients. NRRTS has embraced Canadians and has worked diligently to provide content and services relevant to all Registrants regardless of where they practice.

The most important place to start is with feedback from Canadian Suppliers who have become NRRTS Registrants.

"Thank you very much for the e-mail and great news! I look forward to more education through NRRTS in the future."

"Thank you so much for this exciting opportunity, I am very grateful to be a part of this incredible organization."

"Thank you, Weesie. The training was excellent, and I am using it already in my practice."

Clinicians in Canada also understand the value:

"As more and more technology hits the market and complex rehabilitation equipment becomes more complex ... it is critical as a seating and mobility therapist to have a knowledgeable assistive technology supplier to work with. As a clinician, I need to know my supplier sales consultant and technician understand the seating assessment terms I use and the importance of those terms in the provision and set up of the devices prescribed. It is important we work together as a team to provide our clients with the most appropriate equipment to allow them to achieve the best life they can live. That team needs to be fully knowledgeable of the ethics of our industry with focus on the client receiving quality assessment and equipment provision. By having the opportunity to choose a NRRTS Registrant as a supplier I know my client will receive the dedication and caring required to provide them

NRRTS IS A WONDERFUL EXAMPLE OF CROSS BORDER COLLABORATION TO PROMOTE BEST PRACTICES IN THE PROVISION OF COMPLEX REHAB TECHNOLOGY TO OUR CLIENTS

with the best complex rehabilitation equipment. So why should you become a NRRTS Registrant? Because I will encourage my clients to use your services, as you have shown the dedication to educate yourself on the current equipment and service delivery in seating and mobility. This knowledge will assist me in making the assessment/prescription process as smooth and efficient as possible for my clients."

At the time of writing, approximately one third of NRRTS Registrants are Canadian. Jason Kelln, ATP, CRTS® (Saskatchewan), is the NRRTS board secretary and a member of the executive committee; Stephanie Sukstorf Laurence, B.Sc. OT, OT Reg. (Ont.), RRTS® (Ontario), is on the board of directors, and Darrell Mullen, RRTS® (New Brunswick), Michelle Harvey, RRTS® (British Columbia), and Bernard Opp, RRTS® (Saskatchewan), are all regional review chairs. A Canadian Advisory Committee was established to help promote Canadian Interests. Members of this committee include Sheila Buck (Ontario), Steve Cranna (Ontario), Michelle Harvey, RRTS® (British Columbia), Steve Hubley (Nova Scotia), Mike Longo (Ontario) and me (Ontario). We are always looking for volunteers on this committee and would welcome applications from OMEPA members.

NRRTS has a strong Code of Ethics and Standards of Practice, by-laws, etc., all of which apply both in Canada and the United States. The NRRTS complaints process helps to resolve any complaints brought against a RRTS® regardless of whether they live in Canada or elsewhere.

DIRECTIONS is a NRRTS publication issued six times per year. Most of the content is clinical in nature and applies to RRTS® working in Canada and elsewhere. Many of the authors over the years have been from Canada. There is also a special section, "DIRECTIONS Canada," in each issue, focusing on a topic of interest to Canadians. This year an issue of DIRECTIONS focused exclusively on Pediatric Power and Early Intervention. The information in this publication is incredibly helpful for suppliers working in pediatrics and does have

content written by Canadians. NRRTS does receive feedback from Canadian RRTS®. One Canadian Registrant had this to say: “The fact NRRTS articles can be trusted, up to date, and written by a credible source makes all the difference in the world. If you are suggesting equipment to your client, you better know what you’re talking about.”

To become a NRRTS Registrant, a Rehab Technology Supplier (RTS) must complete 10 hours of recognized CEU education in five categories (two hours (CEUs) per category): Ethics, Funding and Public Policy, Medical Terminology Vocabulary, Anatomy and Diagnosis (basic), Seating and Positioning and Business Practices. For renewals, Registrants must complete 1.0 CEU (10 hours of recognized CEU education) but can be from any of the five categories. These courses do not necessarily need to be completed through NRRTS, but NRRTS has many courses relevant to Canadians, by Canadians, to ensure Canadian RRTS® applicants are able to obtain relevant CEUs in each area. Required courses are individually selected for the applicant based on their geographic location (e.g., Canada versus other areas) and client base (diagnostic groups, settings, etc.)

As an example, NRRTS has 21 CEU webinars scheduled for 2022 on a range of topics relevant to Canadians such as “Center of Gravity: What does it really mean?,” “Person First Language: Think Before you Speak,” “Getting Creative with Custom Molded Seating,” “The Time is Now: Introducing Power Mobility in the Pediatric Population,” “The Seated Posture: How can it impact the quality of life of the elderly population?”. This year there are only two webinar topics that are not relevant to Canadians “From the Desk of the Reviewer — Your Chance to See What’s Missing in CRT Documentation,” and “Technology and Reimbursement: How Can We Make Them Work Together?” but in the same series, there is a webinar entitled “Alternative Funding Sources for Wheelchairs and Seating Systems across Canada,” which is an irrelevant topic to Registrants in the United States. Canadian webinar presenters this year include Christian Bagg, Rosalie Wang, Kathy Fisher, Sam Hannah and me. Many of the other presenters have been feature presenters at the Canadian Seating and Mobility Conference and other Canadian settings.

Canadian presenters from 2021 included Cheryl Hon, Lindsay Alford, Mary Forhan, Rosalie Wang, Dan Judsen, Anna Sokol and me. Webinars are recorded and made available in the Learning Portal for those who could not attend live.

There is also an abundance of topics in the NRRTS Learning Portal relevant to suppliers in Canada including: “Transportation of Children with Special Needs,” “Ethics: Part 1 and Part 2 Complex Rehab Technology and the Professional Rehab Technology Supplier,” “Power Seating and Power Wheeled Mobility Considerations for People with MS,” “Entering the World of Power Assist for Manual Wheelchairs — Who? Why? When?,” “Seating Clients with Increased Muscle Tone!,” “Joystick Mounting: Considerations Beyond Just the Joystick Position,” “Dealing with Difficult Clients,” etc., just to name a few. Once again, a number of these webinars are presented by Canadians.

As you may be aware, CRT Suppliers are aging, and it is a challenge to train new individuals in the field. NRRTS is developing a CRT Supplier Certificate program, aimed at addressing this concern by helping individuals new to the industry learn the basics of being a CRT Supplier. This interactive online course is relevant to CRT suppliers, regardless of their geography. Three of the courses are available online with the others being developed over the coming year.

Lastly, NRRTS has embraced the Canadian Registrants and is open to suggestions from Canadian suppliers about presenters, authors and topics relevant to Canadians. I encourage you to get involved and work with your fellow Registrants to continue to develop NRRTS and promote excellence in the provision of Complex Rehab Technology to our clients.

CONTACT THE AUTHOR

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LINDA.NORTON@MOTIONCARES.CA



Linda Norton, B.Sc.OT, MSc.CH, PhD, OT Reg(ONT), is an occupational therapist who is passionate about the provision of appropriate seating and mobility equipment and the prevention of chronic wounds. Her diverse experience in various settings including hospital, community and industry, and in various roles including clinician, educator, manager and researcher, gives Norton a unique perspective. Wound prevention and management are also Norton’s passions. She has completed the International Interprofessional Wound Care Course (IIWCC), a master’s in community health focusing on pressure injury prevention, and a Ph.D. in Occupational Science focusing on chronic wounds.

NEW NRRTS REGISTRANTS

Congratulations to the newest NRRTS Registrants. NAMES INCLUDED ARE FROM SEPT. 16, 2022, THROUGH NOV. 11, 2022.

Andrii Gumeniuk, ATP/SMS, CRTS®

Numotion
11075 Knott Ave, Ste B
Cypress, CA 90630
Telephone: 562-921-0258
Registration Date: 10/02/2022

Brianna Germain, RRTS®

HME Mobility & Accessibility
2657 Wilfert Rd #101
Victoria, British Columbia V9B5Z3
Telephone: 205-386-0075
Registration Date: 10/18/2022

Cody Hattery, ATP, CRTS®

National Seating & Mobility, Inc.
1650 S Sinclair St
Anaheim, CA 92806
Telephone: 714-939-9322
Registration Date: 09/20/2022

Fraser MacKenzie, RRTS®

Mobility Care Co
1 Harris St S
Perth, Ontario K7H2X8
Telephone: (613) 264-2969
Registration Date: 10/13/2022

James Meyer, ATP, CRTS®

Numotion
4600 W St
Lincoln, NE 68503
Telephone: 402-580-7066
Registration Date: 10/21/2022

Joshua Peterson, RRTS®

Access Medical, Inc.
890 Cowan Rd, Ste F
Burlingame, CA 94010-1208
Telephone: 650-737-2069
Registration Date: 09/28/2022

Kelly Drummond, RRTS®

NSM-Canada
4279 Steeles Ave West
North York, Ontario M3N1V7
Telephone: 416-241-1133
Registration Date: 10/24/2022

Ken Spicer, RRTS®

Brockville Home Health Care
163 Ormond St, Unit H
Brockville, Ontario K6V2L2
Telephone: 613-342-4646
Registration Date: 10/06/2022

Leticia Mendez-Araujo, RRTS®

Access Medical, Inc.
4150 Convoy St
San Diego, CA 92111
Telephone: 858-492-0716
Registration Date: 10/17/2022

Lucas Rawle, RRTS®

Macdonald's Home Health Care
7640 Winston St
Burnaby, British Columbia V5A2H4
Telephone: 604-831-5853
Registration Date: 10/18/2022

Michael Joyce, RRTS®

HME Mobility & Accessibility
2631 Enterprise Way, Ste 104
Kelowna, British Columbia V1X7W2
Telephone: 250-575-3923
Registration Date: 10/05/2022

Mike Eden, RRTS®

Motion
72 Carnforth Rd
Toronto, Ontario M4A2K7
Telephone: 647-376-7616
Registration Date: 10/27/2022

Moises Vasquez, RRTS®

Access Medical, Inc.
3266 Grey Hawk Ct
Carlsbad, CA 92010
Telephone: 760-861-1126
Registration Date: 09/30/2022

Richard Alonzo, ATP, RRTS®

National Seating & Mobility, Inc.
1967 Woodilee Dr
Troy, MI 48083-2236
Telephone: 248-740-8858
Registration Date: 09/20/2022

Samantha Audy, RRTS®

Embracor Medical
467 Adelaird Savoid Blvd
Dieppe, New Brunswick E1A7E7
Telephone: 902-482-2300
Registration Date: 09/16/2022

Sherry Gu, RRTS®

HME Mobility & Accessibility
4011 Viking Way #130
Richmond, British Columbia V6V2K9
Telephone: 604-821-0075
Registration Date: 10/18/2022

Tyler Goff, ATP, RRTS®

Priority Medical
2310 US Hwy 84 W, Ste A
Valdosta, GA 31601
Telephone: 229-262-8236
Registration Date: 11/01/2022

BE SURE TO FOLLOW NRRTS ON SOCIAL MEDIA!



CRTS®

Congratulations to NRRTS Registrants recently awarded the CRTS® credential. A CRTS® receives a lapel pin signifying CRTS® or Certified Rehabilitation Technology Supplier® status and guidelines about the correct use of the credential. NAMES LISTED ARE FROM SEPT. 16, 2022, THROUGH NOV. 11, 2022.

Andrii Gumeniuk, ATP/SMS, CRTS®
Numotion
Cypress, CA

Daniel Glazer, ATP, CRTS®
Adapthealth
Lakewood, NJ

Jeremy Paules, ATP, CRTS®
Numotion
Palmyra, ME

Jonathan Touchstone, ATP, CRTS®
Phoenix Rehab & Mobility
Ringgold, GA

Cody Hattery, ATP, CRTS®
National Seating & Mobility, Inc.
Anaheim, CA

James Meyer, ATP, CRTS®
Numotion
Lincoln, NE

John Knox, ATP, CRTS®
A & A Home Health Equipment, Inc.
Birmingham, AL

Tyron Boswell, ATP, CRTS®
Patients Choice LLC
Clarkston, GA

FORMER NRRTS REGISTRANTS

The NRRTS Board determined RRTS® and CRTS® should know who has maintained his/her registration in NRRTS, and who has not.

NAMES INCLUDED ARE FROM SEPT. 16, 2022, THROUGH NOV. 11, 2022. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Richard Cooper
Farmers Branch, TX

LeeAnn Cormany, ATP
Roanoke, VA

Timothy Davis
Juda, WI

Andrea Oliphant, ATP
Dallas, TX

Pat Soffredine, ATP
Largo, FL

Kenneth White, ATP
Springfield, MO

Xavier Gutierrez
Anaheim, CA

Michael Fitzhenry
Countryside, IL

Edmund Case Horton, MS, ATP
Stephenville, TX

Katherine Warner, ATP
Dallas, TX

Bill McGuinniss, ATP (Retired)
Stuart, FL

Marc Martinez
Riverside, CA

Joseph Amaro, ATP
San Antonio, TX

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www.primeengineering.com | info@primeengineering.com

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RENEWED NRRTS REGISTRANTS

The following individuals renewed their registry with NRRTS between Sept. 16, 2022, and Nov. 11, 2022.

PLEASE NOTE IF YOU RENEWED AFTER NOV. 11, 2022, YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.

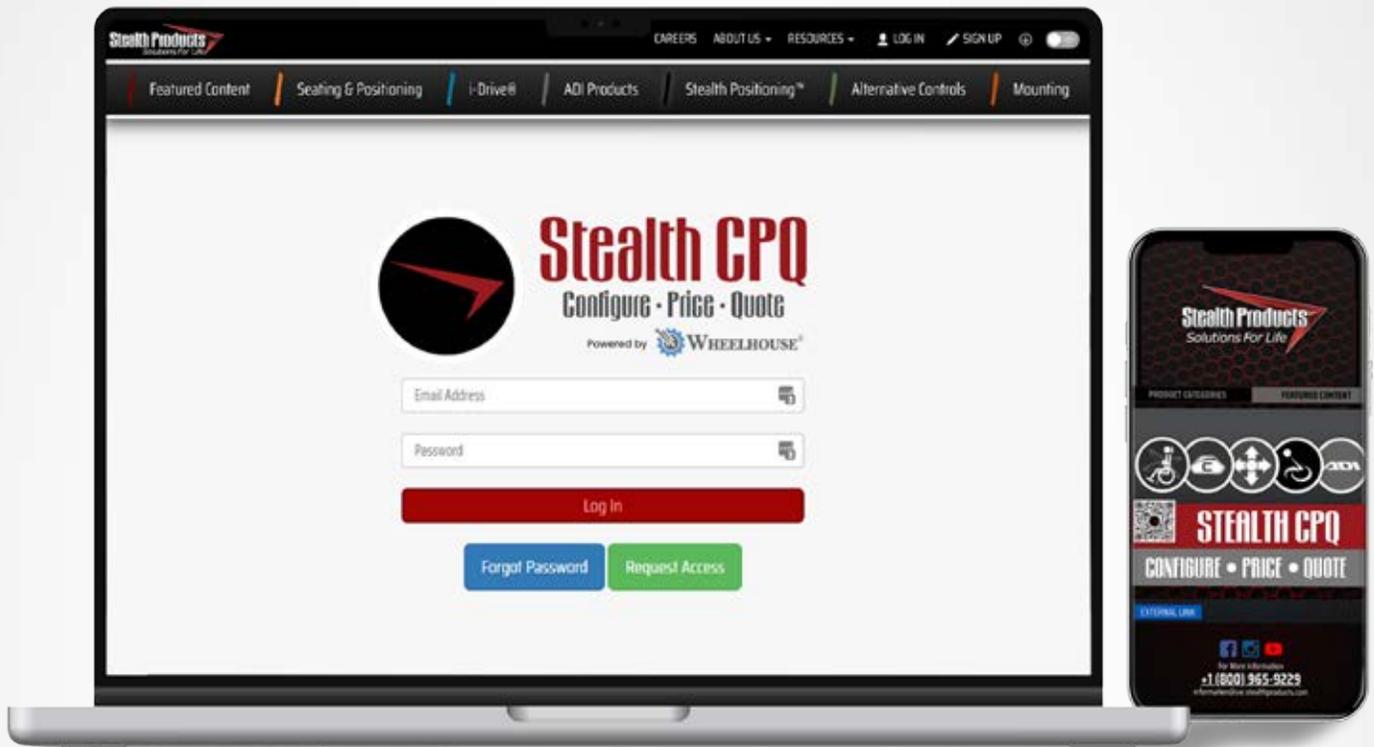
IF YOU RENEWED PRIOR TO SEPT. 16, 2022 YOUR NAME IS IN A PREVIOUS ISSUE OF DIRECTIONS.

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

Alan Channin, ATP, CRTS®	Jeff Harbert, ATP, CRTS®	Rick Williams, ATP, CRTS®
Alan Derr, ATP, CRTS®	Jeff Kersey, ATP, CRTS®	Rob Kriebel, ATP/SMS, CRTS®
Amanda Medeiros, RRTS®	Jeffery Castle, ATP, CRTS®	Robert Kavish, ATP, CRTS®
Andrea Callon, RRTS®	Jeffery A. Hennessee, ATP, CRTS®	Robert Brown, ATP, CRTS®
Andrew Robinson, ATP/SMS, CRTS®	Jeremy Paules, ATP, CRTS®	Robert B. Brewer, ATP, CRTS®
Ann Rodrigue, ATP, CRTS®	Jesuric R. Federico, RRTS®	Robert E. White, ATP, CRTS®
Avery Smith, ATP, CRTS®	Jim Howe, ATP, CRTS®	Sandro Leone, ATP, CRTS®
Brad Unruh, ATP, CRTS®	Joe Scanlan, ATP, CRTS®	Scott Duellley, ATP, CRTS®
Brian Byler, ATP, CRTS®	John Phillips, ATP/SMS, RRTS®	Scott A. Whitlatch, ATP, CRTS®
Brian Marshall, ATP, CRTS®	John E Culpepper, ATP, CRTS®	Sean Gordon, RRTS®
Brian M. Crenna, ATP, CRTS®	John E. Morse, ATP, CRTS®	Shadrach Lee, RRTS®
Cameron Russelburg, RRTS®	Jonathan Threlkeld, ATP/SMS, CRTS®	Tammy Lynn Rosemoore, BEd, ATP, CRTS®
Charles W. Smock, ATP/SMS, CRTS®	Joshua Bryant, ATP, CRTS®	Terry Buetow, ATP, CRTS®
Christopher J. Henrichon, ATP, CRTS®	Justin Whittington, ATP, CRTS®	Thomas Chad Bowling, ATP, CRTS®
Claude R. Levesque, ATP, CRTS®	Kendall Wilmore, ATP, CRTS®	Thomas E. Adams, ATP, CRTS®
Corey Clonts, ATP, CRTS®	Kenton W. Randolph, ATP, CRTS®	Tim Flanagan, ATP, CRTS®
Craig Ejk, ATP, CRTS®	Kort St. John, BS, ATP, CRTS®	Timothy Spaulding, ATP, CRTS®
Danielle Renee' Neale, ATP, CRTS®	Kristen Decker, ATP, RRTS®	Todd Freitag, ATP, CRTS®
Danny Leibach, ATP, CRTS®	Lisa Michaels, COTA/L, ATP/SMS, CRTS®	Tracy Luedtke Sveum, ATP, CRTS®
Darren Esch, ATP, CRTS®	Marco A. McFarland, ATP, CRTS®	Tyron Boswell, ATP, CRTS®
Darren J. Roberts, ATP, CRTS®	Mark Chamberland, RRTS®	Vincent Wolrab, Jr., ATP, CRTS®
David Lucero, RRTS®	Matt Fremont, RRTS®	Walter Myrdal, ATP, CRTS®
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