

# DIRECTIONS

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## REHAB CASE STUDY CASE REPORT: stander use to enhance function, promote development in a 9-month-old with cerebral palsy

WRITTEN BY:  
Roslyn Livingstone, MSc(RS), OT and  
Ginny Paleg, PT, MPT, DScPT

Standers support those unable to maintain an aligned weight-bearing posture safely. For children with cerebral palsy classified at Gross Motor

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## CLINICAL EDITORIAL STANDING MATTERS

WRITTEN BY: Lori Potts, PT  
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Courtesy of Rifton Equipment

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Welcome to 2025! The iNRRTS editorial staff are beyond excited about the new DIGITAL DIRECTIONS. We've added some new columns and look forward to each of you reading them. As always, our issue is full of pertinent clinical information. Thanks to each of you for reading our publication.

Amy Odom, BS

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## LIFE ON WHEELS

## A Mind That Fights, Toes That Write: Lauren Faraino's Call to Justice

WRITTEN BY: Rosa Walston Latimer

Lauren Faraino exemplifies resilience, ingenuity, and an unwavering dedication to justice. Born with arthrogryposis, a condition that significantly restricts arm mobility and causes joint contractions in her limbs, Faraino continuously finds innovative ways to navigate a world not designed for individuals with disabilities.

These challenges have fueled her purpose, inspiring her to carve a remarkable path that blends personal perseverance with advocacy for incarcerated individuals in Alabama.

Growing up in Vestavia Hills, Alabama, Faraino faced the typical hurdles of childhood — but with a formidable challenge.

The condition that affected her mobility led to her early reliance on a powered wheelchair, and it was only through years of intensive therapy that Faraino was able to develop the remarkable ability to write and create art using her feet. The path was not without frustration. In her early attempts, Faraino tried to use her mouth to write but soon realized it was inefficient.

“I decided that wasn’t going to work because of the speed issue,” she said, reflecting on her determination to find a better solution. So, Faraino took up the challenge of using her feet, mastering the art of gripping a pencil between her big toe and second toe. Over time, she didn’t just write — she also painted with her toes.

This adaptability and spirit of overcoming adversity became an early hallmark of her life. And yet, Faraino’s story is not defined by what she can’t do but by how much she has accomplished, especially in the world of law and social justice.

After completing her undergraduate studies at Harvard University, majoring in government and philosophy, Faraino attended the University of Chicago Law School. After law



Lauren Faraino paints with her feet. She was born with arthrogryposis, a condition that causes stiff joints and abnormal muscle development leaving her without strength in Lauren arms.

school, she moved to New York and joined a corporate law firm specializing in mergers and

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## MOMENTS WITH MADSEN

## Reflecting on Opportunities and Growth in the New Year

WRITTEN BY: Andrea Madsen

The arrival of a new year fills me with both excitement and a profound sense of responsibility. Each January, we are presented with a unique opportunity to reflect on the achievements of the past year and set our sights on new goals that will advance our mission to serve the Complex Rehab Technology community.

Looking back, 2024 was a year of innovation, collaboration and resilience. We navigated

challenges together, mourned loss, celebrated milestones and reaffirmed our commitment to improving access to CRT for those who depend on it.

I am immensely proud of the strides we made in professional development, advocacy and expanding awareness of the vital role CRT plays in enhancing quality of life. But as much as we accomplished, the start of 2025 reminds us that our work is never done.

With new challenges come new opportunities to lead and innovate. This year, iNRRTS is poised to build on its foundation of excellence. We will focus on several key fronts:

### **Strengthening Education and Professional Designation:**

Continuing education serves as the foundation for professional growth, enabling CRT Suppliers to stay informed, adapt to changes and excel in their fields. Recognizing its importance, we

are committed to maintaining our superior educational offerings to ensure our members remain at the forefront of advancements in complex rehabilitation technology.

We will address emerging issues and trends, such as regulatory changes and evolving patient needs in CRT practices. By providing comprehensive and forward-thinking educational resources, we aim to continue to empower CRT Suppliers with the knowledge, skills and tools necessary to navigate challenges and seize opportunities.

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## REHAB CASE STUDY | CONTINUED FROM THE COVER

Function Classification System levels IV or V, standers provide an important change of position with psycho-social benefits, increasing visual access, communication and interaction with others. The strongest research evidence currently suggests that supported standing can maintain or enhance bone-mineral density and help to prevent development of contractures. Lower quality evidence suggests positive impacts on other outcomes such as bowel function, hip stability and functional abilities.<sup>1</sup>

In children with cerebral palsy, muscle starts to differ from typically developing children before 12 months, with lifetime implications for muscle physiology, metabolic health and function.<sup>2</sup> This reinforces that standing must be introduced when children typically begin pulling to stand and standing with their caregivers (9-12 months) to promote muscle and bone development.

Supported-standing increases metabolic demand and heart rate (exercise) for children at Gross Motor Function Classification System levels IV-V, and 60-minutes daily use is recommended to reduce sedentary behavior ([bit.ly/3F5CobO](https://bit.ly/3F5CobO)). Supported-standing can increase child participation and achievement of child and family goals if integrated into age-appropriate and meaningful activities and routines. Standers should be carefully selected to suit the physical and the social environment (see Figure 1) as well as to meet the postural needs of the child.<sup>3</sup>

This case report describes the successful implementation of a supported-standing intervention to address multiple therapeutic goals. The F-words (functioning, family, fitness, fun, friends, future) help us focus on child and family strengths and promoting childhood development.<sup>4</sup>

Hercules Leite and his team in Brazil developed the F-words Lens Tool to help the therapists, caregivers and users examine the mechanisms of action for different therapeutic interventions.<sup>5</sup> In this article we use this tool to examine stander use with a young child.

### Case Presentation:

When we first met Pheobe, she was a 9-month-old girl diagnosed with tetraplegic cerebral palsy. She was born full term after an uncomplicated pregnancy and diagnosed with hypoxic ischemic encephalopathy.

While most infants with this diagnosis receive cooling therapy, Pheobe was not offered this intervention. She exhibited low tone trunk (hypotonia), spastic extremities and dystonia. Her Hammersmith Infant Neurological Exam score at 9 months was 15, with an asymmetry score of 11 and a hypotonia score of 0.32.

These scores indicated that she would most likely have motor skills at the Gross Motor Function Classification System levels IV-V range, need targeted hand therapy such as constraint induced movement therapy and bimanual therapy and benefit from hypotonia-specific inter-

## Environmental factors influencing Supported Standing

for children and young adults at GMFCS IV and V

### Physical Environment

**Device:** Prone, supine or upright  
Upper limb support/tray  
Mobile or stationary

### Transfers

Physical **space** for use and transfers

**Home/school/daycare**



### Social Environment

**Parents** - understanding of benefits, ability to integrate into family life and routines

**Educational Staff** - beliefs, understanding and ability to integrate into educational program

**Therapists** attitudes, beliefs and support

**Funding** environment

**Society** - impact of upright positioning on perceptions of others



### Attitudinal Environment

#### Participation in family life

Mealtimes  
Playing with siblings  
Indoors and outside

#### Participation with peers

in school/daycare  
Art, gym, science class  
Watching sports  
Assembly, Concerts

**Eye to eye for communication**



Figure 1: Environmental Factors

## REHAB CASE STUDY

ventions (AACPDM hypotonia care pathway (<https://bit.ly/41u1sR5> and Hypotonia Wheel <https://bit.ly/3XDuDzW>).

## Intervention:

A Prime Engineering Superstand HLT Early Intervention Model was chosen because it accommodates very small children, provides a lot of growth and has many options for postural support. This stander was set up in a supine position, with head, trunk, hip, knee and foot supports. A tray was used for upper limb support and to promote functioning.

The primary goals of this intervention are mapped out using the F-word Lens tool.

## Fitness and Future (prevent known harms):

A recent overview of postural interventions concluded that high-quality evidence supports use of standers to improve bone mineral density in children with CP.<sup>6</sup> Children at Gross Motor Function Classification System level IV and V are at highest risk for contracture and windswept hip deformity and the HLT Superstand can be adjusted to accommodate contractures (with a contracture bracket) and even improve range of motion,<sup>7</sup> should this be necessary in future. A large Swedish cohort study has determined that the most at-risk joint is the knee, followed by the hip for children at Gross Motor Function Classification System level V.<sup>8</sup> Preventing hip and knee flexion contractures is important because these are associated with windswept hip deformity.<sup>9</sup>

Children classified at Gross Motor Function Classification System levels IV or V are at the highest risk of hip subluxation and dislocation. Standing with the hips in 20-30 degrees abduction is recommended,<sup>10</sup> although some low-quality studies (at high risk-of-bias) have suggested as much as 60 degrees.<sup>11-14</sup>

The private and school-based early intervention providers agreed to position Phoebe in 10-15 degrees hip abduction on each leg (20-30 total), since this appeared to be well-tolerated. Excessive abduction can lead to pain and may decrease weight bearing.<sup>15</sup>

While daily standing may help slow the progression of hip subluxation,<sup>16</sup> 90% of children at Gross Motor Function Classification System level V and 70% at Gross Motor Function Classification System level IV are anticipated to require surgical intervention.<sup>17</sup>

Surgery should not be considered a failure, but rather a preventive intervention, and has been shown in large population studies to reduce pain and deformity, and increase function.<sup>18</sup>

## Functioning, Family, Fun and Friends:

A variety of activities were used to facilitate Phoebe's upper extremity development, including reach, grasp and manipulation of objects for play and activities of daily living. A sock was used as a soft restraint on Phoebe's right hand to encourage use of her less able left hand (<https://bit.ly/41rqvV4>). At other times, activities that

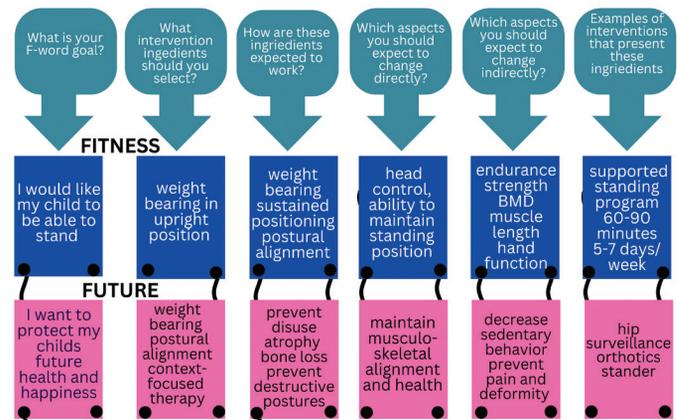


Figure 2: Fitness and Future

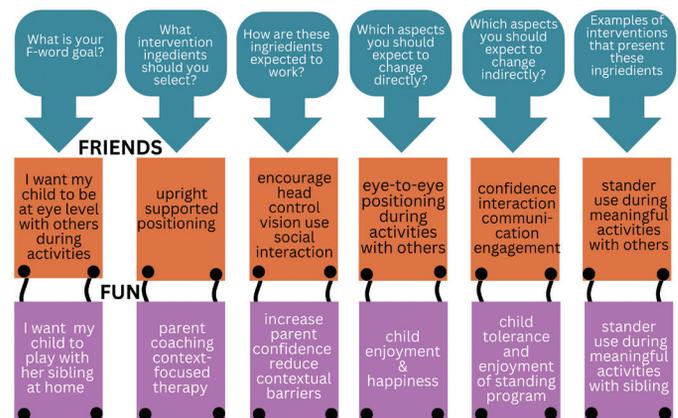


Figure 3: Friends and Fun

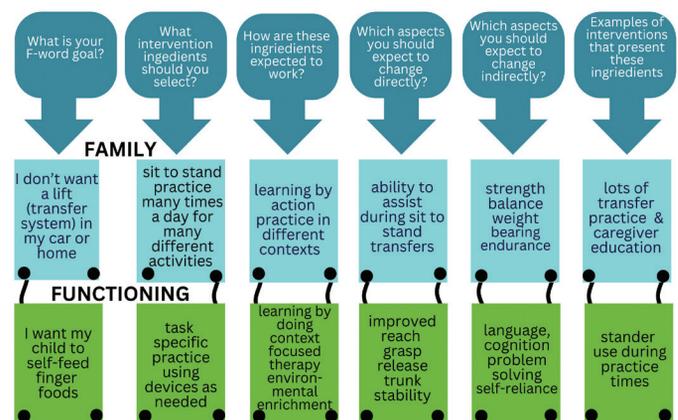


Figure 4: Family and Functioning

required two hands were targeted (CPtoys.com for ideas). The stander was incorporated into preferred activities and routines to assist in meeting family goals for participation (see Figures 2-4).

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## Implementation:

The stander was introduced gradually, starting with short sessions and increasing duration and frequency. Phoebe's response was closely monitored, and adjustments were made to the positioning and supports to make sure she was comfortable and well-aligned.

Favorite activities such as pretend play with her doll, were used to make standing a fun and enjoyable time. The height of the stander allowed Phoebe to stand at kitchen counter height while her Mom prepared meals and Phoebe enjoyed finger food snacks.

Phoebe demonstrated enhanced upper extremity function, with increased reach, grasp, manipulation of objects and ability to self-feed during stander use. Engagement increased during standing sessions, including interacting with her sibling and caregivers and using her augmentative communication device. The family reported positive experiences with the stander and expressed satisfaction with her progress.

At age 24 months, Phoebe's Gross Motor Function Measure-88 raw score was 8 without devices and 20 when using her orthotics, stander and stepping device. By scoring the

functional participation, standers can significantly enhance developmental outcomes.

### REFERENCES:

- McLean L, Paleg G, Livingstone R. Supported-standing interventions for children and young adults with non-ambulant cerebral palsy: A scoping review. *Dev Med Child Neurol.* 2023;65(6):754-772.
- Verschuren O, Smorenburg ARP, Luiking Y, Bell K, Barber L, Peterson MD. Determinants of muscle preservation in individuals with cerebral palsy across the lifespan: a narrative review of the literature. *J Cachexia Sarcopenia Muscle.* 2018;9(3):453-464. doi:10.1002/jcsm.12287
- Paleg GS, Williams SA, Livingstone RW. Supported standing and supported stepping devices for children with non-ambulant cerebral palsy: An interdependence and F-Words focus. *Int J Environ Res Public Health.* 2024;21:669. <https://www.mdpi.com/1660-4601/21/6/669>
- Rosenbaum P, Gorter JW. The "F-words" in childhood disability: I swear this is how we should think! *Child Care Health Dev.* 2012;38(4):457-463. doi:10.1111/j.1365-2214.2011.01338.x
- Leite HR, de Sousa Junior RR, Souto DO, et al. F-words ingredients of non-invasive interventions for young ambulant children with cerebral palsy: A scoping review. *Dev Med Child Neurol.* 2024;(July):1-15. doi:10.1111/dmnc.16074
- Toohey M, Blatch-Williams R, Budini K, et al. Effectiveness of postural interventions in cerebral palsy: umbrella systematic review. *Paediatrics and Child Health (United Kingdom).* 2024;34(8):257-278. doi:10.1016/j.paed.2024.06.003
- Capati V, Covert SY, Paleg G. Stander use for an adolescent with cerebral palsy at GMFCS level V with hip and knee contractures. *Assistive Technology.* 2020;32(6):335-341. doi:10.1080/10400435.2019.1579268
- Cloodt E, Lindgren A, Lauge-Pedersen H, Rodby-Bousquet E. Sequence of flexion contracture development in the lower limb: a longitudinal analysis of 1,071 children with cerebral palsy. *BMC Musculoskelet Disord.* 2022;23(1):1-10. doi:10.1186/s12891-022-05548-7
- Casey J, Agustsson A, Rosenblad A, Rodby-Bousquet E. Relationship between scoliosis, windswept hips and contractures with pain and asymmetries in sitting and supine in 2450 children with cerebral palsy. *Disabil Rehabil.* 2022;44(22):6738-6743. doi:10.1080/09638288.2021.1971308
- Paleg G, Livingstone R. Evidence-informed clinical perspectives on postural management for hip health in children and adults with non-ambulant cerebral palsy. *J Pediatr Rehabil Med.* 2022;15(1):39-48. doi:10.3233/prm-220002
- Martinsson C, Himmelmann K. Abducted standing in children with cerebral palsy: Effects on hip development after 7 years. *Pediatric Physical Therapy.* 2021;33(2):101-107. doi:10.1097/PEP.0000000000000789
- Martinsson C, Himmelmann K. Effect of weight-bearing in abduction and extension on hip stability in children with cerebral palsy. *Pediatric Physical Therapy.* 2011;23(2):150-157. doi:10.1097/PEP.0b013e318218efc3
- Macias-Merlo L, Bagur-Calafat C, Girabent-Farrés M, Stuberg WA. Effects of the standing program with hip abduction on hip acetabular development in children with spastic diplegia cerebral palsy. *Disabil Rehabil.* 2016;38(11):1075-1081. doi:10.3109/09638288.2015.1100221
- Macias-Merlo L, Bagur-Calafat C, Girabent-Farrés M, Stuberg WA. Standing programs to promote hip flexibility in children with spastic diplegic cerebral palsy. *Pediatric Physical Therapy.* 2015;27:243-249. doi:10.1097/PEP.0000000000000150
- Paleg G, Altizer W, Malone R, Ballard K, Kreger A. Inclination, hip abduction, orientation, and tone affect weight-bearing in standing devices. *J Pediatr Rehabil Med.* 2021;14(3):433-441. doi:10.3233/PRM-190660
- Rapson R, King T, Morris C, et al. Effect of different durations of using a standing frame on the rate of hip migration in children with moderate to severe cerebral palsy: a feasibility study for a randomised controlled trial. *Physiotherapy.* 2022;116:42-49. doi:10.1016/j.physio.2022.01.001
- Soo B, Howard JJ, Boyd RN, et al. Hip displacement in cerebral palsy. *Journal of Bone and Joint Surgery.* 2006;88(1):121-129. doi:10.2106/JBJS.E.00071
- Hagglund G, Alriksson-Schmidt A, Lauge-Pedersen H, Rodby-Bousquet E, Wagner P, Westbom L. Prevention of dislocation of the hip in children with cerebral palsy: 20 year results of a population-based prevention programme. *Bone Joint J.* 2014;96-B:1546-1552. doi:10.1302/0301-620X.87B1.15146

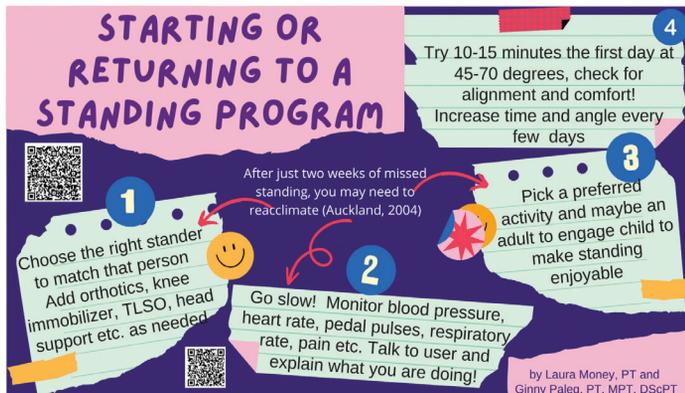


Figure 5: Starting a standing program

## Outcomes:

Phoebe demonstrated increased weight-bearing through the lower extremities during standing sessions at the couch and sit-to-stand practice. Hip surveillance x-rays at 18 months revealed 35% and 40% migration. However, her orthopedic surgeon noted no further progression by age 3 years with no hip or knee contractures or pain.

GMFM-88 with and without assistive devices, we could demonstrate to the third-party payer that multiple devices were needed to enhance function.

## Conclusion:

This case report demonstrates the potential benefits of incorporating standers into early intervention for children with cerebral palsy. By addressing multiple therapeutic goals simultaneously, including bone health, contracture prevention and

## REHAB CASE STUDY



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Ginny Paleg, PT, MPT, DScPT, is a pediatric physiotherapist based in Silver Spring, Maryland. With over 20 years of experience, she specializes in working with infants and young children (0-3 years) in home and childcare settings, focusing on the F-words framework to guide her practice. Paleg earned her master's in physical therapy from Emory University and her Doctorate of Physical Therapy from the University of Maryland, Baltimore. Her clinical expertise lies in assessing and intervening for children with severe motor impairments, particularly those at Gross Motor Function Classification System levels IV and V. She is certified in the Prectl General Movement Assessment and the Hammersmith Infant Neurological Examination and trained in Routines-Based Interventions and coaching methodologies. Paleg is a prolific researcher with over 60 peer-reviewed publications focusing on standers, supported stepping devices, and power mobility in children with complex needs.

## MOMENTS WITH MADSEN

well-informed professionals.

By offering robust educational resources and a structured educational pathway, the program not only advances individual career development but also contributes to improving outcomes for the populations served by CRT Suppliers.

**Strengthening Advocacy and Community for CRT Access:**

In 2025, we commit to breaking down barriers faced by CRT users by amplifying their voices and driving meaningful changes through partnerships with advocacy groups, policymakers and industry stakeholders. Simultaneously, we will expand the iNRRTS community by fostering inclusivity, engaging a broader network of professionals and sharing best practices to spark innovation and enhance collective impact.

**Embracing Innovation:** Technology continues to evolve, offering new possibilities for CRT interventions. We will explore ways to integrate these advancements into our practices, ensuring that iNRRTS remains a leader in a rapidly changing landscape.

Our commitment to innovation reflects our dedication to improving outcomes for individuals who rely on CRT. We will examine how emerging tools can enhance both product design and service delivery, while remaining ever vigilant of the ethical implications of their employment.

**Enhancing Collaboration:**

Collaboration is the lifeblood of progress. In 2025, we will prior-

itize building stronger bridges between iNRRTS and other organizations within the CRT ecosystem. By bringing together Suppliers with clinicians, manufacturers, and researchers, we can develop holistic solutions that address the complex needs of CRT users. This collaborative effort will be built around cross-disciplinary initiatives that align with shared interests.

**Launching a Digital Platform**

**for CRT Professionals:** One of the most exciting initiatives for 2025 is the development of an exclusive digital platform for DIRECTIONS, the Journal of Complex Rehab Technology. This platform will serve as a hub for knowledge exchange, featuring peer-reviewed articles, case studies and the latest research in CRT. By creating a dynamic and accessible resource, we aim to continue to elevate the standards of practice and foster a culture of continuous learning within the CRT Supplier community.

As we embark on this journey, I am deeply inspired by the resilience and passion that define the iNRRTS community. Each day, I am reminded of the extraordinary dedication of our Registrants and resolute board members, who work tirelessly to advance our shared mission. I am in awe of the courage and determination of CRT users, whose voices and experiences fuel our commitment to driving meaningful change. And I am profoundly grateful for the unwavering support of our partners, whose collaboration strengthens our collective efforts.

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## MOMENTS WITH MADSEN | CONTINUED FROM PAGE 4

This continued commitment to education fosters innovation, improves outcomes for individuals relying on CRT and strengthens the overall impact of our industry.

**Expansion of the CRT Supplier Certificate Program:**

The iNRRTS CRT Supplier Certificate Program continues to expand, solidifying its role as the first dedicated educational initiative for CRT Suppliers.

This groundbreaking program provides comprehensive training designed to enhance the knowledge, skills and professionalism of CRT Suppliers, ensuring they are equipped to meet the unique needs of individuals with complex mobility and accessibility challenges. Its ongoing growth reflects a strong commitment to elevating industry standards and fostering a community of

## MOMENTS WITH MADSEN | CONTINUED FROM PAGE 9

Together, we are more than a professional organization; we are a movement bound by a shared vision to make a lasting difference.

As we focus on our priorities and remain true to our core values, I am confident that we will achieve remarkable milestones in the year ahead.

The road before us may present challenges, but it also holds vast opportunities to drive transformative growth and lasting impact. By coming together as a united community, leveraging our strengths and staying committed to our mission,

I believe 2025 will be a year defined by progress, resilience, and hope. Let us move forward with purpose, ready to create a legacy that will inspire generations to come.

Wishing you all a prosperous and impactful year ahead.

Warm regards,  
Andrea

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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.

## LIFE ON WHEELS | CONTINUED FROM PAGE 4

acquisitions. On the surface, it seemed like a promising career choice, but it was during this time that Faraino's life began to take a significant turn.

A meeting with a doctor from the Paley Orthopedic & Spine Institute would alter the trajectory of her life. The doctor told Faraino about potential surgeries and new therapies that could help her walk again, a dream that she had long abandoned after giving up braces in middle school.

"I wasn't ready for surgery," Faraino said, but the conversation planted a seed that led her to seek an intensive rehab program at the Shirley Ryan AbilityLab in Chicago. After a month of rigorous therapy, Faraino walked again with braces.

After rehabilitation, Faraino realized her heart was no longer in corporate law. "My experience was positive, but I didn't want that for my life," she said. She decided to leave New York and return to Alabama. "I had

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Lauren Faraino (left) applies make up for a friend, Nancy Jarecki.

been thinking about going into business with someone in my family who had an established financial business," Faraino said. "It would give me the flexibility to live where I wanted, set my own hours, and prioritize therapy." But even as she began this new chapter, Faraino

couldn't shake the feeling that her true calling was elsewhere.

Through her pro bono work, Faraino became increasingly involved in cases of wrongful convictions, excessive sentencing and issues of justice. It wasn't long before she found

## LIFE ON WHEELS



Lauren Faraino (right) with the family of Nathaniel Woods at an event she organized for families who lost incarcerated loved ones.



Lauren Faraino typing with her feet.

herself deeply immersed in issues with Alabama's prison system. The event that shifted her focus was when she became involved with a family friend incarcerated in Colorado, helping him navigate the legal system. Soon after, a death row case in Alabama presented itself, one that would change her life.

"I had been having conversations with my family about injustices I was seeing in the criminal legal system," Faraino said. Inspired by Bryan Stevenson's book "Just Mercy," her mother began to research one particular case that seemed especially troubling.

When Faraino's mother shared her doubts about the guilt of Nathaniel Woods and his planned execution a month later, Faraino knew she had to take action. "I learned what had gone wrong with his case and to this day I believe the man is innocent and have evidence to back it up," Faraino said. "We worked as hard as we could for a month."

Despite their efforts, Woods was executed. The experience deeply impacted Faraino, who spent the next several years researching issues within the prison system while supporting other lawyers involved in similar cases. "I became one of Alabama's experts in the prison system," she said.

After a few years of research and advocacy, Faraino returned to law practice, representing clients imprisoned in Alabama's notorious system.

To facilitate Faraino's purpose, in 2020 she launched The Woods Foundation (<https://www.thewoodsfoundation.org/>), named after the man whose case haunted her. The foundation's mission is to advocate for justice reform, including wrongful convictions, excessive sentences and the mistreatment of imprisoned individuals. Funding for the foundation comes from fellowships, grants and private donations.

"I don't charge clients. I learned quickly that even if I charged 10% of a usual attorney fee, I didn't want to be taking the last \$500 from a family," Faraino said. "If a family member asks if they could pay me in a week when they receive their social security check, there is no way I could charge them for my work."

Working primarily with activists who are living in prison, Faraino has seen firsthand the harsh realities of Alabama's prison system, which she considers one of the worst in the country.

"The overwhelming majority of people in Alabama's prisons are struggling with addiction," Faraino said, noting that this has led many individuals into a cycle of incarceration without sufficient access to rehabilitation.

She works tirelessly to amplify the voices of individuals fighting for their freedom. "Incarcerated people who come to me are some of the most brilliant people I've encountered," she said, underscoring the intellectual power

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## LIFE ON WHEELS | CONTINUED FROM PAGE 11

and drive of those locked away behind bars.

One of the most challenging aspects of her work is choosing which cases to take on. “It feels awful when I have to turn people away,” Faraino said. “But I don’t want to be that overworked attorney who clients can’t reach.”

This sense of responsibility drives her to prioritize cases that are most urgent, including those involving needless amputations and organ theft from deceased prisoners, two of the most controversial issues in Alabama’s prisons. Faraino’s work representing victims of this practice is both crucial and exhausting.

Despite the weight of her caseload (approximately 100 active cases) and the heavy emotional toll of dealing with systemic injustice, Faraino finds moments of hope that keep her going.

“One of the incarcerated activists I work with, Swift

Justice, once brought me a case about an 85-year-old man, Robert George, who had been in prison 30 years for an accidental death. Swift told me that if there was one man in the prison that I could help, please let it be Mr. George.

After a year and a half, Mr. George was released and went home to live with his family. Remembering that moment is all I need to keep me in this work for another few years. Knowing that we are shining a light on an area of society that no one wants to look at is very motivating.”

Faraino’s passion for justice is deeply connected to her experiences as a person with a disability. “The fact that I have a disability absolutely plays into my decision to work in this space,” she said.

The thirty-three-old sees the intersection between disability and incarceration, noting that many individuals in prison are disabled or face systemic barriers that make their incarceration even more difficult. Her understanding of being “othered” in society allows her to approach her work with a deep sense of empathy and compassion. These qualities make her a powerful advocate for those who are often overlooked.

In addition to her legal work, Faraino finds solace in her hobbies, including painting, writing and swimming. She has a passion for road trips and an adventurous spirit that helps fulfill her sense of independence.

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## LIFE ON WHEELS



Lauren Faraino



Lauren Faraino with her sister, Caroline Hanzlik (left).

“I’ve driven across the country alone, once to California and another time to Oregon,” she said. “I occasionally slept in my car in a national park. It is empowering to push yourself in ways that others might not.”

In a sense, these trips symbolize the “road to freedom” that her incarcerated clients seek. Her journey of personal and professional growth has come with many challenges, but Faraino finds a way to adapt and overcome them.

Her story is a testament to the power of perseverance — not just in the face of physical limitations but in the face of a system that can often seem indifferent to human suffering.

Through her work with The Woods Foundation, Faraino continues to fight for justice, giving a voice to those who have been silenced. And in doing so, she has proven that no matter the obstacles, one person can make a profound difference in the lives of others. Lauren Faraino does not waive in her commitment to her life’s work.

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Lauren Faraino is an attorney and the director of The Woods Foundation (<https://www.thewoodsfoundation.org/>). She represents indigent defendants in civil rights and post-conviction relief efforts. The foundation’s work with incarcerated individuals, its focused strategies and Faraino’s dedication to amplifying marginalized voices are driving meaningful and much-needed change.

## FROM THE iNRRTS OFFICE

# Happy 2025!

WRITTEN BY: Jason Kelln, ATP, CRTS®

When I was a young man ... I always felt September of the start of the school year was like New Year's. Starting something new, learning new things.

As I got older, and New Year's became a time of cleaning the slate, beginning things anew.

Welcome to 2025. I hope this new year will find you healthy and re-invigorated after a holiday season.

I am not one to make New Year's resolutions as sometimes due to the nature of things we get busy and have to stop perhaps.

I do look at bettering myself, educating myself and learning new things if possible. As iNRRTS kicks off a new year of education, it is a very exciting time. Great webinars have been scheduled and iNRRTS continues to bring some of the best education to our Registrants, our Friends of iNRRTS and clinicians, all with

the end goal of ensuring that end users will be served.

Great professionals are always seeking to upgrade themselves, to better educate and be the best they can be, it is essentially what sets them apart from others in their field.

Having the iNRRTS designation, RRTS® or CRTS®, and taking part in the Live Webinars, is a great way to ask the experts who are presenting a question others may want to ask. You also can take the on-demand courses at your leisure. These are a benefit of being a Registrant.

I hope people reading this will be able to attend the upcoming International Seating Symposium in Pittsburgh. This has multiple benefits for our practices. We see new and cutting-edge equipment. We have the opportunity to see the people and the companies we deal with. We can talk to them

face-to-face and build a rapport. CEU credits are available for recertification. iNRRTS will have a booth and our awards night.

Lastly, I want to share a real-life story, we all have many. Recently I was running an errand around town. As I was waiting in line, a gentleman from our local Air Force base came in behind me. I immediately recognized the patches on his uniform as he was with our aerobatics team. I opened the conversation with him by thanking him for his service. He and I chatted about his career; he had done search and rescue, was a trainer and now had risen to commander of the aerobatics team.

As we were about to end our conversation, the line had started to move, I said, "A couple years ago one of your planes crashed on the west coast, my company helped to provide equipment for the injured pilot while they were recovering." He immediately craned his head to see my company logo. "Oh yeah, that was great, thank you. That pilot is back flying with us.

Thank you!"

Most often we are seeing clients with lifelong or life-changing diagnosis, we occasionally see a client who has a short-term injury that is still catastrophic, both deserve our best service. It is nice to see not just the impact we have on our clients but also the other people in their lives.

Keeping up service and quality education is something we can all commit to this 2025.

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

## NOTES FROM THE FIELD

## Long-time ATP/SMS, CRTS®, Alicia Truebenbach understands the importance of perspective

WRITTEN BY: Doug Hensley

There are times in Alicia Truebenbach's life when she might feel a little low, weighed down by situation or circumstance.

But rather than letting herself go there, she remembers life is indeed all about perspective. And, all things considered, things are pretty good in her world.

"When things seem challenging in my own life, I am humbled by how amazingly strong and resilient the people I meet are,"

she said. "Therapists, clients, caregivers, I get to meet a lot of incredible people, and I find myself very grateful when I'm driving home at the end of a day."

Truebenbach has more than 30 years invested in the Complex Rehab Technology industry. She is an assistive technology professional and seating mobility specialist for Numotion, the nation's largest and leading provider

## NOTES FROM THE FIELD

of products and services for people dealing with mobility limitations.

The company has more than 150 locations across the country and has a mission of “Improving the lives of people with disabilities by enabling them to actively participate in everyday life.”

That’s a purpose Truebenbach can get behind. After all, it didn’t take long for her to discover just how much she enjoys working with and helping others.

“I remember my first job out of college, my initial thought was this would be short term, one year,” she recalled. “But I just

immediately took to it, and it has become one of the most fulfilling careers anyone could have.”

She took the Assistive Technology Professional exam in 1997, and her career has been a steady trajectory of excellence ever since. She has worked in the industry long enough to have seen it from multiple angles, giving her a deep sense of appreciation for so many coworkers along the way.

“It has been quite an interesting journey to see how much things have changed and, of course, with all the challenges with insurance and reimbursement and all of that,” she said. “We have made some

amazing gains as an industry and as a profession, and I have a lot of respect for everyone who fought so hard through the years to further the industry.”

It’s been a great ride – so far.

“It has been a fun challenging and frustrating at times, journey,” she said. “But in the end, it has been worth it to see the results and to have so many people who have pushed and pushed for those victories and how much they mean.

“There have been a lot of people whose lives I’ve touched, and a lot of people who have touched mine. I think that speaks volumes for this industry and

how rewarding it can be.”

For Truebenbach, it must be a labor of love. A typical day has her logging lots of miles in her company van, loaded with necessary supplies and equipment to get the job done. Usually, she will see three to five clients per day, and her stops include hospitals, clinics, rehab centers, schools and assisted living centers.

“No two days are the same, and I think that is part of the allure of the job,” she said. “My days are always different, and I get to see a lot, some good and some bad.

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NOTES FROM THE FIELD | CONTINUED FROM PAGE 15

I get a glimpse of other people's world as far as their home and their life.

"I think that is part of what has allowed me over the 31 years to really appreciate other cultures and to appreciate people as far as being more open to the path they are on. Sometimes, I will go into a place where they don't speak our language, so they have young children interpreting for them, and that just amazes me."

Truebenbach's territory is the Minneapolis metropolitan area, and because she spends so much of each day on the road, she must be as efficient as possible with her time.

"I have an amazing support staff, and I couldn't do what I do without each and every one of them," she said. "They allow me to get it all done. I may be the one doing the visit, but they are the ones who push on the paperwork as far as ordering and scheduling."

Working so closely with clients has also given her a clear vantage point of how easy it is to take things for granted.

"There is this whole challenge of it being so clear in our heads that this equipment is a need and not a want," she said. "Like coverage of bath equipment, which has been a hot topic lately, is not covered and

somehow it is OK for people to pay cash for equipment they need to live."

Truebenbach worries that such a basic need may get lost in the shuffle of larger more complicated equipment needs.

"Anybody who needs complex rehab probably needs some equipment in their bathroom," she said. "So many people are paying cash for that equipment, and they are making decisions and sacrifices based on their own financial situations. I feel like sometimes they are getting squeezed from all sides."

Numotion does everything it can to ease the impact on clients. Truebenbach said the

company works hard to support customers as well as what is important to them.

"Our company balances all of the needs with always trying to do the right thing," she said. "That can be a challenge because it involves the business side and the personal side, but we want to always try to stay on the side of doing what's right."

Truebenbach wants to continue having a positive impact not only on people but on the industry in general. She has served on boards and led teams of people through the years, but for now, she feels like she is in the perfect place doing just what she was meant to do.



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## NOTES FROM THE FIELD

“I really enjoy being an ATP/SMS, CRTS®,” she said. “Over the short term, hopefully I can ride this wave and stay healthy enough to keep doing it. I see myself being in this industry, no matter how long I am here. I’m just not sure what that looks like. I feel like it’s in my blood and ingrained in the way I think and the way I do things.”

Part of the appeal is the corporate culture of Numotion, which challenges its people to always do their best work and provides them with the resources to do so.

“The company genuinely cares about people from the top down, and there is always a push to do the right thing, no

matter what,” she said. “Yes, we are a business and we need to meet our budget, but there is support for you doing the right thing, and in corporate America today that can be tough.

“I really appreciate that support. It’s awesome. They stick to their mission statement. They provide you with the support you need. They understand it takes a team to be successful from start to finish. Like I said, I couldn’t do this alone, and I am glad I don’t have to.”

One other thing Trueebenbach is certain about is the industry’s need for a new generation of people to continue the good work.

“This is an amazing career,” she said. “This is a career that checks the boxes for so many different skills and interests, whether that’s mechanical or the people side. Every day is different. You’re not necessarily behind a desk, and you are going to meet some amazing people. You also get instant gratification from changing someone’s life, and I don’t know many other careers that will give you all of that.”



## CONTACT

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Alicia Trueebenbach, ATP/SMS, CRTS®, works for Numotion and is based in Minnesota. She has been an iNRRTS Registrant since April 1995.

## TECH CORNER

## Addressing the Impact of the CRT Service Technician Shortage

WRITTEN BY: Bill Noelting

The shortage of qualified service technicians in the Complex Rehabilitation Technology industry has far-reaching consequences. CRT devices are crucial for individuals with severe disabilities, including those with spinal cord injuries, cerebral palsy, multiple sclerosis, and other diagnoses. These complicated, life-giving devices require regular maintenance, repair and replacement of components to ensure user health, function and participation. When there

are not enough qualified technicians, device failures become more frequent, leading to adverse effects on the users’ quality of life.

### Steps to professionalize the CRT service tech field

To address this shortage and professionalize the CRT Service Tech field, several steps can be taken:

#### Enhanced Training Programs:

Establish and organize comprehensive training programs that cover the technical skills required to service CRT devices. These programs should include hands-on training, theoretical knowledge and certification processes to ensure technicians are well prepared for the job.

#### Standardized Certification:

Implement standardized certification for CRT service technicians. This certification should be recognized across the industry and should require technicians to demonstrate their knowledge and skills through rigorous testing and practical assessments.

#### Collaboration with Educa-

**tional Institutions:** Partner with vocational schools, community colleges and univer-

sities to develop specialized courses and degree programs in CRT service technology. This collaboration can help attract new talent to the field and provide a clear career path for students.

#### Continuing Education:

Encourage, and require through standardized Certification, ongoing education and professional development for existing technicians. This can be achieved through workshops, seminars and online courses that keep technicians updated on the latest advancements in CRT and repair techniques.

#### Incentives for Technicians:

Offer incentives such as competitive salaries, benefits and career advancement opportunities to attract and

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## CLINICAL PERSPECTIVE

# Enhancing Health and Functionality: The Comprehensive Benefits of Power Standing Mobility

WRITTEN BY: Ashley Detterbeck DPT, ATP/SMS



There is no doubt that over the last several years supported standing has taken center stage within the Complex Rehab Technology community. While the usage of supported standing is not a new technology or therapeutic activity, the approval rate of supported standing by insurance entities is evolving. As a broader population becomes aware of the benefits supported standing and considerations for supported standing within the funding world are growing, it is important to understand what the evidence has to say and how we as clinicians can utilize it to justify these pieces of equipment for our patients.

Evidence-based practice has been the name of the game in the occupational and physical therapy fields for many years, and it certainly would play a role in justifying CRT and especially supported standing. Over the course of the last several decades researchers have looked at supported standing and its benefits to those individuals who are unable to stand on their own. This evidence has looked at both the prevalence of comorbidities for those in a seated position, such as increased risk of urinary tract infections, reports of pain, as well as medication usage (LaBerge et.al, 2021), to the ability to change one's level of function and participation within the world in which they live and work (Kenyon et.al 2021).

Over the course of this CEU article, we will discuss the current evidence by looking at the medical, functional and participation benefits of supported standing. While the purpose of this CEU article is to review the medical and functional benefits of supported standing devices, much of the evidence that we will discuss and the benefits that we will dive into revolve around power standing mobility. It is important to note that this evidence is not negating the importance and impact of stationary style devices, such as sit-to-stand and supine-to-stand standers, as in the case for individuals who are unable to utilize power standing mobility and would still greatly benefit from supported standing. The intention of this CEU article is to not only walk through the current evidence to support the ongoing effort for power standing acceptance at the payor level but also to increase the confidence of the clinicians and CRT Suppliers as they approach the standing evaluation and justification process.

Throughout the article we will touch on the following objectives:

1. Explain three medical benefits of standing.
2. Describe three functional benefits of power standing mobility.
3. Detail two realistic recommendations for standing dosage.
4. Identify two client characteristics to qualify for power standing mobility.

## Medical benefits of power mobility

There are several research-supported medical benefits associated with power standing mobility; including but not limited to respiratory advantages, cardiovascular improvement and pain reduction. While all medical benefits are important, for the sake of time, we will only be covering a small sample in this CEU article.

**Bowel and bladder function:** Our urinary and digestive systems by nature are highly dependent on gravity and our movement through it. Evidence has shown that the introduction of dynamic movement (going from sit to stand frequently throughout the day) can assist with the movement of waste products through our urinary and digestive tracts. In both Studies by Eng et.al., 2001, and Kwak et.al., in 2014, reveal that the implementation of frequent movement from a sitting to standing position throughout the day encouraged activation of both the urinary as well as the digestive systems.

Why is this important? For those individuals who utilize wheeled mobility devices the time spent in the seated position does not facilitate urinary flow. This is even further compounded when dealing with those individuals with recent spinal cord injuries. There is increased risk of kidney stones due to reduced urine flow in the first three to six months post injury. The higher the level of injury the higher the chances of kidney stones and urinary tract concerns (Chen et.al., 2000).

Those with spinal cord injuries are not the only individuals impacted by urinary concerns related to a seated position. On the opposite end of the spectrum, the advancement in technology has allowed for greater life expectancies for those individuals who had once experienced early mortality related to their disease process or injury. Now, individuals are living 85% longer than in decades past and they are now truly aging with their disability (Molton & Yorkston, 2017). This also can be said for our elderly population who are aging into a disability. While they may not experience neurological concerns or conditions, the decline in mobility is proving to be a challenge. Urinary tract and digestive tract concerns such as incontinence and constipation become important considerations for those using a power mobility device power seat function (Domingos & Serras, 2011).

## CLINICAL PERSPECTIVE

**Bone Mineral Density:** The use of weight bearing has long been noted as a means of maintaining or, in some cases, improving bone mineral density in both adults and children alike. Over the last several years many studies have illustrated these results such as Damcott et al. (2013) who found that individuals with the ability to frequently move between sitting and standing while using a dynamic standing device showed increased bone mineral density compared to those that utilized static standing devices.

When considering bone health and its relationship to specific diseases the following benefits can be identified:

**Duchenne muscular dystrophy:** Supported standing promotes maintenance of bone health in adolescent boys

**Cerebral palsy:** Bone mineral density is not only maintained but, in some cases, has shown improvement in adolescents (Gannotti et al., 2021).

**Range of motion, spasticity and contractures:** There are several additional benefits that are often overlooked in the justification of power standing mobility. In several older studies the implementation of standing allowed for improvement in both passive range of motion and active assistive through the lower extremities (more specifically the hips and ankles) in both adults and children with neuromuscular conditions. However, the benefits of supported standing are not limited solely to the lower extremities. The upper extremity range of motion and functional reach were improved in individuals during the use of supported standing compared to traditional static seated position (Massenlink et al., 2024; Craig et al., 2016; Newman et al., 2012; Paleg et al., 2012; Gohkle et al., 2022).

Spasticity reduction has also been noted with the use of power standing mobility. Applying weight through the lower extremities in some cases can reduce the impact and frequency of spasticity (Craig et al., 2016; Paleg et al., 2013).

One interesting benefit of power standing mobility is the impact on contractures through the lower extremities. Once considered an absolute contraindication for those individuals with contractures, research on the use of both dynamic and static standing has yielded interesting findings. Utilization of standing devices provides gradual long-term stretching to the lower extremities to assist in reduction of contractures in certain individuals. The advancement of technology and manufacturing has allowed for the ability to change programming sequencing and standing ranges easily and frequently to accommodate those with lower extremity contractures. These frequent changes allow the device to assist the individual to move into a tolerated range of motion thus gradually lengthening the muscular structure of the lower extremities. It is to be noted that one must use their best clinical judgment when

programming or determining angles of standing when pursuing use with those struggling with contractures (Masselink et al., 2024).

**Pressure reduction/injury management:** As wheeled mobility and seating therapists, pressure injury and risk reduction are significant considerations when evaluating our patients. Historically we have recommended the use of tilt, recline and elevating leg rests for skin management. However, it is also important to note that power standing mobility can play an important role in reducing the risk of pressure injuries. In a study done in 2010 by Sprigle et.al, they found a greater than 75% weight reduction to the pelvis and spinous processes in standing, allowing the individual to reduce pressure to areas of high risk.

From a health care economic impact perspective, the U.S. spends an estimated \$26.8 billion on pressure management, wound care and education. Approximately 22.6% of patients with pressure injuries are re-hospitalized due to ongoing issues with wounds, and an average of 60,000 individuals pass away yearly from pressure related injuries (NPIAP, 2020). The question then is that if the application of supported standing can reduce weight bearing on the pelvis and spinous processes by 75%, why wouldn't we utilize it as a strategy to promote greater pressure injury prevention?

**Pain:** Many of our patients deal with the aspect of pain whether from the symptoms presenting from their injury, disease process or merely prolonged positioning within their wheeled mobility system. Pain is often the most highly reported comorbidity in those individuals using wheeled mobility and is frequently experienced throughout their day (Bayley et.al, 2020, LaBerge et.al., 2021). In several studies looking at pain and pain management in the wheeled mobility population, it was felt that the introduction of supported standing awarded the individual the ability to change position thus reducing ongoing pain in the lower extremities, feet, thoracic and lumbar spine (Bayley et al., 2020; Dennett et al., 2020; Hendrie et al., 2015).

## Functional Benefits

Traditionally, our primary focus in justifying a wheeled mobility device has been focused on medical necessity. Yet, it is important to note that payers/funding sources are starting to consider the functional benefits that power standing mobility can provide to the wheelchair user. Power standing mobility can facilitate greater ease with mobility related activities of daily living by allowing access to activities such as donning and doffing clothing, brushing one's teeth and application of makeup. Additionally, power standing mobility can accelerate the return to activities required in daily life roles (mother/father, grandparent or spouse) such as meal preparation,

CONTINUED ON PAGE 20

laundry, work and leisure. Resuming involvement in such activities within one's home or work environment can have tremendous positive impacts. In a study done in 2021 by Kenyon et al., they found that there were higher levels of independence, increased ability for hand-washing, reaching and independence with toileting as it came to the use of power standing mobility. Daily routines were completed faster thus decreasing demand for assistance and allowing more personal involvement in one's daily care.

Regarding functional usage of power standing devices, a survey done in 2020 of Permobil F5VS users found that individuals utilized their power standing wheelchair in shorter more frequent stints for such activities as meal preparation, activities of daily living, chores, etc. (Permobil White Paper, 2020).

## Participation

This higher level of involvement has allowed individuals to carry over their increased functional abilities into participation. In many cases, patients reported that the use of power standing mobility would assist in their ability to return to work activities, participate in school functions and/or extracurricular activities with the assistance of their power standing wheelchair. In recent years, several studies have begun to look at the relationship of power standing mobility to participation. One such benefit being that of improved communication. In several studies, children with cerebral palsy demonstrated improvement with standing posture, eye contact, communication, peer interactions and vocalization (Capati et al., 2020; Goodwin et al., 2017; Gudjonsdottir & Mercer, 2002).

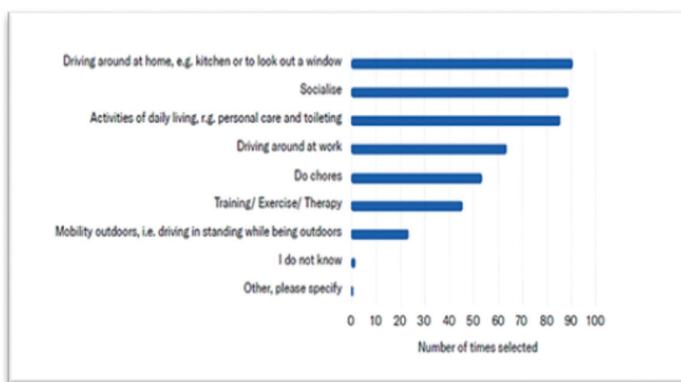


Figure 1: Survey of functional usage

## Psychosocial/Mental Functions

Documentation and clinical justification must be medical and functional in nature; however, we also need to take into consideration what supported standing can do for an individual psychosocially.

Over the last several years, the focus of the evidence has been on the mental health and cognitive aspect of power standing usage. Studies have been done looking at the positive impact of mental health and self-esteem related to the utilization of power standing mobility. In many cases it was reported that people felt healthier and experienced a more positive self-image due to the use of the standing device. In a study done by Dennett et.al, in 2020 those individuals diagnosed with multiple sclerosis reported that they were able to increase participation in activities with the use of the power standing wheelchair thus feeling more like themselves than they had previously. In studies focusing on younger populations of individuals utilizing power standing wheelchairs report negative feelings about fitting in or standing out especially when utilizing the stand and drive features of their power wheelchair (Vorster, et al, 2019; Goodwin, 2018).

Lower cognitive function recovery might also be possible for those adults in a vegetative or minimal consciousness state by implementing supported standing throughout their rehabilitation stay. Several studies have suggested that the lower sensory inputs that occur during supported standing and position changes when transitioning to and from standing improve, scoring on both the Mini Mental Examination but the Functional Independence Measure (Lee et al, 2019, Gillespie et al., 2019).

With the multitude of medical, functional, participatory and psychosocial benefits how do we as a complex rehab team make the correct decision in pursuing power standing mobility with our patients? How do we know when a patient is an appropriate candidate? When and how is it safe for my patient to stand? When is it appropriate to pursue power standing mobility? When should the recommendation be made – right away or several years down the road? The questions around patient eligibility can be overwhelming and at times cause us to second guess ourselves.

## Let's start at the beginning

**Diagnosis:** Current power wheelchairs with multiple power seat functions such as supported standing are typically used with individuals with a neurological diagnosis such as multiple sclerosis, ALS, spinal muscular atrophy, spinal cord injury, cerebrovascular accident, etc. Clients with these diagnoses typically will struggle with or are unable to complete self-supported standing activities related to a multitude of symptoms associated with their disease process or injury. Furthermore, in many cases these individuals also require the use of multiple power seat functions such as tilt, recline, elevating leg rests and seat elevation for additional medical benefits and mobility related activities of daily living

## CLINICAL PERSPECTIVE

## Evaluation

Range of motion and strength are considerations when the patient is utilizing the sit-to-stand or supine-to-stand features. Many individuals with the neurological diseases or injuries listed above struggle to operate the features of stationary standing device due to range of motion and strength deficits. The use of power standing mobility allows the individual to independently change their position not only in sitting but in standing as well.

**Cognition:** Is your client safe to operate the power standing wheelchair? Power wheelchairs, regardless of the addition of power seat functions, are complex pieces of equipment and, at times, can become overwhelming for those with cognitive impairments. While cognitive limitations present challenges to independent use of a power chair with additional features, it is important to consider strategies for skill development and not immediately rule out this option. In some cases, you may need to work with the patient on driving skills, limit access to one or more power seat functions until they understand when and how to use these features, or adjust programming such as limiting speed or acceleration for safety during the training period. It is also important to determine if your patients can handle complex situations such as driving while standing and build this into the training program. The patient will also have to develop a routine (with or without assistance) to don and doff positioning accessories (chest bar, knee blocks, etc.) before and after transfers.

Several studies have recently focused on cognitive benefits associated with the use of power standing mobility or supported standing. Schofield et al. in 2020, found that those who were engaged in supported standing learned safe operation of their power mobility device. Older studies have noted that the use of supported standing has increased the development of planning and sequencing abilities (Flodin et al., 2007; Nordstrom et al., 2013; Vorster et al., 2019). So, while your patient might not grasp the entirety of the power standing wheelchair at first, the implication of trials and improvement in understanding and usage may be achieved through additional training (Flodin et al., 2007; Nordstrom et al., 2013; Vorster et al., 2019)

**Standing tolerance:** Every individual will have a different tolerance level to stand based on their previous standing history, medical or physical limitations (i.e., orthostatic hypotension, range of motion limitations) so utilizing an objective tool such as a standing trial log is a great way to help identify improvements in tolerance as well as achieve personalized goals regarding standing. While there is not a formalized tool, some excellent measure to identify in a log include:

- One to two simple obtainable straight forward goals regarding standing. This might look like improvement in time standing or degree of upright standing tolerated.
- Transfer status in and out of the standing device as well as how much assistance is needed by caregivers or family members.
- Time standing over the course of several days/weeks.
- Percentage of upright standing tolerated. For example, your patient might tolerate 45 degrees of upright standing on the first day but achieve 65-70 degrees of upright standing after a few days with the device.
- Any vital signs that you deem appropriate (blood pressure, pulse, etc.)

The documentation of the standing trial log or something similar can be filled out by the clinician or by the patient and caregiver utilizing a static style standing frame within the clinic or within their home.

Below is an example of a standing trial log:

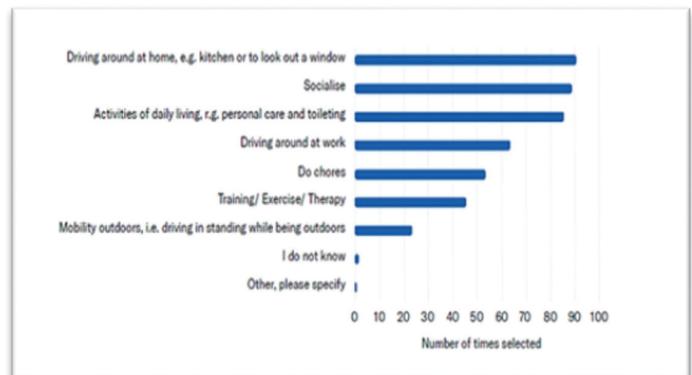


Figure 2: Example of standing trial log

## Prescribed Duration

Now that we have worked through the subjective and objective aspects of matching equipment to client need, it is important to discuss recommendations for the duration of time spent standing. These recommendations vary greatly depending on the client's goals and understanding of the evidence. Systemic reviews done in 2015 by Paleg and Livingstone found the following in relation to supported standing dosage:

- For those who wish to have positive impacts on self-care, balance, Range of Motion (ROM), cardiorespiratory, and pain should stand 30 minutes, 5 times a week.

- For impact on bone mineral density and cognitive function one should stand 60 minutes, 4 to 6 times a week.

However, this can be dialed down further regarding specific physical goals of your patient:

- Lower extremity ROM: 30 minutes, 3 times a week. (Baker et al., 2007; Freeman et al., 2019)
- Muscle tone improvement: 30 minutes, 5-7 times a week. (Adu & Daly, 2015; Baker et al., 2007; Ferrarello et al., 2015; Krewer et al., 2015)

One key component to determination of a supported standing routine (as in similar prescribed therapeutic exercise or activity routines) is compliance. Goodwin et al, 2017 determined that despite the more definitive dosage recommendations mentioned above, many patients and their families failed to comply with the recommendations. In one aspect of the study 76% of clinicians recommended the standard 30 to 60 minutes of standing duration, however only 52% of their patients completed this as asked. On the other hand, when clinicians recommended daily standing the percentage of compliance dropped to 18%. While many of the dosage recommendations indicate longer periods of time in standing, a look back at the evidence shows that most of the benefits we receive from standing come in a dynamic fashion — frequent bouts of standing for shorter more functional periods of time. Considering this, allowing the individual to stand when they want/how they want, may allow for increased time in standing throughout the course of the day, making it easier for your patients to comply with your recommendations. In simpler words ... let them stand!

## Matching the patient and chair

Despite the long list of benefits from prescribed supported standing routines another important consideration is matching the patient with an appropriate supportive standing device. While the focus of this article is not on static style standing devices there are times when this is indicated. Matching the patient to either a supine-to-stand or sit-to-stand device will ensure that the device meets their medical needs and potentially increase compliance with its usage.

In a recent study in 2022, Gohlke et al echoes the evidence found by Scherer et al. in 2018 that matching technology to the person is important to the utilization and implementation of the device. With the increase in power standing devices becoming more prevalent in the market, how does the CRT team ensure that the patient is getting the most appropriate device. The following attributes of a power standing mobility device might ease the hesitation when selecting the most appropriate device.

**Flexibility of set-up to allow ongoing changes:** Customized stand sequences allow unhindered movement to and from the standing position. Not all individuals will tolerate the same stand sequence therefore, the flexibility to adjust the transition from sit-to-stand or supine-to-stand, and allowing the movement to stop anywhere in between is important for standing success.

Adaptability to grow with the client as needed (width and depth).

**Positioning:** Consider a power standing wheelchair that allows not only an optimal standing position but optimal sitting as well. Consider the seating products that the patient requires and how those products will transition from the seated to standing position based on the stand sequence selected. This will ensure that your patient is able to maintain their optimal functional posture in both sitting and standing.

While standing has amazing benefits it does not negate the need for power tilt, recline, power elevating leg rests or seat elevation. Each of these power seat functions in their individual capacity have medical and functional benefits to the patient and therefore additional clinical justification must be provided.

**Functionality:** While many power standing systems vary in appearance and capabilities, it is important to consider the use of stand and drive. The advantages of power standing wheelchairs compared to their stationary counterparts are just that — being able to stand and drive to complete functional activities.

## Conclusion

Throughout this article, we have looked at a mere snapshot of the evidence that surrounds the recommendations and applications of supported standing devices. The list of medical, functional and psychosocial benefits continues to grow as this topic continues to be studied. There are several additional resources available to assist your clinical partner in the justification of supported standing. One recent resource is that of the Clinician Task Force and RESNA Position on the Application of Support Standing Devices that can be found at [www.resna.org](http://www.resna.org). This comprehensive scoping review takes a deep dive into the evidence of the last 20 years related to supported standing and its application to the International Classification of Function (Masselink et al., 2024).

One component of this journey we have yet to discuss is that of advocacy for the supported standing system and the individuals that utilize this technology. While we have seen an increasing willingness to consider and approve standing systems around the globe, we are still a long way off from full acceptance of standing as a power seat

## CLINICAL PERSPECTIVE

function. In the last several years, many U.S. advocacy groups, such as ITEM Coalition, NCART and Clinician Task Force, have combined to improve supported standing coverage for all individuals who utilize CRT. As CRT suppliers and clinicians, we still can assist our wheelchair users through alternative funding opportunities. The list below is a small sample of the possibilities that are available to assist individuals in not only the procurement of supported standing but also for other CRTs with limited funding support. Some of these alternative options are but are not limited to:

- Local reuse programs/access to demo chairs.
- Foundations (Permobil Foundation or diagnosis specific foundations).
- Private pay options.
- Insurance additions such as HSA or FSA.
- Care Credit.
- Social media/GoFundMe accounts.
- Programs such as AbleNow, Help Hope Live, etc.

#### Additional Permobil Resources

- Permobil LMN Generator [www.permobillmn.com/login](http://www.permobillmn.com/login)
- Permobil Standing White Paper 2023 Permobil White Paper: power standing update 2023
- Functional Guide to Power Standing Evidence
- U.S. Funding Email: [US\\_Funding@permobil.com](mailto:US_Funding@permobil.com)



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Ashley Detterbeck DPT, ATP/SMS, is the regional clinical education manager covering the Upper Midwest. Detterbeck joined Permobil in 2017 and previously ran the Wheeled Mobility Clinic at the Marshfield Clinic in Marshfield, Wisconsin. Detterbeck is an active member of the Clinician Task Force where she has participated in the request for Centers for Medicare and Medicaid Services' coverage of standing and seat elevation and has published research on the support of power standing mobility. Detterbeck works closely with NCART to promote coverage of standing power mobility and power seat elevation coverage with the CMS. Detterbeck is an individual Friend of iNRRTS (IFON) and a member of the American Physical Therapy Association Neurology Section, Assistive and Technology SIG.

## CLINICAL EDITORIAL

# Standing Matters

WRITTEN BY: Lori Potts, PT

When an infant first stands up in their crib, their parents celebrate. But what about a child with a medical condition who is unable to achieve this milestone? Regardless of diagnosis, a child or adult who spends most of their day sitting is subject to health risks.

Fortunately, manufacturers worldwide are committed to designing standing devices that provide medical and functional solutions to meet evidence-based recommendations for postural management.

Postural management provides intentional, comfortable positioning opportunities in standing, sitting and lying, plus movement where possible, throughout the 24-hour day. When implemented throughout a client's lifespan, postural management prevents secondary complications and improves function and participation.

A recently published international clinical practice guideline cites adaptive standing before age 2 as an intervention to prevent musculoskeletal impairment for children with cerebral palsy.<sup>1</sup> Children with neuromotor conditions such as cerebral palsy or other complex syndromes are born with perfect body symmetry; their joints and muscles are intact and flexible.

The effect of gravity on the body, as the child is immobile and

spends prolonged periods in asymmetrical positions during growth, results in deformity.<sup>2</sup> Today, adaptive positioning devices such as standers can make all the difference.

Before adaptive standers became more widely available, allowing caregivers to initiate standing before age 1, the consequences of immobility induced bodily distortion resulted in inevitable and costly hospitalizations.

Surgical muscle-tendon releases, orthopedic osteotomies to restructure the hip joint, and complex spinal fusion surgeries are examples of the corrective medical procedures now effectively avoided through proactive early-intervention adaptive standing.

Using adaptive standers, therapists can coach family caregivers to start age-appropriate developmental standing opportunities in manageable intervals during the child's daily routines. Therapists can also educate family caregivers on the value of 24-hour postural management, providing specific instructions for standing position and dosage. Often, parents will discover their child's positive response to the upright position and their child's standing time will increase. This approach has outcomes beyond musculoskeletal health: children experience an age-appropriate position that positively impacts their visual field, social interaction and potentially their cognitive growth.

Standing opportunities continue throughout early childhood and the school years: a critical time for standing protocols. Growth spurts will predispose a child with a neuromotor condition to an increased risk of contracture and other deformities. Consistent, regular standing will maintain and improve joint range of motion and bone mineral density, thereby improving the child's posture and movement function and reducing their risk of fracture.

Far from being the only intervention, adaptive standing offers activity in a natural position and is a valuable adjunct that can alternate with and support the child's adjacent therapies for mobility and learning. Under the guidance of a therapist, a planned approach for standing can occur at home and in school, embedded naturally into daily activities and routines as a child-centered, participatory opportunity.

Adolescents and adults also benefit from supported standing. It is never too late to stand. To begin, a client of any age will need medical clearance or referral from a knowledgeable health care provider. Then an accommodation trial period assures that the individual will build tolerance over time and that standing is feasible and medically safe.

At the same time, special care and instruction will be provided should there be a risk of fainting or a case of bone fragility. The individual's cognitive function

and the support required for safe transfer to the standing position will inform decision-making on which standing device to choose.

Recent overviews of the literature co-published by the Clinician's Task Force offer a comprehensive review of available peer-reviewed research on standing for children and adults.<sup>3 4</sup>

Whether the client has had a condition since infancy or has acquired a condition through circumstances or a medical event, supported standing not only offers positive outcomes for neuromuscular, cardiovascular, respiratory, digestive and mental/cognitive domains, as well as reducing skin pressure issues and pain levels, but also improves psychosocial well-being and activities of daily living.

With the wide variety of standing device options now available, therapists can select and trial a device whose characteristics align with the evaluated needs of the client.

Whether a multiposition, mobile, sit-to-stand or powered wheelchair stander, a standing device is designed to meet specific goals that address the client's hip integrity, bone density, muscle length, joint range of motion, spasticity, bowel/bladder function, respiration and circulation.

But beyond the remarkable reductions in health care complications and costs that accompany properly prescribed standing, there is something

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just as important to clients and families: immeasurable gains in social and cognitive engagement.

Health care funding sources around the globe are re-examining and revising policy and coverage for adaptive standers

considering these up-to-date research-based outcomes.

Continued advocacy, education and experience will secure the place of adaptive standing in best practice today and for the future as a standard of care.

#### REFERENCES:

- Morgan, C., Fetters, L., Adde, L., Badawi, N., Bancalé, A., Boyd, R. N., Chorna, O., Cioni, G., Damiano, D. L., Darrah, J., de Vries, L. S., Dusing, S., Einspieler, C., Eliasson, A. C., Ferriero, D., Fehlings, D., Forsberg, H., Gordon, A. M., Greaves, S., Guzzetta, A., Novak, I. (2021). Early Intervention for Children Aged 0 to 2 Years With or at High Risk of Cerebral Palsy: International Clinical Practice Guideline Based on Systematic Reviews. *JAMA Pediatrics*, 175(8), 846–858. <https://doi.org/10.1001/jamapediatrics.2021.0878>

- Sato H. (2020). Postural deformity in children with cerebral palsy: Why it occurs and how is it managed. *Physical Therapy Research*, 23(1), 8–14. <https://doi.org/10.1298/ptr.R0008>

- Masselink, C. E., Clayback, D., Huleatt, Z., LaBarge, N., Paleg, G., Percich, N. (2021, July). Evidence-Based Response to Insurance Denials of Standing Devices. Clinician Task Force. <https://www.cliniciantaskforce.us/resource/evidence-on-standing-frames-for-insurance-denials>

- Masselink, C. E., Detterbeck, A., LaBerge, N. B., & Paleg, G. (2024). RESNA and CTF position on the application of supported standing devices: Current state of the literature. *Assistive technology: the official journal of RESNA*, 1–18. Advance online publication. <https://doi.org/10.1080/10400435.2024.2411560>



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Lori Potts, PT, obtained her degree at Upstate Medical University College of Health Professions in 1995. Since 1998, Potts has been a certified MOVE International Trainer (Mobility Opportunities Via Education). She currently works at Esoput Medical, PC, with pediatric clients. Since 2005, Potts has worked with Rifton, consulting product design and providing resources for consumer and client education. She is a regular contributor to Rifton's online education center and conducts equipment-related workshops throughout the U.S., Canada, Europe and Australia. Potts is a member of the American Physical Therapy Association and Academy of Pediatric Physical Therapists Association.

## CLINICALLY SPEAKING

# Mobility, Family, and Service: Nate Jordan's story

WRITTEN BY: Rosa Walston Latimer\*

"There is nothing better than seeing someone leave our office with the right fit and function from a manual chair or powerchair," Nathan (Nate) Jordan, MS, OTR, said. Jordan is an occupational therapist with Emplify Health, formerly Gundersen Health Systems, in La Crosse, Wisconsin. Most of

his work involves wheelchair training, seating, and positioning.

"I recall a 4-year-old girl who got her first manual chair and a few months later, she wheeled past my office door squealing with delight. The girl's mother

CONTINUED ON PAGE 28



(l to r) Avery, Aria, Nathan, Gabriella and Gavin Jordan at Lambeau Field.

## TECH CORNER | CONTINUED FROM PAGE 16

retain qualified technicians. Recognizing the importance of their work and providing a supportive work environment can help reduce turnover and improve job satisfaction.

**Public Awareness Campaigns:** Launch public awareness campaigns to highlight the importance of CRT service technicians and the impact of their work on the lives of individuals with disabilities. This can help attract more people to the field and increase public support for the profession.

**Government Support:** Advocate for government support and funding to address the technician shortage. This can include grants for training programs, subsidies for educational institutions and policies that promote the hiring and retention of qualified technicians.

**Best Practice Guidelines:** Develop and implement best practice guidelines for CRT service, maintenance and repair. These guidelines should be standardized across the industry and provide clear instructions on how to perform services efficiently and safely.

By taking these steps, the CRT industry can professionalize the service tech field, ensuring that individuals who rely on CRT devices receive the high-quality service they need and deserve. This will not only improve the quality of life for users but also contribute to the overall growth and sustainability of the industry ... not to mention giving CRT service techs the importance, credibility, recognition and support they deserve.

iNRRTS is uniquely qualified and is taking the lead this

year to professionalize the CRT service tech field by establishing a Rehab Service Tech Registry. Each issue of DIRECTIONS magazine will bring to you iNRRTS' progress, the latest CRT service tech developments, and stories from leading CRT industry service tech professionals.

The goal for CRT service technicians should be more than striving to become a CRT Supplier. The goal can be, will be and is now to become a recognized, fairly compensated sought after CRT professional.



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Bill Noelting is currently acting as director of marketing for the iNRRTS. In addition to being a life-long musician, Noelting has more than 40 years serving the pharmaceutical and health care industries, and has, for the past 30 years, been focused on the seating and mobility industry including 20+ years as chief information officer and senior vice president of marketing and strategy for National Seating & Mobility. Since 2017, he has provided consulting, advisory and production services as principal of Noelting Creative Productions. His podcast Talk Rehab, is dedicated to chronicling the world of seating and mobility and the amazing people that make it happen. For more information visit [www.noelting.com](http://www.noelting.com).

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## CLINICALLY SPEAKING | CONTINUED FROM PAGE 16



Aria Jordan with pet goat, Truffles.

asked me if I could slow down her new manual chair. I smiled and told her 'Not a chance.' Seeing this child who was not very interactive or lively become a typical 4-year-old exploring and 'running away' from her mom brought me a profound sense of fulfillment."

**What keeps you engaged in your work, and what do you consider a success?**

I have been with Gundersen Health System/Emplify

Health for almost 20 years. This is an excellent place with good co-workers who are all dedicated to the work we do. Our management allows us a great deal of freedom to develop our processes and systems to make our work more efficient.

The vendors in my area are very dedicated, and I enjoy working with each of them. Without this teamwork, I would have burned out fighting the reimbursement battle long ago!

I consider it a success any time a patient leaves my office excited about the new chair we are ordering. This is especially true when we complete the process with a fitting and delivery, and the patient leaves happy, comfortable and more mobile than when they arrived. As with any job, a clear desktop is the sign of a successful week!

**What has changed the most in this industry since you first began?**

I believe technology itself has changed the most. We have gone from dedicated devices to tablet or phone-based apps for everything from environmental controls to communication.

Reimbursement coverage has also expanded in Wisconsin with improved coverage for seat elevators and powerchairs, as well as complex rehab coverage for residents in nursing facilities.

**Outside of your work, what is important to you?**

My family! Liesl and I have been married for 22 years. We met in high school when the freshman English teacher sat me next to Liesl as a punishment, hoping her exemplary student behavior would tame the class clown.

Instead, I spent the rest of the semester (and my life) trying to make that girl laugh and smile. I was a bit of a 'jock' with an attitude toward authority. She



Liesl Jordan with baby goat, Cupcake.

## CLINICALLY SPEAKING

was an honor student, singer and musician, always polite and respectful. She milked goats at 5 a.m. every day before driving an hour to school. You never know what God has planned for you, but if you trust his plan, he brings together some of the most unlikely circumstances. The outcome is better than you ever thought possible.

Liesl and I have four teenagers – Avery, 19, Gavin, 17, Aria, 15, and Gabby, 14. My time is mainly spent with family, attending music and sporting events. We also enjoy camping, fishing, hunting and generally spending time together outdoors. Our family lives in the country on about an acre and a half of land. Liesl enjoys raising goats and had dairy goats when she was young, but sold her goat herd to pay for college. Now, as a family, we are raising goats to enjoy ourselves as pets.

We do a lot of volunteering together, such as participating in fundraising events, which is very rewarding.

### Tell us more about your volunteer activities.

One of our children has autism, and I have a sister with Down syndrome, so these are some of the causes we support.

My mom was a special education teacher who worked with students facing severe challenges. From an early age, she encouraged me to volunteer at summer camps and to work one-on-one with students and their families.

We are also very involved with our church and help with its La Crosse Rotary Lights, an annual live nativity in Riverside Park. We bring our goats as a petting zoo feature at this month-long event attended by over 100,000 annually.

Liesl and I also serve on an advisory board for the Riverfest Commodores Kids in Need Fund. This organization provides 100% of its donations directly to non-covered therapies, services and equipment for local children. This foundation also provides free access to a Permobil Explorer Mini, a mobility device to help young children with impairments reach their developmental milestones.

We also joined a group of parents who had children with autism to establish the Lacrosse Autism Foundation. This group helps provide resources, events and grants to help those in the community affected by autism.

Gundersen Health Systems generously supported my work with our external affairs team to advocate for changes in the state government. By joining the Wisconsin Hospital Association Hospital Education and Advocacy Team, we have been able to help increase Wisconsin Medicaid reimbursement and improve coverage for complex rehab technology in long-term care facilities.

### Who has been a significant influence on you and your career?

CONTINUED ON PAGE 30



Marty is a favorite Jordan family pet goat because he loves to cuddle.



Early photo of the Jordan family at the La Crosse Autism Foundation autism walk, an event they continue to support.



Aria Jordan at an annual live nativity petting zoo.



High school trap shooting club coached by Nathan Jordan (second from right).

Greg Skolaski, OT, ATP, was a huge, positive influence on me. I met him when I was 12 years old, and he worked in my mom's special education room at Onalaska High School. Greg was setting up a macaw board for a student.

A few days later, I observed him setting up a switch scanner and a computerized storybook to get students to hit the switch to select and advance the story. Several years after I was working at Gundersen in occupational therapy, he began to plan for retirement. Greg personally trained me to eventually take over the assistive technology clinic in La Crosse. He took me under his wing and allowed me to spend time with him and his friends

in the assistive technology community, such as Bob Jones, Simon Margolis and Jan Polgar.

With her unwavering support of this work, Liesl has given me the peace of mind and reassurance I needed to continue advocating for our field and our patients.

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

I would encourage people to join our field because it is the perfect mix of applying engineering and mechanical aptitude with compassionate care of people no matter their circumstances. People need to express themselves and interact with peers and their community to promote their health.

Occupational therapy is a profession that plays a crucial role in promoting health and well-being by understanding and promoting the 'occupation' as an immensely meaningful way to engage in your own life regardless of any challenges you may experience. The more challenges someone has, the more they need OT along with equipment to meet and overcome these difficulties.

When you know how to work with providers, vendors and insurance companies to help improve someone's ability to participate in life, nothing is more rewarding.



**CONTACT**

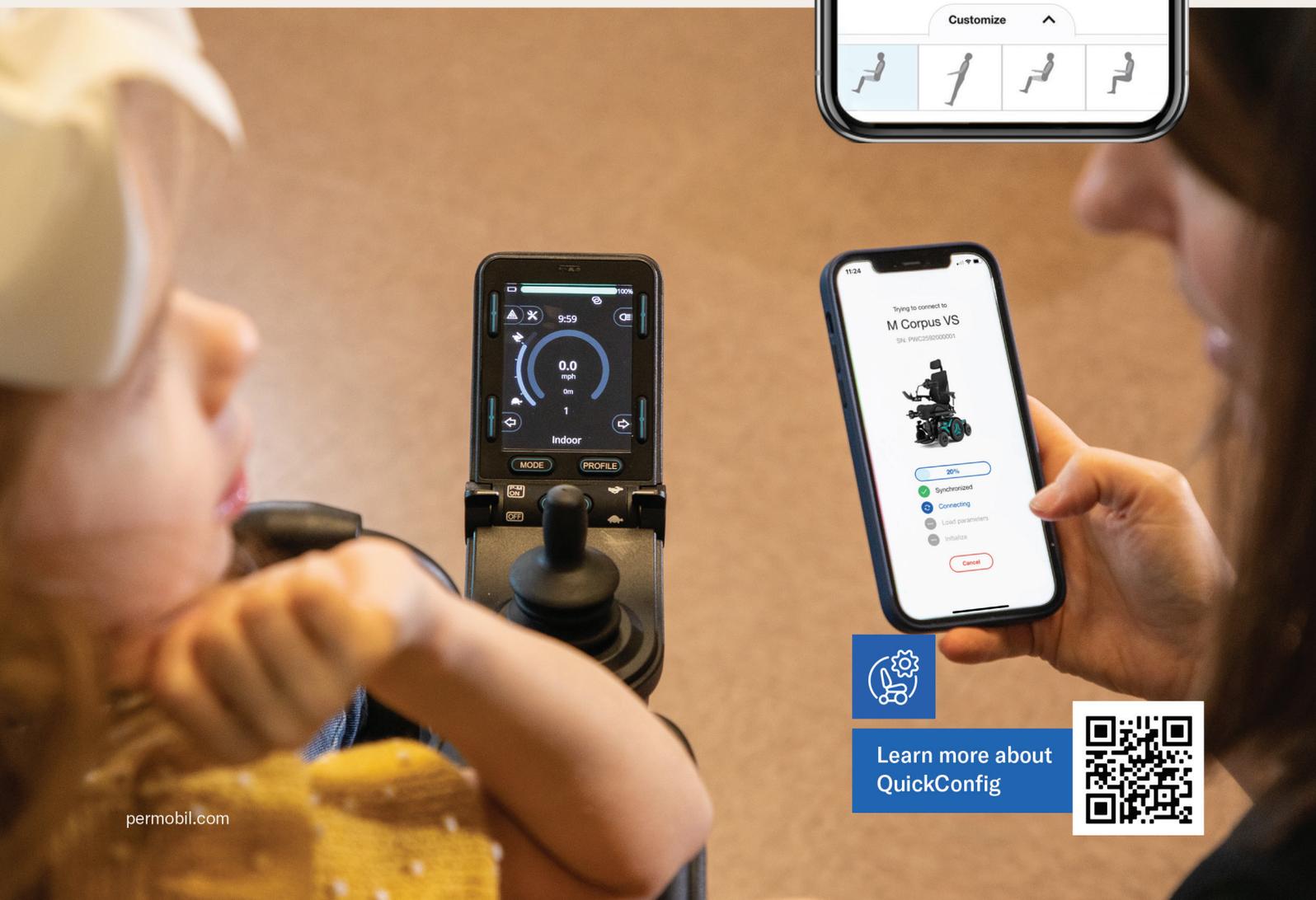
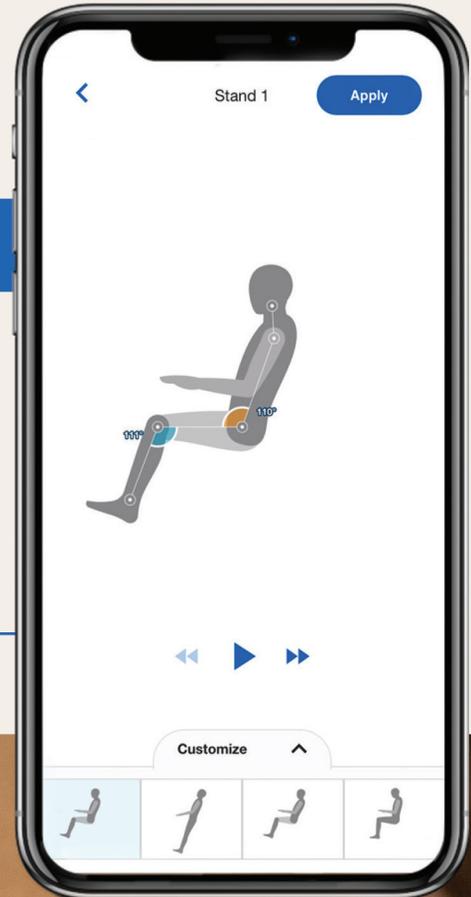
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Nathan (Nate) Jordan, MS, OTR, has been with Emplify Health (formerly Gundersen Health System) in La Crosse, Wisconsin, since 2007. He and his wife, Liesl, have four teenagers and are enjoying life on a small, picturesque farm. Jordan and Liesl serve on an advisory board for the Riverfest Commodores Kids in Need Fund, and the Jordan family (and their pet goats) participate annually in the La Crosse Rotary Lights live nativity.

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## FEATURE

# iNRRTS CRT Supplier Certificate Program

WRITTEN BY: Weesie Walker, ATP/SMS

Recognizing the need for qualified suppliers is growing, the iNRRTS Board of Directors decided to develop an education course that would be a pathway to the profession of CRT Supplier. The board and a handful of visionaries provided the necessary support to get this project underway.

A group of subject matter experts brought this idea into reality by creating a plan and an outline for the first-of-its-kind, self-paced education program designed to deliver the foundational knowledge necessary for understanding the role of the supplier.

Working with a professional learning design specialist, iNRRTS took this huge step for the Complex Rehab Technology industry. The group consisted of CRT Suppliers and seating clinicians.

Earlier this year, Level I of the Certificate Program was completed. To date, over 32

people have completed this level.

Fun facts about this program:

- Level I is offered to any willing person.
- Level I will teach a person to know what they don't know.
- Level I offers something for everyone, no matter the experience level.
- Level I consists of 10 courses taken in order. CEUs, are awarded for each course.
- Level I earns a total of 1.7 CEUs which represent 17 hours of seat time.
- Level I offers an opportunity to access additional webinars that offer CEUs and case study articles. These are not required content, but offered as "Learn More."
- Level I courses are contained in the learner's Learning Portal and can be accessed repeatedly.

- Level I uses the textbook "Seating and Wheeled Mobility" edited by Michelle Lange and Jean Minkle. This textbook is a reference for understanding the concepts of seating and positioning.

Many of the photos and videos used were taken during evaluations and fittings in various clinics. All the people (clients, clinicians and suppliers) willingly gave permission to have their images used as they understood the need for this education. CRT educators have contributed content to round out the program.

These photos are a few of many people who made this content possible.

To learn more about this program visit <https://nrrts.org/crt-supplier-certificate-program/>.



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Weesie Walker, ATP/SMS is the certificate program curator for iNRRTS. She has more than 25 years of experience as a Complex Rehab Technology Supplier. She has served on the iNRRTS Board of Directors, the GAMES Board of Directors and the Professional Standards Board of RESNA. Throughout her career, she has worked to advocate for professional suppliers and the consumers they serve. She has presented at the Canadian Seating Symposium, RESNA Conference, AOTA Conference, Medtrade, ISS and the NSM Symposium. Walker is an iNRRTS Fellow and served as the iNRRTS executive director for 10 years.



L – R Susan Johnson Taylor, Michele Gunn, Michelle Nolin, Jean Minkle, Anne Kieschnik, Weesie Walker. This group developed the blueprint and outline for the first-ever course dedicated to the role and responsibilities of CRT Suppliers.



Andrew Davis demos loading his manual wheelchair into the car.

FEATURE



Andy Foster adjusts a stander.



Dave Nix sets up an eval chair for trial.



Chad Jones and Diane Beckwith doing mat eval.



Chris Maurer, PTI doing mat eval.



Derek Register makes adjustments to manual wheelchair.



Cyle Cook fitting a power wheelchair.



Connie Divine checking the final fit of new power wheelchair.



Chris Bridgeman checks for needed growth adjustments.



Jeff Ray fitting new manual wheelchair.

FEATURE | CONTINUED FROM PAGE 33



Ken Gibbons shows a client how to remove the back from the wheelchair.



Robin Skolsky, PT, assess a client's sitting balance.



Mark Partridge programs a power wheelchair.



Celeste Douglas, PT, transfers a client into a new power wheelchair.



Cam Tabobondung demonstrates a best measuring technique.



Tori Falgren, PT, checks the fit.



Kelly Cox, MSPT, checks the fit of a stander.



Raffy Ibarra makes adjustments to the head array.

## INDUSTRY LEADER

# Experience has been a great teacher for Tina Roesler, those she teaches

WRITTEN BY: Doug Hensley

When it comes to the complex-rehab industry, Tina Roesler has pretty much seen it all, and that's a very good thing.

For the past three years, Roesler has served as the director of clinical and business development for Bodypoint, putting her skills to work for a dynamic company with global reach.

It has been quite the journey with its beginnings as a newly minted physical therapist at a relatively small VA Hospital in the Boston area.

"I had really good relationships with my product reps and with a couple of ATPs (assistive technology professionals)," she recalled. "And that's how I was introduced to the dealer and supplier network, and from there things just kind of snowballed."

Roesler quickly began expanding her professional network as well as broadening her professional experiences. It wasn't long before she moved to Colorado and worked in home health and long-term care

before she landed a position with the ROHO Group as an area sales representative and worked her way up to director of training and education.

"I called a friend who was traveling with Tom Borcharding, who a lot of people know in the industry," she said. "I just said something like I really think I need a change. Two weeks later, I was employed by ROHO."

After eight years, she went to work for TiLite, leading the

sales and education efforts for 10 years and then took a job with Motion Composites, where she worked for five years before the opportunity with Bodypoint came along. Bodypoint has just more than 40 employees and boasts a close-knit work environment that Roesler is happy to be a part of.

The path to Bodypoint has been marked with a whirlwind of learnings and accomplishments, and it's not necessarily the way Roesler saw her career unfolding.

"When I first started out as a physical therapist, I thought it would mean working in a sports medicine clinic and seeing patients," she said. "Then I was introduced to wheelchair sports

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## DIRECTIONS CANADA

## "But there's no funding for that ..."

WRITTEN BY: Linda Norton, B.Sc.OT, M.Sc.CH, PhD, OT Reg. (Ont.) and Kathy Fisher B.Sc.(OT)

Seating and Mobility best practice documents<sup>1-3</sup> and the iNRRTS Code of Ethics<sup>4</sup> identify the need to provide clients with the full range of options that may meet the client needs, yet options that would benefit the client are often not presented if they are not funded by traditional funding programs.

Frequently, when innovative equipment is suggested to the therapist, the response is, "But there's no funding for that ..."

Some clinicians may feel that they should only provide funded options, as it is unfair to tempt the client with equipment they cannot afford. This is a paternalistic perspective that disadvantages the client and removes their opportunity to advocate for funding or pursue other opportunities.

One way to handle the gap between the client's options and what the clinician believes they can afford is to engage the client by saying, "there are

several types of equipment that would be helpful for you. Would you like to hear about all the options, or just the ones where you would likely qualify for some funding?" That way the client knows that there are many different options, not all of which are funded, and they can decide for themselves whether they want to know about the non-funded options.

### Empower the client to find funding

Clients and their families in many cases can be in the best position to advocate for themselves and can be encouraged to keep track of the funding applications. Empowering the client

to take responsibility and be involved promotes ownership of the process and a commitment to using and maintaining the prescribed devices.

Where the client and their support network are not able to be advocate for themselves, the responsibility to lead the process falls to the therapist and Registered Rehab Technology Supplier (RRTS<sup>®</sup>) by presenting options, providing guidance on the completion of funding applications, providing contact information, teaching them how to network and breaking the process down into smaller steps that the client or their support system can implement.

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## INDUSTRY LEADER | CONTINUED FROM PAGE 35

at a national level, and I loved it. I loved the equipment side, the mechanical part of it.

“I loved the therapy aspect as well, but I really took to the equipment and products, whatever it might be at the time, and it just kind of happened.

I would say that I have been very lucky to have had the great opportunities to work for great companies selling products I really believe in. It wasn’t ever just a job.”

Of course, that’s no surprise. Roesler set her sights on

physical therapy at a young age, having experienced its impact on a personal level.

“It was in high school I knew I wanted to be a physical therapist,” she said. “I had grown up in my younger years before high school as

a gymnast, and I wound up having an injury. That’s when I experienced rehab and physical therapy. That’s what kind of led me down the path.”

Now, with three decades of experience, Roesler enjoys the chance to share her knowledge with others, especially younger professionals who are beginning to find their way in the industry.

“At one point, I got kind of tired of the education thing, but I like educating the younger generation,” she said. “The generation that I used to be when I started out.”

Roesler said there were several people early in her career who helped her along the way. She sees her role as the chance to pay things forward.

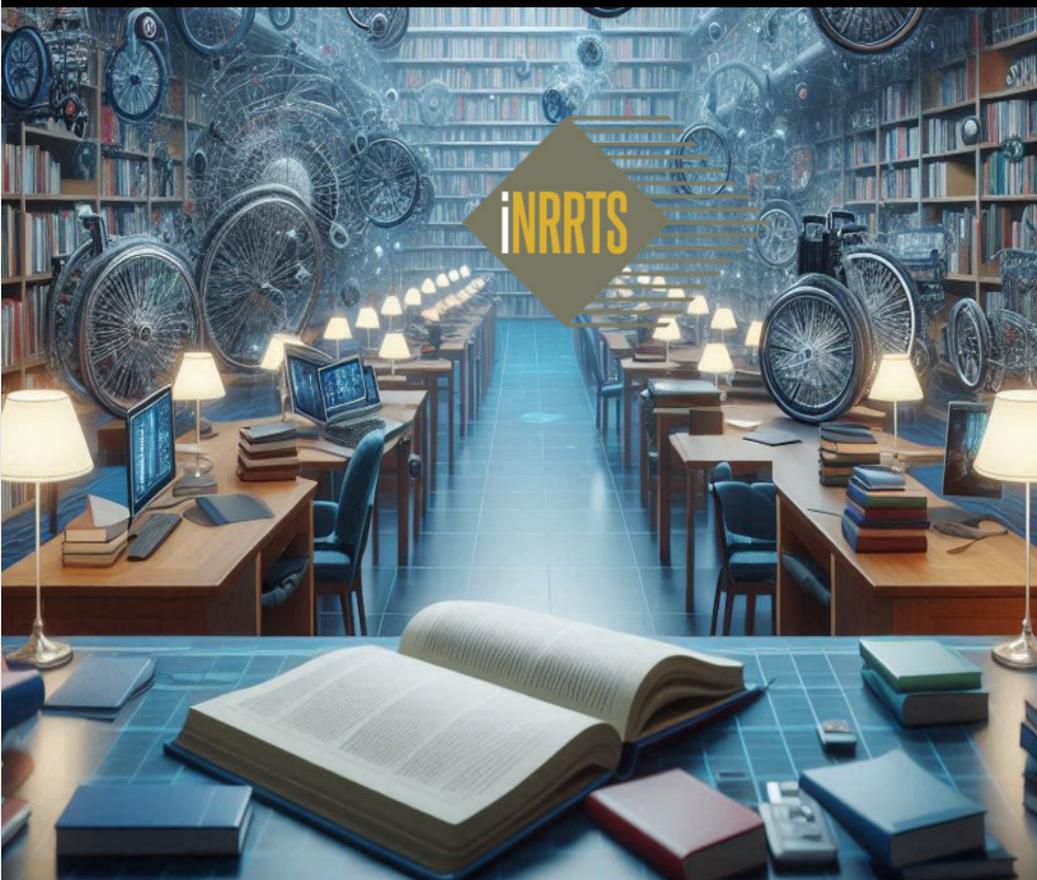
“I remember when I first started there were people who mentored me and took me under their wing,” she said. “They helped me progress from the education side, and I appreciated that and really liked it. I think that’s why I like working with younger therapists and ATPs.”

The learning curve is steep in the complex-rehab industry, and Roesler figures if she can help others find their footing a little quicker, everyone benefits. It is also the chance to remind them about the impact their work has on clients.

“I like to bring them into the industry and show them what it’s about and the kind of difference they can make,” she said. “This is a good place to be. You don’t necessarily have to be out on the pavement making

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## INDUSTRY LEADER

millions of dollars because there is a lot of satisfaction in what you're achieving and what you're giving to other people."

There is more to it than that, though. A number of industry veterans have said the industry needs a sizable influx of young leadership.

"We need to recruit more people from the younger generation," Roesler said. "I remember when I was the new kid on the block, and I feel like those of us who grew up in the industry together have fewer people following behind us. I think it's really important that we train up the next group to take over when we leave off."

As new people come into the industry, the learning curve won't change. Education will always have a place, and people will always have the opportunity to grow their skill sets.

"The education part never ends," she said. "There are certain education concepts that you

will see year after year because there will always be new people, and the basics never change. But there's also new technology and new research."

Maintaining a skilled workforce isn't the only challenge on the horizon, from Roesler's viewpoint. She sees continued industry consolidation and reimbursements as considerable issues to confront as well.

"Consolidation can be a positive if it's approached the right way, but it does provide a challenge when it comes to choice," she said. "There is also appropriate equipment access and when it can be limited. Reimbursement is a problem because you're seeing pressure on the system, so funding is a big, big challenge."

If Roesler comes across as plain-spoken, that's only because she is. One of her early mentors was Marty Ball, who regularly told his people to speak their mind, believe what they said and not waste time worrying about what other people thought about it.

"If you talk to anybody who has worked with me or who I've worked for, they will tell you I'm not shy about speaking up or saying what I think," she said. "I think that's important because sometimes people are quiet and their voices aren't heard, but speaking up is the only way we can make changes."

She also takes a lot of pride in being part of product development, knowing Bodypoint takes immense pride in its craftsmanship.

"One of the best parts is being able to take our products in their raw form into clinics and introduce them," she said. "That's where I really get feedback from users or from other clinicians, and that gives me lots of insight."

Roesler isn't really thinking too far out into the future. She still has work to do, people to train and a difference to make. Achieving those things one day at a time is really all that matters right now.

"I would really like to be remembered for being someone in the industry who has provided good education and is just kind of a steady, steadfast and reliable person," she said. "I have tried really hard never to burn any bridges because you just never know where you're going to end up."



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## DIRECTIONS CANADA | CONTINUED FROM PAGE 35

It's through client advocacy and awareness that some funding organizations have become established and grew into the organizations that continue to exist. The March of Dimes is an example of this type of grass roots advocacy. Started by Mothers going door to door to asking for donations to find a cure for polio, the March of Dimes, utilized the organization's resources to support people with disabilities to allow

them to lead more independent lives once the threat of polio diminished.<sup>5</sup> The Shine foundation, as another example, was established by a father as a legacy to his son to enable those in similar situations to live their dreams.<sup>6</sup>

Without having created awareness of the availability of equipment options and new technologies the opportunity for advocacy to establish funding programs could not exist.

## Types of funding programs:

There are many different funding sources beyond the traditional government and non-governmental organization including insurance companies and charities. Part of the responsibility of the clinician and CRT Supplier (RRTS<sup>®</sup>) is to explore and take note of potential funding opportunities, programs and agencies and

provide this information to clients as needed. Crowd source funding, fundraising events and financing programs have become more mainstream options

Regardless of the funding agency, it is important to ensure that both the client and the type of device they require are within the scope of that program. The letter of clinical rationale (or letter of medical necessity) needs to be specific to the client

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and clearly addresses the eligibility criteria specified by each potential funder.

Although several funding agencies have been listed in the call out box associated with this article, insurance funding, financing and approaching friends and family have been explored in more detail.

**Insurance Funding:** Some insurance companies may have limiting clauses such as eligibility for a one-time event (i.e., once in a lifetime). In this case, careful planning is required to ensure both the short-term and long-term needs of the client are addressed. Where this clause is not present, clients should never accept the first “no” or denial. Often with persistent advocacy and asking to see the exact details of the policy that confirms the client’s exclusion of funding of the mobility device, prompts a second review of the decision and results in funding approval.

**Financing:** Financing is often perceived by clinicians as a terrible thing, that clients shouldn’t have to apply for a loan for devices they need. Financing may enable a client to access the device they need now and split their payments into smaller amounts over a longer time. While there may be some fees and interest charged, these vary depending on the agency, and often cost less than paying for a device with a credit card. The client and their caregivers should be given the opportunity to investigate this option and decide for themselves if it is the

best solution. Some vendors/suppliers have partnered with financing agencies to bring these programs and services to the client.

**Extended Family/Friends:** Extended family and friends may want to aid but are not aware of what equipment would be helpful. One option could be to redirect some money spent on birthday presents or other celebrations towards a fund for the needed equipment.

### Other funding agency examples:

**Governmental agencies:** NIHB, Saskatchewan Abilities Council, AADL, ADP, BC Ministry of Social Development and Poverty Reduction

#### Non-governmental agencies/charities:

- Diagnosis specific associations (e.g. MS Society, SCI Ontario etc.)
- Retail (e.g. <https://www.dayforcecares.com/ca/application>)
- Charities (March of Dimes, Easter Seals, churches, Lions Club)
- Unions (e.g. steel workers union may provide funding for their members/families),
- Mobility Device Manufacturers (e.g. some may donate parts)
- Hospital foundations
- Band (Indigenous) funding
- Dreamcatcher funding etc.

**Insurance:** different types of insurance may be accessed depending on the client’s situation including health insurance, automobile insurance, employment insurance, etc.

**Crowd sourcing:** GoFundMe

### Sources of funding information

When sourcing funding, knowledge is power. The greater knowledge about potential sources, the more likely the client will be able to find the funding for the device. Many vendors/suppliers offer lists of funding agencies, providing links to the funding program websites. The website [www.accessassistivetech.ca](http://www.accessassistivetech.ca) lists funding agencies by Province and type of device.

This website also houses several reports examining access to assistive technology from a policy perspective, which may be of interest to clients and could help to inform advocacy initiatives. In Canada, clients can also call 211, or go to [211.ca](http://211.ca), and connect to information and services in their area, 24 hours per day in more than 150 languages.

**Artificial Intelligence (AI)** is another way to identify possible funding sources available in a specific region. For example, a recent ChatGPT search for “What organizations provide funding for mobility devices in Canada?” provided a list of 16 different funding agencies divided into Government

Programs, Non-Governmental Programs, Charitable Foundations and Local and Community-Based Organizations, all complete with links to the organization’s web pages.

Lastly, networking is a fundamental skill that clients and their caregivers develop that will assist them in accessing funding and other services.

Networking with their peers at community events or other activities, clinicians, CRT reps/RRTS® and manufacturers may provide leads on funding sources or approaches.

When a funding agency is unable to provide the total funding required, it is important to thank them for their consideration and ask them what other funding agencies they would suggest approaching. Often funding agencies have ideas about what other agencies may be able to help.

### Summary and practice pearls

As a clinician or Registered Rehab Technology Supplier (RRTS®), it is easy to assume the client can’t afford a piece of equipment, however, this assumption may not be true.

Clients have a right to know about the technology and device options that would best meet their needs, whether it is funded by traditional funding sources, and then they can decide how to proceed. It can pose a disadvantage or reduce functional opportunities to limit the client’s options.

## DIRECTIONS CANADA

Providing a wide range of funded and non-funded equipment means that clinicians and CRT Suppliers/RRTS®, have a responsibility to expand their education beyond just understanding basic technology and equipment options to investigating innovative technology and devices that may offer additional medical and/or functional benefits to further independence and quality of life.

Lastly the focus should be on empowering the client and their caregivers to advocate for funding and lead the process of sourcing funding. Empowerment occurs through education about funding, the available funding sources, networking and how to source unique funding opportunities.

**Working together as a full CRT team, there may indeed be funding for that!**

## REFERENCES:

1. Armstrong W, Borg J, Krizack M, Lindsley A, Mines K, Pearlman J, et al. Guidelines on the provision of manual wheelchairs in less resourced settings [Internet]. Vol. 1, World Health Organization. 2008. Available from: <http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/index.html>
2. Rehabilitation Engineering & Assistive Technology Society of North America (RESNA). RESNA Wheelchair Service Provision Guide [Internet]. Arlington, VA; 2011. Available from: [http://www.rstce.pitt.edu/RSTCE\\_Resources/RSTCE\\_Res\\_Doc/RESNA\\_PP\\_WSProvisionGuide2011.pdf](http://www.rstce.pitt.edu/RSTCE_Resources/RSTCE_Res_Doc/RESNA_PP_WSProvisionGuide2011.pdf)
3. World Health Organization. Wheelchair provision guidelines. 2023 [cited 2023 Aug 4];1–108. Available from: <https://www.who.int/publications/i/item/9789240074521>
4. National Registry of Rehabilitation Technology Providers. NRRTS Code of Ethics [Internet]. 2019 Jul [cited 2025 Jan 8]. Available from: <https://nrrts.org/wp-content/uploads/2019/08/NRRTS-Code-of-Ethics.pdf>
5. March of Dimes Canada. Our History [Internet]. 2024 [cited 2025 Jan 13]. Available from: <https://www.marchofdimes.ca/en-ca/aboutus/whoweare/Pages/MODC-History.aspx>
6. Shine Foundation. Our History & Mission [Internet]. 2025 [cited 2025 Jan 13]. Available from: <https://www.shinefoundation.ca/our-history-mission>

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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 her passions. She has completed the International Interprofessional Wound Care Course (IIWCC), a master's in Community Health focusing on pressure injury prevention, and a PhD in Occupational Science focusing on chronic wounds.

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Kathy Fisher has a background in occupational therapy and has worked as an Assistive Technology Provider and Clinical Educator over the past 35 years. Fisher has been involved in the provision of high technology rehabilitation equipment with clients in a variety of diagnostic categories including pediatrics and bariatrics. Fisher is the education manager for NRRTS and resides in Ontario, Canada.

## CRT UPDATE

# CRT Update

WRITTEN BY: Wayne Grau

## Legislative session begins anew

The United States Congress has begun its new session (two years), and many changes have occurred. The Republicans now control the Senate with a durable medical equipment industry friend — Sen. John Thune from South Dakota — as the new Senate majority leader. Former Senate Majority Leader Chuck Schumer, D-N.Y., will take over as the minority leader. The Republicans will retain control of the House of Representatives, Rep. Mike Johnson, R-La., will remain the Speaker of the House (with a very thin margin), and Rep. Hakeem Jeffries, D-N.Y., will be the Democratic leader. There were a lot of members who either retired or left to seek a new office at the federal or state level. What remains the same is the education and outreach that complex rehab suppliers and manufacturers will need to ensure that members of Congress on both sides understand our issues. We have an aggressive agenda planned for 2025-26, and we will share that agenda with the industry very shortly.

## Power standing update

NCART continues to work with the ITEM Coalition to have Centers for Medicare and Medicaid Services open up the

NCD for power standing. We have also continued to work with clinicians, academicians and physicians to gain additional medical documentation to support the NCD. We simply ask to have our day to prove to CMS that power standing is medically necessary and should be provided to those who qualify.

We have updated the website and continue to seek to expand our support from the consumers, clinicians and physician groups. Our legislative champions remain primarily intact, with Sens. Marsha Blackburn, R-Tenn., and Tammy Duckworth, D-Ill., leading the efforts in the Senate. We did lose a friend in Sen. Bob Casey, D-Pa., who supported the CRT industry for many years. Many friends in the House of Representatives maintained their seats, and we will once again be working with this group in 2025.

## Consumer choice bill update - titanium and composite MWC

In the last session, the industry gained support from Sens. Marsha Blackburn, R-Tenn., and Tammy Duckworth, D-Ill., who introduced S 5154, a Senate companion bill to HR 5371, which was introduced by Rep. John Joyce, R-Pa. With a new Congress, we must seek out leaders for this issue again.

We have already begun the work to gain support, and we continue looking for a legislative path to help us get this over the finish line.

This bill will help consumers choose the type of manual wheelchair that will fit their specific needs. This bill is also budget-neutral, which means that the American taxpayer will be protected and will not have to pay any additional funds once the bill is passed. We believe in allowing consumers choice so they can make the best medical decision for themselves and their families.

## Thank you

I want to take this opportunity to thank all the NCART and iNRRTS board members. Our organizations are managed and overseen by an incredible group of dedicated professionals from different backgrounds and companies. Every organization must have a strong board and executive committee to help us meet the challenges we face today and plan for the organization's and this industry's success in the future.

Participating on the board or the committees that serve our organizations offers no compensation. We rely on dedicated individuals who want to ensure that the Complex Rehab Technology industry and the incredible people we serve will always be protected so we can ensure that patients receive the

proper equipment so they may lead their lives, whichever way they choose. For everything you do for NCART, iNRRTS, and our patients, we say THANK YOU!!

## Advocacy quotes

“If you're always trying to be normal, you will never know how amazing you can be.” — 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 began working exclusively with complex rehab companies. Grau graduated from Baylor University with an MBA in health care. He's excited to be working exclusively with complex rehab manufacturers, providers, Providers, and the individuals we serve who use CRT equipment.

## CLINICIAN TASK FORCE

# Advocacy and Education Updates for CRT in 2024

WRITTEN BY: Tabatha James, ATP/SMS, OTR

Marking two decades of service, the Clinician Task Force has made an indelible and remarkable impact through advocacy, education and innovation, shaping the future of CRT while honoring the legacies and contributions of its dedicated members. This year's achievements highlight the passion and collaboration of its members, inspiring the CRT community and beyond.

## Consumer wins and the CTF's dedication to industry advocacy

**Tennessee Medicaid (TennCare) coverage for scheduled wheelchair maintenance:** This update to CRT practice is a proactive approach to take care of mobility equipment, product longevity and overall safety. Annual maintenance recommendations and oversight will improve independence and safety for Medicaid members in the state of Tennessee and will set the precedent for other state Medicaid programs and consumers. All preventative maintenance must be provided by a qualified CRT Supplier according to manufacturer guidelines and only by an authorized technician.

**Tennessee right to repair legislation:** Collaborating with AAHomecare, the Tennessee Disability Coalition, manufacturers, consumers and lawmakers, the CTF and industry stakeholders assisted with ensuring access to medically necessary repairs and replacements. Items that are deficient, broken, malfunctioning and impact equipment performance or safety can be repaired by the chair user, or by a third-party provider; however, manufacturers will not be held liable for improper or faulty repairs.

**Components able to be repaired:** batteries, battery chargers, non-programmable joysticks and housing brackets, non-positioning accessories, anti-tippers, armrests, caster spheres, cosmetic shrouds and non-powered lower leg assemblies.

## Setting the standard for clinical practice

CTF members continued to lead the charge in shaping best practices:

**RESNA and CTF position on supported standing devices:** This groundbreaking publication provides a vital framework for clinicians, offering evidence-

based guidance to promote the use of supported standing devices for individuals with complex needs. It emphasizes the therapeutic and functional benefits of supported standing, such as improved posture, bone density and joint integrity, better cardiovascular health and improved digestion. This resource also includes practical implementation strategies for clinicians and detailed case studies to guide best practices. Kudos to Cara Masselink, Ashley Detterbeck, Nicole LaBerge and Ginny Paleg for their hard work on this project.

**Scope of practice for seating and wheeled mobility clinical services:** Finalized in late 2023 and shared widely in 2024, this document aligns clinical practices with the highest standards. It outlines the critical roles and responsibilities of therapists specializing in seating and wheeled mobility, providing a framework that supports collaboration, fosters professional growth and defines expectations of clinicians, payers and policymakers.

**Seating & wheeled mobility clinical resource guide, 2nd edition:** Key CTF contributors Michelle Lange and Jean Minkel joined forces with several CRT experts including Julie Piriano and Jessica Pedersen to produce this eternally useful and comprehensive labor of love that will continue to inform novice clinicians and specialists in this area of practice. Honorable mentions go to all the clinicians in the practice of seating and wheeled mobility that contributed domain knowledge and expertise to this edition.



Jessica Pedersen, Michelle Lange and Julie Piriano

## CTF members empowered communities and clinicians locally and globally

### Ethics coffee chats and journal journey meetings:

Led by LeeAnn Hoffman, these sessions created a first-of-its-kind platform for addressing relevant and ethical challenges within the CRT community.

The forums are interactive and encourage open dialogue among clinicians, offering practical solutions to real-world dilemmas and supporting the professional growth of participants. By tackling nuanced issues in CRT practice, these gatherings strengthen our community and emphasize the importance of ethical decision-making in improving patient outcomes.

### Educational Outreach:

Members provided seating and mobility equipment and education across the globe. Ginny Paleg presented with a clinical cohort in Bruges, Belgium, on the topic of Positioning and mobility across the lifespan for individuals with Gross Motor Function Classifi-

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# RESNA Update – January 2025

WRITTEN BY: Andrea Van Hook, RESNA Executive Director

## RESNA 2025 annual conference

Plans for RESNA's annual conference, being held in conjunction with RehabWeek Chicago in May, are well underway. We will announce the continuing education and scientific program in late February, followed closely by the student competitions and the Developers Showcase.

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.

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.

RESNA members receive a discount on registration. For more information, and to sign up for updates, visit the website.

## Monthly certification pop-ups

Do you have new employees interested in finding out more about the Assistive Technology Professional certification? RESNA is holding free webinars, called "Certification Pop-Ups," on the fourth Thursday of every month at 12 p.m. ET. Certification staff will present the eligibility requirements and answer questions. The next Certification Pop-Up is Feb. 27, 2025. Registration is required. See [www.resna.org](http://www.resna.org) for details.

## ATP Guidance Program

We're accepting applications from rehab technicians for the new ATP Guidance Program. This one-year program prepares AMRG certified rehab technicians to achieve their ATP certification.

The program includes the AT Fundamentals course, a monthly meeting with a mentor, a free practice exam and a fast track to sit for the exam. The program kicks off with the AT Fundamentals course, which starts March 25, 2025. Applications are due March 7, 2025. For more information, see the ATP Guidance Program webpage in the Certification section of the RESNA website [www.resna.org](http://www.resna.org).

## Annual notice: RESNA Code of Conduct and Certification Standards of Practice

RESNA's Code of Ethics and Standards of Practice reflects the commitment of all RESNA members, certificants and applicants for certification to the high standards of practice and ethics in the assistive technology field.

The Code of Ethics and Standards benefits and protects the public, provides practice standards for the assistive technology field and advances the duty of care for professionals in our industry.

Compliance with the Code and Standards is a requirement of initial certification and recertification as it is critical to the integrity of the individuals who hold RESNA Credentials. Violations of the Code and Standards may subject a certified individual or a candidate for certification to discipline as outlined in the Ethics Policies and Procedures.

We encourage all certified ATPs to review the Code of Ethics and Standards of Practice at least once a year to refresh their understanding and appreciation

of the principles and ethical standards that guide our profession and industry. The Code and Standards may be downloaded from the RESNA website. All ATPs are also emailed the document directly by RESNA.

If you have knowledge of a RESNA-certified AT professional who you believe is not following the Code or the Standards of Practice, you may want to consider filing a complaint with RESNA. RESNA's Complaint Review Committee of the Professional Standards Board (PSB) is charged with investigating and evaluating complaints through a peer review process that is credible to the public and fair to all parties. Complaints may be filed online through the RESNA website. Email [certification@resna.org](mailto:certification@resna.org) for more information.



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

cation System IV and V, sharing her expertise for individuals with cerebral palsy who have absent motor control (GMFCS V), or have great difficulty walking (IV).

Amy Ortego supported Wheels for the World in their mission to expand health care to individuals in underserved regions, exemplifying the CTF's compassionate mission. A bonus for this project is that these wheelchairs were built by individuals serving time in local prisons, providing those who are institutionalized with meaningful, rehabilitative work.

This project not only improves the lives of recipients but also creates opportunities for clinicians and on-the-spot technicians to engage in hands-on global outreach, showcasing the transformative power of CRT.

### State Medicaid Policy

**Resource:** State coverage for CRT varies by state, and CRT related information can be difficult to find and understand. The dedicated members of the CTF's Medicaid group put together a resource that streamlines the search. This tool offers easy access to Medicaid policy links, simplifying the order and claims process for CRT stakeholders. The information can be found at: <https://www.cliniciantaskforce.us/resource/state-medicaid-policy-links>



Penny Powers high-fives a client.

## CTF initiatives advanced research and CRT advocacy

**Power Assist Research:** Heidi Hohake, Katie Fitzgerald and Cara Masselink's latest research focuses on accessibility advancements and understanding how power assist devices improve mobility for individuals with disabilities, increasing their ability to navigate varied environments with greater ease and efficiency, and changes to the HCPCS codes have been requested in CMS policy to support the need.

### Montana Postural Care

**Project:** This impactful pilot study by Tamara Kittelson et al. (2024) showcased the benefits of 24/7 posture care interventions in low-resource regions, representing a deeply personal legacy. Inspired by the life and experiences of her late daughter Eleanore, Kittelson's work shows the dignified necessity of 24-hour posture care management and how hourly support improves quality of life for individuals with significant physical challenges.

The Montana Postural Care Project establishes a model of comprehensive care that can be implemented and replicated in under-resourced areas, and it provides compassionate support and thoughtful consideration of resources for families and caregivers. Kittelson's vision and dedication will continue to impact communities and reaffirm the need for holistic CRT interventions.

## Transitioning leadership, continuing the mission

In January 2025, Tamara Kittelson, M.S., OTR/L, ATP/SMS, became CTF's new executive director, succeeding Cara Masselink, Ph.D., OTR/L, ATP, HPCS, and her remarkable and accomplished four-year tenure. Kittelson, whose global perspective was profoundly shaped by her work with Eleanore's Project, brings renewed energy and a deep personal passion to the role. Reflecting on her leadership, Kittelson reminds us that every wheelchair and every intervention carries the potential to transform not just lives but entire communities, and that we are privileged to take part in an organization that champions meaningful change.

Masselink's tenure laid a strong foundation for success, with a focus on collaboration and innovation. "The CTF is more than an organization," Cara remarked, "It's a movement of dedicated clinicians who believe in the power of CRT to create brighter futures. I'm proud to see Tamara carry this mission forward with her unique perspective and unwavering dedication."

## Celebrating a legacy of excellence

As the CTF celebrates 20 years, 2024 stands out as a testament to the power of collective action and passion for change. From shaping policy to educating clinicians, the CTF's work ensures brighter futures for individuals who rely on CRT. The organization's dedication to advocacy,

research and education inspires us all to look forward with pride and optimism.

Reflecting on this milestone we are reminded that our work is about more than technology, it's about transforming lives of those we serve. Together, we can and do create ripple effects that extend far beyond our immediate circles.

As the CTF prepares for the opportunities and challenges of 2025, we should note that the CTF's 20 years represent a story of resilience, innovation and compassion.

The future is bright because of the shared vision and tireless commitment of this incredible community; "Let us not grow weary in doing good, for in due season we will reap, if we do not give up." – Galatians 6:9.



### CONTACT THE AUTHOR

Tabatha may be reached at [TABATHAOT@GMAIL.COM](mailto:TABATHAOT@GMAIL.COM)

Tabatha James 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.

## Renewed iNRRTS Registrants

The following individuals renewed their registry with iNRRTS between Nov. 7, 2024, and Jan. 28, 2025.

PLEASE NOTE **IF YOU RENEWED AFTER JAN. 28, 2025**, YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.

**IF YOU RENEWED PRIOR TO NOV. 7, 2024**, YOUR NAME IS IN A PREVIOUS ISSUE OF DIRECTIONS.

FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, PLEASE VISIT [WWW.NRRTS.ORG](http://WWW.NRRTS.ORG), WHICH IS UPDATED DAILY.

Abood Qureshy, RRTS <sup>®</sup>	Edward J. Maubach, Jr., ATP, CRTS <sup>®</sup>	Matthew Edward Convery, ATP, CRTS <sup>®</sup>
Adriaan Biebaut, RRTS <sup>®</sup>	Elaine M. Stewart, ATP, CRTS <sup>®</sup>	Michael Barner, ATP, CRTS <sup>®</sup>
Alicia Correa, RN, BSN, ATP, CRTS <sup>®</sup>	Emily Williams, ATP, CRTS <sup>®</sup>	Mike L. Daniels, ATP, CRTS <sup>®</sup>
Alisa K Adams, ATP, CRTS <sup>®</sup>	Emma Krawchuk, RRTS <sup>®</sup>	Molly Kojder, RRTS <sup>®</sup>
Allen McNiece, ATP, CRTS <sup>®</sup>	Gerald Dickerson, ATP, CRTS <sup>®</sup>	Nick Dyer, ATP, CRTS <sup>®</sup>
Anacleto Gutierrez, ATP, CRTS <sup>®</sup>	Gregg Stevens, ATP, CRTS <sup>®</sup>	Patrick J. Pearson, ATP, CRTS <sup>®</sup>
Andrew Gilberti, ATP, CRTS <sup>®</sup>	Jacqueline Cloutier, RRTS <sup>®</sup>	Peter Arlauckas, ATP, CRTS <sup>®</sup>
Angela Smith, ATP, CRTS <sup>®</sup>	James Chad Bennett, ATP, CRTS <sup>®</sup>	Phillip Belcher, ATP, CRTS <sup>®</sup>
April Meadows, ATP, RRTS <sup>®</sup>	Jarrold Rowles, ATP/SMS, CRTS <sup>®</sup>	Phyllis L. Edwards, ATP, CRTS <sup>®</sup>
Benjamin Douglas Burton, ATP, CRTS <sup>®</sup>	Jason Duewel, PTA, ATP, CRTS <sup>®</sup>	Quarmaine Richardson, RRTS <sup>®</sup>
Bradley Burch, ATP, RRTS <sup>®</sup>	Jason Hardey, ATP, CRTS <sup>®</sup>	Rajesh B. Amin, ATP, CRTS <sup>®</sup>
Brian Leitner, ATP, CRTS <sup>®</sup>	Jason Tate, ATP, CRTS <sup>®</sup>	Rashid Khan, ATP, CRTS <sup>®</sup>
Brooke Carroll, Occupational Therapist, RRTS <sup>®</sup>	Jason Raymond, ATP, CRTS <sup>®</sup>	Raymond E. Gorneault, ATP, CRTS <sup>®</sup>
Carey Britton, ATP/SMS, CRTS <sup>®</sup>	Jay L. Nussbaum, ATP, CRTS <sup>®</sup>	Richard Ray Ottman, ATP, CRTS <sup>®</sup>
Carl Simpson, RRTS <sup>®</sup>	Jeffrey W. Brown, ATP, CRTS <sup>®</sup>	Robbi Haase, ATP, CRTS <sup>®</sup>
Charles Winston, ATP, CRTS <sup>®</sup>	Jeffrey W. Shinn, ATP, CRTS <sup>®</sup>	Robert C FitzGerald, ATP, CRTS <sup>®</sup>
Charles B. Fontenot, ATP, CRTS <sup>®</sup>	Jen Aberin, RRTS <sup>®</sup>	Robert Rex Johnson, ATP, CRTS <sup>®</sup>
Christian R. Galietta, ATP, CRTS <sup>®</sup>	Jessica Funk, RRTS <sup>®</sup>	Roger J. Boylan, ATP, CRTS <sup>®</sup>
Christopher Harwell, ATP, CRTS <sup>®</sup>	John Knox, ATP, CRTS <sup>®</sup>	Ronda Pierce, ATP, CRTS <sup>®</sup>
Christopher Tucker, ATP, CRTS <sup>®</sup>	John Parras, RRTS <sup>®</sup>	Rullie Hallman, ATP, CRTS <sup>®</sup>
Christopher L. Mayo, ATP, CRTS <sup>®</sup>	Jon Kuykendall, ATP, CRTS <sup>®</sup>	Russell L. Montoya, ATP, CRTS <sup>®</sup>
Clayton D. Cole, ATP, CRTS <sup>®</sup>	Jonathan Touchstone, ATP, CRTS <sup>®</sup>	Scott Lopez, OTR/L, ATP, CRTS <sup>®</sup>
Cody Murphy, ATP/SMS, CRTS <sup>®</sup>	Jordan Sikes, RRTS <sup>®</sup>	Scott Litton, ATP, CRTS <sup>®</sup>
Colin Coyle, ATP, CRTS <sup>®</sup>	Josh Lyon, ATP, CRTS <sup>®</sup>	Seth Downie, ATP, CRTS <sup>®</sup>
Courtney A. Thompson, ATP, CRTS <sup>®</sup>	Joshua Maddox, ATP/SMS, CRTS <sup>®</sup>	Stephen M. Iannazzo, ATP, CRTS <sup>®</sup>
Daniel Avery, RRTS <sup>®</sup>	Joshua Chiswell, RRTS <sup>®</sup>	Steven Banh, RRTS <sup>®</sup>
Danielle Renee' Neale, ATP, CRTS <sup>®</sup>	Justin Hardee, ATP, CRTS <sup>®</sup>	Steven Neie, ATP, CRTS <sup>®</sup>
David Adcox, ATP, CRTS <sup>®</sup>	Justin Walker, ATP, CRTS <sup>®</sup>	Steven M. Ortiz, ATP, CRTS <sup>®</sup>
David Butcher, ATP, CRTS <sup>®</sup>	Kayla-Maria Capurso, Occupational Therapist, RRTS <sup>®</sup>	Tan Nguyen, ATP, CRTS <sup>®</sup>
David Silcox, Jr., ATP, CRTS <sup>®</sup>	Kelly Drummond, RRTS <sup>®</sup>	Tim Flanagan, ATP, CRTS <sup>®</sup>
David J Charette, RRTS <sup>®</sup>	Kenneth Bridge, ATP/SMS, CRTS <sup>®</sup>	Timothy A. Schrag, ATP, CRTS <sup>®</sup>
David W. Hayes, ATP, CRTS <sup>®</sup>	Kenneth H. Goff, ATP, CRTS <sup>®</sup>	Tommy Wade Holley, ATP/SMS, CRTS <sup>®</sup>
Denise Harmon, ATP, CRTS <sup>®</sup>	Leigh McBurnie, RRTS <sup>®</sup>	Tyler Goff, ATP, CRTS <sup>®</sup>
Devin Lukens, RRTS <sup>®</sup>	Les Mollon, RRTS <sup>®</sup>	Wayne C. Smith, ATP, CRTS <sup>®</sup>
Donald V. Maulucci, ATP, CRTS <sup>®</sup>	Lester Miller, ATP, CRTS <sup>®</sup>	Wayne L. Leavitt, QRP, RRTS <sup>®</sup>
Doug Driscoll, ATP, CRTS <sup>®</sup>	Luke Moore, ATP/SMS, CRTS <sup>®</sup>	William Bryan Beck, ATP, CRTS <sup>®</sup>
Dwayne Wong, B.Sc, RRTS <sup>®</sup>	Mala Aaronson, OTR/L, ATP, CRTS <sup>®</sup>	William C. Mattern, ATP, CRTS <sup>®</sup>
Edward OBrien, ATP, CRTS <sup>®</sup>	Marc Smith, ATP/SMS, CRTS <sup>®</sup>	William Geoffrey Phillips, ATP, CRTS <sup>®</sup>
		Zachary Andrews, RRTS <sup>®</sup>

BE SURE TO FOLLOW iNRRTS ON SOCIAL MEDIA!



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

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

NAMES LISTED ARE FROM NOV. 7, 2024, THROUGH JAN. 28, 2025.

Melinda Coffey  
Adriaan Biebaut  
John Parras

Katherleen Fallon  
Nicholas Hura  
Lissa Pether

Chadwick Filer  
Brooke Carroll  
Jakob Lopez

## Former iNRRTS Report

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

NAMES INCLUDED ARE FROM NOV. 7, 2024, THROUGH JAN. 28, 2025. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT [WWW.NRRTS.ORG](http://WWW.NRRTS.ORG), UPDATED DAILY.

**Eric Sale, ATP**  
Countryside, IL

**Patrick Sullivan**  
Murray, UT

**Karen Honey**  
Vernon, British Columbia

**Ann Rodrigue, ATP**  
Brooklyn Park, MN

**Daniel Torrison**  
Grovedale, Victoria

**Michael Ford**  
Paget, Queensland

**Zach Stewart, ATP**  
Smyrna, TN

**Alex Lequillo**  
Auburn, MA

**Ryan Strap**  
Edmonton, Alberta

**Shadrach Lee**  
New Brighton, MN

**Corey Rautman**  
Lane Cove West, New South Wales

**Joshua Forester**  
Prince George, British Columbia

**Miguel Nunez**  
Palm Beach Gardens, FL

**Jason Phipps**  
Moncton, New Brunswick

## Newest iNRRTS Registrants

CONGRATULATIONS TO THE NEWEST INRRTS REGISTRANTS. NAMES INCLUDED ARE FROM NOV. 7, 2024, THROUGH JAN. 28, 2025.

**Ameer Alwash, RRTS®**  
MedNation Home Healthcare  
Oakville, Ontario

**David Stokes, RRTS®**  
Kootenay Columbia Home Medical  
Equipment  
Cranbrook, British Columbia

**Kenny DHaiti, OTA/PTA, RRTS®**  
Motion  
Hamilton, Ontario

**Richard Chauvin, RRTS®**  
Motion  
Grande Prairie, Alberta

**Anastasiia Zalavina, RRTS®**  
Macdonald's Home Health Care  
Burnaby, British Columbia

**David Cochrane, RRTS®**  
Motion  
Kelowna, British Columbia

**Krystle Eden, RRTS®**  
Boggio Family of Pharmacies  
Port Colborne, Ontario

**Sarah Steele, ATP, RRTS®**  
Rehab Medical Inc.  
Augusta, GA

**Ann Weninger, RRTS®**  
Motion  
Kamloops, British Columbia

**Eduard Alexeenco, RRTS®**  
Custom Mobility  
Largo, FL

**Lauren Gray, RRTS®**  
Motion  
Winnipeg, Manitoba

**Taylor Ainsley, RRTS®**  
Motion  
Lethbridge, Alberta

**Bart Dixon, RRTS®**  
PrairieHeart Mobility  
Regina, Saskatchewan

**Eduardo Zarate, RRTS®**  
Walking Eagle Mobility  
Walla Walla, WA

**Lisandro Carrion, RRTS®**  
Access Medical, Inc.  
Carlsbad, CA

**Traci Hersman, COTA, RRTS®**  
National Seating & Mobility, Inc.  
Grand Rapids, MI

**Benjamin Tarpley, ATP, RRTS®**  
Numotion  
Norcross, GA

**Grant McMurdo, RRTS®**  
PrairieHeart Mobility  
Regina, Saskatchewan

**Lucas Rawle, RRTS®**  
Macdonald's Home Health Care  
Burnaby, British Columbia

**Tyler Ferguson, RRTS®**  
HME Mobility & Accessibility  
Surrey, British Columbia

**Carrie Young, RRTS®**  
Motion  
Chatham, Ontario

**Heidi Davies, RRTS®**  
Durham Medical  
Oshawa, Ontario

**Mary McDonald, ATP, RRTS®**  
National Seating & Mobility, Inc.  
San Diego, CA

**Veronica Kowalchuk, RRTS®**  
Motion  
Red Deer, Alberta

**Charles Widbin, ATP, CRTS®**  
Alliance Rehab & Medical Equipment  
Fenton, MO

**Hunter Meadows, RRTS®**  
Integrity Medical  
Evans, GA

**Merryn Kersting, RRTS®**  
Independent Living Specialists  
Wodonga, Victoria

## New CRTS®

CONGRATULATIONS TO INRRTS REGISTRANTS RECENTLY AWARDED THE CRTS® CREDENTIAL. A CRTS® RECEIVES A LAPEL PIN SIGNIFYING CRTS® OR CERTIFIED REHABILITATION TECHNOLOGY SUPPLIER® STATUS AND GUIDELINES ABOUT THE CORRECT USE OF THE CREDENTIAL. NAMES LISTED ARE FROM NOV. 7, 2024, THROUGH JAN. 28, 2025.

**Charles Widbin, ATP, CRTS®**  
Alliance Rehab & Medical Equipment  
Fenton, MO

**Joshua Maddox, ATP/SMS, CRTS®**  
Aabon Home Health Care Supply  
Ozark, AL

**Paul "Logan" Adcock, ATP, CRTS®**  
National Seating & Mobility, Inc.  
Hattiesburg, MS



# iNRRTS | INTERNATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS

5815 82nd Street, Suite 145, Box 317  
Lubbock, TX 79424  
P > 800.976.7787

## Friends of iNRRTS [FONS]

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

### CHARTER CFONS



### CFONS



### AFONS

