DIRECTIONS

PRESSURE INJURY PREVENTION AND HEALING AS A PART OF WHEELCHAIR SEATING

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MATIA ROBOTICS

HAPPY 30TH BIRTHDAY NRRTS!!!

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

It's hard to believe that 30 years have passed.

In 1992, gas was $1.05 per gallon, a pound of bacon was $1.92 and the Dow Jones Industrial Average was 3301.

For many of us, there were small children of our own running around. Now we have small children of our children running around! I look at my grandkids in absolute wonder of their little bodies and their development and how they remind me of their parents. Then I stop and think, "Were did the time go?"

So much has changed in the world, and yet so much remains the same. We still struggle everyday with providing appropriate interventions to people who need them. We have yet to convince the world at large that it's not "just a wheelchair." A great deal of work still needs to be done.

Having said that, it's time to celebrate NRRTS and NRRTS' 30 years of commitment.

We owe a great deal of gratitude to the visionaries who realized the necessity for an organization that supported the needs of people working in the field providing interventions and protecting the folks receiving those interventions with a Code of Ethics and a Standard of Practice.

One of those visionaries, the first president of NRRTS, was Adrienne "Adee" Falk Bergen. I was very fortunate to work with Adee in a clinical setting. I learned a great deal from her over the years, and we became great friends. There are many adjectives to describe Adee and her knowledge, commitment and passion for her patients and for NRRTS. Smart, articulate, tough and understanding are just a few. It was an amazing thing to watch when a funding source denied one of her requests. "No" was not an option.

This from a letter Adee wrote to the profession on September 28, 1994:

"Everyone continues to be excited about NRRTS … suppliers, manufacturers, reps, clinicians … everyone! Our name is popping up in all kinds of places on a state and national level. Policymakers know who we are and are excited about what we have to offer consumers. As of September 15, 1994, we have 274 paid registrants, 124 applications in process, and 42 applications approved that have been invoiced for payment. If everyone qualifies, and if everyone pays, then we will have over 400 registrants when we meet in Atlanta."

THANK YOU TO EVERYONE, PAST AND PRESENT, WHO GIVES OF THEIR TIME, EXPERTISE, KNOWLEDGE AND SKILL TO THIS ONE-OF-A KIND ORGANIZATION.

Geez, remember meeting in person?

Today, NRRTS has 975 total Registrants: 277 from Canada and 698 in the U.S. This is something that could not have happened without the uncounted thousands of hours of committed volunteers and paid staff over the last 30 years. I'm going to try and convince a couple of other historians to work on an issue of DIRECTIONS dedicated to the people and history of this great organization.

Happy birthday again to NRRTS, and thank you to everyone, past and present, who gives of their time, expertise, knowledge and skill to this one-of-a kind organization.

Till next time,

Gerry

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Gerry Dickerson, ATP, CRTS®, is a 40-plus year veteran of the Durable Medical Equipment and Complex Rehab Technology industries. Dickerson, president of NRRTS, works for National Seating & Mobility in Plainview, New York. Dickerson is the recipient of the NRRTS Simon Margolis Fellow Award and is also a RESNA fellow. He has presented nationally at the RESNA conference, ISS and the National CRT conference and is a past board member of NCART.

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K. SHANTEL PATTON: THRIVING IN HER DISABILITY

Written by: **ROSA WALSTON LATIMER**

Karneshia Patton celebrating her 30th birthday in 2020.

Karneshia Patton, 2020 Ms. Wheelchair Alabama.

Karneshia Shantel Patton, known professionally as K. Shantel, began pursuing modeling in her mid-20s. She was motivated by the desire to help decision-makers in the media realize the possibility of using models with disabilities. "A friend of mine was a stylist, and she helped me put some looks together for a portfolio," Patton said. "Then I just put myself out there, and since, I've been in some fashion shows and appeared in print ads for magazines. I enjoy the fashion shows the most because of the process of working with designers and showcasing their work on a different body type. I also like the interaction with an audience when they see a model in a wheelchair."

Fashion events that have featured Patton on the runway include Magic City Fashion Week and Jet Miller's Living Out a Dream, a Birmingham nonprofit.

Very much a product of the times, Patton understands the power of social media and uses it to interact with others with a disability who also model. "There are many more in the modeling industry like me than I realized until I created my platform. A very positive use of social media is reaching out to others who have a similar life's journey." Patton was featured in the Barcroft TV YouTube series, *"Style My Beauty,"* which tells the story of "physically extraordinary women who are redefining beauty with self-confidence and body positivity."

Her modeling experience led the 31-year-old to enter the Ms. Wheelchair Alabama competition, which she won in 2020. The mission of Ms. Wheelchair Alabama America Inc., according to the organization's website, "is to provide an opportunity for women of achievement who utilize wheelchairs to successfully educate and advocate for individuals with disabilities." Unlike traditional pageants, this event is not a contest to select the most attractive individual. Instead, the competition is based on advocacy, achievement, communication and presentation "to select accomplished and articulate spokeswomen for persons with disabilities."

"Winning this honor was important to me for several reasons," Patton said. "I hope this opportunity will help increase the representation of people with disabilities in the media. When someone sees Ms. Wheelchair Alabama, they see a woman who is thriving in her disability and perhaps be inspired." Personally, Patton credited the experience for helping her develop more confidence speaking to a large audience. She encourages others to enter the Ms. Wheelchair events in their home state. Contestants are women age 21 or older who utilize a wheelchair for 100% of daily community mobility and have good communication skills.

Patton spent her early years in Senatobia, Mississippi, with her parents, Jeffery and Pamela Patton, and two brothers. "My parents were very supportive of anything I wanted to do," she said. "Sometimes my mother might be a little skeptical, but my dad would say, 'Let her try!'" Born with spina bifida, Patton has used a wheelchair since she was 3 years old and often says that her wheelchair is her worst enemy at times, and other times, it is her best friend.

After earning a Bachelor of Science from the University of Mississippi, Patton received an MBA from Strayer University with an emphasis in marketing. "I found my identity while attending college," Patton said. "I realized I was way more than my disability and that discovery changed me for the better. In addition to having a disability, I am also small and Black. People had a tendency to downplay my intelligence, but I have learned to let my actions reveal to others who Karneshia is and what her potential is."

Patton now lives an independent life in Birmingham, Alabama. "I have a car with hand controls, and I sit on a cushion because I'm not very tall," she said. "I break my wheelchair down and put in the passenger side." Patton is now a full-time nail technician. "After earning

Model and lifestyle influencer, Karneshia Patton.

my certification in 2017, I began working in the salon with my mentor, Ebony Smith. My goal is to eventually own my own salon."

Pre-pandemic, Patton participated in wheelchair basketball, playing for the Lakeshore Foundation in Birmingham and occasionally with the Rolling Hornets of North Carolina. She was also a regular at the local gym. "Recently, I've been doing more online shopping than going to the gym! I have always loved to read, and that's something I can do whether there's a pandemic or not," she said. "I enjoy having a physical book in my hands and usually read to learn new skills or new concepts to apply to my business." She also uses her free time to research content for her podcast, "TheWheelDown." Patton describes the podcast as "a lifestyle conversation about people with disabilities that is raw and honest. I hope to use it to help individuals without disabilities better understand those who have a disability." Karneshia believes a common misunderstanding is someone who uses a wheelchair always needs help. "The wheelchair is our personal space and our equipment. We prefer someone ask whether we need assistance. Sometimes, people may want to help but don't know what to do. Unless we ask for help, they really don't have to do anything except treat us like they would someone who doesn't have a disability."

"There's so much I want to do! My goal is to be a household name one day in the entertainment field," Patton said. "I aim to reach a time when people will be

Karneshia Patton recreated the look of Mattel's new Barbie who also uses a wheelchair.

calling me to fill print ads and be in fashion shows. I even want to try acting. Whatever I feel I can handle, I am going to do it!"

This energetic, motivated young woman sees far beyond her personal goals. "In everything I do, I will continue to spread awareness of the potential for people with disabilities. I am confident I can be an effective communicator in this goal, because I have the advantage of living this life, rather than someone who is on the outside looking in," Patton said. "I hope this awareness will translate into more opportunities for individuals with disabilities in what might be considered nontraditional roles."

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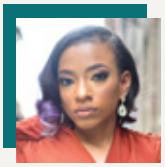

Karneshia Shantel Patton is a lifestyle influencer, model and nail technician in Birmingham, Alabama. She also hosts a monthly podcast, "TheWheelDown."

AN EXCITING AND CHALLENGING CAREER

Written by: **ROSA WALSTON LATIMER**

Jillian Cacopardo, MPT, ATP/SMS, encourages therapists just beginning in this career to be open and explore different areas within the physical therapy world. "I had tunnel vision when I began and had I not been open to something different or new, I might have missed this fulfilling career," she said. "The seating and mobility field has evolved so much over the past 20 years. I didn't even know it existed when I was in school. Consider an 8" x 11" sheet of paper. My notes on wheelchairs when I was in college might be one-third of that piece of paper. That was it! There are so many options now."

For the better part of 19 years, Cacopardo has been a physical therapist at Gaylord Specialty Healthcare (Gaylord.org) in Wallingford, Connecticut. She is currently the clinical program coordinator for wheelchair assessment services, with full responsibility for outpatient seating and mobility. "I have been in this role for 10 years and see as many as nine patients a week," Cacopardo said. "When I have students come to observe in the clinic, I try to communicate this is a small niche that has given me opportunities I never thought possible. The work is always exciting and challenging. Two patients with the same diagnosis and the same presentation may have very different needs."

"When I was in high school, I sprained my ankle and had to go to PT. That experience led me to consider physical therapy as a career," Cacopardo said. "I liked sports, so I thought I would focus on the sports part of physical therapy. That was my plan all through college until a negative experience during my sports medicine affiliations caused me to rethink my plans." Cacopardo completed her education, and after graduation, a friend told her about an opening at Gaylord. "I didn't know if the opportunity would be a good fit for me because I was nervous and unsure if I would do a good job with the patient population, but I absolutely fell in love with it." After a few years, I had the opportunity to move to the outpatient clinic, and I haven't looked back." While physical therapy was always Cacopardo's path, seating and mobility became her specialty.

Jillian Cacopardo with patient, Ron Peck, at Gaylord Specialty Healthcare, Wallingford, Connecticut.

Todd, William, and Jillian Cacopardo.

She has experienced many positive changes in treatment options for her patients and her growth as a physical therapist. "With experience, my confidence has increased, and my relationship with my suppliers has grown stronger. We've been working together so long now we have a good understanding of how we can accomplish our mutual goals," Cacopardo said. "My relationship with my patients has changed. I am better at reading them and knowing how to foster a productive, professional relationship with them."

It is no surprise Cacopardo, along with every therapist, has endured a significant change in insurance and funding. "The amount of information required in a letter of medical necessity has grown exponentially," Cacopardo said. "I keep track of all of my denials and pendings. In 2020, I had a total of 10. In 2021, I had 25. We are experiencing many more questions regarding the trial of the equipment. Many different circumstances make this difficult to achieve. This is frustrating because you know your patient needs something, and the insurance company holds it up. As a therapist, often your hands are tied. The patient is suffering, and it isn't fair; yet there is little, if anything, we can do to move the situation forward."

Cacopardo takes advantage of every opportunity to continue her education, including visiting manufacturing plants and attending industry events such as ISS. "I've observed the passion of those dedicated to this work, and I have learned from them." Two individuals in particular Cacopardo credits for their positive influence on her professional growth are Barbara Crane, PhD, PT, ATP, and

MY RELATIONSHIP WITH MY PATIENTS HAS CHANGED. I AM BETTER AT READING THEM AND KNOWING HOW TO FOSTER A PRODUCTIVE, PROFESSIONAL RELATIONSHIP WITH THEM.

Jillian Cacopardo and her son, William.

Jillian Cacopardo and her running buddy, Erica Berthiaume.

Toby Bergantino, ATP, CRTS®. "Barbara started the wheelchair clinic at Gaylord and was the coordinator of wheelchair assessment service at Gaylord Specialty Healthcare. Without her influence, I don't know where I would be now," Cacopardo said. "Toby Bergantino, ATP, CRTS®, with Numotion, sets the bar very high and has taught me so much over the years. His positive impact on my career is immeasurable."

Cacopardo and her husband, Todd, have a son, William, who is 7 years old. The family lives in Portland, Connecticut. Snow was covering everything when we spoke with Cacopardo. "We installed a swimming pool last year, and now we're dreaming of the time when we can enjoy it again," she said. Meanwhile, Cacopardo and her son are deep into Legos. "I love puzzles, and I love Legos," she said. "Yes, I'm 43, and I love Legos. Santa brought me the Lego "Friends" apartment set, and I just finished putting it together. The detail is amazing." Cacopardo also admitted sometimes she takes her son's Lego models apart to rebuild them. "I also like to cross stitch, and I enjoy running. My friend, Erica Berthiaume, and I try to run a 5K or 10K every month. I only participate in short races. I don't even like to drive 26 miles, so I certainly don't consider running a marathon."

The therapist quickly acknowledges the positive rewards of taking care of her patients and how that experience energizes her. "Improving the lives of our patients is the ultimate goal, and when we accomplish that, frustrations with insurance and other challenges are greatly diminished," Cacopardo said. "One of my suppliers schedules a delivery day at the end of each month. As many as six patients will receive their wheelchairs on that day. That is always a very special day at the clinic, and I love seeing the results of our work." Cacopardo shared the story of a patient scheduled to receive his power standing wheelchair on the last day of 2020. "This individual lost his wife just months before. Now he is a single parent of three boys who had never seen him stand. We had everything ready to make this delivery before the new year." Unfortunately, when the patient called his ride to bring him to the clinic, there was no record of his reservation, and he had no way to make the appointment. "The supplier and the manufacturer's rep went to the patient's home, and I did a telehealth visit to observe him in the new equipment. We were determined this man would begin the new year with the ability to stand," Cacopardo said. "I called to check on the patient the next week. He told me having the power standing wheelchair was the best thing that had happened to him in a very long time. He expressed an increase in his confidence in this short time and how wonderful it was for him to stand to greet his sons when they came home from school each day. This type of experience keeps me hopeful and engaged in my work."

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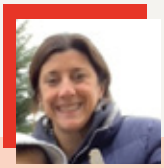
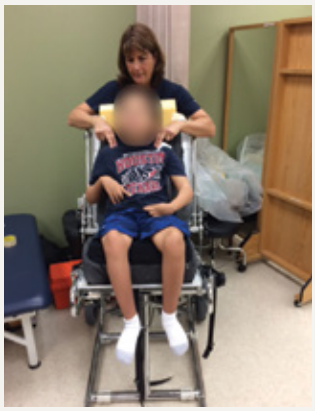


Jillian Cacopardo, MPT, ATP/SMS, is the clinical program coordinator for wheelchair assessment services with Gaylord Specialty Healthcare, a rehabilitation-focused, nonprofit health system in Wallingford, Connecticut. Cacopardo is a friend of NRRTS.

THREE DECADES OF WISDOM

AN EXPERT SUPPLIER REMINISCES OVER 30 YEARS OF NRRTS

Written by: **KARA BISHOP**



Anne Kieschnik and client

Anne Kieschnik, BSW, ATP, CRTS®, has worked extensively in the field of assistive technology providing complex rehabilitation equipment since 1979. Her experiences include working for the Muscular Dystrophy Association (MDA), The MED Group and as an owner of a complex rehabilitation company specializing in pediatrics before joining Numotion in 2012. Her current role is ATP development manager. Kieschnik joined NRRTS in 1993.

DID YOU ALWAYS PLAN TO WORK IN COMPLEX REHABILITATION EQUIPMENT?

I graduated college with a degree in social work, but I needed a job and soon joined the MDA. It was through MDA that I met some of the greats of this industry like David Miller and Kathy Taylor. I never would have guessed that my degree would have led me to a lifelong career in this industry, but I couldn't imagine my life any other way.

WHAT DO YOU DO FOR FUN OUTSIDE OF WORK?

I love anything outside and digging in the dirt. I am a chaos gardener; I see plants that I like and plant them where ever I can find a hole! I love being a Yaya to my grandson and have another grandson on the way, and I'm adding on to my place in the Texas Hill Country. While this project is requiring a ton of patience and not always "fun," I will be excited when it is done, and I can start chaos gardening there, too!

WHAT INSPIRED YOUR PASSION FOR COMPLEX REHABILITATION EQUIPMENT?

My dad. He had polio as a child and taught me a lot about modifying and adapting things so there were no longer barriers but bridges to accomplish the things he wanted to do.

WHAT DRIVES YOUR PASSION?

Children! Throughout my career, I specialized in providing pediatric equipment. I often tell my colleagues I can fit clients from birth to age 100, but I loved fitting 3-year-old clients the best. It wasn't until I got older and found it harder to be on the floor with the younger clients that I transitioned to a training and education role. Delivering a power chair to a child for the first time and seeing them experience independence has always been a beautiful thing to witness.

And, sometimes, the biggest accomplishment is just finding a solution that helps a client sit upright for four hours without pain. The fact you can give someone comfort and the ability to function upright without being bedridden is a huge accomplishment. We shouldn't forget that years ago, people with physical challenges didn't have any options and were in bed for life.

HOW DO YOU DEAL WITH EMOTIONAL TURMOIL WHEN FUNDING BECOMES AN ISSUE FOR CLIENTS?

Sometimes it's heartbreaking when clients don't have insurance or the financial resources to get needed equipment. We have some very innovative products to give clients more comfort and independence, such as seat elevators, but insurance doesn't always see that as a need. Other examples are, adult bath chairs and feeding chairs for children; these are products that can increase the quality of their life, yet more often than not, they have to be paid for out-of-pocket.

As a supplier, I used to wrestle with the fact I had products the client may not be able to pay for. Was I dangling a carrot in front of them? Was I giving them hope and then yanking it away?

THE FACT YOU CAN GIVE SOMEONE COMFORT AND THE ABILITY TO FUNCTION UPRIGHT WITHOUT BEING BEDRIDDEN IS A HUGE ACCOMPLISHMENT. WE SHOULDN'T FORGET THAT YEARS AGO, PEOPLE WITH PHYSICAL CHALLENGES DIDN'T HAVE ANY OPTIONS AND WERE IN BED FOR LIFE.

I finally decided if I were a client, a parent or a spouse of a client, I would want to know all of my options for a high quality of life experience — that's the lens an ATP should always see it through. I always tried to be completely transparent in my communication and manage expectations with clients. And, honestly, it's just treating others as you would want to be treated. There are some things clients can't afford to pay for, but they still have the right to know what is out there.

IS THERE ANYTHING YOU DID IN THE INDUSTRY 30 YEARS AGO THAT YOU DON'T HAVE TO DO TODAY?

Back then, we did everything on paper, and there was not anywhere near the number of equipment options available today, which required more innovation on our part to meet our client's needs. For example, when I first entered the field, our main option for high-tech custom seating was plywood, foam, Naugahyde and a staple gun. Sometimes I miss the creative thinking necessary for suppliers in the early days.

WHAT PROMPTED YOU TO JOIN NRRTS?

I wanted to be a part of a hub or organization whose focus was "all about me" as a rehab supplier! I wanted a "professional home" much like our clinical partners have. Becoming a NRRTS Registrant helped prove my professional commitment and passion for what I do to the clinicians and clients with whom I worked.

As a NRRTS Registrant, you adhere to the organization's best practices and code of ethics, which sets you apart from suppliers who haven't joined. Joining NRRTS isn't commitment free, thus the reason we are Registrants and not members. When I applied, not only did I have to document experience in the field and my continuing education, I had to provide three sealed personal references from clinicians I worked with who attested to my proficiency. We have changed Registrant requirements since then, but the bar has not been lowered.

Anne Kieschnik, "Yaya" and her grandson, Avery.

HOW DO YOU PRONOUNCE NRRTS?

This has been an ongoing discussion. Personally, I pronounce it as N-AR-TS (a hard "r") and not N-ER-TS, even though some of us are kind of nerdy when it comes to knowing rehab equipment parts and codes!

WHAT DID YOU ACCOMPLISH AS A MEMBER OF THE NRRTS BOARD OF DIRECTORS?

I served on the board for 10 years starting in 1996, and at that time we were still working on gaining traction in regard to name and professional recognition among suppliers, clinicians and funders. We trademarked the RRTS® and CRTS® designations and established a new membership category, "Friends of NRRTS" (FON). FONs are those who support the vision and mission of the organization (such as business owners, manufacturer reps, clinicians, etc.) but do not qualify as Registrants.

We battled a practice called "blind bidding," where a supplier would be asked to provide an equipment quote for someone they had never seen — you can't provide what's appropriate or custom fit a chair for someone you've never evaluated.

CONTINUED ON PAGE 14

THREE DECADES OF WISDOM
(CONTINUED FROM PAGE 13)

A lot of what was done in the early days was geared toward building the foundation of the organization to ensure its future.

HOW HAS NRRTS CHANGED OVER 30 YEARS?

I remember reading (*NRRTS News*), which at the time was printed on green paper. Now, it's an impressive industry magazine. I also remember the organization and industry as a whole was predominantly male. When I walked into a test prep course of over 300 people, I thought I was in the wrong room, because I could count the number of women on one hand. I didn't realize at that point just how few women were in the role of ATP supplier. I am thrilled today there are many women wielding wrenches and providing leadership in the industry!

WHAT WAS YOUR NO. 1 INDUSTRY CONCERN 30 YEARS AGO AND WHAT IS IT TODAY?

Recognition of the NRRTS organization was my main concern almost 30 years ago. We were brand-new and trying to gain respect within

I THINK OUR BIGGEST ISSUE TODAY IS CONTINUING TO ESTABLISH WITH LEGISLATORS AND FUNDERS THE DIFFERENCE BETWEEN COMPLEX REHABILITATION TECHNOLOGY AND HOME MEDICAL EQUIPMENT.

Anne Kieschnik, Andria Pritchett and Lee Ann Hoffman after the MS Tough Mudder.

the industry. We weren't going to have much effect in Washington D.C., if we didn't have a large number of Registrants. While that is still a concern to some extent, I think our biggest issue today is continuing to establish with legislators and funders the difference between Complex Rehab Technology (CRT) and home medical equipment.

WHAT IS IT THAT YOU VALUE ABOUT YOUR NRRTS REGISTRATION?

The CRTS® credential, as its requirements are above and beyond that of my ATP certification. NRRTS Registrant status raises the bar of who we are and what we do.

The statement I have long battled is other ATPs asking, "Why should I join NRRTS? I don't get paid more — it doesn't get me anything." That answer always makes me sad; to me, that's like saying I don't really care about what we do and the vital role we have in providing CRT. I tell them, the credentials I've gained, my commitment to the organization and the continuing education offerings provide me with professional leverage and much more. I feel like I have somewhere I professionally belong. I have a home in the industry that has my interests at heart, that makes me a better supplier. I have a community of friends/peers in the industry, who are there for the asking, to assist me in making me better at my job.

DO YOU HAVE ANY FAVORITE MEMORIES FROM YOUR INVOLVEMENT WITH NRRTS?

Two stand out, the first time we filled a room at Medtrade with Registrants for a NRRTS yearly meeting. There's a picture of a group of us laying on our backs in a circle with our heads together. That picture always reminds me of the comradery and friendship I've had for the last 30 years.

WHAT EXCITES YOU ABOUT THE FUTURE OF NRRTS?

Our expansion into Canada has been very exciting. I never saw us surpassing borders when we first got off the ground. We were mainly focused on making an impact in the U.S., and now we're looking more at a global scale, which is amazing. We joked about having an impact around the world — never thought I'd see it during my professional career!

Another exciting thing for the future is the certification program we're building. It's a 100% organically established training program, which I'm certain will ensure the future of our profession. This program is intended for those interested in becoming ATP suppliers. It will provide them a foundational knowledge to better understand processes and best practices around our role in providing complex rehabilitation equipment. The program is still in development and is created by people in the field who have years of real-life experience.

As ATP suppliers, we have to be able to interview, measure, evaluate, spec equipment dimensions, cut, drill, fit, counsel, know funding and insurance requirements, and more. In pediatrics, we often get the opportunity to provide our clients their equipment needs from childhood throughout adulthood. It is a complex role that fulfills a powerful need for clients who have CRT needs. The positive impact of what we do for those we serve is hard to fully measure.

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Anne Kieschnik, BSW, ATP, CRTS® is a NRRTS Registrant who works for Numotion in Houston, Texas.

THOUGHTFUL, INTENTIONAL GUIDANCE

Written by: **ROSA WALSTON LATIMER**

The Stevens family: Katie, Corbin, Evelyn Bird and Corbin Bayr.

A three-month temp job almost 20 years ago led Katie Stevens, CEO of Reliable Medical, to her calling in the Complex Rehab Technology (CRT) industry. "In 2006, I worked in marketing and communications for a large record label and decided the work was not fulfilling or meaningful. I went through the process of applying to and being accepted into the Peace Corps and was looking for a short-term job while I awaited deployment," Stevens said. "At that time, my sister was with National Seating & Mobility, and that company needed customer service help in a new office in Southern California. She asked if I could step in." Stevens intended for the job to help pay bills while she prepared for her deployment. However, while waiting for the Peace Corps assignment, Stevens began to see the possibility of the calling she sought in the CRT industry and took her career in a new direction.

WHAT ABOUT THIS INDUSTRY WAS APPEALING TO YOU?

As I gained exposure to the clients at National Seating & Mobility and learned more about complex rehab, I recognized the positive impact of this work. Early on at National Seating & Mobility, I worked with an ATP whose focus was primarily on pediatric clients. I spent time with these little ones and their families and shared in the joy as they expressed gratitude for what their equipment meant to them. I fell in love with what we did and was immediately drawn to the passion and energy of the folks who work in this industry. Working with ATPs and the founders of National Seating & Mobility, I understood how much they cared about the work they did every day. That was such a breath of fresh air to me.

THAT TEMPORARY CUSTOMER SERVICE JOB HAS DEVELOPED INTO A SUCCESSFUL, FULFILLING CAREER. TELL US ABOUT YOUR JOURNEY.

I expressed my desire to grow with the company to the then-leaders of National Seating & Mobility and was given a chance to gain experience within the industry. I had an opportunity to touch many areas of the business, from administrative and funding leadership to account management, business development and operations. All of that experience culminated in my becoming a regional vice president of operations, overseeing 15 states and having a wide span of responsibility. I worked with many great people, especially at the field level, and I have a lot of good memories from my time with the company. In January of 2020, I joined Reliable Medical as vice president of operations. A year later, when Debra Kalk, the former CEO, moved into retirement, I became the CEO.

WHAT PROMPTED YOUR MOVE TO RELIABLE MEDICAL?

My husband, Corbin, and I had been married seven years and had two children: Corbin Bayr and Evelyn Bird, or "Bayr" and "Birdie" as they are known to most. After I became a mother of young children, I realized I needed to consider a different career path that would allow me to stay in this industry but achieve a better balance for my family. That reflection prompted me to look at opportunities with people-focused and culture-centric organizations.

I connected with Debra Kalk, CEO at Reliable Medical, and Matt Pettit, Reliable's financial partner at Seven Hills Capital. They were looking for Debbie's successor and seeking someone who shared their values. After a lot of discussion with my husband, we decided to move to Minneapolis and explore a new opportunity with Reliable. That leap of faith has been one of the best decisions of my life. This is an incredible group of people. I have the opportunity to work with a company in its early stages of growth while remaining intentional about what growth looks like. We're excited about our evolution but remain very committed to our culture and values. It is truly a group that still feels like a family.

> I HAVE THE OPPORTUNITY TO WORK WITH A COMPANY IN ITS EARLY STAGES OF GROWTH WHILE REMAINING INTENTIONAL ABOUT WHAT GROWTH LOOKS LIKE.

Katie Stevens with Reliable Medical's ALSA partner, Tiffany Thomas, in the Minneapolis, Minnesota, warehouse.

RELIABLE IS COMMITTED TO IMPROVING EACH OF THE LIVES WE TOUCH. WE EMPHASIZE "EACH" BECAUSE IT DOESN'T JUST REFER TO OUR CUSTOMERS; IT INCLUDES OUR OWN TEAM.

WOULD YOU EXPLAIN WHAT THE TERM "CULTURE-ORIENTED" MEANS TO RELIABLE MEDICAL?

We are an organization that has re-imagined our focus from one that serves outcomes for customers to one that places equal importance on outcomes for our employees. Reliable is committed to improving each of the lives we touch. We emphasize "each" because it doesn't just refer to our customers; it includes our own team.

We set out to sincerely give our team the opportunity for an appropriate life balance with great pay and great benefits. While this support might occasionally compromise financial growth in the short term, I firmly believe this approach propels our success in the long term. Our leadership team has worked their way up within the industry, and we understand the importance of relationships in CRT and home medical equipment. We want to deepen the employee relationships we have, and that is always a consideration when we make decisions. There is no plan to sell the company for many, many years down the road. It's a game plan that allows me to think about what Reliable will look like in 10 years rather than worrying about what we will look like in 10 months, or worse yet, at the end of each month. Of course, every company wants to grow and thrive, and we will continue to evolve but with a focus on the long game.

(l to r) Chad Beiler, vice president of home medical equipment solutions; Marty Davig, vice president of respiratory care; Katie Stevens, CEO, and Deborah Wade, chief financial officer, in a Reliable Medical leadership retreat at Leiper's Fork, Tennessee.

One of our core values is balance. For me, this certainly can be interpreted through the lens of helping our employees obtain balance in their lives. Of equal importance, though, we frame that concept from the perspective that, as a company, we also need balance. If all we focus on is "grow, grow, grow," other areas will be under-served and we will not maintain our culture, we won't retain our employees, and we won't be true to our mission. We will stagnate if we focus on mission only and don't evolve and grow. Reliable leadership recognizes we must support those on the front line while pursuing our financial goals. If we aren't taking care of our employees, they aren't going to be in a position to do their best to serve our customers.

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THOUGHTFUL, INTENTIONAL GUIDANCE
(CONTINUED FROM PAGE 17)

WHAT ACTIONS HAVE YOU TAKEN TO MAINTAIN THIS FOCUS ON YOUR TEAM MEMBERS?

We all know the pandemic has accelerated transformation of the labor market. Fortunately, Reliable was proactive about some things the general workforce is now demanding. We adopted flexible work schedules to encourage life balance. We've put in bonus programs to motivate employees to rest, actually giving employees a wellness bonus if they take three or more days off from work. We made deep investments very early on in both health care benefits and market-rate analysis to boost the level of pay for our employees where appropriate. We do these things because we want to consistently support employees. The outcome has been a higher level of retention and an outstanding workforce. These decisions are not entirely altruistic, and we recognize it is certainly a win/win situation. Investing in our employees and improving their lives will improve our overall business and lead to better patient outcomes.

We believe the marginal improvement that might be achieved to the bottom line in the long run by limiting benefits or wages is not sustainable. My leadership team jokes that I'm a bit of an idealist, but

Katie Stevens (center) riding horses with her sister, Stacy Hulbert, and her mother, Karen Hoak, on the beach at Morrow Bay, California.

we are all people-focused leaders, which is why we were drawn to this very challenging industry in the first place. Reliable Medical has a particular culture that we will preserve as we grow.

TELL US ABOUT YOUR LEADERSHIP STYLE. HOW DO YOU MOTIVATE YOUR TEAM?

For me, motivating employees is about connecting back to the "why" we are doing this work. I believe leading with a carrot rather than a stick is most effective, and I prefer not to focus intensely on a month-to-month outcome. I don't think that makes anyone work harder. In fact, we measure success and communicate about goals based on our performance-to-opportunity rather than our performance-to-budget. I can be firm with folks who need it, but I believe that, more often than not, individuals simply need encouragement and fair communication. It isn't hard for me to motivate my team because I have an exceptional team who cares for people. We share a belief in what we are doing, we focus on our "why," and we care about those we serve, be they customers or employees.

> FOR ME, MOTIVATING EMPLOYEES IS ABOUT CONNECTING BACK TO THE "WHY" WE ARE DOING THIS WORK.

Katie and Corbin Stevens hiking in the California Sierras.

FINALLY, WHAT ARE SOME OF YOUR FUTURE PLANS FOR RELIABLE?

Many in the industry have remarked about the growth trajectory of Reliable Medical, but we've actually walked away from more partnerships than we have completed. These decisions are often an outcome of either being too much, too soon or out of concern that there isn't true cultural alignment. Often, those might be the better financial decisions, but we are blessed to have financial partners who encourage us to preserve our culture and not compromise our commitment to our employees. So, the only opportunities we take on are those that genuinely align with our intentional growth.

We are already a diverse organization in terms of the scope of products we offer. We will remain committed to that because of the synergy it provides our end users, clinicians and referral partners. That said, we are looking into new channels to add convenience for our customers. We're continuing to grow, thoughtfully, into new geographies. Our focus has been on complex rehab, but we also consider respiratory and home medical equipment business where it aligns. Our entire team continues to be energized by what we are accomplishing, and we're excited about our evolution. Reliable Medical does many things well, and we are eager to take this mission and culture to new geographies and new partnerships that align with our mission.

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Katie Stevens joined Reliable Medical in January 2020 and began her responsibilities as CEO in January 2021. She has spent most of her career in complex rehab, joining the industry first in customer service in 2006 and advancing across several leadership positions. Stevens has a Bachelor of Science in Business from the University of Redlands and an a Master of Arts in Marketing from the University of Nottingham. Stevens is a friend of NRRTS.

CTF YEAR IN REVIEW

2021 WAS A MOST UNUSUAL YEAR!

Written by: **PENNY J. POWERS, PT, MS, ATP, AND LESLIE JACKSON, OTD, OTR/L, ATP, CEASIII**

"To be an advocate is to have courage, independence and passion for the things that matter."

– Kristen Uedoi (2018)

The Clinician Task Force (CTF) pauses at the end of each calendar year to reflect on the events, members' contributions and collaborative partnerships on the local, regional and national level. We have been busy, and despite the prolonged effects of the pandemic, our activities reflect no less effort and creativity.

As executive director, Cara E. Masselink, PhD, OTRL, ATP, embraces a culture of "advocacy" and promotes active participation in the CTF and beyond, which helps to improve the professional representation in Complex Rehab Technology (CRT) nationally. She summed up the first year as "productive, in many exciting ways. The CTF membership continues to step up to make an impact on access to appropriate CRT by authoring documents, giving presentations and webinars, and participating in CRT advocacy events. The CTF has a bright and purposeful future. The expertise and passion in our membership energizes me. I am truly excited to see what this next year brings!"

THE EXPERTISE AND PASSION IN OUR MEMBERSHIP ENERGIZES ME.

Bravo Margaret Kennedy! Kennedy provides administrative support for the CTF. She is our behind-the-scenes miracle worker! She also has a company named Therapeutic Mobilities. Kennedy reports, "I was first introduced to this field through my wife and her work with disabled individuals in the complex rehab space. I wanted to help to do my part within my capabilities to create a positive impact and advocate for these individuals who are in such need. Working with the CTF has cultivated a new love for the advocacy of those who need it most." Thank you, Margaret, for all that you do for the CTF!

CTF started out the year with members committing to a designated work group with the expectation each member contributes five hours of time toward the mission, vision and goals of that work group. Federal advocacy, state advocacy, clinical coverage for CRT and education represent the scope of the work groups. The outcomes, both in process and achieved, are listed in the minutes of the November meeting of the CTF. The minutes can be accessed on the CTF website (https://cliniciantaskforce.us/).

During September, many CTF members participated in the Virtual CRT Congressional Fly-In. This special advocacy opportunity was held through collaborative efforts from NCART and NRRTS as well as sponsoring manufacturers. Though meetings were held virtually, the CRT industry continued to advocate for meaningful changes to protect consumers' access to CRT and to support timely service delivery from clinicians, suppliers and manufacturers. Attendees shared information and requested Congressional members' support on three issues.

1. Legislators were encouraged to sign-on to a Congressional letter to Centers for Medicare & Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure. This letter asks CMS to move forward with the review of the "stalled" coverage request to obtain Medicare coverage of power wheelchair seat elevation and standing systems.

2. CTF members and equipment suppliers described how COVID-19 expenses have been significant and requested additional federal financial assistance to maintain an optimal level of services and timely access to clients.

3. Finally, Congressional members were asked to cosponsor HR 2168 "Expanded Telehealth Access Act" to ensure occupational and physical therapists are permanently retained as authorized telehealth practitioners after the public health emergency. Legislators in the Senate were urged to support the Senate companion bill.

Participating CTF members found this opportunity as a valuable avenue to advocate on behalf of CRT industry stakeholders and to support clients' access to necessary equipment. Overall, an exciting year for the CTF, to continue to work toward the mission and vision of CRT advocacy to put this equipment in the hands of those who need it.

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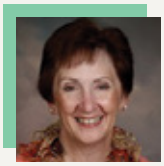
Leslie Jackson has been serving as a treating occupational therapist for over 20 years. Her clinical experience spans acute care, home health, school-based, long-term care and outpatient settings. She earned her post-professional occupational therapy doctoral degree from Creighton University. In addition to her current practice for a seating and wheelchair clinic, she serves as associate professor at the Occupational Therapy Doctoral Program at Indiana Wesleyan University, where she teaches content about assistive technology, adult intervention and assessments, orthotic fabrication, clinical documentation, and health systems management and policy. Jackson is recognized as a Certified Ergonomics Assessment Specialist and is also LSVT BIG® Certified. She earned RESNA's Assistive Technology Professional certification in 2008. In 2013, she co-authored a chapter about spinal cord injuries and the brachial plexus in the "Hand and Upper Extremity Rehabilitation: A Quick Reference Guide and Review," Second Edition. She has presented at the American Occupational Therapy Association's Annual Conference and continues to be involved in research and grant-related projects.

Penny J. Powers, MS, PT, ATP, is a Level IV physical therapist at Pi Beta Rehabilitation Institute at Vanderbilt University Medical Center. Powers is the lead therapist for the Adult Seating and Mobility Clinic. Her practices involve specialty seating for a diverse adult population. She has had presentations accepted at national conferences including RESNA and APTA Combined Sections meetings as well as the International Seating Symposium. She serves as adjunct faculty at Belmont University's DPT program. She has had IRB approved research projects in collaboration with Belmont University for the past seven years. Powers sustains membership in APTA, including the Neuro Section, and RESNA. She currently serves on the Executive Board of the Clinician Task Force.



'WHAT THE HECK IS GOING ON?'

In 1995, Simon Margolis was elected president of NRRTS. He wrote this article to capture the climate and current state of the seating and mobility industry. He wrote it to inspire us all to get on the NRRTS bandwagon and to do more. This article reads like it was written only yesterday. If we use Simon's thoughts and words and spirit and vision, we can make a difference … the difference that was his dream; a dream that's in us all.

INTRODUCTION COURTESY OF GERRY DICKERSON, ATP, CRTS®

FROM THE PRESIDENT'S DESK

(REPRINTED FROM NRRTS NEWS, FALL 1995, VOLUME III IN HONOR OF THE 10TH ANNIVERSARY OF NRRTS.)

WHAT THE HECK IS GOING ON?

Everywhere I go, everyone I talk to is concerned. Translate that to scared.

All over the country, providing rehabilitation technology is changing. Companies are merging, rehabilitation engineering and technology centers are closing, key people are changing jobs … change, change and more change.

On top of this add changes in funding structures and payment schedules. Even avoiding the politically charged issues surrounding Medicare and Medicaid, there is perception among most RTSs there will be less money available to provide service to consumers with disabilities.

Compounding the problem are the efforts of rehabilitation technology manufacturers. These folks, as good businesspeople should, are developing new products using more advanced technology. Consumers are more informed than ever and want this new technology. The funding levels available and the contracted fee structure with HMOs and other managed care groups puts the RTS in a major bind.

The consumer wants and needs this new technology. The manufacturer can provide it, and very often the consumer's health care plan, Medicare, Medicaid, HMOs, etc. covers the technology.

SO, WHAT'S THE PROBLEM?

In a nutshell — access does not mean reimbursement.

The RTS is cast as heavy, the gatekeeper who must tell the consumer, yes, this technology is covered by your policy, but the reimbursement is too low to cover the cost of the product.

Problems upon problems. Major change upon major change.

Our first instinct is a knee-jerk reaction, which leads to panic-driven activity that serves no purpose and gets us nowhere. The next reaction is usually the "woe is me" approach accompanied by whining and complaining to everyone who will listen. We quickly find out no one cares.

There is an answer — at least for rehabilitation technology suppliers.

Before I propose the answer, I want to ask you a question.

WHERE ARE YOU GOING?

Do you have a professional mission statement for yourself? Do you have a set of convictions, values, morals — a way you view the world that is unchanging regardless of the situation? Do you make your professional and personal decisions based on these values, or do you respond based on your emotional reaction?

Regardless of your answer to these questions, there is one constant I ask you to consider. Change is inevitable. Growth is optional.

The world of rehabilitation technology is changing. It will probably never again be as it was. If you have a career commitment to being a professional rehabilitation technology supplier, you have to adapt to change. This revolutionary process of change is not within your sphere of influence. Face it! You can't do anything about it.

DO YOU KEEP THE CUSTOMER SATISFIED, OR DO YOU MEASURE YOUR SUCCESS BY THE AMOUNT OF BUSINESS YOU WRITE? THINK ABOUT THIS. THERE IS ALWAYS SOME YOUNG, HUNGRY, SALES-ORIENTED PERSON OUT THERE WHO CAN OUTSELL YOU. FORTUNATELY FOR YOU, HE OR SHE PROBABLY CAN'T KEEP THE CONSUMER SATISFIED THE WAY YOU CAN.

When I used to contemplate this kind of change (the kind other people "were doing to me," I felt helpless and out of control. Occasionally, I still feel this way. However, the adjustment I have made in my way of thinking and that I strongly recommend to you is to adopt and internalize a mission statement; a set of values; a VISION for your professional life. All of your professional decisions and some of your personal ones as well, should be made from this vision. All your efforts should lead you to the fulfillment of your vision. Short-term gains, even salary increases or "promotions," should always be viewed in terms of their long-term effects on your vision.

How is this concept going to get you through this period of change and turmoil in our industry? I propose to you the service delivery model for rehabilitation technology equipment will be very different one or two years from now.

- We may see many hospital-based (and owned) rehab supply equipment supply companies.
- We may see HMOs and managed care organizations with exclusive contracts with national companies, which will virtually eliminate the small, unaffiliated local suppliers.
- Your company may lose all of its most important referral sources to a preferred provider contract.

Many of these changes have already occurred.

Most of us visualize these eventualities as negative and very, very bad for the consumer. Whether we like it or not, however, these changes may occur. The questions you need to ask are: Will you grow in response to these changes, or will you fold up your tent and leave the field when your company is taken over and "downsized?"

If you are serious about your career, you need to start preparing for these eventualities. In leaner and meaner environments, only the top 30% to 50% of employees survive downsizing. Are you in this category? Do you keep the customer satisfied, or do you measure your success by the amount of business you write? Think about this. There is always some young, hungry, sales-oriented person out there who can outsell you. Fortunately for you, he or she probably can't keep the consumer satisfied the way you can.

So how should you measure your worth? How can you position yourself as an irreplaceable employee?

DISTINGUISH YOURSELF

I propose there are two things that must be done.

First, you must be part of a recognized profession with a clear and distinct identity. The profession as a whole must convince everyone else involved that the profession is absolutely necessary to the process.

Second, you have to distinguish yourself as an outstanding member of the profession.

The result is you are viewed as an outstanding member of an absolutely necessary profession.

I suggest you must make this conscious decision: Whatever happens to the company you now work for; whatever changes occur in the field; whatever organization is supply the rehabilitation technology equipment; whatever service delivery model is adopted; YOU will be a REHABILITATION TECHNOLOGY SUPPLIER who ensures the consumer receives the best equipment and service possible.

CONTINUED ON PAGE 24

'WHAT THE HECK IS GOING ON?'
(CONTINUED FROM PAGE 23)

WHAT SHOULD YOU DO?

Over 440 of you have already taken the first critical step. You have joined NRRTS, and NRRTS is working for you. NRRTS has a vision; NRRTS operates from a specific set of values; and we have people committed to making rehabilitation technology suppliers the professionals for supplying equipment and services to persons with disabilities.

NRRTS HAS A VISION.

After all the changes take place, after all the restructuring, and after all the budget reallocation is over, we want professional RTSs in place to provide equipment and services to people with disabilities. Not order takers, not quota-driven salespeople, but professionals who understand the consumer's needs, who can synthesize all this information to present appropriate equipment choices to the consumer.

JOIN THE TEAM!

If you haven't — Join NRRTS. If you have — get involved.

NRRTS is reaching the consumer, the payer and the referral sources. Rehabilitation technology supply has become a professional recognized by many allied health professionals.

We have, of course, only begun. You will make the difference. I can hear you saying, "Yeah, sure, Simon. My getting involved will really make a difference." Think about this. How many people do you work with (consumers, referral sources, payers, etc)? When you join NRRTS and become involved in the organization, tell many of the people about your involvement. If you're excited about NRRTS and make a solid impression, these people tell other people. Before you know it, one person joining NRRTS means maybe 50 people now know about the organization's goals and visions. Pretty good for "just" one person joining.

STAND OUT FROM THE CROWD

There's one more thing you should consider. To succeed and to survive, you must distinguish yourself as the upper echelon member of the profession. A certification exam for rehabilitation technology suppliers will be administered in November 1996. You should sit for this exam. Don't wait. Don't see how it goes. The exam will not be any easier if you wait. A review course will be offered in May 1996 to help you with exam preparation.

THE BOTTOM LINE IS NRRTS HAS A VISION FOR THE FUTURE OF THE REHABILITATION TECHNOLOGY SUPPLIERS.

Certification alone, however, is not enough. Benefiting from certification means someone, in this case, NRRTS, must pound the pavement to convince consumers, therapists, physicians, prospective employers, payers and others, that qualified rehabilitation technology suppliers are an integral part of technology provision. We must get the word out that membership in NRRTS is an entry-level credential and that foundation certification validates a higher level of skill and knowledge.

When certification becomes a reality, NRRTS Registration should become even more important to you. You will be making a time, money and emotional commitment by taking the exam. Passing the exam means very little in the real world unless other professionals accept the importance of the credential.

In these arenas, NRRTS works for our Registrants — and our Registrants only. Don't expect NRRTS to react and consider your requests or address your concerns if you're not a member. Further, NRRTS provides input and support to the RESNA certification program, the University of Pittsburgh RTS Continuing Education program and to other projects that affect RTSs in general. To have input, you must join.

THE BOTTOM LINE

The bottom line is NRRTS has a vision for the future of the rehabilitation technology suppliers. We have the guns to work toward and, eventually, to fulfill that vision. We have a strong set of values set by our board. All our decisions are made with the interest of the consumer and RTS in mind. We believe we can overcome virtually any obstacle by using these values and vision to help us make the right decision.

Join and work for NRRTS. Share our vision.

Best regards,
Simon A. Margolis

Become a Friend of NRRTS

NRRTS created the Individual Friend of NRRTS (IFON) program for those who do not meet the requirements for regular NRRTS Registration… but are involved with seating and mobility; want to take advantage of NRRTS CRT education; and share NRRTS' mission and vision. An Individual Friend of NRRTS is entitled to almost all the benefits of a NRRTS Registrant for an annual fee of $75.
The benefits include:

- Unlimited access to education courses at half price. Regular price for education courses is $45. IFONs get the courses for $22.50
- Digital or print subscription to DIRECTIONS Magazine, the preeminent journal for CRT Suppliers.
- Inclusion in NRRTS collaboration email system, shared by over 1,000 CRT professionals
- Subscription to NRRTS notification list that provides weekly updates of upcoming opportunities for education courses, webinars, events, and other breaking industry news.

NRRTS Offers Two Levels of Annual Fee Discount

Advance payment of $150 reduces the annual fee to $37.50 and provides the convenience of prepayment of 5 courses (5 x $22.50)

Advance payment of $225 waives the annual fee completely and provides the convenience of prepayment of 10 courses (10 x $22.50)

Sign-Up on the NRRTS Website at https://b.link/IFON or Contact Amy Odom at aodom@nrrts.org

READY TO TAKE ON 2022

Written by: **DON CLAYBACK, EXECUTIVE DIRECTOR OF NCART**

2021 was certainly another challenging time for our country dealing with the pandemic and many other issues. Throughout the year there was no shortage of work to be done to protect and improve Complex Rehab Technology (CRT) access for people with disabilities. Thankfully once again the CRT community came together with determination and dedication to produce positive results that we can celebrate and build on.

The major CRT win in 2021 was the successful conclusion of the targeted multi year work to get CRT manual wheelchairs and accessories permanently protected from Medicare's Competitive Bidding Program (CBP) pricing and excluded from any future CBPs. This was a huge victory for people who depend on CRT manual wheelchairs, and we thank all our advocates, organizations, Congressional champions and the Centers for Medicare & Medicaid Services (CMS) for making this a reality.

Other CRT initiatives and progress from last year included the following:

- Worked with Congress and other national organizations to prevent a 4% Medicare DME cut that was scheduled for 2022.
- Continued collaboration with the ITEM Coalition to obtain Medicare coverage of power seat elevation and power standing systems. In addition to ongoing discussions with CMS, we were able to get Congress to provide multiple written communications to CMS to move forward.
- Educated Congress on the importance of making the current CRT telehealth services (physical and occupational therapy) available on a permanent basis through inclusion in future telehealth legislation.
- Pursued needed COVID-19 relief to enable the CRT industry to continue to supply its important products and services.
- Advocated in multiple states on Medicaid issues and legislation, prevented CRT cuts, increased state policymakers' understanding of CRT and added to our state advocacy resources.
- Held a successful and first-ever virtual CRT Congressional Fly-In (in partnership with NRRTS) and saw increased engagement from consumers and national organizations throughout the year.

The collective work in 2021 sets the stage for more progress (and work) in 2022. There remains much to be done to protect and improve access to CRT, and our 2022 CRT initiatives include:

- Obtain Medicare coverage of power seat elevation and power standing systems, including appropriate coding and payment rates.
- Obtain relief/assistance for COVID-19 impacts such as supply chain issues and increased operating challenges/costs that manufacturers and providers are fighting through to supply their products and services to people with disabilities.
- Establish permanent availability of CRT telehealth services (physical and occupational therapy) to ensure remote access beyond the expiration of the public health emergency.
- Develop updated plan for components of Separate Benefit Category initiative to secure needed improvements in CRT coverage, coding, payment and standards.
- Establish a national CRT Repair Workgroup to improve coverage, funding and response (to include ensuring exclusion of CRT from any right-to-repair legislation).
- Build on current state advocacy and increase activities and tools to prevent Medicaid payment cuts, enforce adherence to federal access regulations and policies, and communicate the benefits and cost-savings that access to CRT brings.
- Keep the CRT dialogue active with Congress and other policymakers via another successful NCART/NRRTS CRT remote conference.

We thank everyone for all the good work in 2021 and look forward to our collaboration in 2022 as we continue to advocate to protect and promote access to CRT for people with disabilities.

2022 MEDICARE CUTS PARTIALLY HALTED

As referenced above, legislation was passed and signed at year-end that will minimize/defer scheduled 2022 Medicare cuts that would have severely impacted the ability of CRT providers to supply the specialized technology and supporting services that people with disabilities and chronic medical conditions depend on.

There were two Medicare payment cuts scheduled for 2022. A reinstatement of the 2% Medicare sequestration reduction (tied to a budget bill passed in 2011) and a 4% PAYGO reduction (tied to increased spending for COVID-19). The 2% Medicare sequestration reduction will be gradually reinstated in 2022: 1% as of April 1 and the full 2% as of July 1. The 4% PAYGO reduction will be deferred until at least 2023.

OUR GOAL WILL BE TO SEEK THE NEEDED SUPPORT AND RELIEF THAT CRT PROVIDERS AND MANUFACTURERS REQUIRE TO PROVIDE TIMELY ACCESS TO THEIR CUSTOMERS.

While this action did not provide complete relief, it helped to minimize the negative impacts. Thanks to everyone for taking action to protect access, to all the other organizations who weighed in, and to Congress and the president for making this happen.

CONTINUED COVID-19 CHALLENGES

We all know that CRT suppliers and manufacturers are committed to getting people with disabilities access to the important CRT products and supporting services they need to maintain their independence and health. Unfortunately, the companies and staff continue to face significant COVID-19 related challenges including the following:

- Increased payroll expenses due to the need to retain qualified staff.
- Increased freight charges.
- Difficulties in obtaining products and supplies in a timely manner due to supply chain challenges.
- Increased raw material costs, product costs and related surcharges.
- Increased distribution and delivery expenses related to higher gas prices.
- Increased costs related to personal protective equipment and other safeguards provided to both employees and customers.

We will continue to work with other industry organizations to push this message with Congress and policymakers as we move into 2022. Our goal will be to seek the needed support and relief that CRT suppliers and manufacturers require to provide timely access to their customers.

MEDICARE SEAT ELEVATION AND STANDING COVERAGE

Work continues on this important initiative. NCART participated in a December meeting with CMS leadership as part of the ITEM Coalition Workgroup. The purpose of the meeting was to present Dr. Meena Seshamani, CMS Deputy Administrator and Director of the Center for Medicare, an overview of the request for Medicare coverage of power seat elevation and standing systems and, most importantly, discuss overdue needed CMS action.

The discussion allowed for another review of the medical need and basis for Medicare to cover this important technology. ITEM Workgroup speakers included both consumers and clinicians who were able to highlight the needs of and benefits for people with disabilities. We also stressed the fact that this application was submitted in September 2020, accepted as complete in November 2020, but over a year has gone by and CMS has not yet moved to the next step in the formal review process.

The CMS team acknowledged they understand this is an important request, and it has support from the CRT community and Congress. They shared there have been multiple internal meetings on the topic. While they could not commit to any specific timing on next actions at this time, they said they will continue their internal review and keep us updated.

The next step in formal process is for CMS to announce the reopening of the National Coverage Determination Reconsideration and allow for organizations and individuals to submit input during a 30-day public comment period. We will continue to urge CMS to move ahead expeditiously and will share updates on progress.

CRT AND TELEHEALTH

Congress continues to deliberate which of the current COVID-19 telehealth flexibilities will be made permanent following the public health emergency.

The good news is the public health emergency has been extended to at least late April, and the expectation is it may be extended further as we move through 2022. Health and Human Services Secretary Xavier Becerra has let the health care community know

CONTINUED ON PAGE 28

The Value of NRRTS

- **Being a NRRTS Registrant ensures and demonstrates a commitment to education, quality, ethics, and advocacy.**
- **I'm part of a collaborative community of like-minded people that reaches across the entire industry.**
- **NRRTS keeps me up-to-date with CRT issues an industry news.**
- **The education requirement ensures that I'm current and well-informed with quality education at my fingertips.**
- **NRRTS is the only organization dedicated to the support and advancement of CRT Suppliers.**
- **As a NRRTS Registrant, I'm recognized as a professional CRT Supplier.**

READY TO TAKE ON 2022
(CONTINUED FROM PAGE 27)

that when a decision is made to end the public health emergency, such notice will be given at least 60 days in advance so states and organizations can plan for the resulting changes.

CRT stakeholders have been communicating to their Members of Congress that telehealth flexibilities for CRT must be made permanent beyond the public health emergency to continue to offer needed CRT options and important benefits to individuals with disabilities. The CRT Telehealth Position Paper can be found at www.protectmymobility.org.

We are asking all CRT advocates to use the link at this website to send a pre-written email to their Members of Congress asking for support. Please visit the website and take three minutes to send your message to help ensure continued access after the public health emergency ends.

BECOME AN NCART MEMBER

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

CONTACT THE AUTHOR
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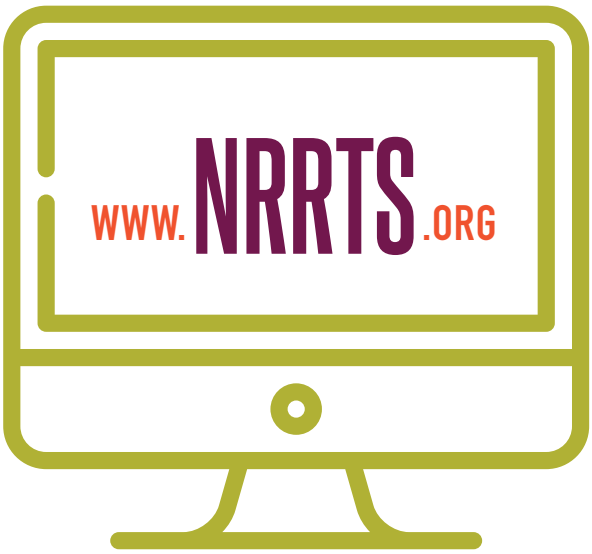
Don Clayback is executive director of the National Coalition for Assistive and Rehab Technology (NCART). NCART is national organization of Complex Rehab Technology (CRT) providers and manufacturers focused on ensuring individuals with disabilities have appropriate access to these products and services. In this role, he has responsibility for monitoring, analyzing, reporting and influencing legislative and regulatory activities. Clayback has more than 30 years of experience in the CRT and Home Medical Equipment industries as a provider, consultant and advocate. He is actively involved in industry issues and a frequent speaker at state and national conferences.

NRRTS CE

CONTINUING EDUCATION *WORTH THE INVESTMENT*



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

FEBRUARY 23, 2022, AT 3 PM ET

Center of Gravity: What Does it Really Mean?

Speaker: Christie Hamstra, PT, DPT, ATP

Beginner Level, Seating and Positioning, ATP/SMS Prep Content

Sponsored by Motion Composites

What does center of gravity (COG) really refer to and how does it impact the function of a manual wheelchair? We will review evidence related to COG selection, adjustment and optimal manual wheelchair performance and discuss the clinical significance in optimizing functional performance. We will define COG as it relates to wheelchair configuration and also to the person in the chair, examine the impact of changes in COG, and discuss clinical rationale and treatment approaches to maximize function, safety and maintain upper extremity health for manual wheelchair users. Case reports and practical examples will be reviewed.

LEARNING OUTCOMES:

- Participants will be able to identify the optimal rear wheel position of a manual wheelchair relative to the client's upper extremity static position.
- Participants will be able to describe any three manual wheelchair configuration changes that may impact center of gravity.
- Participants will be able to describe three education requirements for clients and caregivers related to wheelchair skills and center of gravity.

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

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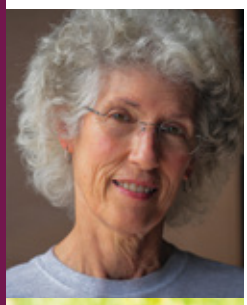


FEBRUARY 24, 2022, AT 7 PM ET

Person-First Language: Think Before You Speak

Speakers: Tamara Kittelson, MS, OTR/L, ATP/SMS, and Jenny Siegle

All Levels, Ethics, Best Business Practice, ATP/SMS Prep Content

Do you think before you speak? Expand the communication skills you use when interacting with clients/patients and customers. Spend an hour with a wheelchair rider, clinician and mother, sharing about person-first language. Learn how to speak about and to people without labeling them in negative ways. Gain confidence in your everyday interactions with people who are more than their disability!

LEARNING OUTCOMES:

- Participants will be able to define key elements of person-first language.
- Participants will be able to describe how to differentiate between a person and their condition.
- Participants will be able to list three examples of person-first language.

MARCH 22, 2022, AT 7 PM ET

Getting Creative with Custom Molded Seating

Speaker: Lindsay Veety, PT, DPT, ATP/SMS

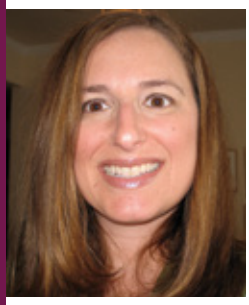
Intermediate Level, Seating and Positioning, ATP/SMS Prep Content

Knowing what type of seating to choose for a client can be a challenge, especially if the client presents with complex body shapes that don't fit into linear off-the-shelf seating. The difficulties that COVID has added with lack of access to clients and product availabilities and lead times, can also affect decisions. This presentation will give a brief introduction to custom molded seating. You will be presented with examples of successfully using innovative custom seating systems with different clients.

LEARNING OUTCOMES:

- Participants will be able to list three different types of available custom molded systems.
- Participants will be able to list two benefits of using custom molded seating with a client.
- Participants will be able to describe two methods of assessing if custom seating is appropriate at time of delivery.

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



APRIL 19, 2022, AT 7 PM ET

The Seating and Wheeled Mobility Team

Speaker: Lauren Rosen, PT, MPT, MSMS, ATP/SMS

Beginner Level, Seating and Positioning, ATP/SMS Prep Content

This webinar will discuss the roles, responsibilities and importance of all involved with the equipment provision process in seating and mobility clinic. It will include personal perspectives of a clinician, a supplier and an end user/parent. Each will discuss their role and ways to solve conflicts and optimize the equipment provided for best outcomes.

LEARNING OUTCOMES:

- Participants will be able to list the roles of each participant in a seating and mobility clinic.
- Participants will be able to assure best outcomes by optimizing the roles of each member of the seating team.
- Participants will be able to describe how to solve conflicts using the team approach.

APRIL 20, 2022, AT 3 PM ET

From the Desk of the Reviewer — Your Chance to See What's Missing in CRT Documentation

Speaker: Cathy Carver, PT

Best Business Practice, Ethics, All Levels, ATP/SMS Prep Content

After a few seating and wheeled mobility evaluations, it's easy to get in a routine of using canned language to justify the equipment for the insurance to approve. Tips are provided by the supplier. Each item as a code and qualifications for those codes. Does this insurance require a certain diagnosis code to qualify for Complex Rehab Technology (CRT)? You have heard, "You must paint the picture of your patient ..." Have you ever stepped back to read someone else's documentation? Have you read your own? This practical webinar will allow you to read real letters of medical necessity, and you will get to see things from the reviewer's perspective and sharpen your documentation skills.

LEARNING OUTCOMES:

- Participants will be able to list three common mistakes therapists make when doing CRT documentation.
- Participants will read example documentation and be able to identify at least two mistakes made and provide corrections.
- Participants will be able to describe at least one mistake common in their personal practice and how it can be improved.

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

NRRTS CE

APRIL 21, 2022 AT 7 PM ET

The Time is Now: Introducing Power Mobility in the Pediatric Population

Speaker: Jennith Bernstein, PT, DPT, ATP/SMS

Sponsored by Permobil

Intermediate, Seating and Positioning/Medical Terminology, ATP/SMS Prep Content

During the CRT decision-making process, there may be challenges from a multitude of directions in determining when and how to initiate power mobility for our youngest clients. Regardless of these potential challenges, historical and current literature both show us that there is no time like the present. This course will discuss what tools are available to guide our decisions, defining terminology surrounding readiness and independence, as well as suggestions for evaluation and recommendation of power mobility interventions in the pediatric population.

LEARNING OUTCOMES:

- Participants will be able to describe two ways to effectively use standardized assessments when completing an evaluation for a pediatric power wheelchair.
- Participants will be able to identify two age-appropriate goals for power mobility utilization and training.
- Participants will be able to list three potential benefits of introducing power mobility as early as possible.

MAY 17, 2022 AT 7 PM ET

The Seated Posture: How can it Impact the Quality of Life of the Elderly Population?

Speaker: Ana Endsjo

Sponsored by Permobil

Beginner Level, Seating and Positioning, ATP/SMS Prep Content

In this course, we will look at typical abnormal sitting postures that place the elderly client at high risk for multiple medical complications. These medical complications not only increase the risk of compromising major bodily systems such as the respiratory and digestive systems, increase the risk of the development of pressure injuries and impede the healing of existing wounds but also contribute to an overall decreased quality of life. You will learn to quickly identify these postures and link some key recommendations from the NPIAP's 2019 Clinical Practice Guideline to decrease the risk of the dreaded wound among this population.

LEARNING OUTCOMES:

- Participants will be able to identify two abnormal postures that compromise healing of an existing pressure injury.
- Participants will be able to name two medical complications that may result from poor seated posture that could decrease the quality of life of the elderly client.
- Participants will be able to name two reasons poor seated posture may impair wound healing.

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

MAY 19, 2022 AT 7 PM ET

Alternative Funding Sources for Wheelchairs and Seating Systems Across Canada

Speaker: Rosalie Wang, PhD, OT Reg.(Ont.)

Beginner Level, Funding and Public Policy

This course provides an overview of funding sources for assistive technology across Canada, with an emphasis on wheelchairs and seating systems. Canada's system for accessing funding is complex and uncoordinated. Funding may come from multiple sectors, including government, charity and private insurance programs. We launched a website called AccessATCanada as a resource to assist with system navigation and to support clients, caregivers and others to learn about funding programs that may be available. Suppliers and clinicians are in key positions to support clients to access reliable information so they can make more informed choices and better advocate for their needs.

LEARNING OUTCOMES:

- Participants will be able to identify different potential sources of funding for assistive technologies from multiple sectors in Canada, including government (federal, provincial/territorial/municipal), charity (international, national, regional, local) and private insurance programs.
- Participants will be able to describe the system navigation website AccessATCanada and how such a resource might support suppliers, clinicians and consumers to identify funding sources.
- Participants will be able to discuss opportunities and strategies for suppliers and clinicians to support clients and caregivers to access reliable information related to wheelchairs and seating systems so they can make more informed choices and better advocate for their needs.

NRRTS CE — ACCREDITED IACET PROVIDER

In a time of drastic change, it is the learners who inherit the future. We appreciate our learners' willingness to adapt to the ever-changing sphere of Complex Rehab Technology, even before COVID hit our world.

We have over 100 on-demand webinars and CEU articles in our library that cover a variety of topics on seating and positioning, medical terminology, ethics, funding and best business practices.

The education program awarded over 1,356 CEUS from August 2019 to August 2020 — that equals 13,560 hours of education!

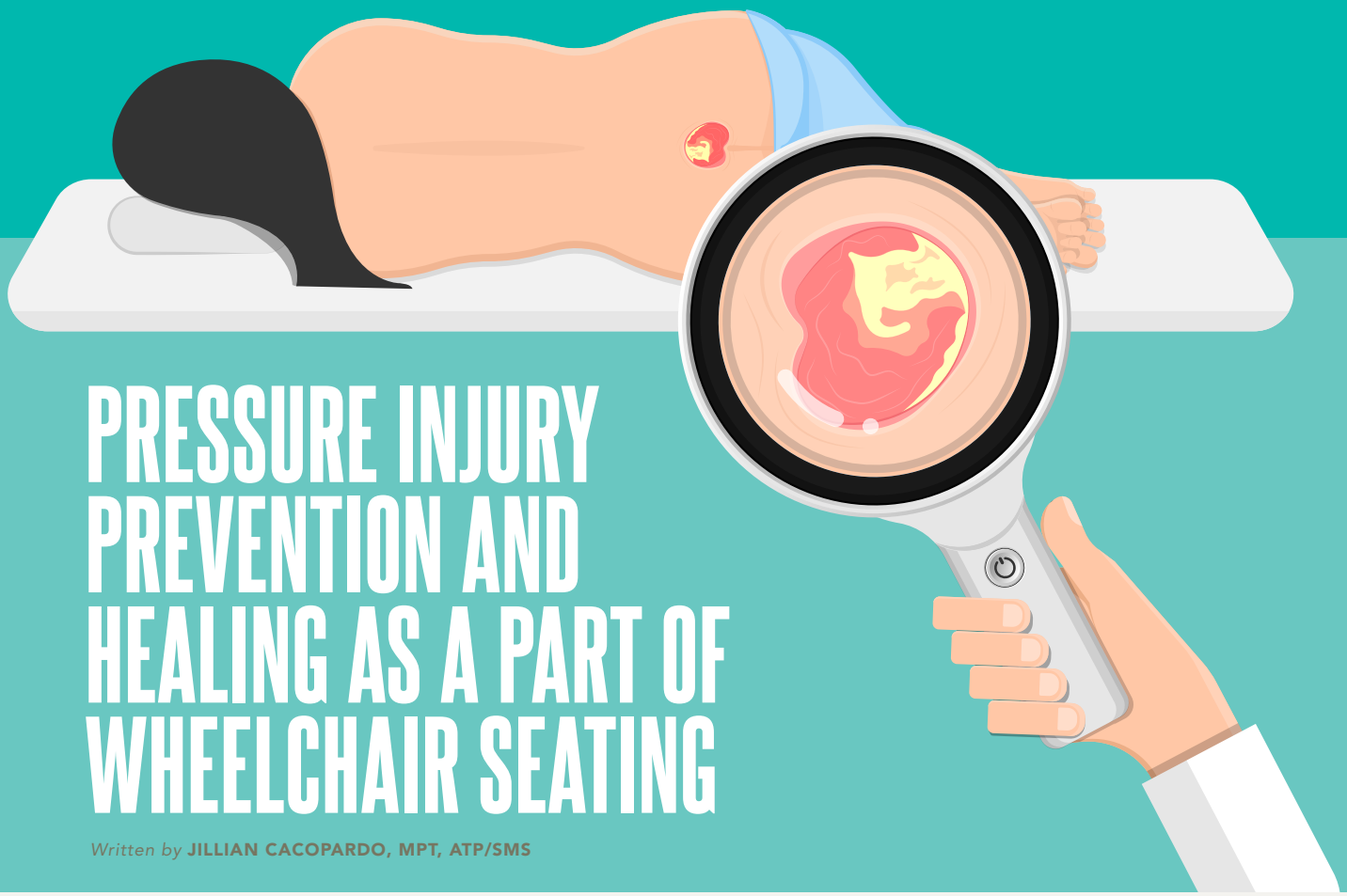
The numbers are proof that we are meeting one of our education objectives at NRRTS — to bring you quality education at an affordable price. Registrants receive education at no cost, as a benefit. FONS pay half-price and others only $45 per course!

We've made access to education affordable, and NOW, even easier for our learners!

NRRTS is accredited by the International Association for Continuing Education and Training (IACET). NRRTS complies with the ANSI/IACET Standard, which is recognized internationally as a standard of excellence in instructional practices. As a result of this accreditation, NRRTS is authorized to issue the IACET CEU.

IACET CEUs are accepted by NRRTS for the RRTS® and CRTS® credentials and by RESNA for the ATP and SMS certification renewal. The National Board for Certification in Occupational Therapy Inc. (NBCOT) accepts the IACET CEUs as PDUs for the American Occupational Therapy Association (AOTA). State occupational and physical therapy associations also accept IACET CEUs for license renewal.

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



PRESSURE INJURY PREVENTION AND HEALING AS A PART OF WHEELCHAIR SEATING

Written by **JILLIAN CACOPARDO, MPT, ATP/SMS**

CEU ARTICLE REVIEW

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

Pressure. Presión. Pression. Drück.

The definition of pressure is "the continuous physical force exerted on or against an object by something in contact with it."[1] Whatever the language, the definition is the same. What differs are someone's medical diagnoses and co-morbidities, lifestyle and habits, ability to retain learned information, and psychosocial affect. With a more complex individual, a higher incidence of pressure is likely.

Literature about pressure focuses on prolonged periods of time spent in a sustained position while related research focuses on wheelchair seating and time spent in bed. Although wheelchair seating and time in bed may lead to the majority of pressure injuries, more obscure causes have also been found. These need to be brought to light to allow team members to identify causes and make optimal recommendations.

Shear is also a force that can play a role in wound development. Shear is defined as "a strain in the structure of a substance produced by pressure, when its layers are laterally shifted in relation to each other."[1] Whether individually or in combination, pressure and shear are forces that can contribute to wound development as well as non healing wounds and can be found in not-so-obvious places.

While areas of pressure injury can include the malleoli, medial aspect of the knees, calcanei, occiput and scapulae, for this article, pressure injury will focus on the seated body surfaces including the sacrum, coccyx, ischial tuberosities and greater trochanters.

STATISTICS

The Centers for Medicare & Medicaid Services classify a pressure injury as a "never event," which are "errors in medical care that are clearly identifiable, preventable and serious in their consequences for patients and that indicate a real problem in the safety and credibility of a health care facility."[3] No other preventable event occurs as frequently as pressure injuries.

- 2014 data reports that pressure injuries are one of the five most common "harms" experienced by patients. Incidence of occurrence varies throughout environments: Pressure injuries develop in 25.2% of individuals in long-term acute care, 12.0% in rehabilitation centers, 11.8% in long-term care, and 9.7% during an acute care stay.[2]
- The cost of pressure injuries has more than doubled from 2007 to 2019, with an estimated cost of $26.8 billion per year.[2]
- 2.5 million individuals per year develop a pressure injury and 60,000 of those do not survive. Length of hospital stays and readmission rates are also greater when a hospital-acquired pressure injury is involved.[2]

What does this tell us? Pressure injuries are serious … and can be avoided if given the proper consideration up front.

ETIOLOGY IN A NUTSHELL

Skin is the largest organ in the body and has the most potential for something to go wrong, particularly in the population that we, as clinicians and suppliers, work with daily. Not only can skin breakdown result in numerous medical complications, but it also can severely impact one's day-to-day activities and ability to function within the home, community or place of employment.

Skin breakdown begins to occur when pressure restricts blood flow to vessels and blocks the flow of nutrients that are vital to skin health. Prolonged pressure can also cause vessels to shift between the tissue layers resulting in shear forces. These shear forces, along with the sustained pressure, can cause ischemia to the tissue, which results in skin breakdown. It is this prolonged pressure and the shear forces that we need to prevent or at least minimize as much as possible.

RISK FACTORS

Factors that increase risk for compromised skin run the gamut over multiple body systems.

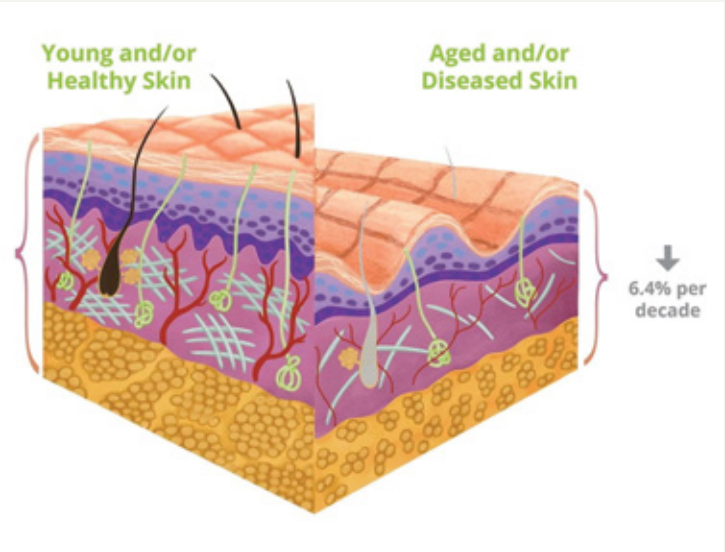


FIGURE 1 Young and/or healthy skin versus aged and/or diseased skin, which decreases in elasticity 6.4% per decade.

For clients using a wheelchair, "a number of contributing or compounding factors are associated with pressure injuries, the primary of which is impaired mobility."[11]

- Bony prominences, such as the ischial tuberosities, are at greater risk of breakdown as less tissue is present between the bone and the skin.
- Impaired nutrition goes hand-in-hand with bony prominences, as someone who is underweight can be very bony. Malnutrition also impairs healing.
- Sensory deficits are also an obvious risk factor. When someone cannot feel discomfort or numbness, they will not move in response. The client also may not feel a wound.
- Impaired muscle tone is also a risk factor. Friction and shear forces can occur with increased tone and spasticity. On the contrary, low muscle tone may increase the risk of pressure injury due to lower muscle mass, particularly over bony prominences. The same can occur in people with muscle atrophy secondary to spinal cord injury or degenerative conditions such as amyotrophic lateral sclerosis, or ALS.
- Skin loses its elasticity, becomes thinner and vascularization is reduced as we age, adding further risk for skin breakdown and impairing healing (see Figure 1).[6]
- Impaired communication and impaired cognition are risk factors that may often be overlooked since the individual cannot effectively communicate their needs.
- Finally, prolonged sitting time can result in compromised skin if sitting is static and weight shifts are not performed. If the client cannot perform weight shifts independently, they must rely on a caregiver to do so. Lack of competent caregiver assistance can increase pressure injury risk. One's ability to continuously move in their wheelchair can assist in skin breakdown prevention.

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PRESSURE INJURY PREVENTION ...
(CONTINUED FROM PAGE 35)

CAUSES OF SKIN BREAKDOWN ... IT'S NOT ALWAYS PRESSURE!

Let's look at some of the root causes of pressure. This is not meant to be an all-inclusive list but rather some common and not-so-common causes that have presented themselves over the years.

THE SEATING SURFACE

While the primary purpose of a seating surface or cushion is to reduce pressure over bony prominences and decrease prevalence of pressure injury development,[10] cushions cannot eliminate the need for pressure relieving movements — even those that offload bony prominences or alternate pressure. This seems to be a common misconception throughout much of the client population, and their referring providers, we serve.

It is also important to recognize that a cushion initially prescribed for an individual may not be the cushion that best serves them over the lifetime of their wheelchair use.[7,8] Cushions should be re-assessed annually to determine their effectiveness for pressure distribution, pressure relief, integrity and function for the individual.

Numerous considerations need to be made when selecting a cushion. These include the cushion's ability to provide pressure distribution/relief, comfort, postural support and alignment, incontinence protection, and temperature control. The seating surface also needs to impede shear forces, optimize function, such as self-propulsion, and be within the client/caregiver's ability to maintain.

Cushion selection is an important part of the evaluation process and requires the clinical decision-making skills of the team. The team will base their decision on pressure mapping results (if available), history of skin breakdown, client ability to effectively perform pressure relief techniques and the length of time the client is seated on the support surface.

When an individual is referred to a seating clinic due to an issue with skin breakdown, common practice is to look at the seat cushion and positioning components first. Simple observation of the cushion cover may be a good indicator of the shape the cushion is in. If the cover is worn or damaged, the cushion itself may have a similar presentation. On the contrary, it is important to check if the cushion is being hidden by a cover that has been recently replaced. Also important is determining if the cushion cover matches the actual cushion. It is always vital to inspect both the cover and the cushion individually.

If available, pressure mapping can be performed to identify areas of peak pressure that may be the source or a contributing factor to skin breakdown. Pressure mapping is also useful as an educational tool to show an individual and caregiver where areas of peak pressure are occurring and the effectiveness of their pressure-relieving techniques.

Additional factors to consider are a cushion's age, degradation and warranty. As cushions age, many start to lose some of their original properties, especially if comprised of foam. As materials degrade, the pressure-relieving properties diminish, putting an individual at higher risk for skin breakdown. Some cushions, while it may not be explicitly stated, do have a life span and should be replaced after a certain period of time. If this time falls under the warranty period, it is likely that no exchange of funds will need to take place. Sometimes, replacement may even be done as a repair through the durable medical equipment provider. At times, it is necessary for an individual to purchase a replacement cushion out of pocket. If this is the case and funds are an issue, alternate funding sources (e.g., diagnosis-specific grants, special needs-type funds) can subsidize the cost.

CUSHION ORIENTATION

It is not uncommon to find a seat cushion being used in the incorrect orientation. Without assessing the seat cushion and cushion cover, this simple mistake, which can be a major contributor to pressure and shear forces, is easily missed.

When the lower extremity abductor (meant for the anterior portion of the cushion) is mistakenly positioned in the rear of the wheelchair, the client will often experience excessive coccyx pressure and increased shear as they attempt to move away from the misplaced abductor. It is essential to educate the individual and caregivers on the correct orientation of the cushion. Not only can the cushion contribute to pressure and shear, but it can also affect the individual's positioning, which can lead to a number of other negative sequelae.

A permanent marker to label the cushion and the cushion cover is a simple and effective solution to ensure that it is always placed in the correct orientation.

WHEELCHAIR CONFIGURATION

The importance of the mat evaluation is emphasized by clinicians everywhere and throughout continuing education courses. How does this relate to wheelchair configuration? If a mat evaluation is not completed, range of motion limitations cannot be accurately

IF A MAT EVALUATION IS NOT COMPLETED, RANGE OF MOTION LIMITATIONS CANNOT BE ACCURATELY IDENTIFIED. LEFT UNIDENTIFIED, RANGE LIMITATIONS CAN RESULT IN IMPROPER WHEELCHAIR SPECIFICATION, WHICH CAN THEN LEAD TO POOR POSITIONING WITH THE POTENTIAL FOR INCREASED PRESSURE, SHEAR AND FRICTIONAL FORCES THAT COULD OTHERWISE HAVE BEEN AVOIDED.

identified. Left unidentified, range limitations can result in improper wheelchair specification, which can then lead to poor positioning with the potential for increased pressure, shear and frictional forces that could otherwise have been avoided.

For example, if the individual's hip range of motion is limited to 100 degrees and the seat-to-back angle is set to 90 degrees, shear can occur from the individual sliding forward on the seating surface (see Figure 2). This can be seen in both manual (including traditional and tilt-in-space) and power wheelchairs. If a mat evaluation shows range of motion limitations, it is important to configure the wheelchair to accommodate these. In the case of a power wheelchair, power recline may be necessary. If an individual consistently closes their seat-to-back angle too much, the power recline may need to be programmed to limit movement past certain ranges to reduce risk of extraneous forces that, could compromise skin.

If someone is predisposed to skin breakdown, evaluating the degree of seat slope may also be indicated. A higher front than rear seat-to-floor height in an ultra-lightweight manual wheelchair will cause the individual's knees to be higher than the hips, thus increasing their susceptibility to pressure over the ischial tuberosities and coccyx. This can pose further challenges if someone needs a certain seat slope for trunk stability and function. Some manufacturers offer frame modifications that can provide a level pelvis and assist in minimizing peak pelvic pressures. If the frame cannot be modified and trunk stability is necessary through seat slope, education must emphasize the importance of weight-shifting for off-loading, rest time spent out of the wheelchair, and pressure-relief techniques, including type and frequency.

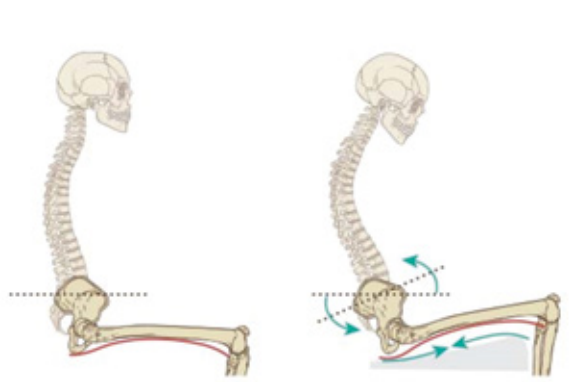

FIGURE 2 On the left is "normal" sitting posture with a neutral pelvis. The image on the right shows a shear force which occurs when attempting to flex the hips beyond their available range of motion.

SITTING DURATION

It is difficult to find a source that has definitive answers regarding recommended sitting time for someone to prevent a pressure injury, with an active pressure injury, or post-surgical intervention to close a pressure injury. It is vital to consider each individual on a case-by-case basis. There are variations in the length of time an individual should sit with a pressure injury or after surgical repair (e.g., initial seating for 30 minutes versus 60 minutes, etc.). In my own experience working in a long-term acute care hospital that cares for a number of patients with post-surgical flap repairs, the starting

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PRESSURE INJURY PREVENTION ...
(CONTINUED FROM PAGE 37)

sitting time is usually 30 minutes. The most important factor when returning to a sitting program, whether beginning at 30 minutes or 60 minutes, is a progression of seated activity with skin checks that occur after each sitting occurrence.[10]

In an ideal world, every individual using a wheelchair would have access to the care needed to carryout the recommended frequency of pressure-relieving techniques and transfers to and from their equipment. This generally works well in a facility since staffing can be present and held accountable to ensure these orders are followed. However, it may be more difficult to adhere to if the individual is in a home setting. It is crucial to educate individuals and their caregivers on the importance of scheduled weight-shifting techniques, including frequency and duration.

Weight-shift techniques include client forward and lateral movements if seated in a manual wheelchair without tilt or recline features. Leaning forward or to the side unweights specific areas to restore tissue perfusion. The client may also perform a wheelchair "push-up," though this is not practical to sustain for the recommended period of time. If present, the client or caregivers can also use a manual tilt or recline on a manual wheelchair. A power tilt is also available on manual wheelchairs as an add-on, though this also increases the total weight.

In a power wheelchair, power seating may be present, which can be used to shift client weight, including recline, tilt and elevating legrests. Power stand also redistributes client weight. If power tilt, recline and elevating legrests are used together, it is extremely important to utilize the actuators in the correct sequence in order to minimize shear forces. It is recommended that tilt be performed first, then elevating legrests and then recline. This will stabilize the pelvis and minimize shear forces as well as loss of pelvic position.[10] The sequence should be reversed when returning to an upright position.

There is no consensus on how rapidly to advance sitting time after surgical flap repair; however, any increase in time should be determined by how well the flap and incisions are tolerating the loading pressure.[10] Consistent weight shifting must be applied during any episode of sitting longer than 15-30 minutes.[10] Two hours is frequently recommended for total sitting time, including weight shifts, before returning to bed.[12] For many individuals, these shortened periods of time spent in their wheelchairs are unrealistic due to multiple factors. A person that is trying to maintain their employment and must work at the office likely cannot leave to get out of their equipment. Also, the need for transfer assistance when caregiver availability is limited is another example of a "real-life" factor that lengthens sitting times. When a client spends more than the recommended two hours in their wheelchair, consistent and effective pressure-relief techniques are imperative to wound healing.

It is critical to provide education to the client and caregivers on any weight shift program and to document this.

TRANSFER BOARDS (SLIDE BOARDS)

Transfers via slide boards have long been identified as a source of forces that can create new or contribute to non-healing wounds. Slide boards come in all shapes and sizes and are made of different materials: short, long, commode, with holes, without holes, wood or plastic. There are also boards that reduce shear forces but many of these have disadvantages, including greater weight and greater difficulty with independent placement.

The ability to use a slide board for transfers can often make all the difference in someone's independence. How can shear forces be minimized while still allowing someone to remain independent? All attempts to perform mini pop-overs (mini lateral lift transfers) using the slide board as a bridge should be taken if one has skin breakdown on their seated surface. This may be difficult for individuals with limited strength and balance. An inexpensive slide sheet can significantly reduce the added shear forces that occur on hard transfer boards (see Figure 3). Reducing transfer frequency is also important in this population if these types of transfers cannot be eliminated.

LIFT SLINGS

Many factors come into play when determining what type of sling to use. First and foremost, what type of lift system does someone utilize? The answer may very well determine the type of sling needed for transfers. Other factors include an individual's medical condition, their size and any current wound location.[4]

There are two main types of lift slings: full-body (hammock, see Figure 4) or U-shaped (split) (see Figure 5). Slings are made of a polyester mesh or may be disposable.[5] I have found that there is generally no rhyme or reason as to what type of sling someone uses. Often it is dependent on insurance coverage or lack thereof.

Ideally, a sling should only be utilized for the duration of a transfer and be promptly removed upon completion to minimize the risk of excess pressure and

IDEALLY, A SLING SHOULD ONLY BE UTILIZED FOR THE DURATION OF A TRANSFER AND BE PROMPTLY REMOVED UPON COMPLETION TO MINIMIZE THE RISK OF EXCESS PRESSURE AND MAXIMIZE THE SEATING SYSTEM'S PROPERTIES.

FIGURE 3 Image of a slide sheet which can be used to navigate across a transfer board to decrease shear forces normally encountered.

maximize the seating system's properties. But in the real world, this does not always happen for several reasons. Perhaps the individual is using a full body sling, which makes removal or placement difficult while the client is seated in the wheelchair. A U-shaped sling is designed for easier removal and placement.

In instances where it is nearly impossible to remove the full sling, it is imperative to ensure the sling is not wrinkled, thus providing equal distribution throughout the supported surfaces. In addition, weight-shifting techniques need to be emphasized to maximize pressure relief.

If someone has skin breakdown and is using a U-shaped sling, further investigation is warranted. The position of the sling's leg straps could lead to skin breakdown. The sling may also cause a "ripping" action (shear between the sling and the client during the transfer) to an area that was otherwise healing, thus re-opening the wound. Careful placement of the sling should be made to deter this from occurring. If the sling cannot be removed, a compromise can be made by removing the leg straps from under the legs and buttocks, thus reducing another risk for added pressure.

FIGURE 4 Full-body (hammock) sling

FIGURE 5 U-shaped sling

TOILETING PROGRAM

It is important to address each individual's unique toileting program to determine if risk factors are present for pressure injury development. Questions to ask include how the client performs their bowel program, what type of surface they come in contact with and how long the program takes. From side-lying in bed, to use of a commode, to suspending over the toilet/commode in a sling, a bowel program can be completed in a number of different ways.

CONTINUED ON PAGE 40

PRESSURE INJURY PREVENTION ...
(CONTINUED FROM PAGE 39)

When using a commode, a padded model is ideal, particularly when an individual experiences sensory deficits. The seat needs to be replaced if the cover becomes cracked or torn. Hard plastic seats can be a source of skin breakdown particularly if a client spends a prolonged period of time waiting for their toileting program to be completed.

The use of a sling suspended over the toilet carries the potential to stretch healing skin, particularly if the toileting program is not completed daily as this may lengthen total time. Healing progress gained between program days can be ripped open again. While this method may be used for a number of reasons, skin stretching could be reduced by remaining in the sling to assist with trunk control while simultaneously remaining in contact with the toilet support surface.

It is critical in any toileting program, including use of diapers, to ensure the skin is clean and dry.

BED

Many clients and other team members place the blame for pressure injury development and/or prolonged healing squarely on the seat cushion. Perhaps the client has been on differing durations of bedrest and still has not had success with wound healing. This can even occur when using an air mattress, further mystifying the issue.

Why might this be occurring? Consider the surface underneath the mattress. Typically, an individual with a wound is in a hospital bed with a specialty mattress. What if the mattress no longer has its resiliency and has bottomed out? What does it bottom out on? The bottom of the bed on which the mattress lies, or the deck, is made of metal. The individual's mattress should be evaluated regularly and should provide at least 2.5 cm of support under bony prominences, otherwise the client may be resting on the metal deck.[10]

It is also important to consider the degree at which the head of the bed is elevated, as the sacrum is subject to shear and pressure forces with greater elevation. "Pressure and shear are reduced when the head-of-bed is elevated at less than a maximum of 30 degrees."[9,11] Having the head of the bed elevated to 30 degrees or greater is preferred in certain situations, such as to prevent ventilator-assisted pneumonia and for gastric tube tolerance, however considerations must be made by the medical team to also reduce pressure and shear.

CLOTHING

Pressure mapping is a tool that can assess the pressure between interfaces, most commonly the buttocks and seat cushion.[10] Pressure mapping can also be completed at bed level. The mapping may reveal "hot spots" or areas that are susceptible to pressure injury due to increased pressure in relation to the surrounding areas. It should be emphasized that pressure mapping is not a diagnostic tool but an instrument that can assist in locating the source of added pressure while also providing education on the effectiveness of weight-shift and pressure-relief techniques. Another tool — more readily available than pressure mapping — is the clinician's hands.

How does this relate to clothing? Sometimes, after reviewing a client's support surfaces, habits and lifestyle, a common denominator is not readily found to pinpoint the cause of the wound or its prolonged healing. Pressure mapping can uncover hidden areas of peak pressure that cannot be accessed by the clinician's hands such as rear jeans pockets, jeans rivets, bandaging and absorbency products.

The seams of jeans pockets are bulky and (depending on how one wears their jeans) may be in contact with problematic areas. Jeans or pants rivets have also been found to be a contributing factor when it comes to added areas of pressure and are frequently found on the seated surface near common problematic areas including the ischial tuberosities, coccyx and sacrum. Additionally, wound bandaging can be quite bulky and cause further concern for breakdown.

Absorbency products can be another source of added pressure. There are many types of absorbency products, including under pads, panty shields, pant guards, adult diapers (briefs), disposable pad systems or combinations of these products. These products are typically harmless but do pose a danger to clients who have sensory impairments, have prolonged sitting times and/or are unable to weight shift. If one's absorbency products are wet or soiled and cannot be promptly changed, moisture and incontinence can increase risk to already susceptible areas. Urine changes to pH of the skin and, in combination with stool, creates a toxic environment that can break down skin in a matter of hours.

Some absorbency products have a tendency to bunch, causing rolls and subsequently added pressure (see Figure 6). It is important to provide education on the importance of keeping these products as flat as possible when being donned and to re-assess their status after transfers and movement.

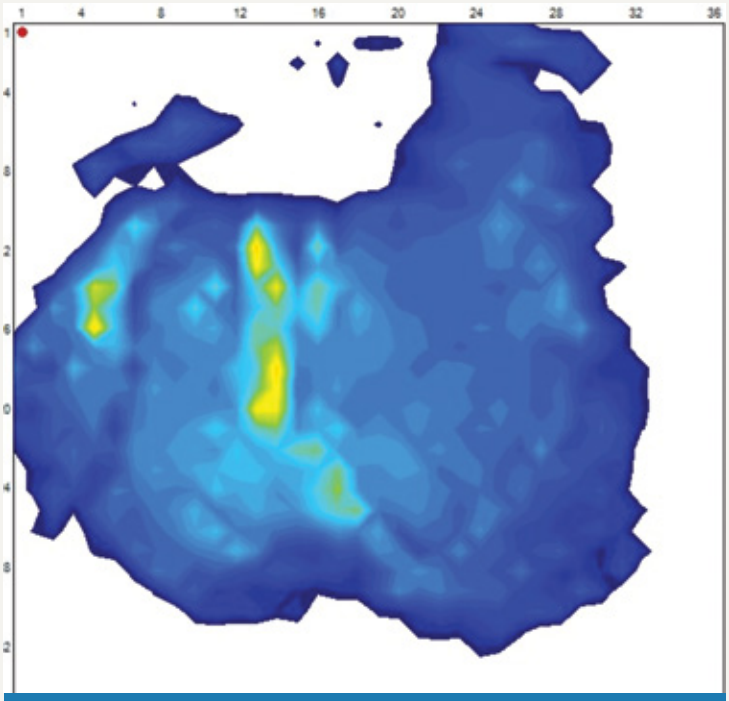

FIGURE 6 Pressure map taken from a former client who had a bunched adult brief that caused increased pressure.

TRANSPORTATION

Traveling in a standard vehicle or airline seat can also be a source of altered pressure and is often forgotten as a potential contributor. Whether it is a short or long trip, if the skin is fragile or compromised, sitting on a standard vehicle or airline seat is not recommended. The seat underneath the upholstery is unable to be readily assessed for integrity and is not meant to provide pressure relief, particularly to those with sensory deficits. Adding a pressure relieving cushion on top of the vehicle or airline seat can be helpful, as long as the client is not raised too high for roof clearance and visual regard.

The continuous physical force exerted on or against an object by something in contact with it places clients who use wheelchairs at high risk for pressure injury. Pressure injuries can be further exacerbated by co-morbidities. Additional forces can also occur when transferring to and from wheelchairs. While pressure injuries are frequently caused by the seated support surface, many other factors may come into play and should be evaluated to get to the root cause of the issue. Seating assessments should be completed using all tools at our disposal to narrow down causes of altered pressures. Thorough questioning may bring to light not-so-obvious causes and allow clinicians and suppliers to provide strategies on how to alleviate these peak pressures.

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DON'T SKIP THE MAT ASSESSMENT!

Written by: **MICHELLE L. LANGE, OTR/L, ABDA, ATP/SMS**

This Clinical Editorial is a new feature in (*DIRECTIONS*). This column provides an opportunity for expert clinicians in our field to not just provide clinical **information** on a subject but also clinical **opinion**. Things may get a bit spicy at times! After many years of practice, these opinions are invaluable!

I'm going to kick things off with my thoughts on the mat assessment. In 2020, I had the opportunity to participate in my first ever podcast. The topic was "Top Ten Mistakes Clinicians Make During Seating and Mobility Evaluations" (OccupationalTherapy.com). That was a surprising easy list to create! First on the list was "Skipping the Mat Assessment."

The mat assessment takes time, but it is critical in determining available range of motion for seating. These results, in turn, determine critical seating angles such as trunk to thigh and upper leg to lower leg. The mat assessment also determines where and how much support is required to maintain the identified seated position and optimize stability and function without undue pressure.

So why do team members skip the mat assessment? I think there are four main reasons:

1. I don't have time.
2. I don't get reimbursed enough to include this.
3. I don't have access to a mat table.
4. I don't know how.

Let's talk solutions. And I mean real solutions. I have certainly presented courses that included mat assessment information, as have many others. How do we really make a difference?

1 & 2: I DON'T HAVE TIME & I DON'T GET REIMBURSED ENOUGH TO INCLUDE THIS.

Let's take these two together. Many settings have unrealistic productivity requirements and time limits on these complex evaluations. Including a mat assessment adds, I would estimate, about 15-30 minutes to a seating and wheeled mobility evaluation, depending on the complexity of the client. This is time well-spent. Skipping this portion of the evaluation means the team doesn't really know the cause of seating challenges they are seeing, for example, why Mrs. Smith sits with a posterior pelvic tilt. Jumping to solutions without knowing the cause leads to poor outcomes. And that means we will spend as much time on the back-end fixing problems that could have been addressed on the front-end. That does not save time. So, what is the solution? Continued education of clinicians as to why the mat assessment is so important, and we need to push back (politely). Push back when administrators say we can't spend that much time in an evaluation and explain why this time is needed and is even time efficient in the long run.

Some of our evaluation codes provide only a flat reimbursement rate, no matter how long the evaluation is. This is where the AT Assessment code (97755) comes in. This code is time based to provide more reimbursement for more time spent in a complex evaluation. So, what is the solution? Continued education of clinicians on use of this code and encouragement to inform their workplaces this code will allow for longer evaluation times.

THIS CLINICAL EDITORIAL IS A NEW FEATURE IN DIRECTIONS. THIS COLUMN PROVIDES AN OPPORTUNITY FOR EXPERT CLINICIANS IN OUR FIELD TO NOT JUST PROVIDE CLINICAL INFORMATION ON A SUBJECT BUT CLINICAL OPINION.

WE KNOW THE IMPORTANCE OF THE MAT ASSESSMENT AND THE IMPLICATIONS OF NOT COMPLETING THIS STEP IN THE PROCESS.

3. I DON'T HAVE ACCESS TO A MAT TABLE.

Really? A seating and wheeled mobility clinic should have a mat table. And one that is low enough to allow the client to sit on the edge of the table and also support both the evaluator and the client. For clinicians seeing a client at home, a bed, couch or the floor won't work. A bed or couch are too soft, preventing accurate assessment of posture and range. The floor can work for the supine portion of the evaluation, if your knees can take it, but not for the "sitting on the edge of the table" portion. So, what is the solution? Educate the clinicians on the importance of the mat assessment and having the right mat table, as well as encouraging them to work with their administrators to acquire the right equipment with the space to accommodate this equipment. After all, you wouldn't make a splint without a hot water bath, correct? For those home-based therapists, there are two options. You could use a portable mat table or refer to a clinic that can do the evaluation.

4. I DON'T KNOW HOW.

This is a tricky one. Here is my favorite example: If I see a client who needs a hand splint, it is unethical of me to ignore the need, and it is equally unethical of me to fabricate a splint. Yes, I'm an occupational therapist, but I haven't made a splint in decades. So, what should I do? Refer to someone who knows what they are doing. That is called scope of practice. So, what is the solution? Learn the skills or refer. Continuing with my example, if I decided to change my area of practice to hand therapy, I would need a substantial amount of education, training and finally supervision to be competent and do a good job.

For a long time, I tried to teach clinicians how to basically do my job in a single, several hour course. That is just not realistic. Education is an important first step. However, the primary goal of introductory education is to teach clinicians to be aware of potential seating and mobility needs and to know when to refer to specialists in their area. The next step is further education, training in a clinical setting and finally supervision as this person begins to apply their skills with a client. Our field needs more training and supervision opportunities.

We know the importance of the mat assessment and the implications of not completing this step in the process. We need to keep educating others as to why this is critical and to directly address these barriers to optimal service delivery. Let's not compromise — client outcomes are at stake!

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THE ROLE OF WHEELCHAIR SEATING INTERVENTION IN WOUND HEALING: A CASE STUDY

Written by: **CAITLIN BOLAND PT, DPT, ATP, NCS, CBIS**

Pressure injury prevention and healing requires a team approach. Thorough seating assessment and intervention plays a critical role in the overall wound care plan, including prevention and healing of pressure injuries.

THE CLIENT

The client is a 60-year-old, previously independent male who was admitted to an acute care hospital due to a fall at home, resulting in a cervical spinal cord injury (C4 ASIA A tetraplegia). He is status post anterior cervical discectomy and fusion at C3-C5. He presented to Gaylord Specialty Healthcare, a long-term acute care hospital (LTACH) in Wallingford, Connecticut for rehabilitation with a stage II pressure injury at his coccyx. We anticipated this injury to be associated with prolonged bed rest and decreased repositioning, as well as decreased use of pressure relief strategies.

Other diagnoses include neurogenic bowel, neurogenic bladder, neuropathic pain, spasticity, orthostatic hypotension, staphylococcus aureus pneumonia, acute mechanical respiratory failure due to neurologic deficits, atelectasis, hypoxia, status post tracheostomy, and status post percutaneous endoscopic gastrostomy. Significant past medical history includes alcohol abuse, elevated hemoglobin A1c, diverticulosis and seborrheic keratosis.

THERAPY ASSESSMENT

Upon initial physical and occupational therapy assessment, the client presented with:

- Bilateral scapular and cervical pain rated 6/10 on the Numeric Pain Rating Scale.
- Upper and lower extremity spasticity.
- Gross 2- to 3-/5 shoulder strength, with decreased strength distally.
- 0-1/5 lower extremity strength.
- Impaired sensation.
- Trunk weakness.
- Poor balance.
- Decreased activity tolerance.

Posture was notable for partially reducible moderate thoracic kyphosis, partially reducible mild to moderate left thoracic scoliosis, partially reducible moderate posterior pelvic tilt, and anterior head position.

The client was non-ambulatory and dependent for all mobility including bed mobility, transfers via mechanical lift and manual wheelchair mobility.

INITIAL WOUND ASSESSMENT

Upon arrival to Gaylord Specialty Healthcare, approximately one and a half months following his injury, the client's stage II pressure injury to his coccyx measured 1.2cm x 0.6cm x 0.1cm. There was a scant amount of serosanguinous drainage. At that point in time, the wound care team placed orders for the client to spend no more than two hours out of bed at a time, on a specialty cushion, no more than three times per day, and for turning and repositioning every one to two hours when in bed. The wound was irrigated with normal saline and then dressed with Nystatin powder and silver antibacterial gelling fiber daily, as well as Venelex ointment at night.

INITIAL SEATING RECOMMENDATIONS

The client's primary physical and occupational therapists at Gaylord first provided him with a manual tilt-in-space wheelchair and an air-filled seat cushion, on loan to him during his inpatient stay. Fair sitting tolerance was noted, with the client able to sit for no more than 30 minutes at a time, no more than two times per day. He reported generalized pain, rated 4/10 on the Numeric Pain Rating Scale, and occasional dizziness when sitting for longer periods than noted above. He did note decreased use of the manual tilt

PRESSURE MAPPING SHOWED MILD AREAS OF INCREASED PRESSURE THROUGH THE BILATERAL ISCHIAL TUBEROSITIES; NO SIGNIFICANT AREAS OF INCREASED PRESSURE WERE NOTED THROUGH THE COCCYX.

function by caregivers at this facility. Pressure mapping assessment was completed with the client seated in this wheelchair, in approximately 30 degrees of tilt (which was the client's position of comfort) to ensure adequate offloading in the seat system (see Figure 1). Pressure mapping showed mild areas of increased pressure through the bilateral ischial tuberosities; no significant areas of increased pressure were noted through the coccyx.

SEATING CLINIC ASSESSMENT

The client's physical and occupational therapists referred him to the seating clinic for assessment for the most appropriate seating system approximately two weeks following his admission to Gaylord Specialty Healthcare. The client was evaluated, and a mid-wheel drive power wheelchair with power posterior tilt, recline, seat lift, and elevating/articulating legrests was prescribed. The client was able to trial the device using a left-sided proportional joystick with U-shaped joystick handle, with good results noted.

The client was also provided with a loaner mid-wheel drive power wheelchair for the duration of his inpatient stay at the LTACH. He was educated regarding the need for frequent pressure relief and distribution, including use of the power seating functions. A position of comfort and optimal pressure

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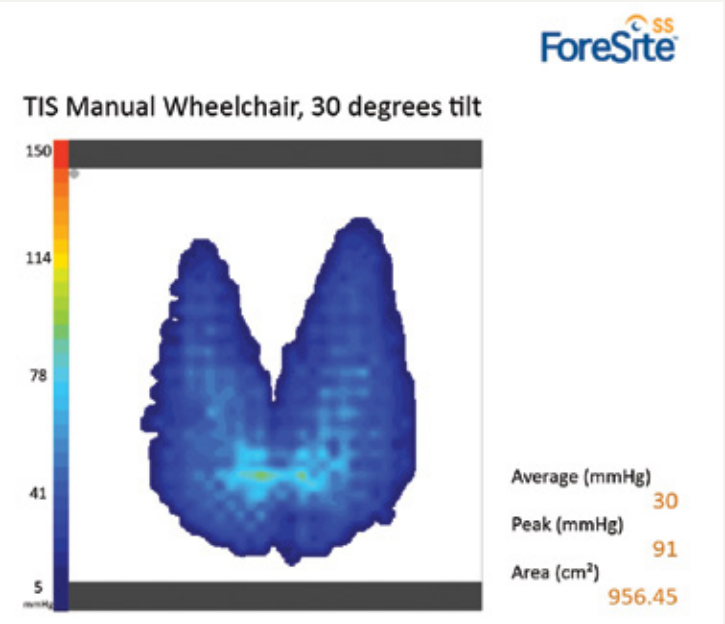

FIGURE 1 Pressure mapping assessment completed with client seated in his position of comfort, approximately 30 degrees of tilt. Photo depicts mild areas of increased pressure through the bilateral ischial tuberosities; no significant areas of increased pressure noted through the coccyx.

THE ROLE OF WHEELCHAIR...
(CONTINUED FROM PAGE 45)

relief was programmed into the wheelchair's memory, including a combination of 35 degrees of posterior tilt with 120 degrees of recline. The client was recommended to stay in this position for at least two to three minutes per half hour up in the chair as this is cited best for enhancing skin perfusion.[1,2] Pressure mapping was completed with the client in this position, with excellent results noted (see Figure 2). No areas of increased pressure noted.

SEATING SYSTEM USAGE

The client's physical and occupational therapists as well as the seating clinic specialist monitored the client daily for carryover of use of the power seat functions, as well as for sitting tolerance and comfort. Within two weeks of using the power wheelchair, the client was regularly sitting up for at least two hours at a time, two to three times a day, with good comfort and sitting tolerance reported. The client did often utilize a pre-programed position, which provided optimal pressure relief and comfort in the power wheelchair, but he only chose this position one time within a two-hour time span, as opposed to the two to three times recommended to him. At this time, the wound care team re-assessed the client's coccyx wound, which measured 0.8cm x 0.3cm x 0.2cm, showing some healing. A scant amount of serosanguinous drainage continued to be noted; treatment of the wound remained the same. Also of note, the client was turned and repositioned every one to two hours while in bed, as documented by the nursing staff.

FURTHER RECOMMENDATIONS

The client's physical and occupational therapists, in collaboration with the seating specialist, recommended the use of a timer or alarm to encourage pressure relief at the recommended frequency. The client was trained and proficient with the use of voice activation on his tablet, so this was used to begin a timer when he was seated in his wheelchair. The nursing staff was also educated regarding the recommendation for use of the timer when the client was seated in his wheelchair to facilitate reinforcement from caregivers when the therapists were not present. The client was monitored

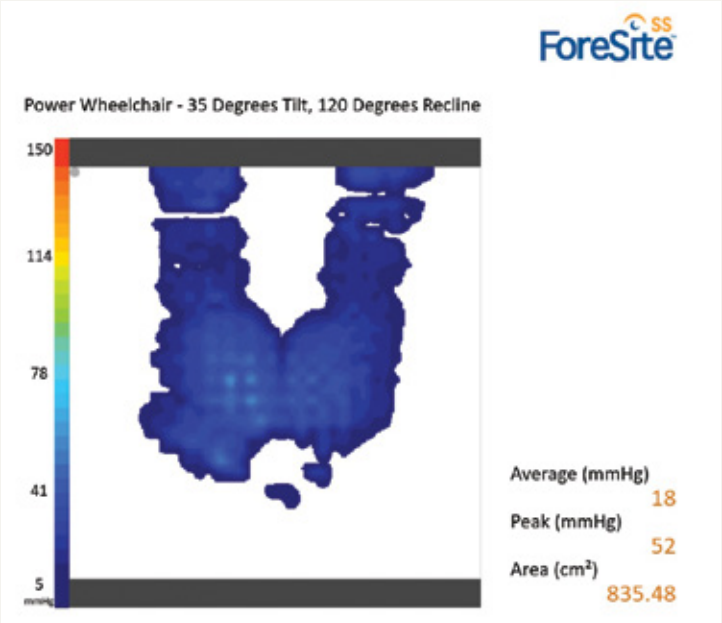

FIGURE 2 Pressure mapping assessment completed with client seated in a loaner mid-wheel drive power wheelchair, in the recommended position of offloading consisting of 35 degrees of posterior tilt with 120 degrees of recline. Photo depicts good pressure relief throughout, with no areas of increased pressure.

APPROXIMATELY ONE MONTH FOLLOWING THE PREVIOUS RECOMMENDATIONS TO UTILIZE THE TIMER, THE WOUND WAS HEALED. THE WOUND ALSO REMAINED HEALED UPON A TWO WEEK FOLLOW-UP.

over a two-week span and, on average, he performed his weight shifts at least two times within the two-hour time span that he was out of bed. He continued to get out of bed two to three times per day.

WOUND RE-ASSESSMENT

The client received weekly wound care follow ups during his LTACH stay. Approximately one month following the previous recommendations to utilize the timer, the wound was healed. The wound also remained healed upon a two week follow-up. The client continued to follow the recommendations for optimal pressure relief and demonstrated excellent tolerance for sitting in his mid-wheel drive loaner power wheelchair. Per the client's report during the two-week follow-up, his pain was improved when out of bed, rated 1/10 on the Numeric Pain Rating Scale.

DISCUSSION

The client had favorable results with regard to wound healing with a collaborative team approach. During his inpatient stay at Gaylord Specialty Healthcare, he received frequent wound care follow-ups, daily nursing care, and ongoing physical and occupational therapy treatment as well as visits to the seating clinic, as appropriate. Not only did the client's stage II pressure injury fully heal during his inpatient stay at the LTACH, but there was no report of recurrence during his stay. Moreover, with the assistance and occasional prompting of caregivers in the hospital setting, as well as use of a timer or alarm as a reminder, the client was able to carryover the recommended strategies for optimal pressure relief. The power seating was programmed to assume a preset position of 35 degrees of posterior tilt and 120 degrees of recline, which allowed the client to achieve this position without difficulty and with increased comfort. Along with the healing of his stage II pressure injury to his coccyx, the client had decreased generalized pain, was able to tolerate getting out of bed for a duration of two hours, two to three times per day, and thus was able to increase his participation in his daily activities, including his physical and occupational therapy programs.

Pressure injuries can be difficult to heal, and there are many intrinsic and extrinsic factors that can contribute to healing or lack thereof. Other intrinsic factors that may have contributed, but were not a primary focus in the study of this specific client, include age, nutrition, chronic illnesses, skin conditions and oxygen delivery.[3] In the case of this client, a collaborative approach where extrinsic factors including shearing forces, pressure, and friction were controlled, allowed the patient to experience increased comfort, increased out of bed tolerance and pressure injury healing. Follow up of the client in the home setting upon receiving his custom mid-wheel drive power wheelchair would be recommended in order to ensure carryover of the recommended strategies as well as prevent further occurrence of pressure injury given his many risk factors.

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CRT SUPPLIER

A VERY UNIQUE ROLE ... A VERY REWARDING CAREER

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

"Providing quality rehab technology products and services cannot survive without all the stakeholders recognizing the added value the RTSs bring to the process."

— Simon Margolis

Many years ago, 30 to be exact, a group of concerned stakeholders set about to create an organization supporting individuals who provided seating and wheeled mobility. It would provide a mechanism for medical professionals, consumers and third-party payers to identify suppliers who are qualified to provide high quality rehabilitation technology and related services to people with disabilities. Their mission was to set standards and give an identity to this emerging and unique profession. The stakeholders were a diverse group that included consumers, clinicians, physicians, suppliers and manufacturers.

First, they needed to create a job title. Terms being used at that time included "wheelchair lady" or "wheelchair guy."' "Rehab Technology Supplier or RTS was chosen to be the designated term. An RTS provides enabling technology in the areas of wheeled mobility, seating and alternative positioning, ambulation assistance, environmental controls and activities of daily living," wrote Simon Margolis.

Second, they needed to define the role of the RTS. At that time, there weren't any guidelines, so they used their collective experience to write a Standard of Practice for this very unique role.

What makes this this role so different?

Who is the customer?

For a Complex Rehab Technology (CRT) supplier, this question has several answers.

- The customer is the client; the person needing the technology. It is important to recognize and meet the goals of the client. Each client presents with unique needs and goals.
- The customer is also the referral source or clinician. It is important to be a participating team member who offers realistic solutions. Earning their trust will gain future referrals. NRRTS Registrants know continuing education in CRT sets them apart as a professional supplier.
- The customer is the funding source. NRRTS Registrants must understand the different coverages and documentation requirements and share this information with their client. Funding agencies expect timely provision of high-quality products that meet the needs of their beneficiaries.

It can be a tough balancing act to keep everyone satisfied. The Standard of Practice was written to guide the process and set the priorities. Consumers and clinicians should expect the same level of service from all NRRTS Registrants. Funding agencies expect timely provision of high-quality products that meet the needs of their beneficiaries from NRRTS Registrants.

With a clear vision of this unique role of the CRT supplier, the founding stakeholders wrote standards that are realistic and still stand today.

The foundation of these standards is to "do no harm" and keep the goals of client as the main priority.

For all the challenges NRRTS Registrants face, there is no more rewarding career than being part of a team providing technology that improves function and quality of life for people who use CRT.

Read the complete NRRTS Standard of Practice here https://nrrts.org/wp-content/uploads/2020/06/NRRTS-Standards-of-Practice.pdf

CONTACT THE AUTHOR

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

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RESNA: NEW YEAR, NEW-ISH PLANS!

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

Here we are in 2022. Huh. Feels a bit like 2021, doesn't it? At least with the vaccines and boosters we can relax and feel a little safer. But with new variants emerging and making it next to impossible for people to travel safely, the RESNA Annual Conference, scheduled for July 14-16, will be virtual.

This will be RESNA's third virtual conference. The 2020 and 2021 virtual events were surprising successes. The majority of our members and attendees told us they really enjoyed the virtual experience and were impressed with the quality interaction they were able to have with colleagues and speakers. They also liked that they could earn more CEUs than at a traditional conference, due to the availability of on-demand session recordings. Not having the hassle or expense of travel was an added bonus.

RESNA's 2022 conference, "Driving the Future of Assistive Technology," will include:

- Three days of continuing education sessions on a wide range of assistive technology topics, available live and on-demand.
- Keynote lectures from prominent assistive technology thinkers and leaders.
- Interactive scientific paper platform sessions and poster hall.
- Interactive Developer's Showcase, featuring new and emerging technologies.
- The Student Design Challenge and Student Scientific Paper Competition.
- Virtual exhibit hall, with the ability to offer product demonstrations and one-on-one meetings.
- Opportunities to meet, network and exchange information with other like-minded professionals.

THE RESNA ANNUAL CONFERENCE, SCHEDULED FOR JULY 14-16, WILL BE VIRTUAL.

All education sessions will offer IACET CEUs. The full conference program and registration will be available in late March.

Still, it's not the same, is it? We are looking at ways to meet in-person. Being RESNA members, there are some very creative ideas on the table! Look for an announcement soon.

A HUGE THANK YOU

Did you know that the quality and integrity of the ATP certification is due to dedicated volunteers lending their time and expertise to RESNA? Maintaining the rigorous standards of an internationally-accredited certification program is no small feat and requires year-round commitment.

Besides the Professional Standards Board, which is charged with oversight of RESNA's certification programs, we issue calls for volunteers from time to time to help with necessary tasks to keep the exam up-to-date and relevant. A small group of intrepid ATPs answered our last call for volunteers, and during the late fall and early winter have been hard at work developing the new ATP Content Outline through a process called a Job Task Analysis (JTA). RESNA convenes a JTA every five years to track and document the changing job duties of the ATP. The content outline is the basis for all questions that are included on the ATP exam, and the work to update it is rigorous and time intensive.

RESNA would like to thank the following individuals who have already given multiple hours to this effort:

- Eric N. Greib, OTR/L, ATP, chair of the Job Task Analysis Subcommittee
- Rose DeFeo, PT, ATP
- Mary DuCharme, OT, ATP
- Dongran Rosemarie Ha, PhD, ATP, RET
- Maria T. Kelley, SLP, ATP
- Christi D. McKim, OT, ATP
- Julie A. Piriano, ATP/SMS

Now the content must be validated by the wider assistive technology industry through a survey process.

Please make sure your voice is heard by participating in the Job Task Analysis survey! It is being distributed this spring. Check the RESNA website for details or sign up for RESNA's weekly newsletter, Newsbriefs.

RECERTIFICATION: WHAT TO KNOW

RESNA staff processed 2,244 recertifications in 2021. If all of the information is legible, complete and accurate, each recertification takes approximately 20 minutes to process. That translates to 748 hours of work.

Please do your part to ensure your recertification paperwork is complete, and that you send it in at least three weeks prior to your certification expiration date. We strongly recommend you scan and e-mail your paperwork (including all of your CEU certificates) to certification@resna.org, instead of using snail mail. This speeds up your renewal. Keep in mind missing or illegible information will cause delay.

We offer a free webinar, "The Ins and Outs of ATP Recertification," on the website. Just use the search box on the website to find it. It has tips and advice on how to make the process easy and efficient.

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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.

MEET YOUR BOARD AND STAFF

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A DENIAL AND APPEAL: A TRUE STORY

Written by: **CLAUDIA AMORTEGUI**

These past couple months I have been involved in a case that leaves me flabbergasted at every turn I take. As you can expect, the names and locations have been changed but it is a true story, and it starts like this …

A 27-year-old man who is diagnosed with cerebral palsy and quadriplegia has been using a power wheelchair for many, many years. We will call him Max. Max is bright, active and had been independent for many years. As time passed, his spasms have worsened, which left him apprehensive when driving his power wheelchair outside his home. Max also had some other postural changes. Due to both issues, his seating and positioning therapist and his physician each evaluated him to see what, if anything, could be done to help him.

After the evaluations, a couple items were ordered to be added to his current power wheelchair. The goal, allowing Max to be able to independently drive his power wheelchair once again and to be properly seated. In all my years doing this, I can honestly say that I have not seen very many physicians who have been so detailed in their documentation. I am used to seeing this with occupational or physical therapists experienced in seating and positioning but not physicians. Well, this physician was beyond detailed. The information even included how Max used to be independent, the exact changes in his health and why the specific items were needed. The physician even stated what would happen if Max did not obtain the ordered items.

THIS IS NOT JUST ABOUT ME; THIS IS ABOUT EVERYONE IN A WHEELCHAIR.

Although not necessarily a surprise, the state Medicaid office denied the claim. You would think they never read the documentation. Initially, the state asked specific questions. The supplier answered, but much of it was just pointing to the specific documentation that had already been provided. Everyone waited for a response. No surprise it was denied again. This time their reasons were infuriating.

One of the denials, simply makes it that anyone in a power wheelchair should not be granted the same technology available on most, if not all, automobiles. I can even go further and say the technology on automobiles is not just for the person driving but to protect both property and other people. Maybe the state thinks if a person is in a wheelchair, they are not able to "handle" the technology. Or maybe if you are in a wheelchair, you should have eyes behind your head and superpower eyesight allowing them to see through their own body and solid objects.

Another denial states they did not see what skills Max was lacking to achieve independent, safe driving of a power wheelchair. It appears they missed all the documentation from the physician and seating and positioning therapist that clearly states not only why Max is no longer safe but specifically what has changed with his condition. The documentation even states the item is the one thing they need to make Max safe and independent while driving his power wheelchair once again.

The next denial caused my mouth to hit the floor. Simply put — just strap Max in with seat belts and harnesses — he'll be fine. Great … don't worry if his body breaks or is crushed, he at least will still be strapped in.

It gets better. Now the state is going after the dog. Can't Max or his family use environmental controls to keep the dog from running around the house when Max is in his power wheelchair? Sorry … if you are in a wheelchair, you should not have a pet. Better yet, they likely wouldn't pay for any environmental controls for any reason. I guess we should just keep the dog in a cage or Max just needs to not be in his power wheelchair.

And finally, the last part of the denial. Simply, can Max not just have a caregiver when he goes outside alone,

THE POINT IN WRITING THIS IS NOT ONLY THE RIDICULOUSNESS THAT MANY OF US ARE SADLY NOT SURPRISED TO READ, BUT ALSO MORE IMPORTANTLY THE FACT THAT THIS "VILLAGE" IS STICKING TOGETHER TO FIGHT FOR MAX.

if he ever goes outside alone. First, if you have a caregiver with you, you are not alone. If you are not alone, you are not necessarily independent. When the documentation clearly states you have been independent but due to condition changes have not been able to be independent hence the new order of certain items. Why is the state even saying this? Mind you, the "vision" for this Medicaid program includes three words — independence and innovative technology. Maybe they forgot this part.

To add fuel to the fire, Max asked to appeal the denial. A phone consideration was scheduled. A handful of people joined the call to support Max in his appeal. This included Max, his therapist, the supplier, manufacturer reps and others. As they all waited to start, the Medicaid representative did not make the call. Now, they had to reschedule. Another week went by, and they tried again. This time a representative did join, but he was upfront and told us he did not have the authority to change the decision. So, why was everyone on that call? What was the point? Everyone spoke and addressed the denial reasons. Max was extremely eloquent in what he had to say. It was impressive. The therapist was clear on the clinical reasons. Everyone also pointed to what the physician had also documented. Of course, since nothing could happen the next level appeal has been requested.

The point in writing this is not only the ridiculousness many of us are sadly not surprised to read, but also more importantly the fact this "village" is sticking together to fight for Max. The supplier and the manufacturers are not worried about angering the state or even about the profit that is dwindling away. The therapist is making the time to be available. The doctor hopes to be on the next call. No one is just giving up. More importantly, as Max said on the call, "This is not just about me; this is about everyone in a wheelchair."

If we do not take the time to fight these battles, the absurdity of the denials will continue.

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Claudia Amortegui has a Master of Business Administration and more than 20 years of experience in the DMEPOS industry. Her experience comes from having worked on all sides of the industry, including the DMEPOS Medicare contractor, supplier, manufacturer, and consultant. For many of these years Amortegui has focused on the rehab side of the industry. Her work has allowed her to understand the different nuances of complex rehab versus standard DME. This rare combination of industry experiences enables Amortegui and her team at The Orion Group to assist ATPs, referrals, reimbursement staff and funding sources in understanding the reimbursement process as it relates to complex rehab.

KATIE

Written by: **STEFANIE SUKSTORF LAURENCE, OT REG. (ONT)**

I received an invitation to a birthday party a while ago. At the time, the young woman, Katie, was turning 30. Now that in of itself may not seem like anything remarkable, but I realized I had known her since she was less than a year old when her mom brought her for the first time to the Easter Seals Camp where I was working for a few summers. Over the passing years, I have been part of her care team, on and off, in some capacity or other. I have watched as her body changed, her life blossomed and the symphony of people in her life learned to move in harmony around her.

The invitation to the party gave me pause to think about what has been remarkable to bring her this far. There certainly have been jarring elements, times of crisis and conflict, but these have been tempered by passion, dedication, patience and love by the team members that support her. Her most successful seating and mobility systems occurred when the team members working with her maintained clear and transparent communication with her key family members and caregivers. Differences of opinion were an opportunity to weigh options, rethink approaches and move forward. The consistency of team members and vendors enabled trusting relationships to be established. At times, new eyes were able to provide fresh input and creativity, and this continues to this day.

In the current climate of cost containment, outsourcing of services and the quest for the lowest bottom line, it may be wise to take a moment and recognize the infinite value that an efficient team (client, therapist, vendor, caregiver) brings to the table.

Thirty years for you and I may not seem all that daunting. But for someone with a severe disability, the coordination of care, the plethora of people involved and the feats that are accomplished are remarkable.

EVERY CLIENT WE SEE PROVIDES US WITH AN OPPORTUNITY TO REFLECT AND LEARN FROM.

Every client we see provides us with an opportunity to reflect and learn from. Working with Katie and her family reinforced for me the importance of clear communication. One of the roles of a supplier of Complex Rehabilitation Technology is to suggest options, to outline the pros and cons for the options, and support the client or caregiver to make decisions that best meet their needs and situation.

As Katie now approaches her late thirties and her medical complexity complicates her aging process, the respect and clarity that have become the backbone of the relationship with her and her family has made prescriptions and decisions smoother.

Katie, regardless of what life has in store for you, know that we've got your back … and your cushion, and your headrest, and your mobility base, too.

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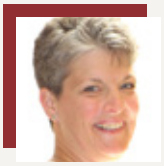

Stefanie Sukstorf Laurence is an occupational therapist who has worked with people with special needs in a variety of settings and roles for over 40 years, the last 34 as an occupational therapist. While the terms wheelchair lady, commode queen, seating specialist and equipment geek have all been used as worthy descriptors, she is the clinical educator for Motion across Canada. When she's not on her soapbox at colleges, universities, group homes, hospitals and conferences across North America and even as far as Europe, you can find her with her arms wrapped around a client helping to create a custom seating system or elbows deep with a team to sort out a challenge. Laurence is a NRRTS Registrant and NRRTS board member.

NEW NRRTS REGISTRANTS

Congratulations to the newest NRRTS Registrants. NAMES INCLUDED ARE FROM NOV. 6, 2021, THROUGH JAN. 24, 2022.

Anne-Marie Hart, RRTS®
Canada Care Medical Inc.
1644 Bank St
Ottawa, Ontario K1V7Y6
Telephone: 613-315-3144
Registration Date: 01/18/2022

Caleb Prall, RRTS®
Family 1st Medical
8995 Commercial St
New Minas, Nova Scotia B0P1W0
Telephone: 902-824-1624
Registration Date: 01/17/2022

Catherine Earnest, ATP, RRTS®
National Seating & Mobility, Inc.
2025 Leestown Rd Ste L
Lexington, KY 40511-1000
Telephone: 859-381-1440
Registration Date: 11/29/2021

Christopher Tucker, ATP, CRTS®
National Seating & Mobility, Inc.
19 Rainsier Dr, Ste 5B
West Seneca, NY 14224-2259
Telephone: 716-674-0783
Registration Date: 12/03/2021

Edward C. Lipositz, ATP, CRTS®
Numotion
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Telephone: 848-203-2562
Registration Date: 01/15/2022

Emily Vennor, RRTS®
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Registration Date: 01/14/2022

Eric Forster, ATP, RRTS®
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Registration Date: 12/30/2021

Grant Klinedinst, ATP, CRTS®
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Telephone: 317-448-6784
Registration Date: 11/30/2021

Katrina Yeoman, RRTS®
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Registration Date: 01/17/2022

Lois Mombourquette, RRTS®
Harding Medical
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Sydney, Nova Scotia B1M1A2
Telephone: 902-567-1144
Registration Date: 01/14/2022

Michael Bolton, ATP, RRTS®
CareLinc Medical
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Grandville, MI 49418-1199
Telephone: 616-249-2273
Registration Date: 01/14/2022

Molly Kojder, RRTS®
Access Abilities
549 Bronte Rd
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Telephone: 905-926-3883
Registration Date: 12/21/2021

Pierre Gaudet, RRTS®
Lawtons Home Healthcare
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Moncton, New Brunswick E1C2R4
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Raymond Serafini, ATP, RRTS®
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Roland Desrochers, RRTS®
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Kemptville, Ontario K0G1J0
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Registration Date: 01/04/2022

Sara Beswick, ATP, RRTS®
Island Mediquip
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Registration Date: 12/15/2021

Stephen Dawson, RRTS®
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Registration Date: 01/18/2022

Steven MacLean, RRTS®
NSM-Canada
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Registration Date: 12/08/2021

Trevor McKinnon, RRTS®
Tango Medical
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Registration Date: 11/16/2021

CRTS®

Congratulations to NRRTS Registrants recently awarded the CRTS® credential. A CRTS® receives a lapel pin signifying CRTS® or Certified Rehabilitation Technology Supplier® status and guidelines about the correct use of the credential. NAMES LISTED ARE FROM NOV. 6, 2021, THROUGH JAN. 24, 2022.

Christopher Tucker, ATP, CRTS®
National Seating & Mobility, Inc.
West Seneca, NY

Edward C. Lipositz, ATP, CRTS®
Numotion
Sayreville, NJ

Grant Klinedinst, ATP, CRTS®
Reliable Medical Supply, Inc.
Brooklyn Park, MN

Jenifer Johnson, ATP, CRTS®
National Seating & Mobility, Inc.
Norfolk, VA

Nick Dyer, ATP, CRTS®
M.R.S. Homecare, Inc.
Columbus, GA

Tan Nguyen, ATP, CRTS®
Access Medical
Carlsbad, CA

Thomas Chad Bowling, ATP, CRTS®
Numotion
Norcross, GA

William Geoffrey Phillips, ATP, CRTS®
SPC Home Medical Equipment
Armory, MS

FORMER NRRTS REGISTRANTS

The NRRTS Board determined RRTS® and CRTS® should know who has maintained his/her registration in NRRTS, and who has not.
NAMES INCLUDED ARE FROM NOV 6, 2021, THROUGH JAN 24, 2022. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Michael A. Deadrick
Ashland, VA

Gregg Stevens, ATP
Huntingdon Valley, PA

Daniel Hamel
Wilmington, NC

Jason Lehman
Alexandria, VA

Brian Bucher, ATP
Sioux Falls, SD

Paul Singleton
Downey, CA

Michael Pong
Markham, Ontario

Jordan Swan, ATP
Richardson, TX

BE SURE TO FOLLOW NRRTS ON SOCIAL MEDIA!

RENEWED NRRTS REGISTRANTS

The following individuals renewed their registry with NRRTS between Nov. 6, 2021, through Jan. 24, 2022.

PLEASE NOTE **IF YOU RENEWED AFTER JAN. 24, 2022,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO NOV. 6, 2021, YOUR NAME IS IN A PREVIOUS ISSUE OF DIRECTIONS.

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

Aaron Olson, RRTS®
Abood Qureshy, RRTS®
Alicia Correa, RN, BSN, ATP, CRTS®
Alisa K Adams, ATP, CRTS®
Allen McNiece, ATP, CRTS®
Anacleto Gutierrez, ATP, CRTS®
Andrea J Madsen, ATP, CRTS®
Andrew Gilberti, ATP, CRTS®
Angela Smith, ATP, CRTS®
Benjamin Douglas Burton, ATP, CRTS®
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Daniel Phillips, ATP, CRTS®
Darin Ashby, RRTS®
Darven Miller, RRTS®
David Lobato, ATP, CRTS®
David Rowland, MBA, ATP, CRTS®
David Butcher, ATP, CRTS®
David Nix, ATP, CRTS®
David Silcox, Jr., ATP, CRTS®
David J Charette, RRTS®
David W. Hayes, ATP, CRTS®
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Emily Williams, ATP, CRTS®
Eric Hardy, ATP, CRTS®
Gene Uweh, ATP, RRTS®
Gerald Dickerson, ATP, CRTS®
Ignacio Rodriguez, RRTS®
James Chad Bennett, ATP, CRTS®
James E. Waldrop, Jr., ATP, CRTS®
James Z. Craft, Jr., ATP, CRTS®
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Jeffery Lucas, RRTS®
Jeffrey W. Shinn, ATP, CRTS®
Jim Thompson, Jr., ATP, CRTS®
John Knox, ATP, RRTS®
Jonathan Touchstone, ATP, RRTS®
Jose L Lopez, RRTS®
Josh Lyon, RRTS®
Justin Hardee, ATP, CRTS®
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