DIRECTIONS

PROTECTING THE WHEELCHAIR ON A COMMERCIAL FLIGHT

HOW PEOPLE FROM THE WHEELCHAIR INDUSTRY CAN HELP

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CERTIFICATE PROGRAM

Written by: **ELAINE STEWART,** ATP, CRTS®

The NRRTS board and staff have been brainstorming to continue to offer our Registrants and perspective Registrants additional value. NRRTS has identified a need for a standardized training program. This would set a minimum standard of education, if you will, to provide Complex Rehab Technology (CRT).

I have been asked multiple times over the years, what did you do to get into the field? Did you go to school? The answer is no — just on the job training. I have been blessed to have had many mentors already in the field who were willing to teach and train me. The manufacturers have also been a good source of training. But, there is no standardized course of education.

We are not seeking to replace any certifications (ATP, ATP/SMS, RRTS® or CRTS®). We find it is important to develop a path for those seeking to enter our profession. We all recognize a shortage of qualified individuals entering the field. The certificate program offers baseline education. An employer would know exactly what education a job candidate has. The instructional designers will develop training modules based on a job task analysis. The program will include CRT modules, funding, business practices and ethics.

We are in the beginning stages of development of this certificate program. We are getting input from various CRT stakeholders involved in education, evaluation, CRT provision, and funding. Look for additional information regarding the certificate program in the future!

Look for the NRRTS booth at the 2019 International Seating Symposium in Pittsburgh. Drop by booth 104 and talk with all of the NRRTS staff members! NRRTS will also hold a reception on Thursday, March 21, 2019. More details will be announced soon!

Finally, please join us May 1-2 for the CRT conference at the Renaissance Arlington Capital View Hotel in Arlington, Virginina. The CRT Conference is a unique experience to have your voice heard and participate in making a change in policy to protect access to CRT.

If you are unable to attend, please reach out to your local representatives and encourage them to support legislation protecting access to CRT and the separate benefit category. This collaboration between NRRTS and NCART provides advocacy education, health care trends and networking opportunities.

Register online at www.ncart.us or www.nrrts.org

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A 'CAN DO' ATTITUDE IN ACTION

Written by: **ROSA WALSTON LATIMER**

"After my accident, I did whatever the doctors and therapists told me to do, because I wanted to get out of that hospital!" This was Marita Niquette's "can do" attitude at age 19. Determination and positive energy continue to be her driving force more than three decades later.

Niquette was attending college when a driver ran a stop light and hit the car she was driving. "I was thrown from the car and suffered extensive injuries to my back leaving me a paraplegic," she said. However, the young woman did leave the hospital and eventually resumed her education, earning her undergraduate degree in accounting from Western New England University. Later Niquette would return to receive an MBA from the university.

Niquette's strong sense of direction and work ethic have served her well during her career with Mass Mutual Financial Group and even more so now that she finds herself in a situation that will put her in the job market. "I've been with Mass Mutual for over 20 years; however, the company has outsourced the job responsibilities of approximately one hundred employees, including me," Niquette said. "I'm certainly not ready to retire, so once I've met my responsibilities of training my replacement, I'll be looking for a new job."

Niquette and her husband, Michael, live in Massachusetts. "Michael is a small engine mechanic and can fix anything. He's a popular guy!" Niquette said. The couple enjoys working in their yard during summer months, and during the long winter months, they take to snowmobiling in the Rangeley, Maine, area, located in the western mountains of the state. "I have my own snowmobile, and we enjoy riding with friends," Niquette said. "Unfortunately during a transfer from my car to my wheelchair a few months ago, I fell and broke my leg. I'm still recovering so I'm pretty sure there won't be much snowmobiling this winter." However, Niquette's recovery won't slow her down when it comes to enjoying activities with her grandchildren – Jake, 9, and twins Reese and Brennan, 6.

"I've lived with a wheelchair for many years. In addition to the strong support I've received from family and friends, the advances and improvements in wheelchair design have had the greatest impact on my life," Niquette said. "I don't have a van, so when I drive I have to lift my wheelchair in and out of the car. My chair now is so much lighter than in the beginning and that directly affects my quality of life. Especially now that I'm older and not as strong, the lighter chair has made a huge difference."

Niquette also counts her experience at an spinal cord injury boot camp sponsored by a research institute, The Miami Project to Cure Paralysis, as having a very positive impact on her life in a wheelchair. "I spent four months in this program along with others who are living with similar disabilities," Niquette said. "The interaction and socializing with others who face some of the same challenges I experience was especially affirming. I developed friendships that are meaningful and provide support to me in a very personal way." The boot camp Niquette attended provided a setting to help prepare people with chronic spinal

Marita Niquette enjoying time on deck during an Alaskan Cruise.

Marita Niquette and her husband, Michael, snowmobiling in Maine.

Marita Niquette on a summer trip to the western mountains of Maine.

Marita Niquette with her husband and mother, Marcia Cecchini, at the Miami Project to Cure Paralysis Great Sports Legends dinner.

Marita Niquette (right front) with her extended family.

Marita Niquette with her mother and father, Ron & Marcia Cecchini.

cord injuries (SCI) for the possible experience of participating in clinical trials. The program combined individual clinical disciplines into a multidisciplinary program designed to maximize the fitness and neurologic functions of chronic SCI.

Another important event in Niquette's life is the National CRT Leadership & Advocacy Conference in Washington, D.C. The annual conference is hosted by NCART and NRRTS. The two-day event brings clinicians and consumers together with CRT providers and manufacturers for educational sessions as well as the opportunity to personally meet with legislators and their staff. Participants are given discussion points covering issues relating to the Complex Rehab Technology (CRT) industry along with guidance to help them effectively advocate for those who depend on CRT in their daily lives.

"I attended this conference three years – 2011, 2012 and 2013. Each year was memorable!" Niquette said. "Before this conference, I wasn't aware of the importance of advocacy on Capitol Hill and certainly didn't realize that I could be an effective activist. I quickly learned the importance of taking our stories and experiences to elected representatives. I also realized the decisions made by these people could directly relate to my access to the equipment I need to live my life as independently as possible."

Participation in advocacy efforts such as the CRT conference by those who live with CRT is very important. "Getting Congress to understand and support CRT requires one-on-one communication from constituents," said Don Clayback, executive director of NCART. "Thankfully CRT advocates like Niquette have used the National CRT Conference in D.C. to have these individual talks with their member offices. That's how we've made our progress to date and why we need to increase the number of those personal discussions at this year's May conference."

CONTACT

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Marita Niquette is a consumer advocate who lives in Southwick, Massachusetts.

'I FOUND MY PASSION WITH PEDS'

CONVAID R82 PRODUCT MANAGER FOCUSES ON IMPROVING, EXPANDING COMPANY'S OFFERINGS OF PEDIATRIC DME EQUIPMENT

Written by: **DANETTE BAKER**

In late November, DIRECTIONS caught up with Curtis Philyaw, ATP, CPST. Philyaw had been in his new position as product manager for Convaid R82 for about a month and was conducting field validations on a new product scheduled to launch in early 2019. Philyaw took a few minutes to share insights into his new job, his background in the industry and what's on the horizon for Convaid R82.

TELL US ABOUT YOUR NEW ROLE AS PRODUCT MANAGER?

Well, I still visit clinics, and I actually still go out to do some evals and deliveries. I still have a close relationship with a lot of the therapists and with the suppliers. It's important because one, it keeps me keeps me active, and two, I'm able to have direct contact with families.

That's extremely important to me personally but also to our company to get one-on-one with our families — including the children — and get their perspective on our products. Once our equipment leaves the supplier's office or the therapy clinic, the families are the ones who are actually using the products daily throughout their home and throughout the community. So, if some things could be improved upon, someone in the family typically is the best person to give you that firsthand experience of what they would like to see changed or updated for the particular product. The family and caretakers are huge assets, because they're the ones who are spending the majority of the time with the child.

The children themselves actually provide a huge source of feedback. After all, if you want to know how a seat cushion feels, ask the person who's sitting in it for eight hours a day. And the beautiful thing about children, they are extremely honest. Even a child that is nonverbal, their facial expressions and their tone let you know if that child is comfortable or not.

YOU HAD BEEN WITH R82 FOR ABOUT A YEAR WHEN THE COMPANY MERGED WITH CONVAID IN 2015. WHAT INSPIRED YOUR MOVE INTO THE PROJECT MANAGER POSITION?

Well, there were two factors. One, it was definitely a different avenue, a different area of the field. But with my years of experience, I was able to really have a great deal of insight with research and development on some of our key products. So, it was a little easier for me to focus more on the product management and slowly transition out of the field. One of the critical points of new product development is the field validation.

When products are in the prototype, the sample series or sample stage, it is extremely important to have clinical-based evidence from your market research. The other critical step in the process is to physically put children in equipment to really get those precise points of adjustments.

And that is where having someone with experience — not only in seating and positioning but also with years of equipment knowledge — is a huge asset.

SO NOW YOUR MAIN DAY-TO-DAY RESPONSIBILITY IS WORKING TO GET NEW PRODUCTS INTO THE MARKET AND, ESSENTIALLY TO THE END USER, CORRECT?

Yes, the way health care has transitioned, most manufacturers sell through suppliers now, so you have ATPs who are suppliers, and you're providing equipment to them. We're still responsible for product education, and the evaluation process is extremely important with us as well. So, from the product management standpoint, my day-to-day responsibility consists not only of the R&D (research and development) portion with our products but also the other half of that is constantly looking for any updates or any improvements to existing products and developing relationships with clinicians, suppliers and end users for the field validation and market research.

As a product manager, I still like to have a hands-on approach. I will continue to carry equipment in the van. I actually take the equipment out to different therapists at different clinics. We will try multiple children

with it, taking pictures of the child in different positions and getting various measurements to gather critical information to determine if a modification is justifiable on products before development progresses into the final stages.

So, that's the other part. Convaid R82 wants to maintain a huge network of clinicians, so we're able to also send equipment to different states and therapists. That way we're not getting all of our field validation from one specific area.

WHAT CAREER ACCOMPLISHMENT TO DATE ARE YOU MOST PROUD OF?

One of one of the first assignments that I had as a product manager was the launch of a new seating system that we recently developed. We had everything scheduled to film in our office at R82 in Charlotte. However, due to an emergency evacuation because of flooding from Hurricane Florence, the office was closed for about three days. We still had to keep our launch on time. So, I had to improvise. In about 24 hours, I was able to move all the equipment to Georgia, secure two families, a dog, a therapist and a camera crew to do photography and videography for the brochure and instructional videos.

I can laugh about it now, but I was a little nervous wondering if we were going to pull it off. It was probably one of the most miraculous photo and video shoots we have ever done.

SO, WHAT GOT YOU INTERESTED IN WORKING IN THIS INDUSTRY?

My first summer job planted the seed. I was 15 and was hired to work at the Jack Burris Center at St. Andrews Presbyterian College in North Carolina. The entire campus is handicap accessible, so students have the opportunity to live in the dorms. The center is a full functional rehab center with nursing and therapy staff. That really opened a huge opportunity in my mind for 20 years down the road.

The summer job placement program found the position for me. Because of my food allergies to seafood and peanuts, I couldn't work the traditional restaurant jobs where they normally placed teens. At a rehab center, I didn't have to worry about those things. My job was mainly attending class with the students and taking notes for them, but I also had a lot of opportunities to deal with equipment and to see things that would greatly benefit the students from product improvements or updates, as well as things that have already changed their lives just from having that form of technology.

That summer job turned into a part-time job during the school year as well. I actually worked for the university until the day before I started college. Initially, I was a physical therapy major but later transitioned to a major in computer science.

WHAT MADE YOU CHANGE MAJORS? JUST THE NATURE OF WHAT WAS GOING ON IN THE ECONOMY?

I went to Winston Salem State, and IT (information technology) was this new wave, and I wanted to try something new. It was early in my education, so I thought I could always go back physical therapy if I didn't like it. I never did. After graduation, I actually worked in IT for a couple of years, but it wasn't as rewarding as I thought it would be. Then, I got married and started a family and needed a job that would offer a little more flexibility, so I took a job in a special needs vocational high school, and that is where that seed that was planted all those years ago sprung to life. I found myself spending a lot of time modifying equipment and doing a lot of repairs. In schools, there's not a lot of budgeting allotted for new equipment, so you put on your creative hat when you need things.

One of the local vendors knew the work I was doing and offered me an opportunity to become an ATP. I didn't want to give up my weekends, holidays and summers off, so they had to court me for a little while. After about six months or so, I decided to take the position to become an ATP, and from that point I worked with Carolina Mobility and Seating for several years.

SO, YOUR JOB WITH CAROLINA MOBILITY AND SEATING WAS TO ASSESS AND FIT CHILDREN WITH THE EQUIPMENT THEY NEEDED?

Yes, we did seating, standing, gate training and hygiene; we even did home equipment as far as beds, and we had a division in the company that did vehicle modifications as well. Every avenue in a child's life, we were able to accessorize.

It was extremely rewarding, and I found my passion was absolutely with peds. Children possess something that literally was just so rewarding. One, they have no fear — if it were something new, they would try it; they just had this astonishing energetic determination. So, no matter how many times a child would fall or fail, they would get back up and try it again. That passionate determination really inspired me to try to find different avenues, whether it was through equipment technology or through just a different technique, to help a child achieve success.

WHAT WAS THE TRANSITION LIKE FROM THE SCHOOL ENVIRONMENT TO DELIVERING THE EQUIPMENT AND WORKING IN CORPORATE?

One of the biggest impacts going from the school system setting to one where I was doing more of the assessment evaluations and delivering equipment was helping the family make decisions. It was a very critical transition and having the background from the school setting was key. I had the experience of seeing that child beyond the moment at the clinic or in the hospital. They may have a need at school that they may not present at that particular moment. It was understanding if this child is unable to independently transfer from

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I FOUND MY PASSION WITH PEDS
(CONTINUED FROM PAGE 11)

their wheelchair to the mat table in the therapy clinic, they're probably not going to be able to independently transfer from the wheelchair to their commode at home or from their wheelchair to their bed at home. So now we're having the conversation of a transfer device and expanding just beyond servicing this one moment. Now we're looking at capturing this child throughout the day, whether they're at home, at school or out in the community.

YOU TALK ABOUT THE CHILDREN AND THEIR INFLUENCE IN YOUR CAREER, WERE THERE OTHER INDIVIDUALS THAT MADE AN IMPACT ON YOUR CAREER?

One of the most impactful people in my career was, at that time, the owner/founder of Carolina Mobility and Seating. His name was Mel Elliot. Carolina Mobility was acquired a few years ago by Numotion, so Mel is retired now; but he was probably one of the most impactful people at the start of my career. He was extremely passionate about getting it correct for the child at all costs.

It's the one thing that is sometimes overlooked, but with just that one component of correctly seating and positioning a child, you're not only improving skin integrity and reducing the risk of breakdown, but you're also improving their respiratory. When they're sitting up correctly, their lungs are in a better position for respiratory function. You're also improving their head position, so you're improving and increasing their eye gaze and interactions at peer level, changing their perception of the world. He was extremely passionate about that, and he taught all of us to be passionate about it, and that was probably what makes him one of the most impactful people in the start of my career as an ATP.

WHEN YOU STARTED WITH CAROLINA MOBILITY AND SEATING, WAS GETTING THE ATP CREDENTIAL A REQUIREMENT?

You were encouraged from day one to be credentialed; at that time, it was not a requirement, but Mel highly recommended it and supported it.

HOW HAS THAT MADE A DIFFERENCE IN YOUR CAREER?

Just being credentialed makes a huge difference when it comes to your professionalism. It symbolizes you are not only confident in what you're saying, but you also have actually been credentialed by testing and proven that you know the factual evidence that you are presenting. It did bring a greater deal of respect from clinicians as well as years later from funding sources.

FOLLOWING THE SALE OF CAROLINA MOBILITY AND SEATING, WHAT WAS THE NEXT STEP IN YOUR CAREER?

When they were acquired the company dynamics changed, so I went to another independent supplier out of Charlotte and worked there for about two years. They, too, were acquired by a national company. So that was the point that I came on board with R82, and about a year after, we merged with Convaid.

YOU MENTIONED CONDUCTING FIELD VALIDATION FOR A NEW PRODUCT THAT CONVAID R82 PLANS TO LAUNCH IN 2019. HOW LONG DOES IT TAKE TO GET A NEW PRODUCT INTO THE MARKET?

For completely new products, from an idea concept to the finished product and launched and out in the field can take anywhere from two to three years. If it's a modification to an existing product, the timeframe can vary. For example, if we're just doing minor modifications it might take about six to eight weeks, but some of the more complex ones might take up to a year.

WHERE DO THE IDEAS COME FROM FOR NEW PRODUCTS?

R&D is constantly looking for new ways to help the end user. Additionally, we have our network of therapists and suppliers. And then there are the teachers, clinicians and other ATPs and suppliers as well as families. We're constantly communicating with them all, so, we receive feedback from the community, from schools, from clinics and hospitals. We also encourage families to post on our website and to contact us directly. We have a weekly meeting with R&D where we go through the previous week, and through that we're able to flag certain things on our existing equipment that we could improve as well as identify new products that would help give a child another option to improve their quality of life.

AND THAT'S REALLY WHAT THE MOBILITY EQUIPMENT INDUSTRY IS ALL ABOUT, ISN'T IT — LEVELING THAT PLAYING FIELD FOR INDIVIDUALS WHO HAVE SPECIAL NEEDS?

Yes! As a manufacturer, that is one of our goals as well — to allow a child to develop as a typical child by giving them every opportunity that every other child would have.

One of the things that we find joy in is when we are faced with a challenging situation. That's why we're always extremely excited about adding new products.

Right now, we have more than 32 different products. We're actually able to encompass each day, each year, each moment of the child's life. We manufacturer hygiene products, seating and positioning products, standing products, gate training products, transportation products such as the car seat, and we even have a lift division with products for manual or mechanical handling.

One of the proudest moments at a product launch is when we're able to successfully develop a product that makes the child's life more functional and improves their quality of life. You're not just launching a product, you're changing the family's life, you're changing a child's life, you're changing, you know, the entire circle of events surrounding this child.

WHAT KIND OF CHALLENGES DOES THAT BRING BECAUSE OF THE VAST DIFFERENCE IN NEEDS?

Our equipment has to be dynamic, meaning we have equipment that is capable of handling a child who has mild to moderate needs, as well as a child who may have severe needs. It is a challenge sometimes to have that one piece of equipment that can span from mild to moderate to severe and trying to make that equipment not only easily adjustable but also a quick adjustment.

Often, we have to consider making equipment that is adjustable with the child still in the equipment, so now we have to make accommodations for keeping the child safely harnessed while adjustments are being made.

And then there's the "f-word" – funding.

If you ask any manufacturer, I think the number one answer related to challenges will be funding. One, we have to fund research for new product development, and the families needing the equipment need funding to purchase it. So, it's a full circle of challenges when it comes to funding.

IF THE WORLD WAS YOUR OYSTER, SO TO SPEAK, AND YOU COULD REMOVE THE FUNDING CHALLENGE, WHAT COULD MANUFACTURERS REALLY ACCOMPLISH?

One of the things that could be done if funding was not a factor would be to provide equipment to a broader range of children, especially in the school system. Ideally, a child would have the equipment to use at home and in the community and have a separate piece of equipment at school. One of the greatest challenges a lot of families are faced with is transporting equipment from home to school.

WE ALL KNOW THERE IS MUCH TO BE SAID ABOUT THE VALUE OF WORK-LIFE BALANCE. WHAT ARE YOUR HOBBIES; HOW DO YOU FILL YOUR TIME OUTSIDE OF WORK?

Well, we don't have a lot of downtime at our home. I have four teenage sons who range in age from 14 to 19. I have a sophomore in college, a senior in high school, a junior in high school and a freshman in high school. The younger three all play basketball; between them, they also participate in tennis, wrestling and run track. So, if I'm not at work, I'm at a gym or field or somewhere between the two. But I wouldn't trade any of it.

CONTACT
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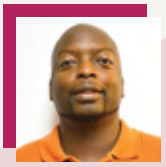
Curtis Philyaw, ATP, CPST is product manager for Convaid R82.



HEAL AND REGROUP

BE READY FOR THE NEXT CHALLENGE

Written by: **ROSA WALSTON LATIMER**

Tom Simon, an Assistive Technology Professional (ATP) and Certified Complex Rehabilitation Technology Supplier®, CRTS® with Numotion in Dallas, Texas, began volunteering as a counselor at a Muscular Dystrophy Association (MDA) summer camp long before he chose his current profession. "I have participated in Camp John Marc in Meridian, Texas, for the past 26 years," he said. "When I'm asked why I've been involved for so long I say it is because I am basically a selfish person. I get such a blessing from being with the kids. I always feel that I receive more from them than I can give." When Tom began to think about a career change after several years in retail management and real estate sales, his experience at the annual MDA camp led him to consider working in the Complex Rehab Technology (CRT) industry.

"I began in this field in 2003 working for Majors Medical, and after 12 years with that company, I joined Numotion. I've now been an ATP with them for almost four years," Simon said. "Soon after starting this new career, I began to research options available to me to help me learn more and come to a better understanding of what my role with patients could be. That's when I found NRRTS. Being a NRRTS Registrant provided me with a clear path within which to work. The organization gives ATPs tremendous support out in the field from an educational standpoint, and it has an active advocacy component that is important to me as well as my patients. NRRTS' leadership and dedication to the work they do in Washington, D.C., are remarkable!

Simon continues to have strong ties to the children at camp and other MDA events; however, his work is predominantly with adult amyotrophic lateral sclerosis (ALS) patients. "Originally when I began in this industry my goal was to work with kids," Simon said. "After working at the ALS clinic at UT Southwestern, I realized this group of adults truly needed assistance and support. A child with a disability almost always has parents, grandparents, teachers and/or counselors who in some way provide support. ALS — often called Lou Gehrig's disease — is a progressive neurodegenerative disease that is usually diagnosed between the ages of 50 and 75. Percentage-wise I deal with more people who are alone or have a limited support group. Perhaps there is no spouse, or the spouse is in poor health. Once I recognized the needs of these patients, I was all in. ALS is my specialty."

Simon acknowledges that working with patients with a terminal diagnosis such as ALS can be emotionally challenging. "I've been to a lot of funerals during these years, and that has been hard," he said. "However, I always know when I come to work on Monday morning there will be three or four new patients, and they are going to need my help."

The experienced ATP realizes his patients are likely facing situations that require particular attention. "Although we all know we are going to die, my patients have been given a terminal diagnosis, and this raises the question, 'When will I die?'" he said. "These folks are at a time in their life when they expected to be looking ahead to retirement — to travel, play golf. Instead, they are coping with a debilitating condition." Simon believes that one of the most important parts of his job is to protect his patients and their families financially. "As soon as the opportunity presents itself I begin a discussion about how expensive this diagnosis can be," he said. "Money is a hard topic to discuss, even with your spouse, but especially with a stranger. I am sensitive, but I don't sugar coat anything because they will find out soon enough how difficult this journey is. We discuss the realities of equipment and insurance. For example, a patient realizes that he can get a power wheelchair, but he may not understand that he will be limited to using it in his home or neighborhood. To take the chair anywhere, he will need an accessible van. I always try to have something in my back pocket that might be a link to additional resources.

Those other resources usually include members of a broader team effort at Numotion. "Early in my work experience I learned to identify my strengths and weaknesses," Simon said. "I am fortunate to be surrounded with people who are good at the things that I am not. I can't be successful on my own. For example, Kayla Gonzales, a customer care coordinator with Numotion, makes it possible for me to do my work efficiently because of her attention to detail. John Bryan is another member of our team who is invaluable in providing a high-level of care for our patients. John is a seating technician who helps with equipment delivery and modification and does a fantastic job. I want to give a 'shout out' to the wonderful people in the Numotion Dallas branch. They make a great team!

"I'm very fortunate to have the opportunity to do the work I do and balance it with a fulfilling personal life,"

TOP LEFT: Tom Simon, Lauterbrunnen, Switzerland, climbing the Via Ferrata, an old route through the Alps used to move troops during World War II.

TOP RIGHT: Staci and Tom Simon

BELOW: Staci and Tom Simon with their grandchildren, Evan and Addie.

Simon said. "My wife, Staci, and I have been married 21 years. She is an excellent listener and provides wonderful support to help me cope with the sorrows I sometimes face at work. We also enjoy traveling to new places and meeting new people. That brings us a lot of joy. I'm an explorer by nature. Some days I'll drive home a different way from work just to see a different street." The couple share their love of travel with their twin grandchildren, Addie and Evan, and plan to take the third graders to Paris and Switzerland in the fall of this year. "We want to teach them that there's more to the world than just their neighborhood or city," Simon said. "We've been taking them to Disney World since they were 2 ½ years old. I think I was 34 the first time I went!"

Simon also finds solace at home. "I love to garden and cook. You can put me out in a flower bed with a kneeler pad or a rake, and I'm happy," he said. "Working in the garden gives me peace." Simon also enjoys cooking for his extended family, who has dinner together once a week. "I learned how to cook from watching the Cooking Channel on television. It is fun and also helps relieve stress."

"I don't want to overstate the demands of my work," Simon said. "Of course there are difficult times, and it can be emotionally and physically draining. However, it is also enormously fulfilling to serve these patients during a tough time in their lives, and that outweighs everything else. It is important for me to be aware of my limits and to allow myself time to heal and regroup, so I am ready for the next challenge. The families I serve have taught me so much about life that I feel an obligation to pass it on to others for as long as I am able."

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Tom Simon, ATP, CRTS®, is the review chair for DMAC A on the NRRTS board of directors. Simon works for Numotion in Dallas, Texas.

COMPLEX REHAB TECHNOLOGY INDUSTRY UPDATE

Written by: **DON CLAYBACK**

NATIONAL CRT CONFERENCE

Time to get signed up and be "part of the solution." This is your personal invitation to the National CRT Leadership and Advocacy Conference, put on by NCART and NRRTS. We're meeting May 1-2 at the Renaissance Arlington Capital View Hotel in Arlington, Virginia (for those past attendees, this is one block away from last year's hotel).

Come and join Complex Rehab Technology (CRT) providers, manufacturers, clinicians, consumers and other stakeholders in one place for education, networking and taking the CRT message to Congress. To enable greater attendance, and recognizing the demands on people's time and dollars, the program is condensed to just two days, and the conference fee is only $199.

Leadership Day is on Wednesday May 1 and will consist of CRT-focused presentations covering health care policy trends, federal and state regulatory/legislative issues, and getting prepped for Congress. Advocacy Day is on Thursday May 2 and is our historic annual lobbying event allowing advocates to take the CRT message directly to Congress through in-person meetings on Capitol Hill.

Visiting Members of Congress to secure co-sponsors and push for passage of our "CRT Manual Wheelchair" and our "CRT Separate Benefit Category" legislation is a major part of the conference. We built great legislative momentum last year and will build on that to secure passage of permanent fixes and improvements in the new Congress.

Now's the time to get signed up so you get a spot and hotel room. Don't wait too long and risk being shut out. You can get more details and register at www.ncart.us or www.nrrts.org.

CRT MANUAL WHEELCHAIR LEGISLATION

As of this writing, the CRT Manual Wheelchair legislation is expected to be reintroduced shortly. The bill is expected to include: (a) a permanent exemption from the Medicare Competitive Bidding Program for CRT manual wheelchair bases (just like CRT power wheelchairs); and (b) a stoppage of Medicare's inappropriate application of Competitive Bidding Program payment rates to CRT manual wheelchair accessories so these accessories will be paid at the traditional Medicare rates (just like CRT power wheelchair accessories).

We're very thankful for the continued leadership of House of Representatives champions John Larson, D-Conn., and Lee Zeldin, R-N.Y., and of Senate champions Bob Casey, D-Penn., and Rob Portman, R-Ohio. We sincerely appreciate their ongoing support and are looking forward to building on the near passage at the end of 2018 and getting this over the finish line in 2019.

NEW AND IMPROVED SEPARATE BENEFIT CATEGORY BILL

Members of the Medicare Separate Benefit Category (SBC) Steering Committee have been working on reviewing and updating last year's legislation to best conform to today's access issues and congressional environment. The goal is to introduce the SBC bill in a form that retains the core objectives, incorporates Congressional and Centers for Medicare and Medicaid Services (CMS) input, is easier to follow, and increases the chances for passage.

The legislative language will center on covering the core objectives of the SBC initiative: (a) to establish a separate category for CRT within the DMEPOS benefit to provide the needed segregation from standard durable medical equipment; and (b) to provide pathways for product identification, coding, coverage policies, payment and supplier standards that will allow appropriate access for Medicare beneficiaries and others with significant disabilities and chronic medical conditions.

We'll be sharing updates as we have more details and look forward to gathering cosponsors and support for the new and improved SBC legislation.

MEDICAID MANAGED CARE

The coverage and payment policies at certain state Medicaid Managed Care Contractors (MMCCs) continue to create barriers for children and adults who depend on CRT. As we've discussed at previous conferences, there are specific state and federal regulations that MMCCs must follow to provide proper access to enrolled Medicaid beneficiaries.

For 2019, we are increasing our advocacy efforts and resources to resolve issues in states where CRT access is being taken away. NCART is working to develop a network of legal advocates and agencies to bring a focus to CRT MMCC coverage and payment problems. The project will provide an online forum along with relevant information and tools to facilitate discussions with Medicaid directors and MMCC directors to ensure compliance with related federal and state statutes.

For suppliers and clinicians, we have created a survey to gather information on situations where a person has not been able to access needed CRT because their MMCC (under contract with the state) either: (a) has inappropriately denied coverage of the item; or (b) has established an inadequate payment amount for the item. Information can be submitted at https://www.surveymonkey.com/r/CRT-MMCC.

STATE CRT LEGISLATION

Over the past five years we've been able to assist in getting CRT legislation passed in the states of Washington, Colorado, Connecticut, Oklahoma, Illinois and Wisconsin. As we start the year, work is underway in the states of New York, Tennessee and Michigan. Should you be interested in pursuing

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2019 NATIONAL CRT LEADERSHIP & ADVOCACY CONFERENCE

MAY 1 - 2

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COMPLEX REHAB TECHNOLOGY ...
(CONTINUED FROM PAGE 17)

this in your state please contact us and we can discuss further. We're able to provide assistance and have a proven model that includes legislative language, strategies and advocacy tools that will help get you off to a solid start.

MEDICARE COVERAGE FOR POWER WHEELCHAIR SEAT ELEVATION AND STANDING

The ITEM Coalition, along with other CRT consumer and clinician organizations, is continuing to work with CMS administration and policymakers regarding needed Medicare policy changes to allow coverage of Power Wheelchair Seat Elevation and Standing. A group conference call was held in early February with CMS officials to answer question on previously supplied information regarding the medical necessity and benefits supporting the requested changes. Additional supporting information was provided subsequent to the call and follow up with CMS will continue.

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Don Clayback is executive director of 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 28 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.

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CTF PRIORITIES AND EVERYDAY IRONY IN THE REAL WORLD OF SEATING AND WHEELED MOBILITY END USERS

Written by: **AMBER L. WARD,** MS, OTR/L, BCPR, ATP/SMS, FAOTA

"I THINK THE NEXT BEST THING TO SOLVING A PROBLEM IS FINDING SOME HUMOR IN IT." - FRANK A. CLARK

Who hasn't found themselves at their desk, or while sitting in traffic in the rain, daydreaming of white sand beaches, relaxing at a quiet cafe on a cobblestone street, enjoying mountain vistas from hotel balconies or experiencing memorable times with family and friends? Those of us in the seating and wheeled mobility (SWM) arena may find it hard to turn off our work brains while on vacation; who hasn't been somewhere and noticed the lack of accessibility, the cool feature on a wheelchair from another country, or the rarity of finding the truly wide-paved path of a walking trail to enable the end user the simple pleasure of being in the outdoors?

We in the Clinician's Task Force (CTF) also have these experiences, and so when we heard that this issue of DIRECTIONS would focus on travel, our minds leapt to the issues our clients with disabilities (and we ourselves) face with travel. In this article, we have linked these issues with the 2019 priorities of the CTF.

1. Medicare: Take for instance the Medicare issues with standing coverage. Have you ever been trapped in your airplane seat with the 'seatbelt-fasten' sign on with hours of turbulence while your butt hurts and your back is stiff? But no, you do not have the right or privilege to stand, recline or shift around. Or the adjustable power seat elevate system: who needs to see over the head of the guy in front of you at your favorite concert you traveled hours to see or safely transfer to the hotel bed, which is significantly higher than the bed at home? Nope, not us. How about not being able to pay extra for the things you want, such as someone saying that you are not allowed to upgrade to first class on the plane even if you can afford it or choose a king-size bed when two doubles are "just as good." We have many choices in travel that are simply not available to those using SWM, not only in travel but also in daily life. The CTF is working with RESNA, NRRTS and others on key Medicare issues.

2. Federal Legislation: To us, the legislative process seems like a white-water rafting trip. You put in all the prep work, wait around in anticipation, float along in the current in the right direction, and suddenly, its show time. Water sloshing over the boat, fear of failure or capsizing, a flurry of activity to keep the boat on course, and all hands on deck! While NRRTS provides the captain, who steers from the back, the CTF can provide the oars in the water, hard work in the trenches, enthusiasm for the process and the commitment to get through the rapids to the other side! Members of the CTF participate in and find clients to be a part of Day on the Hill, help with advocacy, rally the troops, call and write legislators, and keep abreast of key issues. Just like that rafting trip, sometimes there is a lull in the process, but we are ready when the rapids occur!

3. Medicaid: The confusing Medicaid process seems like a subway system in a country with no English signage. You think you have it figured out, and you boldly go forward onto a train, only to find that they want a third addendum, and you are obviously on a train not only going the wrong way but is also an express version that does not stop for two hours and plays eternal hold music. Let me off this ride already!!! The CTF wants to have a member clinician expert in every state, to offer translation for the advocacy and issues faced by Medicaid consumers in that state, so that successful strategies can be shared across states.

4. Building capacity: You know how no one really pays attention to the safety announcements at the beginning of a flight, but when the plane has a problem, everyone wishes they had actually located the exit behind them? That is what is happening with the therapist

educational system in SWM currently. Many students get between three hours and three days of education (many hardly paying attention) and then are potentially able to go forth and provide SWM evaluations, documentation and products. Only now are we noticing (and getting worried) that the experts in SWM are aging, and we wonder who will take their place to meet the public need. The CTF is committed to working with AOTA and APTA on educational system changes as well as other options to train interested therapists, bring up the knowledge level of all, and provide in-the-trenches support for quality care and process.

In an amusing, yet real way, we hope you get a sense of the 'boots on the ground' approach the CTF is taking in 2019, with efforts to build excitement and strong membership to continue to work to build capacity, advocate, foster change, and meet consumer needs. Our four priorities are a "keep it simple, silly" approach to focus our attention and the work of our members on partnering with NRRTS, RESNA, AOTA, APTA and many others. In 2019, we wish all of you smooth sailing, no traffic jams or delays, the wind at your back, and free snacks and beverages; namaste y'all.

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Amber Ward has been a treating occupational therapist for 24 years; 10 years in inpatient rehabilitation and 14 years as a full-time occupational therapy coordinator with individuals who have amyotrophic lateral sclerosis, or ALS, and muscular dystrophy. She has treated a wide variety of patients, of all ages and functional levels. She currently is an adjunct professor at the OTA program at Cabarrus College of Health Sciences in addition to working in the clinic. She received the RESNA Assistive Technology Professional certification in 2004, the Seating and Wheeled Mobility certification in 2014, and became AOTA board certified in physical rehabilitation in 2010. She runs the seating clinic at the Neurosciences Institute Neurology in Charlotte, North Carolina. She is involved with multiple research projects and is the author of 2 peer-reviewed journal articles about individuals with ALS and power wheelchairs. Ward is also on the executive board of the Clinican Task Force.

SEATING SURFACE CONSIDERATIONS FOR TRAVEL

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

Several articles in this issue of DIRECTIONS address air travel for people using seating and wheeled mobility (SWM). This column will specifically address seating surfaces during air travel.

A typical passenger seat in an airplane consists of a mildly contoured foam seat cushion and a tall back which is designed to also provide posterior head support. Armrests are also present for upper extremity support. Finally, a seat belt, designed for passenger safety, is provided. For a person using SWM, a standard airline seat may be inadequate in the areas of pressure and/or postural support.

PRESSURE CONCERNS

The standard foam cushion on an airline seat provides relatively poor pressure distribution and relief. A recent research study measured these features using pressure mapping (Pedersen and Axelson). The results of this study are not yet published. For wheelchair users at moderate to high risk of pressure injury, additional pressure relief will need to be provided. The user can take the cushion off of the wheelchair and place it on top of the airplane cushion. This will improve pressure distribution and relief; however, the cushion will not be on a completely flat surface (as on a seat pan), due to the generic contours of the airplane cushion underneath. The cushion will also raise the seat to floor height, which could lift the traveler's feet off of the cabin floor and increase weight bearing along the posterior thighs. A solution would be to place a pillow or backpack under the feet, though this will need to be moved and placed under the seat during take-off and landing. If an air cushion is used, the pressure during the flight will change and could impact the pressure relieving features of the seat. Remove some of the air from the cushion during the flight and then add air (using a pump) after landing.

Weight shifts are also important, especially on a longer flight. The traveler may be able to use the airline seat armrests for weight shifts, as they would in their wheelchair. If the traveler is young, the parent or other caregiver may be able to pick the child up to provide pressure relief.

POSTURAL SUPPORT

Some wheelchair users will require more postural support than the airline passenger seat provides, even when the traveler's own cushion is used. Several options are available:

- For people who kick or extend with the legs, sitting in the bulkhead provides more space. The bulkhead is often used by travelers with disabilities for a variety of reasons, including transfers.
- If more trunk support is required, a strap can be placed around the back of the airline passenger seat. A gait belt often works well and has sufficient length. The use of a trunk strap is allowed on flights, though may limit the ability of the passenger behind the seat to use their tray. It is important to discuss this with the passenger in the row behind the wheelchair user. Some travelers will only need this additional support during take off and landing, at which time the trays have to be in an upright position anyway.
- When more postural support is required, a harness can be used to provide increased anterior and lateral trunk support. Harnesses like the EZ-on-vest can be used for children and adults.
- If the traveler requires more head support, a travel pillow can be used. Some newer options conform to the neck for increased support.
- Any child under 40 pounds should be transported in an approved car seat. If an older child requires more support, a larger adaptive car seat can be used, as long as this is not wider than the airline seat itself.
- Another option for children is to use an adaptive seating system that is designed to be placed into a chair (such as a dining room chair) and that also fits on top of the airline seat, such as the GoToSeat (Firefly).

Some international airlines allow travel on a stretcher. If a wheelchair user simply cannot tolerate a very long flight while seated, this may be a viable option. Adequate padding may need to be brought by the traveler to be used on this stretcher. Contact the specific airline for more information.

Several international airlines also provide additional positioning options, including body support belts (Japan airlines), torso harnesses (Qantas), and the Burnett Body Support – a sheepskin-covered beanbag with full back support, headrest and two side arms (Virgin Atlantic and British Airlines).

Please refer to the resources section (page 34) provided in this issue's Clinical Perspective article for additional information.

Many thanks to Jessica Presperin Pedersen OTD, OTR/L, MBA, ATP/SMS, FAOTA, RESNA Fellow, for her contribution to this column.

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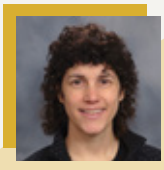
Michelle Lange is an occupational therapist with 30 years of experience and has been in private practice, Access to Independence, for more than 10 years. She is a well-respected lecturer, both nationally and internationally, and has written numerous texts, chapters and articles. She is the co-editor of Seating and Wheeled Mobility: A clinical resource guide; editor of Fundamentals in Assistive Technology, Fourth Edition; NRRTS Continuing Education Curriculum coordinator and clinical editor of DIRECTIONS magazine. Lange is on the teaching faculty of RESNA and is a member of the Clinician Task Force. She is a certified ATP, certified SMS and is a senior disability analyst of the ABDA.



BE TRUE TO YOUR PASSION

Written by: **ROSA WALSTON LATIMER**

Barbara Donleavy-Hiller, OTR/L, ATP, C/NDT, was well on her way to a career in fashion illustration when some insightful advice from a high school guidance counselor set her on a different path. "I lived in New Jersey and was taking classes in Manhattan at the Fashion Institute of Technology with a plan to pursue fashion illustration," Donleavy-Hiller said. "My guidance counselor strongly suggested that perhaps I didn't have the personality to be successful in the highly competitive fashion industry. Instead, she saw me as a more nurturing personality well-suited for caregiving." Donleavy-Hiller took the advice to heart and chose to pursue a career as an occupational therapist. "In one of my affiliations at the Matheny School, a hospital and school for children with disabilities, I had the opportunity to work with their therapists and rehab engineer technologists. That experience told me this was the work I should do. When I was ready to go to work, I looked for a job that would have technology as a part of it." Donleavy-Hiller's first job was at Blythedale Children's Hospital in Westchester County, New York, and she is still there.

BARBARA, YOU HAVE NOW BEEN AT BLYTHEDALE FOR 28 YEARS. WOULD YOU GIVE US AN OVERVIEW OF HOW THINGS HAVE CHANGED DURING THIS TIME?

I've definitely grown with Blythedale as it has evolved through the years. In 1990 I began in the occupational therapy department as a staff therapist, and I believe we had eight or nine therapists in the entire department. Now we have 25 to 30 therapists in our department alone. My friend and colleague from our physical therapy department, Karen Conti and I were the first ATPs on staff at Blythedale and now we have six ATPs, the most for any specialty children's hospital in the Northeast, with more therapists interested. It is exciting and rewarding to mentor newer staff in the field.

"Barbara Donleavy-Hiller and I have worked together for more than 25 years! She is a knowledgeable, creative, dedicated OT who always, always, always has the best interests of each child and each family at the center of her thinking and decision making."

- Julie Knitter, Director of the Occupational Therapy and Assistive Technology Departments, Blythedale Children's Hospital

Two years into working at Blythedale I had the opportunity to move into a position to train in the seating and mobility service, and that's where a large portion of my position continues. When I began, our assistive technology department was a small, specialty service; however, we've grown, and now our department is one of the main initiatives of the hospital. Our CEO, Larry Levine, and the hospital administration are investing resources to transform our assistive technology services into a national center of excellence. My colleagues and I are very excited about this!

HOW WILL THIS EXPANSION OF SERVICES IMPACT YOUR PATIENTS AND THEIR FAMILIES?

Our dedicated staff will now have support services specifically to provide more extensive care for our pediatric patients. Our seating and mobility service now has added staff to build the augmentative communication and access services to round out the assistive technology that we provide. I started at Blythedale with a passion for technology and seating and mobility, now 28 years later the hospital still holds me because of this strong initiative by our administration.

The Assistive Technology Center now is an officially designated location for our services, inside Blythedale Children's Hospital, designed so it is welcoming for the families who come for our existing seating and mobility services. We also have the new set up for the augmentative communication and access evaluations we are providing throughout the center. Our end game is to have a center of excellence that brings these services together with demos and loaner equipment as well as in-service training. Our goal is to bridge the gap between the recommendation of a piece of equipment and efficient utilization of that equipment in a home or school setting. We want to strengthen the link between initial training and the training for real-world use of the equipment.

ON A DAY-TO-DAY BASIS, WHAT ARE YOUR RESPONSIBILITIES AT BLYTHEDALE?

I support our staff therapists in the day-to-day execution of their treatment and provide training with the specialty of seating and mobility, while also implementing a multidisciplinary consultative program. On a daily basis, we have an open, rolling time that therapists, regardless of their discipline, can ask for input from my colleagues and me. We can collaborate on their caseload and perhaps better meet the needs of the children. I not only provide supervision and consult from my discipline, but I'm able to do it across disciplines. This approach helps break down walls and helps everyone see a common goal. We all have the opportunity to learn from each other and also learn from the children and their families. Our meeting times are open to families who can, with their children, share feedback. This situation is beneficial as we gather the information we need to provide the best recommendations and support for our patients. It is truly a team effort!

Barbara Donleavy-Hiller providing assistive technology training during an occupational therapy treatment session.

IS THERE A PARTICULAR PERSON WHO HAS BEEN INFLUENTIAL IN YOUR GROWTH AS A THERAPIST?

Yes, there is! In the seating and mobility service, I was fortunate to work with a mentor, Adrienne Bergen, who is still very dear to me. Karen Conti and I both trained under Adrienne, and her positive influence on our careers is immeasurable. Julie Knitter, director of the Occupational Therapy and Assistive Technology departments, who initially hired me at Blythedale, has also made a significant impression on me as a therapist. I'm fortunate to still be working with Julie.

Barbara Donleavy-Hiller and her husband, Larry, at their New Year's Eve wedding in 2009.

BARBARA, WOULD YOU TELL US WHAT KEEPS YOU ENGAGED WITH YOUR STAFF AND PATIENTS ON A DAY-TO-DAY BASIS?

I love working with pediatrics and seeing the positive attitude children have regardless of their situation. It is gratifying when we can open up an area of function for a child that he or his family never thought possible, and we get to share in their joy. Also, I love it each time when I'm working with our staff and see their faces light up when we learn something new or solve a problem. Having that experience is a reward that I can't even describe, but that keeps me going!

A couple of years ago we put together a team of therapists from all disciplines to ride for charity in the TD Bank Five Boro Bike Tour, a 40-mile ride through all five boroughs of New York City. For me, the event perfectly exemplified our work environment. We are all challenged daily and are trying to do the best we can. There are times when it feels like an uphill battle and times when you feel as though you are riding alone. We all had the same goal, yet we each had a different pace that got us through the race. It was very moving to me toward the end of the bike race when we each waited in the middle of the Verrazzano Bridge for our team members to connect so we could ride across the finish line together. The bike event was a different forum, but our team had the same attitude they exhibit daily in their work at Blythedale.

HOW DO YOU BALANCE THE CHALLENGING RESPONSIBILITIES OF YOUR JOB WITH YOUR PERSONAL LIFE?

After 15 years of friendship, my husband, Larry, and I married 10 years ago. We don't have children, so my work and my family blend. I'm told by friends that I'm always thinking about work and how to adapt something. Larry is a professional

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Barbara Donleavy-Hiller and her husband, Larry, enjoying a day in New York City.

BE TRUE TO YOUR PASSION
(CONTINUED FROM PAGE 25)

musician and singer/songwriter (larrystevensband.com), so he's a creative thinker and has a keen interest in my work. Our life is interesting as he is always touring and performing, and just as with me, his work never stops. We don't have a lot of free time, but when we can carve out the time, we like to travel. We are foodies and like to go into New York City often. Larry and I are both active with fundraisers and charities whether music-oriented relating to his work or connected to my work for Blythedale.

DO YOU HAVE SOME ADVICE FOR SOMEONE JUST BEGINNING ON A CAREER PATH SIMILAR TO YOURS?

I always encourage collaboration outside of your discipline. Therapists who work as a team and collaborate usually achieve their goals more efficiently and develop more quickly. I believe it is also important to not give up on something just because it isn't readily available. Make your case in a positive, proactive way and you can usually make it happen although it may take some time.

The profession of an occupational therapist is vast, and there are many specialty areas in which a person can focus. I would advise a therapist to find an area in which you are passionate, and throughout your career, that passion will provide the energy to continue your own growth. It will also help you through the challenges of funding and any other limitations you may face. Be true to your passion. Don't settle!

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Barbara Donleavy-Hiller (third from the left) with Blythedale colleagues participating in the 2017 TD Bank Five Boro Bike Tour in New York City.

Barbara Donleavy-Hiller (second from right) and her fellow ATPs from Blythedale Children's Hospital during an outreach education event.

LEFT: Barbara Donleavy-Hiller (right) and with her seating and mobility colleague of over 25 years, Karen Conti, at a fundraising event.

BELOW: Barbara Donleavy-Hiller with astudent scheduled for a seating & mobility appointment in the Assistive Technology Center at Blythedale Children's Hospital.

Barbara Donleavy-Hiller, OTR/L, ATP, C/NDT, works for Blythedale Children's Hospital in Valhalla, New York.

PROTECTING THE WHEELCHAIR ON A COMMERCIAL FLIGHT

HOW PEOPLE FROM THE WHEELCHAIR INDUSTRY CAN HELP

Written by: **JESSICA PRESPERIN PEDERSEN** OTR, OTR/L, MBA, ATP/SMS, FAOTA, RESNA FELLOW

CEU ARTICLE | NRRTS is pleased to offer another CEU article. This article is approved by NRRTS, as an accredited IACET provider, for .1 CEU (1 contact hour). After reading the article, please visit http://www.nrrts.org/ceu-article-review to order the article. Upon passing the exam, you will be sent a CEU certificate.

We work closely with people who use wheelchairs and their families, often developing relationships where it is very comfortable to share experiences and information. Flying on a commercial airline using a wheelchair requires specific procedures to assure a safe and comfortable flight without loss or damage to mobility equipment. This article is a synopsis of research I have completed with Peter Axelson and Seanna Hurley-Kringen, presentations I have done with Mary Shea, OTR/L, amendments to laws, and information from the RESNA Assistive Technology for Air Travel (ATAT) Standards Committee. This article is meant to provide wheelchair procurement professionals with information for themselves and to share with others in an effort to decrease loss or damage to wheelchairs during air travel.

CONTINUED ON PAGE 28

PROTECTING THE WHEELCHAIR ON A COMMERCIAL FLIGHT

HOW PEOPLE FROM THE WHEELCHAIR INDUSTRY CAN HELP

(CONTINUED FROM PAGE 27)

RESEARCH RESULTS

Peter Axelson of Beneficial Designs and I completed research supported by the Paralyzed Veterans of America (PVA) on airline travel with a wheelchair. This unpublished data shows that one of the biggest air travel concerns was loss or damage to the wheelchair. Out of 660 respondents, over 403 people stated that their wheelchair was stored in the belly of the aircraft. Forty-four percent stated that the airline staff taking the wheelchair did not appear to know how to fold it or place it in freewheel. Over 250 respondents stated that there was damage to their wheelchair due to air travel. The United Spinal Association and PVA completed another survey in the fall 2018 with similar results. Wheelchair damage or loss could mean the end of a trip due to lack of appropriate mobility. Oftentimes, the traveler is offered a lessor valued wheelchair with suboptimal positioning components as a compromise until something else can be located (Presperin Pedersen et al, 2016). Amy Scherer, an attorney for National Disability Rights Network and a power wheelchair user, states that she sometimes chooses to use a manual wheelchair when she travels on commercial airlines to avoid having breakage to her high-end power wheelchair. This comment was paralleled by several individuals responding to the survey.

THE AIR CARRIER ACCESS ACT AND AMENDMENTS

The Air Carrier Access Act (ACAA) provides rights for people with disabilities in air travel similarly to the manner in which the Americans with Disabilities Act (ADA) provides access to buses, trains and subways. It was signed into law in 1986. It prevents discrimination of people with disabilities who wish to participate in air travel. Airlines must aid the traveler in boarding and deplaning. Airlines are required to give priority access to a manual wheelchair for stowage in the cabin. Luggage used to carry medical supplies is exempted from luggage fees and limitations on the number of bags allowed. Ventilators and respirators may be used onboard. An accessible lavatory is required on all twin-aisle aircraft. Service animals must be accommodated; however, airlines may ask for documentation and require 48-hour notice for psychiatric service animals and emotional support animals. Airlines do not have to accommodate unusual animals. All airlines are required to have a complaint resolution officer available to handle issues that may arise.

Some provisions of the Air Carrier Amendments Act were included in the Federal Aviation Administration Reauthorization Act, which was signed into law in October 2018.

Provisions include:

- assessment of airline and airport training policies.
- a study into the possibility of being able to fly seated in one's own wheelchair;
- creating a bill of rights.
- civil penalties regarding harm to the passenger or equipment.
- greater transparency regarding damage and loss of mobility equipment.
- changes in TSA procedures (Ansley H, 2018).

Tammy Duckworth, a United States Senator, stated that her own manual wheelchair was damaged during a flight. She is a Democrat representing Illinois and a member of the Senate Commerce, Science and Transportation Subcommittee on Aviation Operations, Safety and Security and oversees the Federal Aviation Administration. She used her story to help pass provisions to improve the air travel experience of passengers with disabilities.

"This empowers the consumer," Duckworth said in a telephone interview. "The airlines do break wheelchairs on a regular basis, and unlike losing your luggage — you can go out and buy new luggage — my wheels are my legs. You can't find a substitute for my wheelchair" (Park, 2018).

RESNA ASSISTIVE TECHNOLOGY FOR AIR TRAVEL STANDARDS COMMITTEE

The results of our research contributed to the development of the RESNA ATAT Standards Committee, which is headed by Peter Axelson. This committee includes airlines, consumer organizations, Invacare, MK Battery, Open Doors Organization, the Food and Drug Administration (FDA), US Rehab, Scootaround, Global Repair Group, Beneficial Designs, University of Illinois at Chicago (UIC), and the Shirley Ryan AbilityLab. The goal of the committee is to develop standards for tagging and stowing wheelchairs and batteries as well as standards for making wheelchairs safer during transport.

TRAINING AIRPORT AND AIRLINE STAFF

Eric Lipp of the Open Doors Organization (opendoorsnfp.org) has been working with airlines and airports around the world to train individuals in how to work with people with disabilities as they navigate the airport, go through security,

transfer using a boarding chair, and stow a wheelchair. His team works very closely with the above-the-wing crew and contract companies to teach personnel how to correctly perform transfers on the aircraft. He works with the below-the-wing crew teaching personnel how to correctly lift wheelchairs onto the conveyor belt and stow the wheelchair in the cargo area. The Air Carrier Access Amendment mandates this training. "The turnover and vast numbers of individuals needing to be trained is daunting," says Lipp. "Any information that can be provided by the person using the wheelchair to the airport personnel and airline crew is extremely valuable. If the person can assist in tagging and protecting the wheelchair, we are one step ahead."

MAKING A RESERVATION

An online reservation with most airlines has an added category where individuals using wheelchairs can indicate the type of assistance required and the type of wheelchair they are traveling with. Airlines code the services required to provide the transport company with information indicating the number of people needed to assist with a transfer and where the assistance will be needed. These codes include:

- WCHR — cannot walk long distances, do not have a wheelchair, require a wheelchair to get to the terminal.
- WCHS — cannot walk up the stairs; will need assistance getting into an aircraft on the tarmac.
- WCHC — have own wheelchair, need a boarding device to get to the cabin seat.
  - o Indicate if need assistance with the transfer.

The reservation may include an area that asks for the type of wheelchair and battery used. It is crucial to encourage individuals to fill out this information when making reservations online to allow the airlines time to prepare for necessary services.

The airlines recommend 48-hours notice when someone uses a wheelchair for mobility. It is advisable to call the airline at least 48 hours prior to the flight to assure they have the information that was provided when making the reservation. This allows the airline to prepare for arranging the transport crew to bring a boarding chair and assist with a transfer, if necessary. The airline will also make sure the below-the-wing crew is available to pick up the power wheelchair to take it to the tarmac, lift it onto the conveyor belt, get it through the cargo hatch, and secure it in the cargo hold.

FIGURE 1

FIGURE 3

FIGURE 2

FIGURE 1. It is suggested that 4 people lift the wheelchair at designated areas on the wheelchair frame, however often there are only 2 people near the aircraft to lift and often they are unfamiliar with the wheelchair and do not know the lift points.

FIGURE 2. 777 is used for international flights and if requested, a power wheelchair can be stored in a cannister for optimal protection.

FIGURE 3. putting wheelchair through small cargo hatch on its side, photo courtesy Eric Lipp of Open Doors Organization

TEAMS AT THE AIRPORT AND ON THE AIRLINE

TRANSPORTERS IN THE AIRPORT AND ONTO THE AIRCRAFT

In U.S. airports, the airlines typically contract with companies to provide airport and transfer services. United Airlines developed their own transport company this year. In European airports, the airport is responsible to provide transport services, and in Canadian airports, the airlines are responsible for transport services. This article will not address going through TSA, navigating the airport or transferring onto the airline seat. These resources are available from articles written for the International Seating Symposium (ISS) and by United Spinal Association.

CONTINUED ON PAGE 30

(CONTINUED FROM PAGE 29)

ABOVE-THE-WING CABIN CREW

This crew consists of the ticket agents, flight attendants and the pilot. It is important to get to the airport early to allow the crew to get an idea of the type of wheelchair that is going on the aircraft and the best way to move and protect the wheelchair. At this time, the crew does not have a method to protect parts and pieces of the wheelchair, so it is up to the traveler to do so. Communication about how to free-wheel the wheelchair, the type of battery, what parts are being removed, and if the wheelchair can be folded down put into tilt, or reclined, is critical in allowing the wheelchair to go into a smaller cargo hold.

BELOW-THE-WING CREW

This is the crew who handles luggage. They are responsible for getting the wheelchair safely into the cargo hold. They must lift the wheelchair onto the conveyor belt that goes into the cargo hold (see Figure 1). The crew needs to know how to push the chair to get it onto the tarmac. Many individuals turn a power wheelchair off so that it can only be free wheeled. The chair needs to be locked-in-place so it does not move when it is in the cargo hold. Providing this information will help the below-the-wing crew push the and then reset the levers to lock the wheelchair. Using the tags explained below will provide visual instruction to the below-the-wing crew about the release levers as well as information about the weight and size of the wheelchair.

Amy Scherer of the National Disability Rights Network states that speaking personally to the below-the-wing crew about the wheelchair humanizes the situation and allows personnel to see why the wheelchair is so crucial and requires special handling.

FIGURE 4

Max Envelope Size For a 35" Wide Wheel Chair That Will Go Through Cargo Door

I put together a table listing the maximum envelope for a wheel chair to fit through the cargo door on narrow body Boeing airplanes. I used 35" for the maximum width of the wheel chair to determine the maximum height and length from the Weights and Balance Manuals. Hopefully this will helpful.

Airplane Model	Fwd Cargo Door			Mid Cargo Door			Aft Cargo Door Hand Maneuvered			Aft Cargo Door Lift Assisted		
	Height	Width	Length	Height	Width	Length	Height	Width	Length	Height	Width	Length
737-300	34	35	64				30	35	83	30	35	60
737-400	34	35	65				32	35	70	30	35	59
737-500	34	35	64				34	35	83	34	35	60
737-600	34	35	64				32	35	57	30	35	62
737-700	34	35	64				32	35	57	31	35	62
737-800	34	35	64				32	35	57	31	35	62
737-900	34	35	65				32	35	85	30	35	59
757-200	42	35	79				42	35	94	42	35	82
MD-80	29	36	81	29	36	81	29	36	81			
MD-87	29	36	81	29	36	81	30	36	58			
MD-90	29	36	81	29	36	81	29	36	81			
717-200	29	36	81				30	36	58			

All dimensions are in inches unless otherwise specified.

FIGURE 4.Table of cargo door sizes, photo courtesy of Eric Lipp of Open Doors Organization Side view

AIR CARGO AND HATCH SIZES

Aircraft vary in the size of the cargo area and the measurements of the cargo hatch. For instance, a 777 aircraft is used for most international flights (see Figure 2). Power wheelchairs can be stored in canisters and a lift will bring the canisters to the cargo hold. A 737 aircraft will allow the wheelchair to be stored upright, but the cargo hatch door requires tilting of the wheelchair to get it inside. The smaller aircraft used by express flights and airlines such as Frontier and Spirit are small, requiring the wheelchair to be placed on its side to get through the cargo hatch door and transported in the cargo hold (see Figure 3). Eric Lipp of Open Doors Organization shared a table providing dimensions of most aircraft cargo hatches. The type of aircraft making the flight is usually available when making a reservation online. It is suggested that if different aircraft are making the flight, to choose the one with the largest cargo hatch door (see Figure 4). Aircraft have designated weight per square foot limitations, especially in smaller aircraft.

TAGGING THE WHEELCHAIR

Tagging the wheelchair with information regarding the type of wheelchair, weight, dimensions, type of battery and what is staying on the wheelchair (versus parts being carried into the cabin) will help the below-the-wing crew immensely. Since many power wheelchairs have a different way to release the motor to allow free wheeling, it is important to share that information. The release handles should be highlighted in some way to allow the below-the-wing crew to immediately know how to free wheel and lock the wheelchair when it is in the cargo hold.

Rosalie Crabbe of United Airlines and Ray Prentice of Alaska Airlines shared the tags used by their respective airlines. The tag pictured in this article is a compilation of tags shared by United Airlines, American Airlines, Alaska Airlines and the Open Doors Organization (see Figure 5) It is also downloadable and provides needed information for the airlines. The tag may be laminated and kept for all flights. The RESNA ATAT standards committee is working with airlines

CONTINUED ON PAGE 32

FIGURE 5. Wheelchair tag for airline transport **FIGURE 5**

Download photo of wheelchair here. Show release lever if appropriate

Release lever

Factory Weight
Weight of w/c and components
Length w/o footrest
Width
Back Folds Down ☐ Yes ☐ No
Joystick is removable ☐ Yes ☐ No
Can w/c be reclined to decrease height ☐ Yes ☐ No
☐ Release lever to free wheel

TRAVEL TAG FOR WHEELCHAIR ON AIRLINE

Manufacturer, Model, Serial #

Type of Wheelchair

☐**Manual Wheelchair** ☐Foldable ☐Non-foldable /Rigid

☐**Scooter** ☐Key operated

☐**Power Wheelchair** ☐Key operated

☐**Power Assist on Manual Wheelchair** must report lithium battery

Removable parts	Will stay on w/c	Stow in Cabin
Seat Cushion		
Head support		
Arm supports		
Leg supports		
Control device Joystick, sip and puff, head array, switches		
Back support		
Tray		
Belts/Straps		
Wheels		
Side Protectors		
Other:		

BATTERY TYPE

☐	Acid/wet cell Battery (must be removed) WCBW
☐	Group 2 Gel/dry cell WCBD
☐	Lithium (must be removed and in container) WCLB
	Watt hour (Wh)

MAX Wh lithium battery is 300

PERSONAL INFORMATION

Name:

Cell phone

Alternative contact:

(CONTINUED FROM PAGE 30)

to standardize a tag that can be universally used. Until that occurs, please use this tag. Some of the wheelchair companies are working on tags of their own, and it is hoped that the tags designed by the manufacturers will be laminated and distributed for each type of power wheelchair.

Take a picture of the front, back and sides of the wheelchair before the flight. This can be used to compare the wheelchair before and after the flight and can be used to show any damage to the wheelchair.

'LIFT HERE' STICKERS

There is a plethora of power wheelchairs on the market, and we all know how hard it is to keep up. Imagine what it is like for the "Below the Wing" crew? They would love to have stickers on the wheelchair that showed them where to safely lift the base. However, wheelchair manufacturers do not want to put 'lift here' stickers on the wheelchairs due to the fact that it would give others the idea that the wheelchairs can be lifted. No company wants that liability. A group of students at Northwestern University were part of a Design for America program during summer 2017. They worked with Eric Lipp and I to come up with removable stickers that can be placed onto the wheelchair during flight. The wheelchair user can then remove them. The stickers are available through the website dfaascend.com. The students are selling them at cost, which is minimal. These stickers will give the wheelchair user an opportunity to communicate with the below-the-wing crew exactly where the wheelchair should be lifted (see Figure 6).

BATTERIES

Batteries are considered dangerous goods. The pilot must be informed of the location of the mobility aid with installed batteries, removed batteries, and spare batteries. All batteries must be documented and labeled either as wet acid/wet cell (WCBW), gel/

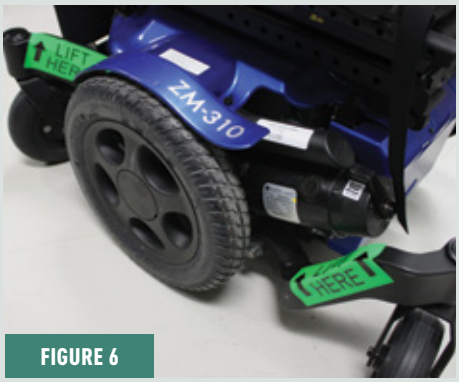

FIGURE 6

FIGURE 7

FIGURE 6.Lift Here stickers

FIGURE 7. wheelchair caddy for manual wheelchair

FIGURE 8

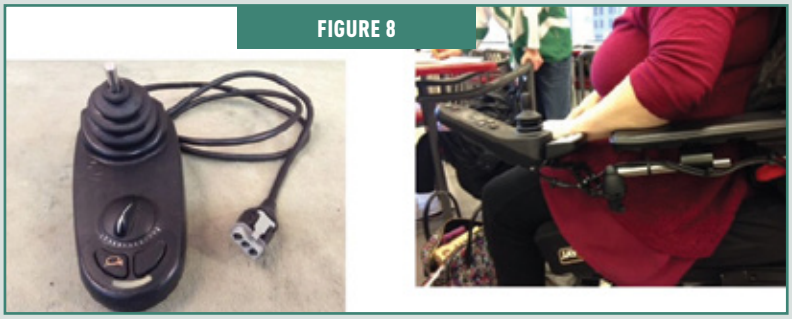

FIGURE 8. Removable Joystick

dry cell (WCBD) or Lithium (WCLB). The crew will ask for the watt-hour (Wh) of a lithium battery. A single lithium battery must not exceed 300Wh. Lithium batteries are not allowed below the wing. They must be placed in a special container in the cabin of the aircraft. The crew will document the type of battery. Wet cell batteries must be removed from the wheelchair. Gel type batteries can stay on the wheelchair; however, they are not designed to be placed on their side. If the wheelchair is going to be placed in a position other than upright, it is suggested to remove the batteries. Further information pertaining to safety requirements applicable to the carriage of battery powered wheelchairs and mobility aids when carried by travelers by air can be found at: https://www.iata.org/publications/dgr/pages/index.aspx.

PROTECTING THE WHEELCHAIR

Airlines do not have the capability of protecting the wheelchair at this time. It is up to the traveler to protect the wheelchair. The seat cushion should be removed from the wheelchair and may be used on top of the aircraft seat. If an air cushion is used, be aware of the changes in air pressure and release air during the trip. At least one manual wheelchair can be stored in the cabin of the aircraft (folding or rigid), and the traveler should ask for this provision. All power and tilt-in-space wheelchairs must be stowed in the under belly of the aircraft. Any part of the wheelchair that is removable should be stored in

32

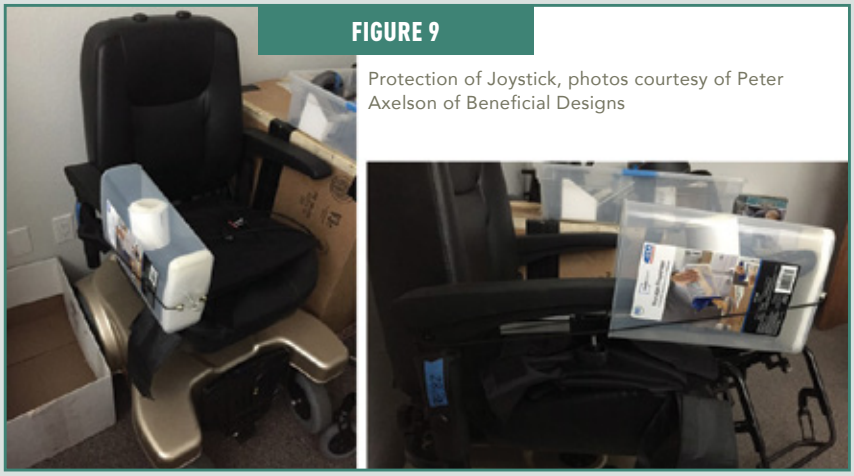

FIGURE 9

Protection of Joystick, photos courtesy of Peter Axelson of Beneficial Designs

FIGURE 10

Wooden crate fabricated by Ean Price

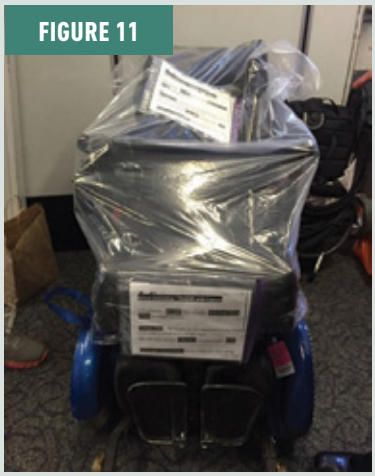

FIGURE 11

FIGURE 11. Using plastic wrap to protect a wheelchair in the reclined position. Photo courtesy of Mary Shea.

FIGURE 12

FIGURE 12. Using plastic wrap, side view.

the cabin of the airplane. Placing these pieces in a duffle bag will keep them together and prevent damage. Make sure the bag can fit in the overhead bin. It may be necessary to use two bags.

MANUAL WHEELCHAIRS

The manual wheelchair can be folded either using the crossbars or folding the back down. This will minimize the dimensions. Use a strap to keep the wheelchair folded. Some individuals opt to keep the wheels on the chair, while others take the wheels off and bring them into the cabin. Any parts taken off the chair should be noted on the tag. There are commercially available wheelchair protectors for folding and rigid wheelchairs (see Figure 7).

TILT IN SPACE AND POWER WHEELCHAIRS

- Make the chair as small as possible. If the back folds down, do so. Tilting or reclining the back will make it lower to fit into the cargo hold, perhaps preventing the chair from having to go through the cargo hold on its side.
- Remove the joystick, if possible. Some of the newer models of power wheelchairs make this easier (see Figure 8).
- Protect the joystick. This can be done by wrapping with plastic wrap or covering it. Figure 9 shows a simple plastic container created by Peter Axelson. Other ideas can be found on Pinterest.
- Use a protective covering for the wheelchair. Ean Price had a wooden crate fabricated to protect his wheelchair in the cargo hold. He has established a working relationship with Air Canada, enabling him to use his wooden crate when he travels. He does not use smaller aircraft and negotiates ahead of time which size aircrafts will be flown to his chosen destinations (see Figure 10). Plastic wrap around the wheelchair can protect it from damage and also from the elements (see Figures 11 and 12). The wheelchair may get wet when being pushed back and forth from the cabin to the tarmac. It behooves the user to protect the wheelchair from the elements by wrapping it in plastic.

RETRIEVING THE WHEELCHAIR AFTER THE FLIGHT

It is suggested to stay in the aircraft seat until the wheelchair is delivered to the jetway. This ensures that the wheelchair made it through

CONTINUED ON PAGE 34

the flight. Once the wheelchair is there, a companion should inspect the wheelchair. If there is no companion, transfer to the boarding chair and go to the jetway. Inspect the wheelchair as soon as possible to assure that there is no damage. If there is damage, immediately tell the flight attendant and pilot. Contact the Complaint Resolution Officer (CRO) to file a complaint about any damage. Each U.S. carrier must have a CRO available during operating hours. U.S. carriers must provide repair or replacement. Some European and other foreign air carriers, not covered by the Air Carrier Access Act, may only have to provide up to $1,500.00 for repair or replacement. Most airlines will only have a standard manual wheelchair to offer the user to get out of the airport. This is inadequate for most travelers with wheelchairs. The airlines have contracts with companies like the Global Repair Group, which will match the traveler with a wheelchair supplier in the area of the airport and attempt to get a proper loaner wheelchair while the user's wheelchair is being repaired. Global Repair Group (globalrepairgroup.com) works with the wheelchair user to determine what is needed for the wheelchair and where the repairs should take place. Many users will choose to work with their own supplier for repairs if there is extensive damage or a need for a new wheelchair.

SUMMARY

Air travel is a viable means of transportation for people who use wheelchairs. Despite the Air Carrier Access Act and extensive training for airline and airport personnel by companies like Open Doors Organization, loss and damage to wheelchairs still occurs. There is a role that the wheelchair user has in preventing loss or damage to the wheelchair. Although the wheelchair user cannot prevent the wheelchair from being dropped when it is being lifted or riding on the conveyor belt, or damaged when it is in the cargo hold, proper tagging and protection of the wheelchair may prevent loss or damage. Using the dropdown pertaining to assistance and equipment when ticketing forewarns the airline that assistance at the gate or stowage of the wheelchair is necessary. Tagging the wheelchair communicates necessary information about the wheelchair and battery to assist the crew stowing the wheelchair. Placing the wheelchair in a position of least height may enable it to go through the cargo hatch and be placed upright in the cargo hold. Taking removable pieces into the aircraft cabin and covering the wheelchair with protective materials may prevent damage during stowage.

CONTACT THE AUTHOR

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RESOURCES:

Consumer groups, airlines, and wheelchair manufacturers have contributed to educational opportunities about traveling with a disability on a commercial airline. This article only covers protecting the wheelchair. For more in-depth information about all aspects of flying, please visit the following websites. Kudos to the UK for coming up with an excellent video in January 2019 covering many aspects of traveling using a power wheelchair.

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EDGE 3 shown in *Sugar Plum*

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TRAVELING WITH WHEELS ... OR NOT

Written by: **BRYAN ANDERSON**

As the national spokesman for Quantum Rehab and as a spokesman and ambassador for USA Cares and the Gary Sinise Foundation, I frequently travel for work. I feel like I spend half my life in airports these days, and I must admit that traveling with a mobility product can be a very frustrating experience. The lack of recognition as to the importance of my mobility products leads to problems from check-in to retrieval upon arrival at my destination. I use both manual and power chairs for mobility.

My very first travel experience using a wheelchair was much like that of the rest of the disability community. I was escorted to the plane, transferred to an aisle chair, transferred to the seat, and then reversed the process upon arrival. I felt like Hannibal Lector and swore I wouldn't go through that process again. The injuries I received from an improvised explosive device (IED) in Iraq resulted in the loss of both my legs and my left hand. However, luckily, I did not sustain a traumatic brain injury or spinal cord injury, so I am mobile and can move around well. These days I only travel using my manual, folding chair (see Figures). I can use it to board, gate-check it, and have it brought up to me upon arrival. This way I can immediately deal with any issues should they arise. I was also a gymnast in high school, so if I choose I can travel in my chair to the end of the jetway, hop out, grab my backpack and cushion, and scoot to my seat. I do get some rather strange looks from the attendants though when I do this!

To add to the mix, I travel with my service dog, Mya. Recently, I was already at the gate at an airport when I was approached and told I needed to provide appropriate paperwork on the dog. I was told it was a new rule, and while the airline was professional about it, I ended up on a flight with a different air carrier. My experience of attempting to travel with my power chair did not go very well. To be honest, it was a process and not easier than using a manual chair. Checking in was pretty much the same as with my manual chair except that the agents ask all kinds of questions that I really didn't know, the answers to. They wanted to know what the dimensions were, how heavy it was, and what type of batteries it had. These were specifics I didn't readily know and I'm certain most users wouldn't know. Somehow, I made it through, then got to security, which was a nightmare. The area was tight and extremely difficult to maneuver through. They patted me down, swabbed the chair, and examined and searched all the crevasses and whatnot.

I made it through security and got to the gate, and the airline staff wanted to know what to do to help. Me being me, I said, "Not much, just tell me where to put the chair." They wanted me to leave it at the top of the jet bridge, so I had to transfer to a manual chair for the ride down to the plane. I asked if they needed any help or instructions about the operation of the chair. They replied that they didn't and assured me my chair would be fine. So, I put my mind at ease and trusted them.

The flight went without a hitch and we arrived. I was sitting on the end of the jet bridge waiting. It took about 20 minutes for them to bring up my power chair. I was getting worried, thinking something had happened — well sure enough, I was right. As they brought the chair up, I looked at it and thought that something didn't look right at all. The right arm that holds my joystick was laying in my seat. They snapped the arm off the chair and the damage made it impossible to get back on. I couldn't even 'MacGyver' it back on with duct tape. To drive it, I had to hold the armrest in my left hand, which is tricky because I don't have a real left hand and drive the joystick with my right hand. It's crippling when something like this happens. It completely strips your independence away from you and makes you dependent on the people with you, if you are lucky enough to have someone with you, or to rely on the kindness of strangers. I basically have given up trying to travel with power since most of the time the unit arrives damaged and inoperable.

Unfortunately, traveling with my manual chair is not a fail-safe solution either. I have experienced situations where my manual chair was left on the jet bridge in Chicago as I arrived in Atlanta, and one time the frame on my manual chair was so damaged it wouldn't unfold. I have witnessed a member of the ground crew 'frisbee' my clothing guard into the luggage hold after it fell on the runway during loading and then was told they couldn't find it upon arrival.

The airlines lack the understanding that when they damage your product, they are literally taking away your legs. It seems like they have a total lack of concern and sense of urgency. Alright, I have encountered a few airline employees who don't fit that definition, but overall, they just don't get it!

FIGURE 1

FIGURE 2

FIGURE 1: Bryan checks in for a flight with his manual wheelchair.

FIGURE 2: Bryan grabs his luggage after a flight he took using his manual chair.

FIGURE 3: Bryan boards a plane using just hands, one of which is a prosthetic hand.

FIGURE 3

Being from Chicago, I'm proud to report that my U.S. Sen. Tammy Duckworth, D-Ill. a fellow wounded warrior and frustrated traveler, has taken the airline industry to task and is requiring they begin publicly reporting damages to mobility products that are lost, mishandled, or break. The first public report is expected in January 2019 and will be broken down by airline. Let's make it our mission to support Sen. Duckworth and widely distribute this information. If there is one thing the airlines understand, it's dollars and cents. This reporting will at least give us the ability to vote with our dollars since we will be able to identify the worst abusers. If there is anyone who can move the needle, it's Sen. Duckworth.

Personally, I'm working with a coalition of airlines and disability groups, facilitated by the RESNA, to develop handling and storage guidelines and staff training in an attempt to reduce equipment damage in transport. I consider myself lucky since I can choose which product to use, and being Quantum's national spokesman, I have a power chair unit waiting for me at my arrival destination when my travel is work related. Others of course are not as fortunate and must deal with the challenges of having their mobility products mishandled and damaged, or worse yet, lost.

I've heard and entertained suggestions to brief the ground crew chief on freewheel operation and loading and on using signs to instruct the ground crew. The problem is these efforts are only mildly successful and don't address the crew at the destination point. Developing a training video has also been a suggestion I've heard, but I question its effectiveness due to employee turnover and the myriad differences just on freewheel lever locations and operations between manufacturers. Another suggestion has been to bubble wrap the controller or disconnect it and take it with you on board. This is not a solution that will work universally.

The real solution is to let us drive our units on board, strap them down, and let us fly in our own seating systems and eliminate the transfers. I get that this solution would require the airlines to make the entry point to the plane large enough for us to enter and back into the bulk head position and would require them to remove the aisle seat in the bulk head row. It's not like they will be losing any money since we pay for a seat anyway, and it sure would save them a ton of money on product repairs and replacements in the long run. Alright, so let's get real: since that's not going to happen any time soon, I think some type of container system that would hold the chair to prevent damage and make it easier to load and unload might be a workable solution.

It is important for the airlines to understand that my generation intends to live life to the fullest, regardless of injury or disability, and that includes traveling to both domestic and foreign locations. We intend to push the limits and demand recognition

CONTINUED ON PAGE 38

TRAVELING WITH WHEELS ...
(CONTINUED FROM PAGE 37)

of our needs and desires. I don't consider myself a radical, but I will advocate and stand up for what is right. At Quantum, I engage with many consumers who share this point of view. Quantum gets it in the mobility world, and it's time for the airlines to "get it" in the travel world and make the experience pleasant and fulfilling.

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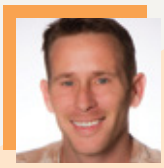
DISCLOSURE: Prior to joining the U.S. Army and sustaining his injuries in Iraq, Bryan Anderson was a ground crew chief at O'Hare International Airport.

Bryan Anderson is an Iraq war veteran and Purple Heart recipient. He was injured Oct. 23, 2005, in Baghdad, by a roadside bomb, which resulted in the loss of both legs and his left hand. Bryan served two tours of duty in Iraq and retired at the rank of Sergeant in the military police. Anderson is the national spokesperson for Quantum Rehab, and travels the country making numerous personal appearances at major rehab and Veteran's Affairs facilities delivering his message while delivering his message of perseverance and determination. In addition, he is a spokesperson for USA Cares, a nonprofit organization based in Louisville, Kentucky, that is focused on assisting post-9/11 veterans in times of need, and an ambassador for the Gary Sinise Foundation. Anderson is an energetic and enthusiastic individual who enjoys challenging his limits. He has written a book titled, "No Turning Back," and has appeared in numerous TV and movie roles, with "American Sniper" as the most recent. He snowboards, wakeboards, goes whitewater rafting and rock climbs. He loves to travel and enjoys meeting new people.



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STANDARD MOBILITY … SHOULD I, OR SHOULDN'T I?

Written by: **CLAUDIA AMORTEGUI**

As of January 1, 2019, the Medicare Competitive Bidding Program was placed on "hold." What exactly does that mean? The fee schedules/allowables certainly did not go back to the non-competitive bid rates; however, provider contracts were no longer required to be upheld. At this time any Medicare provider is able to supply equipment that was a part of the Competitive Bid Program. This is where Complex Rehab Technology (CRT) providers started to ask themselves, should I start providing standard mobility equipment as well?

For some providers, this question may have been easily answered — simply: No. For others, they decided to jump right in and offer all levels of equipment. Finally, there were some providers who needed to sit back and really think about what they would do. In my opinion, this was a great first step.

By all means, many providers who did not have the competitive bid contracts saw this as a great business opportunity. A potential for more sales is always a good thing. But is this really the best choice for all providers? The answer to this question is dependent on individual providers. For some, this expansion could be good and for others, it could actually hurt their business. How could this be? Isn't an increase in sales better for anyone?

First things, first. Everyone needs to understand the standard mobility business is very different than its big brother, Complex Rehab Technology (CRT). Is the supplier ready to dive into the rental market? Are they well-practiced in obtaining qualifying documentation that doesn't always involve a therapist specialized in seating and positioning? Does internal staff understand the coverage policy? Does everyone understand how the process from order to delivery differs compared to CRT?

The internal process itself varies between standard mobility and CRT. This is an area where providers can end up in a bit of a tangle. First and foremost, referrals expect the turn-around for delivery to be much faster, especially for manual wheelchairs (MWCs). This means, the provider must be on pointe with all the documentation prior to delivery. The one thing that standard MWC orders do not have is the ability to obtain some sort of Prior Authorization (PA). Unlike the K0005, ultra-lightweight MWC and the E1161, manual tilt-in-space, which have the ability to submit for an ADMC (Advance Determination of Medicare coverage), providers are on their own for standard MWCs (K0001-K0004, K0006, and K0007). Therefore, the provider must be certain that all the coverage criteria is met and that the required documentation is in hand. They must be prepared for any pre-pay or post-pay audits.

For powered mobility, the saving grace has been that Medicare now requires a PA to be requested on most of the standard and CRT equipment; the exceptions are scooters and several other codes, including some heavy-duty bases. In my opinion, orders for standard power wheelchairs (PWCs) are always the ones to fall in the grey area when it comes to qualifying under Medicare policy. A PA approval offers an incredible protection to the providers; however, their staff still must understand what is needed to qualify and should still read everything prior to submitting their request

Another issue that must be addressed is the fact that most, not all, standard mobility equipment is required to initially be rented; CRT mobility equipment can be sold up-front. The rental is completed on a month-to-month basis, up to 13 months. If the equipment is still medically needed after this time, then the "title" of the equipment will pass to the client, and they will officially own the equipment. During the rental period, it is expected that the provider verify the continued medical use and need of the equipment. The continued use can be confirmed via a phone call or email to their client. The continued need would have to be supported by current clinical chart notes at the 12-month mark. These practices are not impossible, but they would have to become one of the required steps for each rental order.

What about repairs? When it comes to rentals, the provider is responsible for all repairs. The equipment must properly function and meet the client's needs. Any repair during the rental period will be the responsibility of the provider, and this is not billable for separate reimbursement. Therefore, providers must factor this in as part of their cost of doing business. When the client owns their equipment, Medicare will allow for claims to be submitted for payment for necessary and justified repairs.

Another key factor to consider is payment amount that will be received.

As noted above, Medicare did not place a "hold" on the competitive bid allowable rates. Therefore, if you choose to provide this equipment, you are agreeing to the Medicare allowable for the competitive bid areas. In some cases, there will not be a big difference from the standard allowable, but in others it will definitely be a larger amount.

A definite bonus to providing both levels of equipment is that referrals who trust you with their CRT clients, will likely also have end-users that need standard mobility. My assumption is a referral will have a higher comfort level with providers who have experienced ATPs on staff. However, do not hurt your relationship by possibly overcommitting what your company can provide.

Simply put, this is a decision that needs to be made after much thought and careful evaluation. Conversations should occur with not only the ATPs, but also the service technicians, customer service, funding and billing staff. The results will vary by company. In many cases, companies will be more successful continuing their path and not veering off into a new and different world.

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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.

WHAT IS BOCCIA?

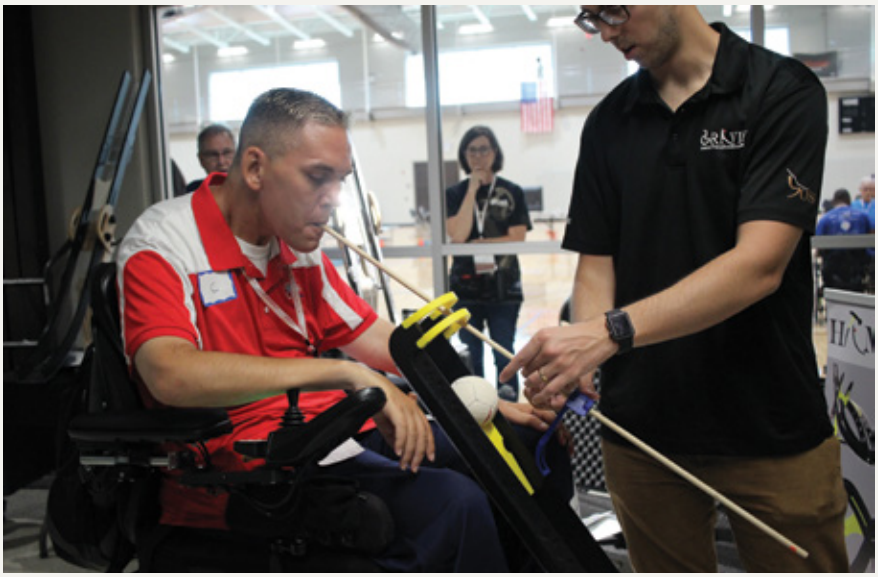
Written by: **WEESIE WALKER,** ATP/SMS

As I always say, in the world of assistive technology, you can learn something new everyday!

I recently met with Todd Fink and Daniel Berk at the Numotion Conference exhibit hall. I was intrirgued by an interesting piece of equipment they were showing. I had no idea what it was or what its purpose was. After a demonstration, I wanted to know more about this sport. Daniel Berk graciously wrote the following article about Boccia.

In 2017, Therafin Corporation quickly approached their 50th anniversary. Fifty years is a long time to innovate creative products for a uniquely particular industry—but where there's a will, there's a way. Having already spent five decades in the rehabilitation and manufacturing industry, you'd think we knew all there was to know. Boy, were we in for a surprise. Deep in the heart of its innovative spirit, we discovered the incredible world of Boccia.

What is Boccia? You may have heard of Bocce. You know, the spirited yard sport played with lacquered wood balls. One ball is thrown, then two players compete against each other, each thrower attempting to toss their ball closest to that first initial ball. Whoever gets their balls closer to that first ball wins the match. It makes for some friendly competition on a balmy summer evening. Boccia (rhymes with "gotcha") is just like Bocce, but it's played on a court inside and the balls are more like heavy, leathery hacky-sacks. Oh, and it's adaptive, so it's played by people in wheelchairs. And sometimes those athletes use ramps. And head pointers. And mouth sticks. And athletic assistants. I suppose Boccia is actually much different than Bocce. In fact, so different there are now over fifty countries competing in Boccia in the Paralympics. It's a sport enjoyed by adaptive athletes all over the planet.



There are four main Boccia classes for athletes in wheelchairs. Three of the four classes consist of athletes who can use their hands or feet to project the Boccia ball onto the court. One of the four classes (we call this class the BC3 class) requires a Boccia ramp and a sport assistant to compete. Because of their limited mobility in their upper body, they are allowed the use of a Boccia ramp and an assistant (called a "ramp assistant") during competition at all levels.

You may be thinking to yourself: "Well, that's not really fair. They get someone to help them play?" Think again. These BC3 players have an assistant exclusively as an extension of their own body. The assistant can only do what the athlete commands him or her to do; the assistant cannot talk back; the assistant can make no recommendations; the assistant can't even look at the court of play. They can do absolutely nothing unless specifically told to do so by the Boccia athlete. If the Boccia athlete is non-verbal, they must still figure out a way to communicate with their ramp assistant to tell them how they need help. They might ask the assistant to place the ball on the Boccia ramp. They might ask them to swivel the ramp left or right. They could ask the assistant to attach and detach a ramp extension. Non-verbal athletes use specific eye movements or neck motions to communicate a particular command, and the assistant is only permitted to do exactly what they've been told by the athlete. It's fascinating to see it in action, and enlightening to see how much concentration and communication goes into a thrilling win of a Boccia match.

Boccia is a sport that requires intense concentration and highly skilled precision– developed from hours of hard work and exhausting practice– and of course, the right Boccia equipment. Athletes spend long hours and travel miles and miles to practice and compete at the regional, national and international level — often times out of their own pockets. They spend hard earned money and put together complex fundraisers to attend championships all over the world.

When we first saw Boccia athletes competing in person, we were floored. We saw players bouncing Boccia balls out of the way athletes rolling one ball on top of another (see picture below), and even people kicking the Boccia balls onto the court. It was incredible!

We believe Boccia empowers adaptive athletes like no other sport can. We've seen first-hand that an adaptive athlete can experience a renewed joy and an increased quality of life when given the opportunity to compete in a sport so complex. We've witnessed able-bodied and handicapped people come together to experience a game that they can truly enjoy and compete in together. If you could only see the look on an athlete's face each time they land their ball right where they want it. The smile is unlike any other—the beam of light shining bright from their faces illuminates the whole room!

In 2017, Therafin discovered Boccia. And now, Therafin and the world of Boccia are married for life.

If you want to know more, visit www.GravityBoccia.com and see for yourself. Go visit your next local Boccia competition and experience a world that's been around for years — a world that we're glad we found. We like to think we've been adopted by the Boccia community. And we're certainly here to stay.

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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 and GAMES board of directors and the Professional Standards Board of RESNA. Throughout her career, she has worked to advocate for professional suppliers and the consumers they serve. She has presented at the Canadian Seating Symposium, RESNA Conference, AOTA Conference, Medtrade, ISS and the NSM Symposium. Walker is a NRRTS Fellow.

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Congratulations to the newest NRRTS Registrants. NAMES INCLUDED ARE FROM JAN 11 THROUGH FEB 11, 2019.

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Rehab Medical
3745 Manhattan Ct
Gulf Breeze, FL 32563
Telephone: 850-843-4460
Fax: 877-519-7709
Registration Date: 2/10/2019

Emily Schreiber, RRTS®
SMP Home Medical
21 S Saint Marys St
St. Mary's, PA 15857-1617
Telephone: 814-834-2225 x.116
Fax: 814-834-5383
Registration Date: 1/31/2019

Brian Spiller, RRTS®
Trustcare Home Medical Equipment
8677 Telegraph Rd
Glen Allen, PA 23060-4030
Telephone: 804-262-9001
Registration Date: 1/31/2019

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 JAN 11 THROUGH FEB 11, 2019.

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Sean Auter, ATP Allentown, WI
Gregory Chilcott, ATP Cheektowaga, NY
Benjamin Jones Anaheim, CA
Roy McNelly, ATP Winchester, VA
Ryan Seymore Montgomery, AL
Margaret Whitworth, ATP Oklahoma City, OK

RENEWED NRRTS REGISTRANTS

The following individuals renewed their registry with NRRTS between Jan 11 through Feb 11, 2019.

PLEASE NOTE **IF YOU RENEWED AFTER FEB 11,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
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Becky Bertoncino, ATP, CRTS®
Robert C. Bleil, ATP, CRTS®
James Castruita, ATP, CRTS®
John Kevin Conley, ATP, CRTS®
Roger Dabbs, ATP, CRTS®
Michele A. Froehlich, ATP, CRTS®
Brian Gough, ATP, CRTS®
David Gurganus, ATP, CRTS®
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Kevin Jackson, ATP, RRTS®
Timothy Jarmuzek, ATP, CRTS®
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Ray Kent, ATP, CRTS®
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Randy Malcolm, ATP, CRTS®
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Dan M. Weatherly, ATP, CRTS®
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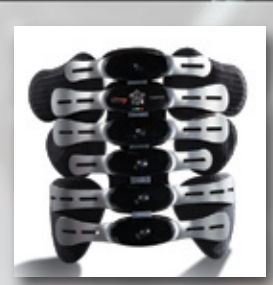

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