CLINICAL EDITORIAL

We're Not Asking for Luxury; We're Asking for Mobility!

Inside a conversation with wheelchair users who are done adapting to a system that treats their independence as optional.

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In late 2025, I met with a group of wheelchair users expecting to talk about customer service. What I walked into instead was something closer to a reckoning or a collective viewpoint — an unfiltered account of what it means to depend on a wheelchair in a system that treats mobility as a transaction rather than a lifeline. After a while, the stories came fast, layered with humor and frustration and a kind of weary expertise that only comes from years of being let down.

One of the early comments set the tone. "You go get your car fixed, you expect a professional experience, or you go somewhere else," someone said. "Did you come away thinking that they were professionals? Or did you come away thinking they were a couple of cards short of a flush? Switch it to your chair and your service tech. How many of them do you believe provided you with professional experience … or was it the couple cards short of a flush thing?"

The room laughed, but it wasn't a joke. It was a diagnosis.

Bobby, a power chair user since 2009, didn't hesitate. "Probably 60%," he said. "Sixty percent knew what they were doing. The rest? They'd show up, look at the chair and say they couldn't touch it. Then I'd wait weeks for someone else." He described a brand-new, supposedly on paper, $35,000 chair delivered with plastic pieces, loose bolts, missing adjustments and parts falling off. When the tech finally arrived — two weeks later — Bobby asked if he had tools. "Oh no," the guy said. "I can't touch it. I just look at it and report back."

That line hung in the air, the perfect metaphor for an industry that has learned to "look" without actually fixing anything.

What I heard in that stretch of conversation wasn't just dissatisfaction. It was something deeper: a community that has adapted to dysfunction because the alternative is immobility.

The Slow Collapse of Service

As the conversation unfolded, a pattern emerged — not a series of isolated frustrations but a structural unraveling of what wheelchair service used to be. Nearly everyone on the call could remember a time when repairs were personal, technicians were skilled and customer service meant something. Those memories now feel like artifacts.

Bobby described the shift with a kind of stunned clarity. "Early on, I knew the tech's name. He'd drive an hour to get to me. He'd spend as long as he needed. They even did preventative care. He knew his stuff." Then Bobby paused, letting the contrast land. "Man, has that changed."

What replaced that older model wasn't just slower service; it was a hollowed-out version of care. Techs who arrive without tools. Techs who "just look and report back." Techs who openly admit they don't know how to adjust the equipment they're sent to evaluate. One user summed it up bluntly: "You really have no idea who they're sending out. A lot of times, they're understaffed. There's turnover. And you can't request who comes."

The stories piled up. A brand-new chair delivered with loose bolts. A standing frame with knee braces that were never fitted to the user. A technician who didn't know how the mechanism worked. Another who refused to touch anything on the first visit. A phone rep who answered every call with, "What do you want?"

And then there was Mary's story, the one that made everyone stop. Her backup chair had just been returned from repair. She transferred into it, hit the joystick and the drive wheel fell off. The tech hadn't even left the driveway. When she called the company, the first response was, "We can pick it up next week. We don't have anyone in the area." Mary's reply was simple: "You were literally just here."

These weren't anecdotes. They were symptoms. What used to be a service ecosystem built around mobility has become a system built around delay, deflection and denial. And the people who rely on these chairs — for independence, for safety, for basic dignity — are left to absorb the consequences.

Consolidation, Incentives and the Technician Crisis

As more voices joined the conversation, the picture sharpened: This wasn't just bad luck or a few incompetent employees; it was the predictable outcome

of an industry that has consolidated, corporatized and stripped away the very elements that once made wheelchair service functional.

Mary captured it bluntly: "Once the company got bought out, everything went downhill." She watched experienced technicians leave in waves, replaced by people who "didn't even have basic mechanical skills." The shift wasn't subtle. It was a collapse. It happened fast.

Others echoed the same pattern. Companies that once invested in service now invest in volume. Preventative maintenance? Gone. Inventory? Eliminated. Skilled techs? Replaced with underpaid workers who burn out quickly and leave the field entirely. As one participant put it, "If things don't break, they don't make money."

The incentives are upside down. The reimbursement structure rewards new equipment rather than repairs. Sales staff earn commissions; technicians do not. "Some people make big bucks," one user said, "and the techs are getting screwed." Another added, "They're the ones getting yelled at in people's homes, and it's not even their fault."

The result is a workforce crisis. Technicians aren't leaving for competing suppliers; they're leaving the industry altogether. "Why stay," someone asked, "when you can make more fixing cars and not get screamed at for things you can't control?"

And then there's the consolidation through acquisition. Users described a landscape where a handful of companies own everything! "If they own everything," Mary said, "why should they provide customer service? We're stuck with them."

This wasn't cynicism. It was a lived experience. When a single company controls the product, the service and the supply chain, accountability evaporates. The customer becomes a captive audience, and, as Mary put it, "The customer that has the problem is the problem."

What emerged in this section of the conversation was a clear diagnosis: The system isn't broken; it's functioning exactly as designed — to maximize reimbursement, minimize cost and treat wheelchair users as line items rather than human beings.

Accountability, Incentives and the Search for Solutions

By the time we reached this point in the conversation, the group had moved past describing the problem. They were dissecting it and pulling apart the incentives, the policies and the structural choices that created the crisis in wheelchair repair.

What emerged was a kind of collective clarity: The system isn't failing accidentally; it's failing predictably.

"Profit-driven, not customer-service-driven," one participant said. "Cut every cost you can. That's the model." And the examples backed it up. No inventory. No preventative maintenance. No time for real conversations. No investment in technicians. "If it's not a billable minute," someone added, "you're not getting the service."

But the group wasn't content to simply complain. They were trying to answer the harder question: **What would it take to fix this?**

One idea came very quickly: pay technicians more. "How do we get money into the hands of these techs?" someone asked. "They're the ones keeping us mobile." Another suggested sharing commissions. If sales reps profit from new chairs, why shouldn't the people who keep those chairs functioning share in that incentive? "At a good bar," one person said, "the bartender splits tips with the barback. Why is this any different?"

Others pointed to policy. Their state's 10day repair rule came up repeatedly — a state-level mandate that forced suppliers to meet repair timelines or face consequences. "Both national companies hired more techs when that rule went into effect," someone noted. "All of a sudden, there was money." It was proof that accountability works, not because companies suddenly care, but because they respond to pressure and to money.

And then there was the question of consumer power. "We have no say," one participant said. "Two companies in town, both doing the same thing ... and you're not getting a lot of difference depending on who you go with. It's a crapshoot." Without competition, wheelchair users can't "vote with their feet." They can't switch providers. They can't demand better service. They're captive.

That's why the conversation kept circling back to legislation, oversight and collective action. "We're at the point where laws have to change," someone said. "We need protection. We need standards. We need consequences."

The solutions weren't simple, but they were clear:

- Pay technicians a livable wage.
- Tie reimbursement to service quality.
- Enforce repair timelines.
- Require inventory and preventative maintenance.
- Hold providers accountable for delays and denials.

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• Create pathways for consumers to report failures.

These weren't abstract ideas. They were survival strategies, the minimum needed to restore dignity and safety to a system that has forgotten both.

Organizing Power and Reclaiming the Narrative

Somewhere in the second hour of the conversation, the tone shifted. The frustration was still there — sharp, justified, earned — but something else began to surface: a sense that this group, and others like it, could become more than isolated voices venting into the void. They could become a force.

It started with a simple observation: "We're all having the same experience." Not similar. Not comparable. The same. Across states, suppliers, diagnoses and chair types, the failures were identical. That kind of uniformity isn't a coincidence. It's design.

And design can be changed.

Mary was the first to say it out loud: "We need to organize. We need to be loud. They're counting on us being quiet." Heads nodded. Eyes blinked. You could feel the room — even this virtual one — tighten around the idea.

Others chimed in. "We need a place to report this stuff," someone said. "A real mechanism. Not a customer service line that goes nowhere." Another added, "We need data. Stories are powerful, but numbers make legislators move."

The conversation turned toward strategy. State-level repair timelines. Technician wage standards. Transparency requirements. Penalties for delays. Consumer choice protections. A national reporting database. Partnerships with disability rights organizations. The beginnings of a blueprint.

But the most powerful moment came when someone said, "We're not asking for luxury. We're asking for mobility." The room went quiet. It was the clearest articulation of the stakes — not convenience, not preference, but the basic ability to live and move.

That's when I realized this wasn't just a roundtable. It was a sparky gathering of people who had been navigating a broken system, suddenly seeing themselves as part of something larger, a community with shared experience, shared anger and shared potential.

The industry may have the infrastructure.

The insurers may have the money.

The suppliers may have the contracts.

But wheelchair users have the truth, and when truth becomes collective, it becomes leverage.

This section of the conversation wasn't about what's wrong. It was about what's possible. And it marked the moment when the group stopped describing the system and started imagining how to change it.

What This Conversation Reveals About the Industry

Listening to this group, I kept coming back to a single thought: If the people who run this industry could hear what I heard, really hear it, they would have no choice but to confront the gap between what they believe they're providing and what wheelchair users are actually living through.

Because what this conversation revealed wasn't just frustration. It was expertise. It was pattern recognition. It was a community that had learned to diagnose systemic failure better than the system itself.

These weren't customers complaining about wait times. They were people who understand the mechanics of their chairs, the economics of reimbursement, the staffing shortages, the turnover cycles, the acquisition patterns and the incentives that shape every interaction. They know the difference between a tech who's trained and one who's improvising. They know when a company is cutting corners. They know when a delay is unavoidable and when it's manufactured.

And they know — with painful clarity — that the system is not designed for them.

What struck me most was how often the group described doing the work the industry should be doing. They troubleshoot their own equipment. They track their own service histories. They research their own parts. They educate new technicians. They document failures. They warn each other about bad actors. They create the continuity that the companies no longer provide.

At one point, someone said, "We're the quality control." And it wasn't said with pride. It was said with exhaustion.

That's the part the industry needs to hear: Wheelchair users are not asking for perfection. They're asking for competence. For safety. For continuity. For a system that treats mobility as essential rather than optional. For technicians who are trained, supported and paid enough to stay. For companies that see service not as a cost center but as the core of their mission.

This conversation made one thing unmistakably clear: The people who rely on this equipment understand the stakes better than anyone. They know what's broken. They know why it's broken. And they know what it will take to fix it.

The question now is — or still is — whether the industry is willing to listen.

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A Call to the Industry ... to All of Us!

When I logged off that call, I sat for a long time thinking about what I had just heard. Not because the stories were surprising or new — after more than 30 years in this industry, they weren't — but because of how clearly they revealed the stakes. Mobility isn't a luxury. It isn't a convenience. It isn't a product category. It is the foundation of autonomy, safety, employment, parenting, community and basic human dignity. And yet the system responsible for maintaining that mobility has drifted so far from its purpose that wheelchair users now expect failure as the default.

That should unsettle every one of us connected to this industry.

In a system of regulated fee schedules with fixed reimbursements, the challenges extend far beyond providers and manufacturers. Everyone is forced to run on less fuel than they need. When the system restricts that fuel, the strain ripples through providers, suppliers and manufacturers, and ultimately lands on the people who rely on mobility every single day. The real adversary isn't each other; it's a reimbursement structure that makes sustainable service nearly impossible.

Layer onto that a reluctance among some providers to adjust their operating model, to recognize that service is just as important — more important — than sales, and we remain stuck in a cycle that fails all of us. Innovation and accountability have never mattered more if we're going to overcome the current lack of fuel and the resistance to reallocating it where it's needed most.

If you build chairs, sell chairs, service chairs, fund chairs or regulate reimbursement, you should hear these voices as a mirror, not a threat. Because the truth is simple: The people who rely on this equipment are not asking for perfection. They're asking for a system that works. A system where technicians are trained, supported and valued. A system where repairs are timely. A system where accountability exists. A system where customer service means something. A system where mobility is treated as essential, not optional.

And here's the part that matters most: Wheelchair users are no longer waiting for the industry to fix itself.

They're organizing. They're documenting. They compare notes across states and suppliers. They're building coalitions. They're talking to legislators. They're naming the failures out loud. They're refusing to be quiet. The spark I saw in that conversation, that shift from frustration to collective resolve, is the beginning of something powerful.

Our industry can choose to engage with that power or ignore it. But it cannot pretend it isn't coming.

For those of us who work inside this ecosystem — whether as clinicians, rehab technology suppliers, manufacturers, advocates, therapists, funding agents, business managers — the path forward is clear. We can help rebuild trust. We can push for appropriate reimbursement, service-model innovation and technician pay reform. We can support legislation that enforces repair timelines. We can elevate the stories that reveal the truth. We can insist that service is not a cost center but the core of the mission.

Because mobility is not a commodity. It is a right.

And if this conversation taught me anything, it's that the people who depend on this equipment are ready to fight for that right — together, loudly and with a clarity the industry can no longer afford to ignore.

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