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iNRRTS

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FROM THE EDITOR-IN-CHIEF

Summer 2026 has officially arrived, and we're excited to share Volume 3 with you. In June, iNRRTS lost an incredible individual. David Thomas Murray, "The Wheelchair Guy," passed away. I encourage you to read his obituary in this issue.

Amy Odom, BS

IN EVERY ISSUE

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FROM THE NRRTS OFFICE

Homemade Sausage and the CRT Industry

WRITTEN BY: Jason Kelln, ATP, CRTS®

Recently, I had the opportunity to spend a day making homemade sausage with my family. We have done this before, but this time it was especially memorable because my brother-in-law joined us for the first time. By the end of the day, we had made about 1,200 pounds of sausage. That number sounds impressive on its own, but it does not fully capture the amount of work, planning, coordination and patience required to get there.

My brother-in-law was surprised by how involved the process was. From preparing the meat and seasoning to mixing, stuffing, tying, smoking, curing and finally waiting for the finished product, there were many more steps than he expected. Like many things, it looked simple from the outside. Once he was part of the process, he quickly realized how much care, knowledge and teamwork went into doing it well.

Reflecting on that experience, I could not help but think about the process of procuring a wheelchair or other complex mobility equipment. To someone who has never gone through it, the process may appear straightforward: identify a need, choose a product, place an order and deliver the equipment. Those of us involved know that it is rarely that simple.

Many people are involved along the way: the client and their family, therapists, vendors, funders, manufacturers, service technicians, administrators and others, who each play an important role. There are assessments to complete, goals to understand, measurements to take, quotes to prepare, documentation to submit, approvals to wait for, equipment to build or modify, and delivery and fitting to coordinate. Each step matters. If one part is rushed, missed or misunderstood, the outcome may be affected.

Just like making sausage, the final product is only as good as the process behind it. The client may see the chair when it is delivered, but behind that is the work of a team that has invested time, expertise, communication and commitment. There is also waiting involved, and waiting can be one of the hardest parts. Whether it is waiting for sausage to cure or waiting for equipment to arrive, patience is required. But when the work is done properly, the end result is worth it.

I was reminded of the importance of teamwork and shared knowledge again during our recent Education Day for therapists in Saskatchewan, a province in Western Canada. It was a privilege to have five world-class educators come and share their experience, insight and practical knowledge. The day included strong educational sessions as well as a trade show, giving attendees the opportunity to learn, ask questions, see products and connect with one another.

Events like this are valuable because they remind us that no one works in isolation. Therapists, suppliers, manufacturers and service providers all bring different perspectives, and when those perspectives come together, clients benefit. Education helps us stay current, but it also helps us understand each other better. It opens the door to better conversations, stronger collaboration and more thoughtful solutions.

One of the things I appreciated most about the day was the energy in the room. There was a clear desire to learn and improve. People were engaged, asking questions, sharing experiences and thinking about how the information could be applied in their own practice. That kind of engagement is encouraging, and it reflects well on the community we are part of here in Saskatchewan.

As president of iNRRTS, I believe one of our ongoing responsibilities is to support opportunities like this. We need to continue creating spaces where people can learn from experts, learn from each other and build relationships that strengthen the work we do every day. Clients' needs continue to evolve, and the equipment and technology available to support them continue to change. Ongoing education is not optional; it is essential.

The sausage-making day with my family and the Education Day with colleagues might seem very different, but both left me with the same reminder: good outcomes require preparation, teamwork, patience and respect for the process. Whether we are working with family around a table or collaborating with professionals to meet a client's mobility needs, the quality of the result depends on the effort and care we put in along the way.

Thank you to everyone who contributed to making Education Day a success, including the educators, exhibitors, organizers, therapists and all who attended. Your participation shows a commitment to learning and improving outcomes for the people we serve.

I also want to recognize the daily work being done across our province by so many dedicated professionals. Much of that work happens behind the scenes, but it matters deeply.

FROM THE NRRTS OFFICE

As we move forward, I encourage all of us to keep investing in the process. Keep asking questions. Keep sharing knowledge. Keep communicating with one another. Keep remembering that every step, even the ones that take time and patience, contributes to the final result. When we work together with care and purpose, we create better outcomes for clients, stronger professional relationships and a healthier community for all of us.

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Jason Kelln, ATP, CRTS®, is president of iNRRTS and became the first Canadian iNRRTS Registrant in 2018. Kelln is the recipient of the 2025 Simon Margolis Fellow Award. Kelln serves on the Rehabilitation Engineering and Assistive Technology Society of North America's Professional Standards Board and has been an owner of PrairieHeart Mobility since 2022.

MOMENTS WITH MADSEN

Advancing CRT Advocacy on Capitol Hill:
Reflections from the 2026 Congressional CRT Product Expo and Leadership Summit

WRITTEN BY: Andrea Madsen, ATP

The 2026 Congressional CRT Product Expo and Leadership Summit marked another important milestone in our collective efforts to advance awareness, understanding and support for Complex Rehab Technology among federal policymakers. Held in partnership with National Coalition for Assistive & Rehab Technology and U.S. Rehab, this year's event demonstrated the strength, unity and commitment of the CRT community while reinforcing the critical role advocacy plays in protecting access to life-changing technologies for individuals with disabilities.

Legislative office visit at the office of Wisconsin Sen. Ron Johnson. Left to right: Michael Duda, Jim Stephenson, Ashley Detterbeck, Brooke Jerome and Andrea Madsen.

Attendees of the House Energy and Commerce Subcommittee meeting marking the passage of HR 1703 onto the committee.

The activities began May 12 with a full day of congressional office visits across Capitol Hill. Representatives from throughout the CRT community, including suppliers, manufacturers, clinicians, consumers, advocates and organizational leaders, met directly with legislators and congressional staff to educate them on the importance of CRT services and equipment. These conversations provided an opportunity to discuss the unique needs of individuals who rely on CRT, the specialized nature of the service-delivery process and the challenges that continue to impact access to medically necessary technology.

Equally important, these visits served as invitations for congressional offices to attend the Congressional CRT Product Expo held the following day. The response from congressional offices was overwhelmingly positive. Staff members demonstrated genuine interest in learning more about CRT and welcomed the opportunity to engage directly with industry experts and stakeholders. These interactions reinforced an important reality: When policymakers are provided with meaningful education and firsthand exposure to CRT, they recognize both its value and its profound impact on the lives of the people we serve.

On May 13, that engagement translated into an exceptionally successful Congressional CRT Product Expo. Attendance from congressional offices exceeded expectations, creating valuable opportunities for legislators and staff to see CRT products firsthand, interact with industry professionals and gain a deeper appreciation for the complexities of seating, mobility and individualized CRT solutions. The expo highlighted not only innovative products and advancements but also the expertise and dedication required to ensure successful outcomes for CRT users.

One of the most impactful moments of the week occurred May 13 when participants had the opportunity to attend and witness the House Energy and Commerce Health Subcommittee meeting. During the session, HR 1703, Choices for Increased Mobility Act of 2025, an important piece of CRT legislation, was successfully passed out of subcommittee and advanced to the full committee for further consideration. Observing this legislative action firsthand was both inspiring and encouraging for attendees. I am happy to report that HR 1703 has also been successfully passed out of the Energy and Commerce Committee.

The advancement of HR 1703 represents more than a procedural step in the legislative process; it reflects years of education, advocacy, relationship-building and persistence by countless members of the CRT community. While there is still important work ahead before the legislation becomes law, this achievement serves as a powerful reminder that advocacy matters and that collective voices can drive meaningful progress.

MOMENTS WITH MADSEN

The success of the Congressional CRT Product Expo and Leadership Summit would not have been possible without the dedication and collaboration of many individuals and organizations. We extend our sincere gratitude to the clinicians who continue to advocate for evidence-based care and improved patient outcomes. We thank the CRT suppliers whose expertise and commitment ensure that individuals receive the customized solutions they need to live, work and participate fully in their communities. We are equally grateful to our manufacturing partners whose innovation continues to expand possibilities and improve quality of life for CRT users nationwide.

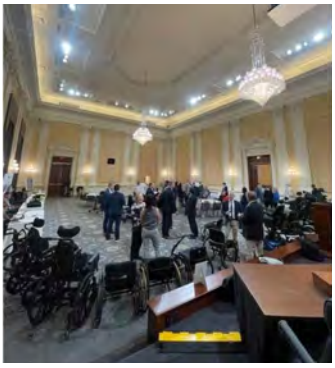
We also recognize the invaluable contributions of consumers, caregivers and advocates who share their personal experiences and stories. Their voices remain among the most powerful tools for educating policymakers and demonstrating the real-world impact of legislative and regulatory decisions. Their participation helps transform policy discussions into human conversations centered on independence, dignity and opportunity.

Finally, we extend our deepest appreciation to our sponsors, whose generous support made this event possible. Their partnership reflects a shared commitment to advancing the CRT profession, strengthening advocacy efforts and ensuring continued access to CRT for those who depend upon it.

Legislative office visit at the office of Minnesota Sen. Amy Klobuchar. Left to right: Senate Legislative Aide Guen Chen, Andrea Madsen and Stephanie Woodward, Quantum Ambassador and prolific Complex Rehab Technology advocate.

2026 Congressional CRT Product Expo in full swing, May 13 in the Cannon House Office Building.

As we reflect on the accomplishments of this year's event, there is much reason for optimism. The positive engagement from congressional offices, the strong attendance at the expo and the advancement of important legislation all point toward growing recognition of CRT's value within the federal policy landscape. While challenges remain, the momentum generated during these two days on Capitol Hill provides encouragement for the work that lies ahead.



Set up and ready to welcome legislators and staffers to the 2026 Congressional CRT Product Expo.

A room full of engagement and advocacy at the 2026 Congressional CRT Product Expo.

The future of CRT advocacy will continue to depend on collaboration, education and sustained engagement. The 2026 Congressional CRT Product Expo and Leadership Summit demonstrated the remarkable impact that can be achieved when our community comes together with a unified purpose. Through continued partnership and advocacy, we can build upon this momentum, strengthen support for CRT policies and help ensure that individuals who rely on CRT have access to the equipment and services they need to achieve their goals and live their lives to the fullest.

Together, we are not only advancing policy but also advancing opportunity, independence and quality of life for the individuals and families we serve.

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Andrea Madsen is the executive director of iNRRTS, the International Registry of Rehabilitation Technology Suppliers. She has over 20 years' experience providing Complex Rehabilitation Technology to adult and pediatric patients in southern Minnesota, western Wisconsin, northern Iowa and internationally through her work with the Mayo Clinic. She earned a Bachelor of Science in business management and finance, is a credentialed Assistive Technology Professional and has been a Certified Complex Rehabilitation Technology Supplier®. She served for 10 years on the iNRRTS Board of Directors and as committee chair for the Midwest Association of Medical Equipment Services. She has lectured for the University of Minnesota Rochester, University of Wisconsin La Crosse, Mayo Clinic College of Medicine and Science and at the International Seating Symposium and Medtrade.

NOTES FROM THE FIELD

Matthew Pritchett Leads with a Client-First Mindset

WRITTEN BY: Rosa Latimer

Matthew Pritchett, RRTS®, troubleshoots electrical issues with a Quantum power chair.

Matthew Pritchett, RRTS®, joined HME Medical Distribution Limited in British Columbia in November 2024, marking his entry into the Complex Rehab Technology field. However, he arrived with more than a long-held desire to build a career in seating and mobility. He also brought years of proven work experience and firsthand familiarity with rehab equipment. At 16, after losing his left leg above the knee in a car accident, Pritchett pursued wheelchair basketball, finding a community that fostered his competitive spirit and problem-solving. Now, he collaborates with occupational therapists, tackles funding challenges and customizes equipment to deliver solutions for his clients.

You consider your work at HME Medical Distribution more than a sales position. Tell us more about that.

At the end of the day, it is a sales position, but my responsibilities mean so much more to me. Some might think of a sales job as high-pressure. At HME, I have never felt like selling equipment is first and foremost. Our priority is getting the right equipment for each person, and that means I go home at the end of the day feeling good about what I've done. Knowing that the priority is to help people allows me to do what I do with conviction.

Does being a provider with a disability help foster trust with clients?

I've interacted with people with disabilities for years and have some familiarity with equipment in various situations, but I don't believe having a disability translates into an inevitable trust from my clients. Disabled or not, you must earn that trust. Most of my work is with people with spinal cord injuries or other catastrophic injuries. One of the reasons I'm successful in this job is that I truly recognize that every single person is an individual, with different needs and expectations. These can vary broadly between people with very similar types of injuries. Understanding that everyone is unique and taking the time to listen goes a really long way to building that critical trust and rapport.

Funding strategies can knock the wind out of a good plan. For professionals working with clients in British Columbia, what challenges do you notice?

Where we live and work here in British Columbia, there is a disparity in the types of funding available to our clients. For example, some are funded by the government, while others, who were in a car accident or were hurt at work, may have stronger insurance coverage. The most difficult cases are those that fall between the two, such as clients who earn too much to qualify for government funding but do not have strong work- or personal-insurance benefits. These situations are challenging for our clients and their families. Discussing funding limits with clients and family members as frankly and early as possible is important. Additionally, understanding various charities and alternative funding sources, as well as having a broad knowledge of products for trial, is useful for supporting our clients.

CRT can be technical, but it also rewards creativity. What does that look like in your day-to-day responsibilities?

One of my favorite things about this work is the opportunity to develop outside-the-box solutions that may be fully custom and not readily available. For example, a client's right ankle was slipping off the footplate and hitting the caster wheel as it spun. We made a custom tapered footplate with heel loops from ABS, and within

An avid wheelchair basketball player, Matthew Pritchett (right), is the head coach and program director for Wheelchair Basketball in Kelowna, British Columbia.

Matthew Pritchett's 13-year-old son, Nicholas, has begun to play wheelchair basketball. In Canada, people without disabilities are encouraged to play adaptive sports.

a couple of hours, we solved the problem. It's called complex rehab for a very specific reason. At times, it is extremely complex; at other times, we just need to take a fresh approach. Whatever it takes, our job is to serve the clients and find answers that truly make a difference in their lives.

Before entering this field, you spent several years living and working overseas. Tell us a little bit about that.

When my father retired, he moved to Thailand, and I went over there to see him for a holiday and decided to stay. It was beautiful. I completed scuba-diving training and spent a lot of time on the beach. I also taught for a long time and worked for a nongovernmental organization, assisting with counter-wildlife trafficking efforts and collaborating with their communications team.

I met my beautiful wife in Thailand, and we have three children who were all born there. I was working on a contract in Africa when COVID hit. Thailand closed its borders to all foreigners, and I was unable to get home. It was a nightmare. I ended up staying in Tanzania for four more weeks, then flew to Canada. Six months later, I managed to get my wife and the kids back with me.

Your work is rewarding, but it can also be stressful. How do you handle the difficult days and maintain balance outside of work?

There are times that can be extremely stressful when something isn't working as it should, and you know it's causing a client to struggle in their day-to-day life. I feel the pressure, but I try to give it my best each day and remember that most of the time, we are successful in meeting our clients' needs.

Wheelchair basketball has also been a huge part of my life for years. I really like the fact that it's as inclusive as possible. In Canada, because we do not have many people with disabilities, able-bodied people are encouraged to play adaptive sports, ensuring enough players to form teams. The sport is extremely competitive, which can be a positive way to blow off some steam. Last year, my son, who is able-bodied, started playing with the junior team, so I've also had the opportunity to help coach him and spend time playing together. That father-son connection has been very rewarding.

Matthew Pritchett approaches his work with the perspective of someone who understands both adaptation and independence. His background in adaptive sports, international work and lived experience with disability all shape the way he listens, problem-solves and builds relationships with clients. Whether he is navigating funding realities, developing custom solutions or helping someone regain confidence in daily mobility, his focus remains steady: finding practical answers that genuinely improve a person's life. That combination of creativity, empathy and realism has made Pritchett a valued presence in the evolving field of British Columbia's CRT community.

Matthew is kayaking with his youngest daughter, Margaret. The Pritchett family enjoys spending much of their free time outdoors.

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Matthew Pritchett, RRTS®, joined the Complex Rehab Technology Division of HME Medical Distribution Limited in British Columbia, Canada, in 2024. His firsthand experience with rehab equipment and his strong connection to adaptive sports shape his collaborative, solutions-focused approach to client care.

INDUSTRY LEADER

Service, Not Sales, Drives a Long-term, Successful CRT Business Strategy

WRITTEN BY: Rosa Latimer

In the Complex Rehab Technology world, devices often steal the spotlight: new wheelchairs, advanced seating systems and innovative mobility aids. Yet, Matthew Macpherson, co-CEO of ATLAS-FIOS, a professional training and consulting services group and a sister company of ATLAS Software, contends that long-term success is built after the sale. "Customers who stick with a company for five years aren't choosing based on the ATP evaluation or the initial consult. Their decision hinges on how reliable and responsive the company is," Macpherson said.

His path into CRT began at home. Growing up with a sister with a disability and an aunt involved in special-needs education, Macpherson saw firsthand the challenges families face. A natural problem solver, he gravitated toward mechanics and repair work. He liked understanding how things worked and how to make them work better. One summer job at a durable medical equipment company in British Columbia, helping refurbish equipment, turned into a 26-year career. "That was my first taste of the field," Macpherson said. "I loved the combination of technical work and helping people regain independence." Over the years, he advanced quickly, becoming one of Canada's youngest mobility specialists while

Matthew Macpherson leads a technical training class with major powerchair manufacturers.

developing a reputation for both skill and compassion.

Founded to support CRT providers in streamlining operations and improving outcomes, ATLAS-FIOS combines software solutions, workflow optimization and staff training to create measurable improvements for therapists, families and patients. This integrated approach reflects the company's belief that operational efficiency and human-focused support are inseparable.

In its early development, the company focused on helping providers transform service from a support function into the foundation of their business. "We soon realized that focusing on a single department usually wasn't enough," Macpherson said. "You can optimize the repair shop, but if billing or

Matthew Macpherson with his five daughters: (back) Addie, Bella, Lilly-Ann, (front) Hazel and Penny.

customer service lags, the company still struggles. You need a complete view of operations — an integrated, organization-wide perspective."

Recruiting and training the right team is another essential component. The firm partners with state workforce programs to bring in entry-level technicians, covering up to half their salaries during training, depending on the state's program. Macpherson emphasized that technical ability alone isn't enough. "You can teach someone to fix equipment, but if they don't understand the human impact of their work, they won't thrive," he said. Through decades of experience, he's learned that those who succeed combine mechanical skill with empathy and dedication.

When it comes to service, the approach is intentional: ATLAS-FIOS encourages companies to measure success not just by revenue or units sold, but also by service outcomes. "The industry has been very new-car-focused," Matthew said. "Sell first, service second. But companies that prioritize support, response and consistent follow-through end up retaining more customers and seeing higher revenue over time."

The organization's work extends beyond staffing. In addition to workforce development, the company integrates software and tools to track equipment, manage repairs and support Assistive Technology Professionals' evaluations. These tools are tailored to each client, allowing providers to address challenges unique to their operations while maintaining consistent service quality. "Every company is different, just like every mobility need is different," Macpherson said. "That diversity keeps our work fresh. There's always a problem to solve, always an opportunity to improve."

One example he shared highlights the impact of this service-focused approach. A provider struggling with repair turnaround times and therapist frustration partnered with ATLAS-FIOS. By reorganizing workflow, cross-training staff and updating communication protocols, the company reduced repair delays by 40% and improved therapist satisfaction

scores. "It's not just about fixing chairs faster," Macpherson said. "It's about creating confidence that every device is reliable and that support is consistent."

He also emphasizes the value of communication and education. For many families, learning to manage complex rehab equipment can feel overwhelming. The CEO pointed out that even small misunderstandings, such as not knowing how to adjust a seat or track a battery life, can create daily stress for caregivers. He encourages providers to create structured onboarding, provide follow-up check-ins and maintain open channels for questions. "The most loyal customers aren't just those who have the newest chair," Macpherson said. "Your dedicated customers know they can reach out and get a knowledgeable response quickly."

Across the CRT industry, change is constant — something Macpherson understands well. Companies are under pressure to grow, operate efficiently and still protect the human impact of their work. "It's easy to focus on sales metrics or technology specs," he said. "But in the long term, the companies that thrive are those that integrate service, reliability and clear communication into every part of their operation."

The ATLAS-FIOS consulting model demonstrates this principle. Their team evaluates operations, trains staff, implements software solutions, such as ATLAS software, and monitors results. By addressing a company as a system rather than isolated parts, ATLAS-FIOS helps clients improve outcomes and retain customers. Macpherson described it as "turning service into a strategy."

He added, "Sometimes it's the small adjustments that make the biggest difference: how quickly a repair is scheduled; how clearly a family understands their device; how the first phone call is handled. Giving attention to these seemingly routine interactions builds trust over time."

The results speak volumes. Providers who adopt these standards report not only improved internal workflows but also stronger relationships with therapists and families. By aligning technical expertise with reliable, thoughtful support, the consulting group is reshaping how DME and rehab providers define success. "Service isn't just an afterthought," Macpherson said. "It is a strategy. It is the foundation. When you get that right, everything else follows."

Beyond metrics and workflow, Macpherson's philosophy reflects a larger commitment to people. "This work is meaningful because it affects lives every day," he said. "Whether it's a technician fixing a wheelchair for a child who's starting school or training a family to manage a new device, the impact is immediate and real. That's what keeps me motivated after more than two decades in the field."

In an industry where innovation often means new technology, ATLAS-FIOS demonstrates that innovation in thoughtful, dependable and proactive service is as transformative. By combining proven operational strategies with a human-focused approach, the company demonstrates that meaningful growth comes not just from equipment but also from the people and processes that support it. It's about creating a culture where every staff member, from technician to customer service representative, understands the ripple effect of their work.

Ultimately, the message is straightforward: long-term success in CRT is built less on the first sale and more on the steady, accountable support that follows. As Macpherson puts it, "When service is at the heart of everything you do, the rest naturally follows."

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Matthew Macpherson, based in Portland, Oregon, is currently CEO at ATLAS-FIOS, a professional services group with more than 25 years of experience in the medical equipment provider industry. (https://atlasfios.com/) He oversees daily operations and serves as the lead education and program director. The consulting company works with the CRT/home medical equipment provider community to grow revenue, improve processes, develop teams and become more successful.

Matthew Macpherson (far left) participates on a Medtrade ATP recruitment panel.

Matthew Macpherson teaches a Medtrade class on the impact of repair and service on Complex Rehab Technology.

LIFE ON WHEELS

Critchfield is Building a Life with Positive Intention

WRITTEN BY: Rosa Latimer

The first thing you notice about Rebecca "Becca" Critchfield is that she laughs easily and often. The second thing you notice is how quickly she moves from humor to honesty, then right back again. She's the kind of person who can talk about the logistics of living with complex medical needs in one breath and, in the next, get genuinely excited about a new piece of adaptive tech like it's the coolest upgrade in a sci-fi movie. Which, in her world, it often is.

Rebecca "Becca" Farewell Critchfield (center) with her family, from left, sister Elizabeth, mom Tina, dad Bob, and brother Joseph.

Before 2021, Critchfield's life was measured in altitude, wind reads, gear checks and the crisp, focused calm that comes right before you step out of an airplane. She started skydiving in 2010, encouraged by her mom. "She talked me into it," Critchfield said. "I was 17 years old and terrified of heights. A skydive place moved in right next to where I grew up, and Mom told me she thought it would be good for me to try it. So, I did, and it changed my life."

Her life changed so much that skydiving became her job and identity. For 11 years, Critchfield jumped full-time, traveling and working: Florida, Delaware, upstate New York, Vermont, Chicago, Nashville, Arizona, Panama, Mexico, California and Utah.

She built a strong reputation as a professional. "I like to think that I was considered elite in my sport. I was one of fewer than 100 female tandem skydiving instructors in the U.S."

In July 2021, Critchfield had just moved to Utah. "I had been there just long enough to fall in love with it," she said. However, shortly after her arrival, a work jump led to a terrible accident that injured her spinal cord and left her paralyzed from the shoulders down, and using a ventilator to help her breathe.

Since the accident, Critchfield describes learning to live with a disability as working through layers, "like peeling an onion," and said, "I have grieved losing the life I thought I would have. At first, I focused on surviving and getting stable. The next layers were identity, purpose and finding some independence. Another layer involves daily details, each needing planning, equipment and help from others. Each step forward reveals another challenge, reminding me there is always more to navigate.

"When the life I had five years ago was stripped from me, I faced a profound identity crisis."

After moving beyond the initial focus on survival, Critchfield began to question: Who am I? What do I want to be? What can I do with myself? Her answers came through steady systems, skilled clinicians, persistent family support and a program that opened opportunities she hadn't imagined. "Other things that have been essential to healing and rediscovering myself were pushing myself way past my comfort zone and getting into stand-up comedy, or, sit-down comedy in my situation," she said. "I've also done what I call 'tater Tuesday.' I invite friends over for a baked potato and a glass of wine. I never know who's going to show up, but it has helped me stay relevant in my friend group and expand it."

Critchfield's rehabilitation path led her to the Craig H. Neilsen Rehabilitation Hospital in Salt Lake City, Utah. There, she quickly connected with the TRAILS program at the University of Utah. The goal of the program is to maximize quality of life for spinal cord injury patients by offering year-round activities, including alpine and Nordic skiing, water sports, cycling, mountain biking, shooting, sailing and tennis.

"Their representatives came and met me the day after I moved into Neilsen," Critchfield said. "They took me to the garage where they have all the fun toys. I was mind-blown, thinking maybe my days as an athlete weren't completely over."

This immediate introduction to adaptive sports was foundational for Critchfield, representing proof that her life could still include challenge,

Becca Critchfield with her 9-year-old long-haired dachshund, Ripley.

Becca Critchfield with her dad, Bob, and her mom, Tina, just after she landed from her first skydive two years after her accident.

speed, skill progression and community. “I immediately connected with the TRAILS team,” she said. "I told them I didn’t know what I could do for them, but I wanted to work with them someday." Critchfield is now the volunteer coordinator and event planner for the entire TRAILS program.

Skydiving has risks, but it isn't careless. It's about planning and staying calm when things go wrong. Critchfield said living with a high-level spinal cord injury requires the same discipline, just with a new twist. She faces challenges because she can't show what she needs. "It's been a big learning curve to have patience with the people who care for me," she said. "I'm picky about how I like things done. I've learned how to say what I want without sounding rude, and in a way that makes sense to others. I've had to use my words to explain how I want things done, instead of showing."

Her family supports her, and caregivers come in the mornings to help her get ready — bowel care, shower, dressing, makeup — the daily routine that turns surviving into living. This daily adaptation sets the stage for another essential factor in Critchfield’s independence: technology.

Technology isn’t just convenient, though. It proves that independence, innovation and resilience can thrive together. "I control my computer with facial expressions or voice," she said. "It’s like living in a sci-fi movie." Her power wheelchair is controlled through sensors in her glasses. At home, she manages doors, lights, fans, thermostat, elevator and window shades as the University of Utah uses her house to test assistive home design. "It is so cool!" Technology lets Critchfield play a key role in her household by digitally managing taxes, schedules and plans, helping everyone stay organized.

One of the most meaningful pieces of equipment in her routine is her standing frame. She uses it daily, often for up to five hours at a time at her desk. She reports that it improves her circulation and strength and boosts her mental health by keeping her engaged and energized.

Critchfield’s voice brightens when the conversation turns to skiing. “Skiing is amazing,” she said. “I love it so much.” For Critchfield, skiing is more than just a sport. Her passion comes from the fact that it's a new experience, not simply a modified version of her past life. That enthusiasm connects to her use of the TetraSki, engineered at the University of Utah, which features adaptive controls, such as sip-and-puff and several different joystick systems that let users independently adjust both speed and direction while skiing.

Continuing her enthusiasm, Critchfield explained how skiing has become an integral part of her life. Utah recently hosted a TetraSki race, drawing athletes from across the United States and internationally. "We had 37 quadriplegics from all over the world," she said. "The goal is to be in the 2034 Winter Olympics in Utah." Critchfield has made skiing a family activity. Her dad began skiing in his mid-70s, and her mom has also tried the TetraSki. "We had a whole family day out," Critchfield said. "It was amazing."

Critchfield’s personal life is just as full as her work life. After her injury, dating felt daunting. “It took a long time to brave the dating world again,” she said. “I’m so glad I did.” Eventually, Critchfield met her husband, Nick, online. “He’s steady, calm and the most caring person I’ve ever met.” These qualities now matter a great deal to her, though she suspects they wouldn’t have earlier in her life. Reflecting on this, she said, “Had I met him before my accident, I don’t think that we would have gotten on as well as we do. Now he’s my rock!” Although he didn’t come from a caregiving background, he learned quickly and adapted alongside Critchfield’s parents. Shifting to their relationship dynamic, she said, "In my relationship with Nick, I’ve had to relearn my love languages. I can’t show love the way I want to. Cooking a nice dinner for people I care about was one of

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LIFE ON WHEELS | CONTINUED FROM PAGE 13

my favorite things to do, among thousands of other things that I can't do anymore." Instead, Critchfield has focused on finding new ways to show love every day.

Critchfield is candid about the way disability is often framed. "I don't like being called an inspiration unless it's for something specific. Not just because I exist." When she is out shopping, a stranger might approach her and call her inspiring. "When this happens, I want to say: "Why? Because I'm not in a nursing home? I'm out and about? I'm shopping for potato chips?"

Critchfield is not rejecting admiration. She's asking for accuracy. She wants others to understand that resilience is active work, not a passive trait assigned to someone because their life looks different. For her, that work is often invisible and deeply internal. "Processing anger is the hardest to handle because I have no outlet for anger. I can't run it off or go to the gym. I can't even yell or scream because I'm on a ventilator." Even so, when asked what about her life with a disability has surprised her the most, her response is, "I'm so grateful all the time."

Becca Critchfield feeding a carrot to Britches, a friend's horse.

Nick and Becca Critchfield on their wedding day, November 29, 2025.

Critchfield doesn't pretend her life is easy, nor does she center her story on loss. "Life with this disability is difficult," she said. "Relying on people for everything is challenging, but I can control my attitude. I can focus on good communication, planning and making smart use of equipment and support." These strategies help her face obstacles with positivity. "And, I can keep smiling!"

Becca Critchfield participating in the Brian McKenna Tetra Ski Express race in 2025. She placed third in her heat at the same race this year.

CONTACT

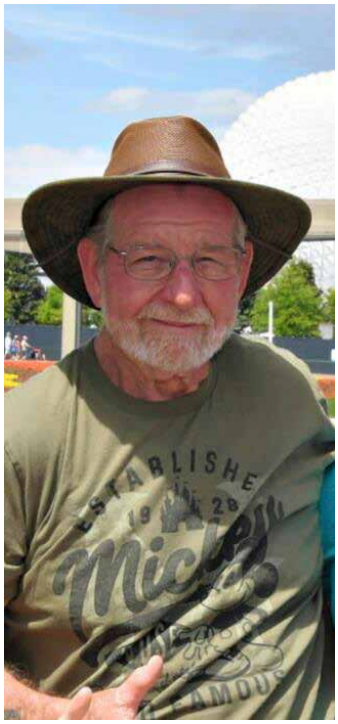
Rebecca may be reached at WWW.AVIBEX.COM.

Rebecca "Becca" Farewell Critchfield and her husband, Nick, live in Sandy, Utah. She was an elite tandem skydiving instructor with over 7,000 jumps, before an accident left her paralyzed from the shoulders down and relying on a ventilator to breathe. The 33-year-old now works coordinating volunteers for the University of Utah TRAILS program, an organization that has had a positive impact on her life in many ways.

MINI FEATURE

Dave Murray Obituary

In June 2026, iNRRTS and the Complex Rehab Technology industry lost a true hero. The following obituary is for David Murray, who was a long-standing iNRRTS Registrant and board member. The obituary is reprinted from the Dapson Chestney Funeral Home in Rhinebeck, New York.



David Thomas Murray

"The Wheelchair Guy"

November 21, 1946
– June 17, 2026

David Thomas Murray, affectionately known as "The Wheelchair Guy" and a devoted Disney enthusiast, passed away peacefully at his Florida home following a courageous battle with cancer. Surrounded by the love and comfort of his family.

Born on November 21, 1946, in Orange, New Jersey, David was the son of Thomas Murray and Ruth Pindar Murray. He grew up with a strong sense of service, dedication and compassion that would define his life.

David proudly served his country in the United States Navy during the Vietnam War from 1966 to 1970 as a Gunner's Mate Second Class, earning the rank of E-5, and serving two tours — first on the USS Buchanan and, later, as captain of a river patrol boat with ASPB River Division 153. In recognition of his bravery and distinguished military service, he was awarded the National Defense Service Medal, Vietnam Service Medal, Republic of Vietnam Campaign Medal and the prestigious Bronze Star Medal.

Following his military service, David devoted himself to helping others. In 1986, he founded Dave's Professional Wheelchair Repair Service, successfully operating a respected medical equipment provider business. Through his expertise, integrity and unwavering commitment to customer care, he earned the trust and respect of many medical professionals and countless loyal clients.

David was also an active board member of the National Registry of Rehabilitation Technology Suppliers (NRRTS), where he remained at the forefront of rehabilitation technology advancements. His dedication ensured that individuals with mobility challenges received the highest standards of service and that they had customized medical equipment to improve their quality of life.

Beyond his professional accomplishments, David was known for his larger-than-life personality, sense of humor and love for Disney. He was an avid outdoorsman, spending countless hours hunting and fishing. He treasured every moment spent with those he loved and found his greatest joy in being "Grampie."

In addition to his wife, Gloria Murray, David is survived by his children, Sean Murray (Danna Stoutenburgh) of Red Hook, Chris Murray (Elizabeth Murray) of Tivoli and Michelle Haag (Bryan Haag) of Valatie; his cherished grandchildren, Tyler Eighmy, Meghan Murray, Kyleigh Murray, Morgan Haag, and Alexander Murray; his maternal aunt, Barbara Pindar; and his cousin, Christopher Pindar.

He is also survived by his sisters-in-law, Teresa Carlson and Elaine Boesch; his brother-in-law, Henry Boesch; and his loving nieces and nephews, Victoria Boesch, Veronica Boesch, Ralph Carlson and Kenneth Carlson.

David was predeceased by his parents; his eldest son, David T. Murray II; and several aunts, uncles and cousins.

He will be deeply missed and forever remembered by his family, friends, colleagues and the many lives he touched throughout his remarkable journey.

Family and friends are welcome to pay their respects during the visitation on June 29, 2026, from 4-7p.m. at Dapson-Chestney, 51 Market Street, Rhinebeck, New York 12572. There will be a ceremony with honors at 7 p.m.

In lieu of flowers, please consider making a donation to the Amedisys Foundation Donations, His nurses, Kate and Kathryn, provided him and our family with the most amazing, passionate care in his final days. (Hospice location 024-the villages)

TECH CORNER

Troubleshooting Power Mobility Equipment Batteries

WRITTEN BY: Larry Carter

Objective:

- Battery diagnostic and testing procedures

In today's world of active consumers, many of whom depend on their mobility equipment for daily activities and long-distance use, a technician's job can be quite challenging. Accurate diagnosis of battery problems, confirming the need for new batteries and/or the reason for battery failure, can make all the difference in how mobility equipment functions and its long-term dependability.

Troubleshooting Battery Issues

Troubleshooting can be daunting, as many factors can cause battery failure in mobility applications.

Note: Troubleshooting and testing should only be performed by qualified mobility technicians.

There are several probing questions, things to consider and steps to take when troubleshooting a potential battery problem in mobility equipment.

EQUIPMENT TYPE	USER PROFILE	AGM	GENUINE GEL
Standard Power (captain seat with/without solid seat pan)	WEIGHT	Under 300 lbs.	Over 300 lbs.
	DAILY USAGE	Under 6 hrs Under 8 miles	Over 6 hrs Over 8 miles
	DIAGNOSIS	Non-Progressive Disease	Progressive Disease*
Scooters	WEIGHT	Under 300 lbs.	Over 300 lbs.
	DAILY USAGE	Under 8 hrs	Over 8 hrs

Figure 1: GEL vs. AGM: Battery Tech Selection Guide

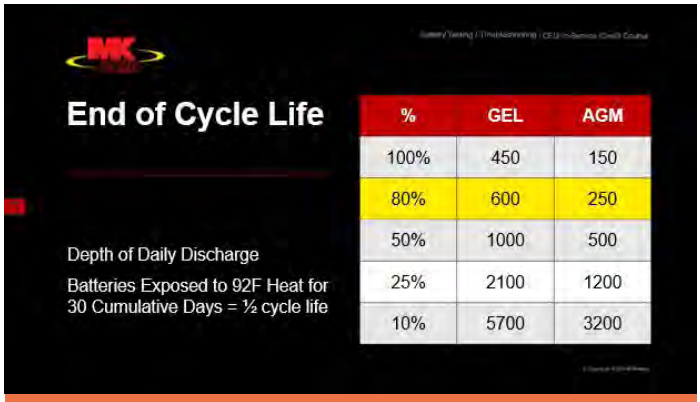


Figure 2: Cycle Life Chart

First: Verify the chair's make and model. It is essential to know this information in case of a recurring problem with a specific chair and to confirm the battery size and technology (GEL or AGM) recommended or required (see Figure 1).

Second: Knowing when the batteries were put into service can help determine whether the issue is that they have reached the end of their cycle life. Deep cycle VRLA batteries have a lifespan based on three main factors: average daily depth of discharge, how often they are discharged/recharged, and the time they are exposed to a heated environment over 92°F (see Figure 2).

If the batteries are deemed to be at the end of their cycle life, there is no need to do additional testing or troubleshooting; they simply need to be replaced. However, if the batteries are still within their usable cycle life and/or are under warranty, continue the evaluation process.

Third: Check the batteries for physical problems such as bloating or a concave case. Bloating can confirm possible over-charging, a short between the plates, prolonged exposure to high heat and abuse from the batteries being used in a way not designed for the mobility equipment. Concave or rippled batteries could be a result of daily undercharging or from long-term storage without proper charging (see Figures 3 and 4).

Fourth: The above findings would result in the need to replace the batteries along with

Figure 3: Bloated Battery Example

Figure 4: Rippled Battery Example

%	GEL	AGM
100%	12.85	12.80
75%	12.65	12.60
50%	12.35	12.30
25%	12.00	12.00
0%	11.80	11.80

Figure 5: Open Circuit Voltage Chart

investigating the cause of their abnormal physical state.

When discovering bloated or concave batteries, ask if the customer has replaced their original charger, or if they own a second charger you may not know about. Confirm that the charger(s) are the correct size and on the correct setting — if changeable. Some chargers have a switch that may reflect various technologies such as GEL, AGM or Flooded, although most are "smart" chargers that adjust automatically to any lead technology.

You should also have a conversation about proper charging habits, if undercharging is the determined factor for the failing batteries.

Fifth: If no physical concerns are found, ask the customer probing questions such as:

- Is the chair slowing down or stopping?
- Is the runtime much less?
- Are the batteries not charging fully? Is the recharge time taking much longer or noticeably less than before? How often and for how long do the batteries stay charged? If they regularly charge for less than eight hours, sulfation could build up, causing issues such as a short that can overheat the battery or cause sulfation permanently on the plates, thereby lowering the runtime.

After answering these questions and if the batteries are not at the end of their cycle life, you are now ready to assess and test them.

Sixth: The first test should involve separating the two batteries and checking their individual battery voltages using a voltmeter or multimeter. If either battery has a voltage reading below 12.70 volts, fully recharge each battery before continuing with further testing. There is only a one-volt difference between a fully charged and a completely discharged lead battery. Any discharge below 12.80 volts indicates a level of discharge (see Figure 5).

You cannot properly test and diagnose a discharged battery. If charging is necessary, check the voltage of each battery after charging is complete. The voltage difference between the two batteries should not exceed .5 volts. After charging, if one battery reads more than .5 volts lower, it may be the failing battery. A battery that has just finished charging should read around 14.60 volts. This is called a surface charge, and after the battery sits idle for about 24 hours, it should reduce to its nominal voltage of around 12.80. A much lower voltage reading would indicate the battery is not holding a charge.

Seventh: Verify that the charger is the proper size. Is it too small or too large for the batteries?

Is the charger the one that came with the chair? If not, make sure the amperage output is not lower than the original charger that came with the new powerchair or scooter. If it is not, the charger should be replaced with a larger one equivalent to or possibly larger than the original charger. You should also run the calculation to make sure the charger is not too large, exceeding 30% of the battery's C20 rate, an industry standard usually printed on the top or side of the battery

Eighth: Once the batteries are fully charged to 12.70 volts or higher and the charger is qualified as the correct size and working properly, you may perform additional testing on each individual battery. A common load-testing procedure involves driving the chair and checking the load/voltage

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TECH CORNER | CONTINUED FROM PAGE 17

drop with a multimeter. While an easy method to test how the batteries hold up under load, it is not accurate. Testing both batteries at once will not determine whether either or both are failing. Also, each technician may perform their test slightly differently, allowing for a margin of error.

A better method for load testing mobility batteries that will be an equal test for any technician is a handheld load tester. Even though handheld load testers are specifically designed to test the cold cranking amps of starting, lighting and ignition batteries used in automobiles, they also allow the technician to load test each battery individually. It is important to note that when this type of testing equipment is used on deep-cycle batteries, it will only determine if the battery has a short.

When using a handheld load tester, first be sure, as mentioned above, that the batteries are fully charged and reading at least 12.70 volts. Next, separate the two batteries, then connect both your multimeter and load tester to one battery simultaneously. Press the load button for about 8 seconds and monitor the voltage drop on your multimeter. If the voltage drops below 9.60 volts and/or remains low after the load button is released, the battery is likely to have a short and may not hold a load for very long while driving. If your multimeter returns quickly into the 12-volt range after the load button is released, that indicates the battery most likely does not have a short.

Depending on the load amps, the battery may not fully recover without a recharge (see Figure 6). Note: A mobility battery that passes a load test may still not have the needed available capacity to run the power chair the distance it is designed for. A capacity test is the only method that provides exact results reflecting the remaining capacity of a deep-cycle battery.

An example using the MK70 capacity tester (see Figure 7) is shown. This capacity tester assesses a deep-cycle battery by applying a 25-amp load based on the battery's 20-hour rating for an extended period. This type of testing more accurately simulates how a battery is used in power mobility equipment. The typical test duration, depending on the battery size, ranges from 30 minutes to 1.5 hours. The results of a capacity test help determine whether the battery has sulfated due to improper charging, if it is nearing the end of its cycle life or if it passes with minimal standards to remain in service.

During a capacity test using the MK70, the tester will reflect on the LED screen: elapsed time from the beginning of the test, battery voltage drops as the test runs (down to 9.5 volts) and the battery's capacity progress reflected as a percentage of remaining capacity — increasing as the testing continues. Upon completion, test results can

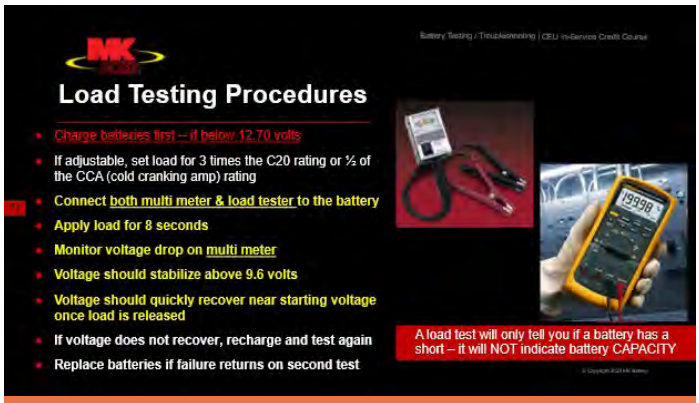

Figure 6: Handheld Load Testing Procedures

Figure 7: MK70 Capacity Tester

be viewed, with a minimum of 60% required to pass. Anything below 60% will reflect a failed test and a potentially faulty battery. Failure will generally signal the end of the cycle life or excessive sulfation caused by undercharging. If a battery falls below 60%, it is recommended to recharge the battery and repeat the test. If the second test shows a passing grade, the battery may be heavily sulfated but could recover.

Knowing how long the batteries have been in service, along with the customer's daily use and charging routine, will help determine whether the batteries have reached the end of their usable life. If your battery testing results indicate the batteries are still in good condition, now is the time to speak with the consumer about their daily driving and charging routines. For example, are they now using a ramp to access their home when they were formerly only driving on a level surface? Are they now leaving the house daily or more often than before? Are they now traveling farther and using more battery power than before? Are they driving in extreme cold or heat? (Driving in extremely cold conditions under 35°F can cause a temporary reduction in battery capacity/runtime by up to 20%).

When considering overall cycle life and remaining capacity, it is also important to know that lead batteries exposed to 92°F or higher for about an hour per day after 30 cumulative days

will have their estimated cycle life cut in half. This is a very important consideration of expected battery life for active outdoor consumers in high-heat climates.

Several other factors can impact runtime for batteries used in power mobility equipment, including incorrectly sized batteries (specifically, using a battery too small), batteries that are not at a full state-of-charge before use and/or are chronically undercharged, extra features added to the chair, such as seating systems with posterior and anterior tilt, recline, power legs, seat elevation and power standing. Also, USB charging ports, lights, ventilators or any other additional aftermarket loads on the drive batteries will cause a reduction in runtime.

Other factors that can reduce runtime include the weight of the user, which may increase over time from the initial fitting for the chair, and the type of terrain the customer is operating their power chair on (steep inclines and rough surfaces will place a heavier load on batteries, causing a sudden drop in voltage and lower runtime).

Additional examples that can cause batteries to fail prematurely include using an AGM vs. GEL in a Complex Rehab Technology or high-demand application, resulting in lower cycle life; improperly adjusted brakes and electrical shorts; or batteries not adequately grounded, which can drain batteries prematurely.

Remember that most lead battery warranties are written around manufacturing defects and do not cover abuse of equipment, equipment failure or improper charging-related issues.

Battery Safety

When working with batteries, always wear safety glasses or face shields, never smoke around batteries and remove any metal that could cause a spark or an electrical burn, including rings, watches and bracelets. Lead batteries releasing hydrogen gas (with a sulfur smell) can explode even with a tiny spark. Any noticeable sulfur odor from a battery signals excessive gassing caused by overheating due to overcharging, shorts, high temperatures or other issues. A lead battery emitting hydrogen gas can be dangerous. If you smell sulfur while charging, stop charging immediately and let the batteries cool for at least 30 minutes before removing and testing them.

Conclusion

It is important to understand that a battery is not just a battery. Ensuring that qualified mobility technicians match the correct battery size and chemistry to the appropriate application and that they perform accurate evaluation and testing is imperative. Never simply replace batteries without investigating why they failed.

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Larry Carter is from Dallas, Texas, and has held several positions with MK Battery since joining the company in 1995. He currently serves as MK's western regional sales manager and national sales training manager. Carter has worked closely with various home medical equipment providers and provider groups nationwide, as a workshop presenter, conducting battery training sessions for technicians and Assistive Technology Professionals. Carter has worked within the battery industry for over 42 years with experience in all aspects of lead battery applications and technologies, including sealed valve regulated lead acid batteries used in mobility and other critical power applications.

CLINICAL PERSPECTIVE

‘Start Paying Attention’ Leads the Message of Accessibility, Advocacy and Action

CEU ARTICLE REVIEW

WRITTEN BY: Jillian Cacopardo, MPT, ATP/SMS

“Start paying attention.”

These are the words of Alexandra (Alex to those closest to her), whose lived experiences shaped her family’s passion for improving accessibility. It’s a simple phrase, but one that truly carries immense weight.

As a career-long wheelchair seating specialist, I considered myself to be especially tuned into the needs of people with impairments. But after meeting Alex and her brother, Sam, I quickly realized just how much I had been missing.

Alex and Sam have shared life’s big and small moments, including a diagnosis that greatly shaped their paths: Friedreich’s ataxia. It is a rare, inherited, progressive neurodegenerative disorder resulting in ataxic movement patterns, muscle weakness, fatigue, loss of reflexes, dysarthria, scoliosis and vision and hearing impairments.[1] The disorder affects approximately 1 in 50,000 people worldwide and is the most common of the hereditary ataxias.[2] Treatment focuses on symptom management and disease progression, as there is no cure for the disorder.

While their function has been significantly impacted, their cognition is not. Sam, the older sibling, was diagnosed at age 8. Alex’s diagnosis followed a mere two years later. They did not let Friedreich’s ataxia define or limit their ambitions. Both graduated high school and college. Sam earned a bachelor’s degree in video production and communications, and Alex earned both a bachelor’s and a master’s degree in social work.

Like many college graduates, they entered the workforce ready and eager to build their careers. Through Med Connect CT, a state-run program that assists disabled residents with employment, Sam secured a role in a local high school’s security department. Alex worked for a nonprofit organization serving homeless youth. There, she helped develop programs, coordinate speakers and connect individuals with community resources. She spent more than a year building meaningful initiatives before the organization underwent a leadership change. Despite her extensive contributions, she was not considered for advancement.

She continued searching for another role, but after several years without success, Alex had an epiphany. She and her brother had long been frustrated with the lack of access and “accessibility” for people with mobility impairments. She was determined to create her own nonprofit and pour her frustrations into action.

With her mother, Mary’s, assistance, Alex co-founded Peace, Love, ACCESSibility.

Their mission is “to empower individuals by advocating for universal access and promoting awareness about the importance of accessibility for all, especially people with mobility impairments. The organization is driven by a strong family commitment to making public spaces, services and opportunities available to everyone, regardless of their abilities. Through community outreach, education and partnerships with local stakeholders, we work to ensure that accessibility is not just a policy, but a reality that enhances the lives of Connecticut residents.”

Peace, Love, ACCESSibility’s primary focus area began with accessible parking—an issue that seems straightforward yet is frequently overlooked and misunderstood. Their outreach provides education on parking rules and regulations to area law enforcement while increasing awareness on consequences with lack of access. It would seem common sense dictates many of these laws — one should never use someone else’s placard; one should never park in an accessible spot without a placard; the striped spaces next to a spot are not for parking. Peach, Love, ACCESSibility has designed information cards to place on a vehicle should it be parked incorrectly or illegally, bringing awareness to those who may not know or choose to ignore others’ realities (see Figure 1).

Figure 1: One of Peace, Love, ACCESSibility’s information cards.

While accessible parking is at the forefront of the nonprofit’s agenda, there are still other areas where people with disabilities struggle on a day-to-day basis. While this article cannot address all these areas, it will highlight struggles with different modes of transportation and provide education on the Americans with Disabilities Act, its amended version and how to “start the conversation” within the community.

Disability Facts

According to the World Health Organization, one in six people lives with a disability. In the United States, that number increases to one in four adults, with mobility limitations being the most common.[5]

Disability can impact many aspects of life, including lower employment rates, lower earnings, higher instances of comorbidities and unequal access to healthcare and education.[4] These disparities are often exacerbated by barriers to accessing buildings or transportation services, lack of inclusion and societal stigma.

The Americans with Disabilities Act (ADA) "prohibits discrimination and guarantees equal opportunity in employment, public services and access to goods and services."[3] While this seems simple to uphold on paper, awareness and enforcement remain very inconsistent, leaving huge gaps between policy and practice for people with disabilities.

The Americans with Disabilities Act

The Americans with Disabilities Act piggybacked off of the Civil Rights Act of 1964, which made discrimination based on "race, religion, sex, national origin and other characteristics illegal."[6] What made the ADA different from the Civil Rights Act was that the ADA mandated employers with a certain number of employees to provide reasonable accommodations to employees with disabilities. The disability did not need to be severe or permanent. It also enforces "accessibility requirements on public accommodations."[6] This was supported by both sides of the aisle, with opposition mainly heard from business interests who felt that costs would be forced upon them by the legislation.

The "Capitol Crawl" may be considered the final step toward the support and signing of the ADA into law. Along with disability advocates, many physically disabled persons removed themselves from their assistive devices and wheelchairs and "crawled" up the 100 steps of the U.S. Capitol building.

The ADA was signed into law on July 26, 1990, by George H.W. Bush, who said, "Let the shameful wall of exclusion finally come tumbling down," and marked a decades-long effort to equalize civil rights protections for people with disabilities.

The ADA protects the rights of those with disabilities when it comes to employment, access to state and local government programs, places of public accommodation, telecommunications and miscellaneous provisions that encompass areas of everyday life. Also included in the original scope of the ADA was a provision making it unlawful to discriminate against one's association with a person with a disability.[3]

Stemming from U.S. Supreme Court decisions that were reversed due to text interpretation of the ADA came the passing of the ADA Amendments Act of 2008. The ADAAA expanded the definition of disability under the ADA, making it easier to seek protection against discrimination. It extended protections to include equal access, reasonable accommodations and effective communication. Despite ongoing education, 18 years later, significant disparity still exists.

The ADA: Title III – Public Accommodations

Title III of the ADA applies to public accommodations, including private businesses, nonprofit organizations and commercial facilities that are open to the public. It establishes accessibility requirements for both new construction and modifications to existing buildings. "It outlines requirements for equal access, communication and physical accessibility, including standards for new construction and alterations, and mandates barrier removal in existing facilities where readily achievable."[7] It ensures these spaces and services are equally and inclusively accessible to the disabled population. Many buildings were constructed without considering the needs of a mobility impaired person. Accessible design ensures that people with disabilities can use products or environments and is typically done to comply with ADA regulations. Universal design, on the other hand, ensures that all people can use a product or environment, regardless of age or disability, without the need for modification. Advocacy efforts play a crucial role in highlighting these challenges and insisting on retrofitting and redesign. This is further enforced through Title III of the ADA, should a violation be acknowledged. By documenting lived experiences and sharing personal stories, advocates bring attention to the real-world consequences of inaccessibility.

Not to be omitted, as physical access to buildings and spaces is the type of accessibility that

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CLINICAL PERSPECTIVE | CONTINUED FROM PAGE 21

first comes to mind, Title III also ensures that digital space requirements based on the "Web Content Accessibility Guidelines" are included. Web Content Accessibility Guidelines are international standards that guarantees digital content is "more accessible to a wider range of people with disabilities, including accommodations for blindness and low vision, deafness and hearing loss, limited movement, speech disabilities, photosensitivity, and combinations of these, and some accommodation for learning disabilities and cognitive limitations."[8] The POUR principles — perceivable, operable, understandable and robust — ensures web content is "usable via screen readers, keyboard navigation and supports varied needs."[8]

Physical compliance entails providing accessible entrances, including ramps, providing legible signage with text or braille and including accessible parking and ingress/egress. Examples of digital compliance can include color contrast, font size, alt text for images, keyboard-only navigation, and captions for video content. Should compliance be questioned and one feels there is a violation of public accommodation rules, Title III is enforced by civil legal action or through Department of Justice action with written complaints filed directly with the department. There are no routine checks to ensure compliance; therefore, the facility must exercise good faith to ensure specifications are met, as it is nearly impossible to monitor all facilities given the vast number that need to comply with ADA regulations. It is common for an entity to be required to modify accessibility constraints or provide reasonable accommodations if a lawsuit is filed and upheld.

Planes, Trains, and Automobiles

PLANES:

For individuals who rely on mobility devices, air travel can be daunting and present significant challenges. Rare is the air travel story that does not end with a wheelchair coming out the other end with some kind of damage or missing parts. It's a persistent issue that can quickly turn what should be a straightforward trip completely upside down; however, trends are moving in the right direction. Numbers from 2025 indicate a decrease in wheelchair and scooter mishandling claims from 1.26% in 2024 to 1.09% in 2025, although this data may be inaccurate due to a new reporting system.10 According to wheelchairtravel.org, Delta is the best performer when it comes to management of wheelchairs and scooters, with JetBlue falling to 10 place (from seventh) in 2025.[11]

Wheelchairs being physically lifted (and dropped) is the most common cause of damage to power wheelchairs. Components that are not meant to bear weight (armrests, footplates) suffer damage when they bear the brunt of the lifting, and the chair can weigh upwards of 400 pounds. Lightweight manual wheelchairs are also at risk, as crews can toss them into the cargo hold. Equipment not properly secured in the cargo hold results in wheelchairs being vulnerable to shifting during flight. Many domestic flights do not have a large enough door to load a chair, so it must be loaded on its side. Inclement weather exposure rounds out the top four causes of equipment damage, with chairs waiting on the tarmac prior to being brought to the jetway.

Poor equipment handling meant a wheelchair user had to travel around Ireland in a standard manual wheelchair instead of their custom ultra-lightweight manual chair, as it was damaged on the flight into the country. A more recent incident occurred where the Peace, Love, ACCESSibility executive director suffered a damaged joystick (see Figure 2), which rendered her power wheelchair inoperable. Fortunately, this occurred stateside, and a connection through her ATP "only" resulted in her being bedbound for an extra eight hours.

But this shouldn't be. The Air Carrier Access Act prohibits discrimination against passengers with disabilities and applies to all flights entering, leaving or within the United States. It requires airlines to provide assistance throughout the travel process, from security, travel to the gate, boarding, connecting flights and to the baggage claim. On the flight, it ensures appropriate seating accommodations to meet the passenger's needs. And it can include assistance with loading and storing one's assistive or mobility device.

But it is a hard pill to swallow when someone's mobility equipment is tossed around like a bowling pin, despite the myriad rules that are in place. Although protocols are

Figure 2: Broken joystick after an airline flight.

present to assist with damaged equipment, they are often of little help when the individual is rendered immobile until their equipment is repaired or replaced.

On domestic flights, full compensation for wheelchair loss or damage is required for U.S. carriers "without regard to rules limiting liability for lost or damaged baggage."[9] The Montreal Convention Provisions control payments for items, including assistive and mobility devices, on international flights. The complaints resolution official is the airline's expert on disability accommodation issues and should be contacted immediately after determining that damage has occurred to one's equipment.[9] The airlines are required to make a contact available in person or via telephone to address one's concerns and to assist in filing a claim.

Efforts are currently underway to allow passengers to remain in their own wheelchairs during flights, though widespread adoption is still years away.

TRAINS:

Trains generally provide greater accessibility than planes, allowing passengers to remain in their wheelchairs during travel should they choose. Under the ADA, train stations must meet accessibility requirements, including accessible parking, routes, restrooms and water fountains. With these accessibility regulations in place, one would think there cannot possibly be a barrier to entering/exiting a train... or is there?

A ramp or bridge plate is required to allow a user to gain access to the train car. However, a Peace, Love, ACCESSibility Board Advisor recently traveled via Amtrak, and there was insufficient space to access the bridge plate with mere inches available between its entrance and a concrete wall (see Figure 3).

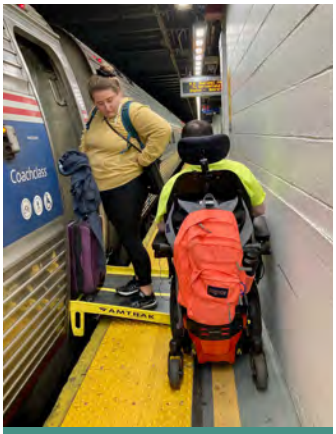

Figure 3: Poor bridge plate accessibility to enter an Amtrak train car.

Wheelchair users are entitled to specialized seating and access to bathrooms when using a train service such as Amtrak. People with disabilities, including wheelchair users, may also travel with service animals and may benefit from a 10% fare discount on Amtrak. Subways and local transit will ensure access to the train cars; however, they may not have accessible bathrooms. Again, this only works if they can gain access to the train cars.

Train travel is governed by the Federal Railroad Administration, which operates under the Department of Transportation. Unfortunately, like with air travel, there is no complaints resolution official. Recent events experienced by those with Peace, Love ACCESSibility has spearheaded another focus. Their reservation was not honored, and they had to share the space reserved for passengers with disabilities with luggage (see Figure 4). In addition, the direct caregivers had to accommodate available seating rather than being seated adjacent to the wheelchair users. The incident demonstrates a pattern of failure to provide effective, reasonable accommodations, maintain accessible space and ensure that passengers with disabilities and their assistants can travel safely, with dignity, and with the ability to provide necessary care.

The Federal Railroad Administration Office of Civil Rights is responsible for civil rights compliance and monitoring to ensure nondiscrimination in intercity rail services. Had a complaint resolution official been present, a complaint could have been filed immediately. Instead, the nonprofit will add to its focus of accessibility and advocacy and work to promote legislation that mandates such an official be present in person or via telecommunication to assist in claims resolution.

Figure 4: Luggage stored in a wheelchair-accessible space on an Amtrak train.

AUTOMOBILES:

Travel by car or bus offers great flexibility but is certainly not without its own pitfalls. Depending on where one lives (urban, rural or suburban), buses and transit vans are readily accessible; however, relying on public transportation or medical transportation services is not ideal. Being at the mercy of someone else can result in missed or late arrival to appointments. Often, when they are on time, there are concerning stories about how their equipment is secured, which could be catastrophic in the event of an accident.

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Privately owned wheelchair-accessible vans provide independence but are often cost-prohibitive. Even if one has the "luxury" of their own van, finding ample or appropriate parking can be difficult. According to the Accessible Parking Coalition, nearly 70% of people with disabilities have trouble locating accessible parking (see Figures 5 and 6).

The following are parking space rules and regulations surrounding accessible spaces:

LOCATION: A true accessible spot is one that provides the shortest accessible route to the accessible entrance. An accessible route is the "path the disabled person takes to enter and move through a building or facility."[3]

SPACES/VAN ACCESSIBLE SPACES: Depending on the type of vehicle (car vs. van), space and access aisle width is a formula that the facility can choose as long as they meet certain specifications. They have detailed features that make it easier to access the programs, goods or services that the given facility provides. Slope, surface and proper signage round out these requirements. The number of acceptable minimum accessible parking spaces depends on the total number of spaces in a lot or facility, ensuring that at least one of every six spaces is van accessible.

ACCESS AISLES: Access aisles are marked areas attached to either side of an accessible parking space that allow people using a wheelchair or mobility device to get in/out of their vehicle. As long as the width specifications are met, the access aisle can be shared. The aisles must be marked, be the same length as the actual parking space and be level with it.[3]

The U.S. Department of Justice Civil Rights Division relies on facilities to act in good faith to meet accessibility requirements, since it is not feasible to monitor every commercial property. If someone believes these standards for public accommodation have been violated, they may file a written complaint with the Department of Justice. In practical terms, the ADA (enforced by the Department of Justice) sets the requirements for accessible parking spaces, while the state Department of Motor Vehicles determines eligibility for parking placards, and local municipalities are responsible for day-to-day enforcement.

PARKING PLACARDS: Parking placards permit the use of a designated accessible parking spot. Obtained through the Department of Motor Vehicles, the individual requires sign-off by a licensed certified medical practitioner (doctor, physician assistant or advanced practice registered nurse) after meeting certain criteria. Federal law, via the ADA, regulates parking rules, including the number of spaces per lot. The number of parking spaces dictates the minimum number of accessible spaces. Medical facilities such as hospitals and rehabilitation facilities are required to have more accessible spaces and recognize placards as evidence of disability.

Inclusion criteria for accessible placards comprise of wheelchair users, those who are legally blind, people who utilize an assistive device or another person to ambulate, someone who uses portable oxygen or have a serious heart or lung condition that limits their ability to walk, people

Figure 5: Parking in an access aisle with poor signage.

Figure 6: Parking in an access aisle.

who are unable to walk 200 feet without needing rest, and people with severe arthritic, neurological or orthopedic conditions that limit mobility.

The placard is issued to a person, not a vehicle, and allows them to use accessible spaces as long as they have it. The tag should only be displayed when the vehicle is stationary. In many states, it is illegal to hang anything from the rearview mirror. Finally, the placard is only valid when the holder is present. Failure to comply with these rules is considered fraudulent and can result in penalties, including fines and even cancellation of the permit.

Proper education of the medical professional community is integral to ensuring proper placard authorization and reducing fraud and abuse of this program. Their role is critical in maintaining the integrity of the accessible parking program.

Symptom manifestation may be a more equitable basis for issuing placards than a straight diagnosis. As a person with rheumatoid arthritis that is, fortunately, well-managed, I was offered an accessible parking placard by a physician. I immediately declined and offered education on the actual necessity. This is the prime example of symptom manifestation versus providing blanket approval for someone with a qualifying diagnosis.

Other Challenges

Many individuals face significant barriers in obtaining the equipment they need, often due to insurance limitations or denials stemming from misinterpretation of coverage rules. Even after securing equipment, a new challenge emerges: keeping it functional. While recent repair legislation has improved access to maintenance services, some policies lack meaningful accountability when providers fail to meet required timelines or standards. This leaves end users navigating a complicated and often delayed repair process. Additional legislation aimed at improving the speed and quality of repairs continues to be introduced, but its real-world impact on access for the disability community remains to be seen.

Moving Forward

One of the key messages from Peace, Love, ACCESSibility is that disability etiquette is rooted in respect and awareness, and in recognizing that a disability is integral to one's identity but not their defining feature. Interactions should be grounded in courtesy, patience, and respect — no different than how you should treat anyone else.

Figure 7: Peace, Love, ACCESSibility doing what they do best, advocating while promoting kindness.

Creating a more accessible world requires undoing long-standing barriers through inclusive design, equitable policy and a shift in cultural awareness. Progress depends on sustained collaboration across communities, governments, institutions and grassroots groups whose voices are increasingly shaping state- and local-level conversations. The goal is clear: ensure that all individuals, regardless of physical ability, can fully participate in society (see Figure 7).

Accessibility is not limited to buildings or infrastructure. It must also live in attitudes, policies and everyday practices. While awareness campaigns and legislative efforts are critical, lasting change depends on building a culture that values inclusion at its core. Education remains a major gap. National organizations like United Spinal Association, Disability Rights Education and Defense Fund, National Coalition for Assistive and Rehab Technology, Paralyzed Veterans of America and the Clinician Task Force play a vital role in advancing that education alongside local efforts such as Peace, Love, ACCESSibility, which help usher these conversations into communities.

Advocacy at the policy level is equally important. Lobbying and public testimony at both the state and federal levels can translate lived experience into actionable change. Events like the United Spinal Association's Roll on Capitol Hill provide meaningful opportunities for individuals, advocates and corporate partners to engage directly with lawmakers and champion policies that impact the independence and quality of life of more than 5.5 million wheelchair users nationwide. Without these efforts, momentum stalls and meaningful reform becomes far less attainable.

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Equally critical is ensuring that individuals with disabilities are not just represented but are actively included in decision-making. Too often, policies are developed without the voices of those most affected. True inclusion requires that stakeholders be part of the process from the very get-go. Without lived experience guiding outcomes, accessibility efforts risk falling short.

Since its inception, Peace, Love, ACCESSibility has reached 25 of Connecticut's 95 police departments, raising awareness of accessible parking regulations through education and real-world context. Their advocacy contributed to the designation of Accessible Parking Awareness Day in Connecticut on July 15, 2025. What began as a short-term initiative has evolved into ongoing training efforts designed to prevent complacency and reinforce accountability. Their work also extends to businesses, encouraging them to create environments that are welcoming and respectful of individuals of all mobility levels.

In recognition of these efforts, Peace, Love, ACCESSibility received the Human Spirit Award from the Denise D'Ascenzo Foundation in 2025.

Looking ahead, Peace, Love, ACCESSibility is focused on expanding education for healthcare providers who issue parking placards. By advocating for clearer training and better adherence to eligibility criteria, the nonprofit aims to preserve the integrity of the system and ensure access for those who truly need it. Recent testimony before the Connecticut Transportation Committee underscores a broader issue: accessibility must be understood, respected, and protected not only by those who need it, but also by the broader, able-bodied population.

This year, the nonprofit was front and center on Great Day Connecticut as a charitable partner in the Walk to Fight Rare Diseases. Taking place at Quinnipiac University, steps were walked, and wheels were rolled, to expand awareness of rare diseases. Peace, Love, ACCESSibility is not shy to these local universities, educating physical and occupational therapy students in accessibility trials and tribulations.

Additionally, 2026 is a big year for Peace, Love, ACCESSibility, as it expands on the annual Community Access Awareness Day and returns to its fundraising roots. It has been many years since the nonprofit focused on Friedreich's ataxia, but it has decided to hold a combined fundraising event with the Friedreich's Ataxia Research Alliance. Hope is the primary message and the feeling is contagious.

Despite meaningful progress, barriers persist. Accessibility and inclusion are still not universal, and many individuals with disabilities continue to face exclusion in everyday life. Accessibility does not begin and end at the street. It matters everywhere people live, work and move.

As Alex and Mary put it, "Start paying attention. Start the conversation. Get out and do something. And respect the true need for accessibility."

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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.

WRITTEN BY: Bill Noelting

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.

CLINICAL EDITORIAL

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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Fatal Wheelchair Incident Reflects 'Device-level Blame in a System-level Failure'

WRITTEN BY: Linda Norton, B.Sc.OT, M.Sc.CH, Ph.D., OT Reg. (Ont)

A 91-year-old man passed away in an alternative level of care (ALC) setting, 11 days after a near-asphyxiation incident related to a seat belt on a wheelchair. That is tragic and should be a "never event." Unfortunately, the equipment recommended and/or provided by Complex Rehab Technology suppliers, although intended to foster mobility, could also present a danger to the client we are trying to help. This article explores the opportunity for advocacy within the healthcare sector and provides an opportunity for CRT suppliers to reflect on their possible role both at the client level and the systems level.

The Geriatric and Long-Term Care Review Committee operating under the Office of the Chief Coroner in Ontario (GLTCRC) issued a report describing the incident and many of the contributing factors, which will be used as background for this article.

Access to Seating and Mobility Assessments

Alternatives to the lap belt identified in the report included a wedged cushion or a three-point belt, which may not be appropriate or best practice. A better approach would have been to recognize the importance of a comprehensive seating and mobility assessment and prescription of a fitted wheelchair. In Ontario, during the initial response to the COVID-19 pandemic, seating and mobility assessments were not considered an essential service. Taken together, it may mean that the value of a comprehensive seating and mobility assessment and its potential impact on the client and the healthcare system (i.e., through the prevention of secondary complications like pressure injuries) are underappreciated.

Although unclear from the report, the wheelchair used by the client at the time of the incident was likely either a hospital loaner wheelchair or a rental chair; it certainly wasn't a prescribed wheelchair and wasn't fitted for the specific individual. One month before the incident, the occupational therapist in acute care identified that the client needed a comprehensive seating and mobility assessment; however, this assessment had not occurred by the time of the incident.

After the occupational therapist made that recommendation, the client was transferred from acute care to an Alternative Level of Care (ALC) unit within the hospital, while awaiting placement in long-term care. In these settings, access to a comprehensive seating assessment is often limited or nonexistent, with this service delayed until the client is admitted to the long-term care home. In Ontario, this means the client may wait several months for a seating and mobility assessment.

Perhaps CRT suppliers could be a bridge to this service, communicating to care providers and families the importance of a comprehensive seating and mobility assessment and educating them on how to access one.

Perceptions: "A Wheelchair is a Wheelchair," and "Lap Belts Keep People Safe."

Unless directly involved in seating and mobility, healthcare providers and the public may not recognize that wheelchairs are prescribed devices with specific features and setups specifically for an individual. Similarly, the terms "lap belt," "seat belt" and "restraint" were used interchangeably without recognition that a pelvic positioning device may look similar to a "lap belt" or "seat belt" but have a very different purpose.

A lap belt or pelvic belt has been defined as a "belt restraint assembly intended to limit movement of the pelvis" (Source: ISO 7176-26, 4.11.19), whereas a seat belt is a "belt used in vehicles and an inappropriate term for wheelchair use unless referring to vehicle restraint while using a wheelchair" (Source: ISO 7176-26, 4.11.19). "Mechanical restraint means any device, material or equipment attached to or near a patient which cannot be controlled or easily removed by the patient, and which prevents a patient's free body movement and/or a patient's normal access to their body." (Source: Restraint as a Last Resort FAQ https://www.albertahealthservices.ca/assets/info/hp/hpsp/if-hp-hpsp-prov-restraint-faq.pdf)

Despite reported facility-based education on restraints and nursing-specific restraint education available through the College of Nurses of Ontario, the coroner report noted that the facility had a lackadaisical attitude towards seat belts, used them indiscriminately and did not recognize that the seat belt could be considered a restraint.

Family and caregivers, too, advocate for the use of a seat belt to "keep the person safe," perhaps equating them with a seat belt in a vehicle, designed to keep passengers safe.

Given that CRT suppliers work across sectors, there may be an opportunity to educate healthcare providers and the community about seat belts and pelvic positioning devices, and the risks and considerations with their use.

Providing a Seat Belt

CRT suppliers are usually the ones providing seat belts, which can put them at the center of this issue. Ultimately, each provider/company needs to determine its approach, depending on the circumstances. Providing a pelvic positioning device when it is prescribed by a competent clinician as part of a mobility prescription based on a comprehensive seating and mobility assessment is an easy decision, but that is not always the situation. What do we do in other situations?

- When the CRT provider disagrees with the clinician about the use of the seat belt.
- When the client's family wants to rent a wheelchair for their loved one and request a seat belt, but the client isn't present?
- When a request for a rental wheelchair with a seat belt comes in from a facility?
- When someone wants to buy a wheelchair with a seat belt, without the user present?
- When, in Ontario, the Assistive Devices Program funding indicates that a seat belt is included with many devices. Should the seat belt be provided on the chair even when not prescribed?

Each CRT supplier needs to consider their response in each circumstance. Some may choose to avoid providing a lab belt unless it has been prescribed and fitted for the user; others may choose to take an education approach and highlight the potential risks. Some may take a different approach.

Considerations for Advocacy

CRT suppliers are in a unique position to observe issues within our healthcare system and may have opinions or suggestions for improvement. Whether or not to pursue advocacy depends on the suitability, capacity and ethical implications of their involvement. Considerations may include:

- **Power and influence** — There is a power dynamic involved in advocacy, where those with little influence may have difficulty having their voices heard. One strategy may be to pair with other organizations with a similar perspective to create a stronger voice for change.
- **Legitimacy and credibility** — Advocacy efforts are often judged by the perceived competence of those advocating, their ethical integrity and alignment with the target population. As an example, CRT suppliers may be seen as competent in the area of wheelchairs and the use of seat belts, but there may be a perception that the advocacy is in relation to "making a profit" rather than having the best interests of the client in mind.
- **Representation and authenticity** — CRT suppliers encounter individuals who are marginalized and may not have the ability or resources to advocate for themselves, but this doesn't mean that the CRT supplier is in the best position to advocate for that individual. Consider whether the individual's interests are being authentically represented.
- **Resource availability and long-term commitment** — Advocacy is rarely accomplished in a single action or activity; it requires a sustained effort. CRT suppliers should consider the resources (financial, human and technical) that they are willing to invest in the issue prior to determining a course of action.
- **Legal and political context** — The provision of CRT equipment occurs within a legal and political context. Funding organizations, the leaders of healthcare institutions and policymakers may all have a different perspective on the issue and the appropriateness of advocacy from a CRT supplier.

A person passing away after a near-asphyxiation event related to a seat belt is tragic, should be a "never event" and highlights potential gaps and issues within our healthcare and equipment provision systems. As key players in this system, CRT providers can help identify issues and consider responses, such as advocacy. It's up to individual CRT providers to determine the best response based on their circumstances.

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

REHAB CASE STUDY

Legislation Passage Makes Strong Case for Collaboration and Consumer Involvement in CRT Advocacy

WRITTEN BY: Julie Piriano, PT, ATP/SMS

The state of New Mexico did not recognize Complex Rehab Technology, or the skilled professional services to provide it, until it was signed into law on March 6, 2026. However, significant changes to the original "Wheelchair Insurance Coverage Bill" – HB 38, would not have been possible without the strong CRT advocacy efforts led by NCART, the National Coalition for Assistive & Rehabilitation Technology, mutual recognition and support for the customized nature of CRT led by the So Every BODY Can Move initiative, and the personal testimony presented by consumers with lived experience to legislators and the New Mexico Health Care Authority, so it was clear CRT is not just a chair with wheels.

HB 38, as originally proposed, amended the New Mexico minimum health insurance statute for coverage of prosthetics and custom orthotics to include coverage for a wheelchair or an activity chair "for a person with documented permanent physical conditions that significantly limit [their] ability to independently and safely ambulate, stand, perform functional mobility or engage in physical activity necessary for whole-body health." When I first read the bill, I assumed the sponsor meant individually

configured manual and power wheelchairs, similar to a custom orthotic or prosthetic. However, the legislative language did not specifically state that or put any safeguards in place to ensure the appropriate provision of an activity chair "designed specifically to enable a person with mobility impairment to participate in physical activities by providing better speed, safety, stability, maneuverability and balance than a standard wheelchair." I reached out to our friends in orthotics and prosthetics and proposed collaboration to strengthen the measure, support access to CRT and protect the state's financial resources.

I was introduced to Kyle Stepp, an amputee, internationally ranked elite para-triathlete and national lead for So Every BODY Can Move, from Albuquerque, New Mexico. Stepp immediately understood the parallel between custom orthotics, prosthetics and CRT, fully supported the amendments I proposed and became as fierce an advocate for this change as I was.

Our first hurdle was convincing the bill's sponsor that CRT is an essential healthcare benefit included in the Affordable Care Act. This was a new term in New Mexico, and she was not interested in introducing any changes that were not a mandated essential healthcare benefit. Fortunately, durable medical equipment is recognized as a "device" under the essential healthcare benefit's Rehabilitative and Habilitative Services and Devices category. Between the trust relationship Stepp had already established with the representative and the one he had built with me, we were able to allay her concerns as she came to understand that CRT is a highly specialized DME that needed to be clarified in her bill for beneficiary protection and accurate healthcare expenditures.

Our second obstacle was convincing the House Health & Human Services Committee that the amendments improved the legislative language and why. Stepp was instrumental in including consumer advocates who use a CRT wheelchair to testify at the committee hearing so legislators could see and hear why a CRT wheelchair for everyday use, one for bathing/showering and one used for physical activity were all essential for the individual to maintain their health — just as a prosthetic is for these same purposes.

I submitted written testimony on the differences among the three types of CRT wheelchairs and why no single chair can meet all three needs outlined by So Every BODY Can Move. I was also able to testify virtually and explained the importance of including the CRT-specific service requirements, which the consumer advocates supported

as being very important. I believe our coordinated message, mutual support for one another's priority changes and the ability to respond to the committee's questions is why the bill, with amendments, was passed out of committee unanimously and went to the House floor.

Our third potential barrier was convincing legislators and third-party payers that the cost to implement the legislation, with amendments, was small. The group of advocates, who were engaged and committed to seeing this legislation pass, agreed that CRT for everyday use was already being funded. However, they also agreed that the wrong wheelchair, at the wrong time or for the wrong purpose, can cause harm as well as additional healthcare expenditures — reinforcing the request to strengthen the requirements for providing these highly specialized products. They also agreed that rehab shower/commode chairs were being funded, but the delay in access to care was high, which also had the potential to contribute to higher healthcare costs. Lastly, the group agreed that the subset of individuals who would benefit from a CRT wheelchair for physical activity is very small compared to the number of individuals who require a CRT wheelchair for daily use, but the health benefits derived from its use may offset the cost of the device over time. NCART and So Every BODY Can Move worked together on projected utilization and cost estimates that were reasonable and the bill passed out of the House unanimously.

At this point in the process, we were under a serious time crunch as the New Mexico legislative session is only 30 days in even years. The CRT community owes a debt of gratitude to the extraordinary efforts put forth by the So Every BODY Can Move team during the last week of the session. Their thorough understanding of our mutual mission and commitment to getting it done resulted in meetings with key senators, securing a commitment from the governor to sign the bill if passed, answering additional questions by third-party payers and clearing a path for the bill to move from the Senate Health and Public Affairs Committee to the Senate floor once it passed out of committee. The bill passed unanimously on the last day of the session.

The entire So Every BODY Can Move advocacy team shared a group "HB 38" text to keep everyone informed, provided support and ongoing encouragement and congratulated one another when the governor signed the bill into law, which will go into effect January 1, 2027.

So Every BODY Can Move is a grassroots healthcare advocacy and disability rights advocacy movement working to ensure people with disabilities have access to the mobility devices and care they need to move, participate and thrive through state-by-state legislative advocacy. They have embraced the CRT message, and we look forward to future opportunities to partner with them in a similar manner, as this case confirms that collaboration is the key to success.

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Julie Piriano, PT, ATP/SMS, is the senior director of payer relations and regulatory affairs at NCART, the National Coalition for Assistive & Rehabilitation Technology, where she works to preserve and protect access to Complex Rehab Technology. She has worked in the seating and wheeled mobility industry for the past 42 years as a clinician, provider, advocate and educator, presenting on the evaluation, documentation and clinical application of available technologies. Piriano is a member of the RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America, Board of Directors serving on the finance and government affairs committees and is the liaison to the Professional Standards Board. She is an active participant in the Wheeled Mobility and Seating SIG and the PT PSG. Piriano is a Friend of iNRRTS, a member of the American Physical Therapy Association and the Clinician Task Force, and serves on the DMEMAC Advisory Councils, the board of the AMRG Group and several state associations. She is a highly proactive industry resource on legislative and regulatory issues that impact the CRT industry.

RESNA

RESNA Provides Summer 2026 Update

WRITTEN BY: Andrea Van Hook, RESNA Executive Director

ATP Renewals; Continuing Education Update

The Rehabilitation Engineering and Assistive Technology Society of North America Professional Standards Board has updated the "in-service" training hours allowed for the Assistive Technology Professional renewal. Previously, ATPs could submit up to three in-service contact hours per year, toward ATP renewals. That has now been increased to 10 in-service contact hours per renewal period. The 10 hours may be earned at any point during the renewal period.

The Professional Standards Board made this change due to the increasingly complex technology now included in many of today's assistive technology products, including artificial intelligence, and the rapid pace of technology innovation.

An updated "in-service" training form is now available for download on the renewal page of the RESNA website, and in the online renewal application.

Tech Tuesday Product Demonstrations

Now in its third year, RESNA's Tech Tuesdays, one-hour product demonstrations, feature a wide range of new and innovative technology solutions, the opportunity to talk directly with manufacturers and contact hours toward certification renewal. Tech Tuesdays are on the fourth Tuesday of every month at 3 p.m. ET.

The remaining Tech Tuesdays for the year are:

- July 28: Rifton, adaptive mobility and positioning equipment made in the USA
- Aug. 25: Tekscan, introducing ErGO-Scan, a new pressure-mapping technology for seating and positioning
- Sept. 22: Tobii Dynavox, a global, full-service provider of groundbreaking communication solutions for people with disabilities
- Oct. 27: Quantum Rehab, consumer-inspired, industry-leading power wheelchairs to increase the medical comfort, daily functionality and quality of life
- Nov. 24: Wandercraft, introducing EVE, a hands-free exoskeleton for standing and walking at home

All Tech Tuesday webinars are recorded and available on RESNA Learn for up to 2 years after the live webinar. Check it out!

Announcing the 2026 RESNA Awardees

RESNA's Board of Directors was honored to recognize the following group of 2026 awardees at the virtual awards ceremony in July:

Fellow: recognizes members who have made long-term, substantial contributions to the field of rehabilitation and assistive technology, as well as to RESNA.

- Patricia E. Karg, MSBME
- Kelly G. Waugh, PT, ATP

Honorary Fellow: recognizes non-members who have promoted issues and demonstrated leadership highly relevant to the field of assistive technology and rehabilitation engineering and who have encouraged the independence of individuals with disabilities.

- Fred Sammons, PhD (Hon), OT, FAOTA; awarded posthumously

Distinguished Service: recognizes members for their sustained contributions and service to RESNA and the field of assistive technology and rehabilitation engineering.

- Marta Figueiredo, Prof. Doc. OT, MSc IB (candidate)

Leadership Award: recognizes agencies, companies, associations or universities for their significant contributions to the advancement of the field of assistive technology and rehabilitation engineering and who have provided recognition and support for RESNA.

- Henley Medical, Chattanooga, Tennessee

Sam McFarland Memorial Mentor Award: recognizes a member or a group of members who have influenced, counseled and nurtured others in the field of rehabilitation engineering and assistive technology.

- Glenn Hedman, PhD, PE, ATP, RET

Emerging Leader: recognizes members who have made significant contributions, provided leadership and have made an impact to RESNA during their first several years of active participation.

- Patricia Toole, OTR/L, MAT, MS OT, ATP

Colin McLaurin Distinguished Lectureship: recognizes a scholar and leader who has made substantial and innovative contributions to the field of rehabilitation engineering and assistive technology through research, education and/or practice.

- Cathy Bodine, PhD, CCC-SLP

Congratulations to all the awardees!

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

CRT UPDATE

NCART CRT Update:
Successful Leadership Summit and Product Expo

WRITTEN BY: Wayne Grau

Washington, D.C., Lobbying Day

Thirty-five Complex Rehab Technology advocates held close to 80 meetings with members of Congress on May 12, 2026. It is important for the CRT industry to stay ahead of federal and state legislators as we face many challenges in ensuring access to CRT for the people we serve.

The meetings focused on three issues:

- Asking the Centers for Medicare and Medicaid Services to open the Coverage Determination for Power Standing.
- The passage of H.R. 1703 and S. 247, the Choices for Increased Mobility Act, which would allow consumers more choices for manual wheelchairs.
- Requesting that CMS to remove prior authorization for repairs from Medicare Advantage insurers.

Washington, D.C., CRT Product Expo

The International Registry of Rehabilitation Technology Suppliers, National Coalition for Assistive & Rehab Technology and US Rehab once again teamed up to educate our national legislators and their staff about the importance of CRT equipment in the lives of our patients. On May 13, 2026, a product expo was held in the Cannon Caucus room, showcasing the variety of CRT products and services that consumers use each day. The event was broadened to include consumer groups and therapists from across the country to explain the role the equipment plays in consumers' lives and to help consumers lead their best lives. The event drew representatives from over 35 congressional offices and one White House liaison, who were given demonstrations by attendees and, in several cases, tried the equipment. The crowd was addressed by Reps. John Joyce, R-PA, and Dan Meuser, R-PA (see picture below) who discussed the importance of advocacy and how the product expo would go a long way in educating legislators about CRT issues.

A packed house at the CRT product expo.

The Committee on Energy and Commerce passes H.R. 1703

As of this writing, we are proud to report that the Committee on Energy & Commerce passed H.R. 1703, which allows consumers more choice in the type of wheelchair they can receive from Medicare. This is the first step, and we are now seeking full passage in the House and then for the Senate to pass S. 247.

Thank You

I would like to take this opportunity to thank Matt Filippis, Travis Hoy, Mickae Lee, Andrea Madsen, Tyler Mahncke, Ted Metcalf, Bill Noelting, Amy Odom and Barry Steelman for their incredible work in organizing the Washington, D.C., CRT Leadership Summit and Product Expo. We normally hold this event in September, but we all decided that, given how things are operating in Washington, D.C., and the upcoming election, we needed to move it to spring. All iNRRTS Registrants should be very proud of this group of strong advocates. As a side note, this thank you extends to all the individuals who participated in this event — without you, we could not have held this event. THANK YOU!!

Advocacy Quote

"Go beyond what we can't do and focus on all the things we can do."
— Preethi Srinivasan

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Wayne Grau is the executive director of the National Coalition for Assistive & Rehab Technology. His career in the Complex Rehab Technology industry spans more than 30 years and includes work in rehab industry affairs and, later, exclusively with complex rehab companies. Grau graduated from Baylor University with an MBA in healthcare. He's excited to be working exclusively with complex rehab manufacturers, providers and the individuals served who use CRT equipment.

CLINICIAN TASK FORCE

Advocacy and Partnership:
RICD Wheelchair Project, Joni and Friends, and the ISWP

WRITTEN BY: Patricia Toole, MAT, MsOT, OTR/L, ATP

In May 2026, our Clinician's Task Force member from Washington state, Patricia "Trish" Toole, traveled to Thailand with Joni and Friends Wheels for the World in partnership with the RICD Wheelchair Project. Over the course of a week, the two teams working together provided over 100 wheelchairs and skills training for recipients, refurbished three self-owned chairs and connected each recipient to community resources. While in Thailand, Toole had the very great honor of providing the 250,000th wheelchair from Joni and Friends' Wheels for the World to Nada, an 11-year-old girl with cerebral palsy who was receiving her first wheelchair (Nada is pictured below).

In the spirit of advocacy and policy reflected in this issue, Toole interviews the RICD Wheelchair Project director, Joseph Tell, about advocacy, his work in Thailand and his partnership with the International Society of Wheelchair Professionals.

Tell and his wife, Jasmine Tell, work in Chiang Mai, Thailand, as missionaries serving people affected by disabilities. He serves as project manager of the RICD Wheelchair Project and co-director of Stronger Together, serving alongside a dedicated team of professionals and volunteers whose joint efforts have made it the gold standard for wheelchair provision in Thailand.

A side note ...

International Society for Wheelchair Professionals (https://iswp.org/) promotes greater coordination in the wheelchair sector. They focus on improving the quality of life for wheelchair users, especially those in less-resourced countries, by:

- Advocating for governments to pay for appropriate wheelchairs and services.
- Training professionals on assessing and fitting clients with appropriate wheelchairs and training wheelchair users on how to use and maintain their wheelchairs.
- Improving the quality of wheelchairs by working with manufacturers, suppliers and wheelchair technicians to raise the standards.

RICD Wheelchair Project, Thailand (https://wheelchairproject.org/about-us/) was established in 1999 and is dedicated to serving people with disabilities in Thailand and throughout Southeast Asia by providing free wheelchairs and other mobility aids, custom-fitted to each user's needs and environment. The organization is proud to have Her Royal Highness Princess Maha Chakri Sirindhorn of Thailand as its royal sponsor. Partners include Joni and Friends' Wheels for the World, Rotary International, Free Wheelchair Mission, MedAid4Kids, Wheelchairs of Hope and Hope Haven.

Joni and Friends' Wheels for the World (https://joniandfriends.org/wheels-for-the-world/) provides restored wheelchairs and Bibles to people with disabilities in developing nations, offering both physical mobility and the Gospel of Jesus Christ. The program aims to restore dignity, provide independence and share hope with those often isolated due to poverty and disability.

- **Restoration and Service:** Donated wheelchairs are refurbished by inmates in prison-based programs, offering restorative work opportunities in the U.S. or through international centers that train local people with disabilities.
- **Global Impact:** Since its inception, the program has provided over 250,000 wheelchairs to people in over 100 countries.

Toole: How has the International Society for Wheelchair Professionals helped you in your work providing appropriate wheelchairs to the people of Thailand?

Tell: In Thailand, we don't have RESNA (Rehabilitation Engineering and Assistive Technology Society of North America), and we don't have assistive technology professionals. Occupational and physical therapists are trained at the bachelor's level, so there isn't much time in their programs to specifically address wheelchair seating. The ISWP's basic training package helps prepare in-country therapists to consider the essential elements of safe and effective wheelchair service provision for those who can sit independently. It doesn't go in depth, but it is a great start. It gives our community volunteers the opportunity to earn a credential that enhances their respect and allows them to serve alongside and under the direction of medical professionals. There are not nearly enough trained medical professionals to meet all the needs, so the ISWP basic package helps prepare assistants to be strong partners.

Figure 1: Trish Toole, wearing a Joni and Friends T-shirt, shares Nada's excitement as she pushes herself in her new wheelchair for the first time. Petchabun, Thailand.
Photo credit: Trish Toole

Figure 2: Joseph Tell and Trish Toole after the final team dinner, celebrating a great week of wheelchair distributions. Sukhothai, Thailand. Photo credit: Trish Toole

Figure 3: The Joni and Friends team included therapists, mechanics, support workers, media team and team leaders. Everyone worked together to achieve the best possible fit and function for each participant. Sukhothai, Thailand. Photo credit: Trish Toole

We also love to have our international volunteers who come on service trips complete the basic package using online training whenever possible. It helps them hit the ground running and be ready to learn.

The package helps with:

- Preparing Thai occupational and physical therapists.
- Preparing U.S.-based occupational and physical therapists who come on service trips.
- Preparing long-term international volunteers from a variety of backgrounds, often on gap-year programs.
- Preparing community volunteers to assist with wheelchair outreach and provision efforts.

The basic level is very doable. Materials are available in Thai, English and other languages. Although it is introductory, it does help provide wheelchairs to the largest patient group we see: elderly people who can walk a little but who have age-related mobility impairments.

Families often do not have a high level of trust or experience with medical equipment or medical professionals, so having trusted community members involved helps them feel comfortable and share their challenges. Good information leads to better wheelchairs and better help for people.

The Wheelchair Project and ISWP are well aligned because ISWP is a strong advocate for the redistribution of mobility aids and wheelchairs — a necessity in Thailand — as well as for consistency and quality of care for end users — a core commitment of the Wheelchair Project.

There are plans in the works to join with ISWP in producing a position paper addressing the refurbishing and redistribution of equipment that will include a checklist for donor organizations that can be used to screen donations and sift out those that are appropriate for recycling from those that are appropriate for repair and reprovisioning, as well as a checklist for provisioners providing guidance on key safety metrics in service of end users.

Toole: What would you like to express to the practitioner world at large, especially the DIRECTIONS magazine readership?

Tell: Exposure to international work provides a new level of understanding of the process and product, and it really hones your skills. If you come, be ready to come away having learned as well as to share your knowledge. You will grow in your understanding of a "good fit" in terms of a match between the person's abilities and goals, their environment of use and the equipment they are matched with, which is modified to meet their criteria.

Toole: Anything else you want to share about advocacy?

Tell: Advocacy and partnership are essential. That's why we founded Stronger Together Thailand to help connect local churches and service organizations with the Wheelchair Project (https://newhorizonsfoundation.com/project/single-project/2624/). Any effective service organization relies on its partners to run and function. You can do so much more with many partners.

Advocacy is maximizing the impact of your time on what you are trying to do by doing it with others, so don't silo yourselves! Advocacy is all about networking.

Call to Action

For clinicians everywhere, this story is a powerful reminder of what is possible when expertise meets collaboration. The RICD Wheelchair Project, Joni and Friends' Wheels for the World and the International Society of Wheelchair Professionals offer pathways for clinicians to expand their impact — whether through international service trips, completing ISWP's training modules, mentoring community volunteers or

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CLINICIAN TASK FORCE | CONTINUED FROM PAGE 39

supporting global advocacy for appropriate wheelchair provision. Tell's message is clear: International work sharpens clinical reasoning, deepens understanding of "good fit" and strengthens our collective ability to match people, environments and equipment in meaningful ways. Advocacy, he emphasizes, is never a solo act — it is the work of many hands, many partners and a shared commitment to elevating mobility and dignity worldwide.

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Patricia "Trish" Toole, OTR/L, MsOT, MAT, ATP, is an occupational therapist with 28 years of lived experience in assistive technology, seating, positioning and 24-7 postural care management. As the mom of three boys, including Alex, 28, who lives with spastic quadriplegia cerebral palsy, she knows how important it is to listen well, to empower a person's first circle of support and to have a long-haul perspective. She has worked professionally in the areas of assistive technology, wheeled mobility and positioning for the last 21 years, including 10 years leading the seating clinic at PROVAIL in Seattle, Washington, and is now the owner of Clear Path Occupational Therapy. Toole teaches continuing education courses for therapists and families and works with Rehab Without Walls (https://www.rehabwithoutwalls.com/location/rehab-without-walls-seattle-washington/). Toole recently was the co-author of the chapter on 24-hour posture care management in "Seating and Wheeled Mobility: A Clinical Resource Guide, Second Edition," by Michelle Lange and Jean Minkel. Toole also led the workgroup that published the RESNA Position on Assistive Technology for Lying Posture Care Management. She is a member of the Clinician's Task Force and practices in Seattle, Washington.

Renewed iNRRTS Registrants

The following individuals renewed their iNRRTS Registration between April 1, 2026 through July 2, 2026.

PLEASE NOTE **IF YOU RENEWED AFTER JULY 2, 2026,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO APRIL 1, 2026, YOUR NAME IS IN A PREVIOUS ISSUE OF DIRECTIONS.

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

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Hector David Acevedo, ATP, CRTS®
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Jeremy Adkins, BS, ATP, CRTS®
Nicholas Alameda, RRTS®
Jessi Albarado, RRTS®
Doug Ambrusko, ATP, CRTS®
Sarah Anderson, ATP, CRTS®
David Anderson, ATP, CRTS®
Timothy Andrews, RRTS®
Brennan Arbogast, ATP, CRTS®
Jill Arrowsmith, RRTS®
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Zachary Bennett, RRTS®
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Jay Lujan, ATP, CRTS®
Morgan Lundquist, RRTS®
Robert Lyles, ATP, CRTS®
Tim McClaren, ATP, CRTS®
Kara McCutcheon, RRTS®
Ethan McDonald, RRTS®
Debra McFarlane, RRTS®
Scott C. McGowan, ATP, CRTS®
Cal McGrattan, RRTS®
Brian McGuire, ATP, CRTS®
Aaron Mckenzie, RRTS®
Ronald Mack, ATP, CRTS®
Sam Magri, RRTS®
Jody Mair, ATP, CRTS®
Charles Major, RRTS®
James Mallach, RRTS®
Dimitrios Mallios, RRTS®
Brent Manning, ATP, CRTS®
Cary Marsh, ATP, CRTS®
Cassi Jo Martin, ATP, CRTS®
Ryan A. Martin, ATP, CRTS®
Anthony Martinelli, ATP, CRTS®
Jacob Martinez, RRTS®
Patrick R. Mazey, ATP, CRTS®
Jason Melms, ATP, CRTS®
Marie Mete, RRTS®
James Meyer, ATP, CRTS®
Jason Ray Miller, ATP, CRTS®
Matthew Miller, ATP, CRTS®
Cynthia D. Miller-Orahood, ATP, CRTS®
Jesse Minjares, RRTS®
Joyce Miodownik, PT, ATP, CRTS®
Jerry T. Mitchell, ATP, CRTS®
Victoria Mitchell, RRTS®
Sarah Moeller, ATP, CRTS®
Reginald Moffat, RRTS®
Matthew Mohr, RRTS®
Deborah Morgan, ATP, CRTS®
John Mosley, ATP, CRTS®
Zachary Myers, ATP, CRTS®
Selvakkumaran Nadarajah, RRTS®
Luis Navarro, RRTS®
Miguel Navarro-Gonzalez, RRTS®
Bree Neale, RRTS®
Colton Nelson, ATP, CRTS®
Kacey Newman, ATP, CRTS®
Greg Newth, ATP, CRTS®
Calum Nicol, ATP, CRTS®
Charles Nightingale-Smith, RRTS®
Curtis Noble, RRTS®
Lori Nolte, RRTS®
Lyndsey Nyland, RRTS®
Colleen Oberley, ATP, CRTS®
Dan Oganovich, RRTS®
Devin Oliver, RRTS®
Aaron Olson, RRTS®
M. Will Olstad, ATP, CRTS®
Bernard Opp, RRTS®
Keesha Ouellette, RRTS®

Renewed iNRRTS Registrants Continued

The following individuals renewed their iNRRTS Registration between April 1, 2026 through July 2, 2026.

PLEASE NOTE **IF YOU RENEWED AFTER JULY 2, 2026,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO APRIL 1, 2026, YOUR NAME IS IN A PREVIOUS ISSUE OF DIRECTIONS.

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

Thomas Ouimette, ATP, CRTS®
Drew Oursbourn, ATP, CRTS®
Edwin Pabon, RRTS®
Valerie A. Pagan, ATP, CRTS®
Marcus Page III, PTA, ATP, CRTS®
Olugbemileke Kola Pacheco, ATP, CRTS®
Eli Paradis, RRTS®
David Park, ATP, CRTS®
Benjamin Paull, ATP, CRTS®
Richard Petersen, ATP, CRTS®
Daniel Pino, OTR, ATP, CRTS®
Shannon Popovich, RRTS®
Lisa Powell, PT, ATP, CRTS®
Christian Raffield, ATP, CRTS®
Ryan Read, ATP, CRTS®
Ryan Recuenco, MA APA, BPE, R.Kin, RRTS®
Nicholas Reginato, RRTS®
David Regnier, RRTS®
Cacee Reuben, ATP, CRTS®
Kendall Richards, ATP, CRTS®
Janet Richardson, RRTS®
Joshua Riemersma, ATP, CRTS®
Stephane Robichaud, RRTS®
Christopher Rogers, ATP, CRTS®
Carlos Roca, RRTS®
Russell Roggenkamp, ATP, CRTS®
David D. Russell, ATP, CRTS®
Isaac Saavedra, RRTS®
Sabrina Saenz, ATP, CRTS®
Richard Samay, ATP, CRTS®
Junior Sanchez, RRTS®
Salvador San Juan, RRTS®
William Scarborough, RRTS®
Keith A. Schwartz, ATP, CRTS®
Randy Schmitt, ATP, CRTS®
Dearl Scott, ATP, CRTS®
Jonathon Sewell, RRTS®
Trevor Shaner, ATP, CRTS®
Steven Shipley, ATP, CRTS®
William Shirley, ATP, CRTS®
Jason Simpson, ATP/SMS, CRTS®
Jason Smith, ATP, CRTS®
Michael Smock, RRTS®
Tyler Speer, RRTS®
Kenmakara Sok, ATP, CRTS®
Jon Starich, ATP, CRTS®
Christopher Donald Stasiuk, RRTS®
Daniel Steinhauser, ATP, RRTS®
Sukanya Sundralingam, RRTS®
Jeffrey B. Swift, ATP, CRTS®
Judy Taylor, ATP, CRTS®
Zachary Taylor, ATP, CRTS®
Matt Topf, ATP, CRTS®
Raymond Torres, RRTS®
Matthew C. Traynor, ATP/SMS, CRTS®
Shane Trenholm, RRTS®
Alicia Truebenbach, ATP/SMS, CRTS®
George A. Turturiello, ATP, CRTS®
Joseph Uccello, ATP, CRTS®
Hope Villines, COTA/L, ATP, CRTS®
Ira Wall, RRTS®
Richard Walls, ATP, CRTS®
Deidra White, ATP, CRTS®
Stephen Whitman, RRTS®
James Wiese, ATP, CRTS®
Desmond Wiles, ATP/SMS, CRTS®
Denise Wilson, RRTS®
Lucas Wood, RRTS®
Wayne Wright, RRTS®
Cortney Wyatt, RRTS®
Dekuan Yan, RRTS®
Jordan Yancey, OTA, ATP, CRTS®
Mary Hitt Young, ATP, CRTS®
Derrick Zatylny, RRTS®
Charlotte Zulawski, PTA, CLT, ATP, CRTS®

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

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

NAMES LISTED ARE FROM APRIL 1, 2026 THROUGH JULY 2, 2026.

Leigh Stewart

Delaney Shepherd

Former iNRRTS Registrants

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

NAMES INCLUDED ARE FROM APRIL 1, 2026, THROUGH JULY 2, 2026. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

Lisandro Carrion
Carlsbad, CA

Roland Desrochers
Kemptville, Ontario

Gene Engelhardt, ATP
Madison, WI

Richard Gross
Aberdeen, SD

Cody Hattery, ATP
Downey, CA

Thomas O. Henley, ATP
Chattanooga, TN

Katie Hobbs
Barrie, Ontario

Grant Holmes
Ballina, New South Wales

Jeanette Howell
Peterborough, Ontario

Tom Murphy
Regina, Saskatchewan

DeAnna Potts
Salem, VA

Douglas Praytor, ATP
Pell City, AL

Martin Prentice
Mornington, Victoria

Brian Quach
Richmond, British Columbia

Noel Riley, ATP
Mellville, NY

Steven Schmelzer, ATP
Rocky Hill, CT

Kurtis L. Schmidt, ATP
Bismarck, ND

Jody Snider
Barrie, Ontario

Kyle Weaver
Grandville, MI

Hailey Yonge
Richmond, British Columbia

New iNRRTS Registrants

CONGRATULATIONS TO THE NEWEST INRRTS REGISTRANTS. NAMES INCLUDED ARE FROM APRIL 1, 2026, THROUGH JULY 2, 2026.

Alejandro Perez-Alonso, RRTS®
University of Michigan Health - Wheelchair Seating Service
Ann Arbor, MI

Steven Blair, RRTS®
National Seating & Mobility, Inc.
Knoxville, TN

James Charley, RRTS®
Independent Living Specialists
Townsville, Queensland

Kyle Coley, MS, OTR/L, ATP, RRTS®
National Seating & Mobility, Inc.
Norfolk, VA

Mary Francis Crupi, RRTS®
NSM-Canada
Saint John, New Brunswick

Guy Erbin, RRTS®
NSM-Canada
Kamloops, British Columbia

Curtis Fisher, RRTS®
Quipt Home Medical
Gulfport, MS

Nicholas Hayden, ATP, CRTS®
Neseh DME Solutions
Batesville, IN

Matthew Ireland, ATP, CRTS®
Rehab Medical Inc.
Dallas, TX

Darrel Jackson, RRTS®
Phoenix Rehab & Mobility
Savannah, GA

Skylar Lambert, RRTS®
Motion
Thunder Bay, Ontario

Linden Lennox, RRTS®
HME Mobility & Accessibility
Nanaimo , British Columbia

Dennis McRae, RRTS®
National Seating & Mobility, Inc.
Bangor, ME

Lisa Myshrall, RRTS®
HomEquip
Winnipeg , Manitoba

Patrick Phillips, ATP, RRTS®
KJK Service
Indianapolis, IN

Joseph Richardson, RRTS®
Motion
Kitchener, Ontario

Christopher Smith, RRTS®
Motion
Peterborough, Ontario

LaDarius Smith, ATP, RRTS®
Rehab Medical Inc.
Tallahassee, FL

Mohamad Teskie, RRTS®
Help Mobility
Mississauga, Ontario

Clayton Walking Eagle, RRTS®
Walking Eagle Mobility
Oceanside, CA

Emineh Zadoorian, RRTS®
Motion
Calgary, Alberta

New CRTS®

CONGRATULATIONS TO INRRTS REGISTRANTS RECENTLY AWARDED THE CRTS® DESIGNATION. A CRTS® RECEIVES A LAPEL PIN SIGNIFYING CRTS® OR CERTIFIED REHABILITATION TECHNOLOGY SUPPLIER® STATUS AND GUIDELINES ABOUT THE CORRECT USE OF THE DESIGNATION. THE NAMES LISTED ARE FROM APRIL 1, 2026, THROUGH JULY 2, 2026.

Karla Coyer, ATP, CRTS®
National Seating & Mobility, Inc.
Atlanta, GA

Nicholas Hayden, ATP, CRTS®
Neseh DME Solutions
Batesville, IN

Matthew Ireland, ATP, CRTS®
Rehab Medical Inc.
Dallas, TX

Joshua Riemersma, ATP, CRTS®
CareLinc Medical
Grandville, MI

iNRRTS | INTERNATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS

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

Friends of iNRRTS [FONS]

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

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METALCRAFT | MOTION Make life accessible. | MOTION COMPOSITES | Motion Concepts | numotion | PRIME | PRM THE POWER OF PRECISION | QUANTUM | RAZ

Rodes | rifton | SEATING DYNAMICS | spex Shaping Better Lives | Stealth Products Solutions For Life | TOLT TECHNOLOGIES

AFONS

AAHOMECARE American Association for Homecare | ADMEA | A.E.S. | als | sla | atsa | BIG SKY | Children's Specialized Hospital

Center for Inclusive Design and Engineering (CIDE) UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS | Easter Seals Timbres de Pâques New Brunswick Nouveau Brunswick | GAMES A Proud Affiliate of ACMESA | hmepa | HOMES | HOPE HAVEN | MAMES | momentum wheels for humanity

NCART | OHMEPA | PAMES | RESNA | Shepherd Center | United Spinal Association | UNIVERSITY OF MICHIGAN HEALTH MICHIGAN MEDICINE