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CHEAPER PRODUCTS COULD COST YOU MORE IN THE LONG RUN<

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COMPLEX REHAB CAREER CROWNED WITH CONTRIBUTIONS AND COMMITMENT TO INDUSTRY

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Choice Matters

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I CHOSE MY TILITE BECAUSE I NEED A CHAIR THAT'S AS LIMITLESS AS I AM."

TAMARA MENA

Occupation: Berkeley Bionics Customer Relations Specialist, Motivational Speaker, Ms. Wheelchair California 1st Runner Up.
Home: Modesto, CA.
Interests: Public Speaking, Modeling, Fitness and Fashion.
Chair Of Choice: TiLite TR

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CELA2012

April 17-19, 2012

Hyatt Regency Crystal City, Arlington, Va.

Sponsored by NRRTS and NCART in association with New Mobility Magazine

CELA 2012, presented by NRRTS and NCART in association with New Mobility magazine, is the centerpiece of our industry and profession's strategy to realize a Separate Benefit Category under Medicare for Complex Rehab Technology products and associated services. The impact of the separate benefit would extend to Medicaid and other payers sources as they historically have followed Medicare's lead.

We have been building toward this advocacy effort on Capitol Hill for more than three years. CELA 2011 brought 250 industry professionals and 40 consumer advocates to meetings with members of Congress and their staff. These meetings built awareness of the Complex Rehab issue and garnered promises of support from dozens of members.

CELA 2012 will build on the success of our 2011 efforts. We have legislative language, and if all goes as planned, we will have a bill already introduced in Congress. We will be armed with a specific ask: support the legislation to create a Separate Benefit Category for Complex Rehab Technology.

As stakeholders in the Complex Rehab Technology industry, we all need the Separate Benefit Category to stabilize our businesses, our practices and most importantly, assure consumers access to the equipment they need. To make this happen, we need you to attend CELA 2012.

REGISTRATION FEES

- **NRRTS REGISTRANT** - *$100.00*
- **FON/NCART MEMBER** - *$125.00*
- **REGULAR** - *$150.00*
- **CONSUMER** – *No Registration Fee*
- **PCA ACCOMPANYING CONSUMER** – *No Registration Fee*

SCHEDULE OF EVENTS

TUESDAY, APRIL 17, 2012

Safe arrivals

WEDNESDAY, APRIL 18, 2012

9:00am to Noon
Keynote and Plenary Session
(.3CEU applied for)

Paul Tobin, President and CEO, United Spinal Association

Noon to 1:30pm
Lunch

1:30pm to 3:30pm
CRT Capitol Hill Orientation
(.2 CEU applied for)

3:30pm to 5:30pm
CRT State Delegation Meetings

6:00pm to 7:00pm
Opening Reception

THURSDAY, APRIL 19, 2012

9:00am to 4:30pm
Capitol Hill Visits

5:30pm to 8:00pm
Capitol Hill Debriefing/Wine and Cheese Reception

FRIDAY, APRIL 20, 2012

Safe Departures

PAUL TOBIN

Paul J. Tobin was unanimously appointed president and chief executive officer of United Spinal Association in June 2006. He served as deputy executive director from July 2003 and was a member of the Board of Directors from 1995 to 1996.

Tobin, a Navy veteran, oversees all strategic operations of the organization and ensures the execution of United Spinal's mission and vision. In addition to his service as deputy executive director, Tobin has held a variety of managerial positions, including hospital services officer, director of special projects, and group director of benefit services. He was promoted to associate executive director of benefit services in 1998.

A Long Island native, Tobin graduated from Manhattan College with a Bachelor of Science degree in civil engineering in 1991. Upon graduation, Tobin attended the U.S. Navy Officer Candidate School in Newport, R.I., from which he was commissioned an ensign in November, 1991 and joined the Civil Engineering Corps. With the CEC, Tobin was stationed at Naval Air Warfare Center in Lakehurst, N.J.

After sustaining a spinal cord injury in August of 1993, Tobin underwent rehabilitation at the Castle Point (N.Y.) Veterans Affairs Medical Center. Tobin has also pursued a master's degree in Public Health Administration at Columbia University and is currently pursuing a master's degree in Social Work at Fordham University.

Tobin stresses the tradition of service that is the legacy of United Spinal Association and, as president and CEO, urges our membership and individuals with disabilities everywhere to continually challenge the limitations imposed by attitudes, medical technology, society and government.

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nrrts UPDATES

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advertisers' INDEX

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Alexia Bouckoms is a consumer advocate who lives in Farmington, Conn. **See page 20.**

Don Clayback is executive director of the National Coalition for Assistive and Rehab Technology (NCART). Clayback has more than 23 years of experience in the Complex Rehab Technology and Home Medical Equipment industries as a provider, consultant and advocate. He is actively involved in industry issues and a frequent speaker at state and national conferences. **See page 32.**

Laura Cohen, PhD, PT, ATP is the principal for Rehabilitation & Technology Consultants in Arlington, VA. She coordinates the Clinician Task Force (CTF), a national group of seating and mobility clinicians working to influence Medicare and Medicaid coding, coverage, and payment policies for Complex Rehab and Assistive Technology devices. The CTF provides clinically relevant information about seating and wheeled mobility device assessment and decision making to policy makers to ensure appropriate access for individuals with disabilities. **See page 46.**

Ann Eubank, LMSSW, OTR/L, ATP is vice president of Community Initiatives for UsersFirst, a program of United Spinal Association. **See page 38.**

Autumn Grant is an academic advisor at Bridgewater State University. She also coordinates the Ms. Wheelchair Massachusetts Foundation and is a co-host of the Ms. Wheelchair America 2013 pageant and Leadership Institute occurring this August in Providence, R.I. Grant served as Ms. Wheelchair Massachusetts 2006 and Ms. Wheelchair America 2007. **See page 38.**

Michele Gunn, ATP, CRTS® is NRRTS president. She works for Browning's Health Care in Orlando, Fla. and has been a NRRTS Registrant since 1996. **See page 12.**

Simon Margolis, CO, ATP/SMS is executive director of NRRTS. His undergraduate work was done at York College of the City University of New York and post-graduate work in Orthotics and Prosthetics at New York University Post-Graduate Medical School. **See page 48.**

Andrina Sabet, PT, ATP is pediatric physical therapist at Cleveland Clinic Children's Hospital for Rehabilitation and a graduate of Ohio State University. She currently divides her clinical time between seating and mobility evaluations and training and infant treatment in the neonatal intensive care unit. Her past experience has included the rehab population in children and adults as well as a special focus on children with respiratory complexity. **See page 42.**

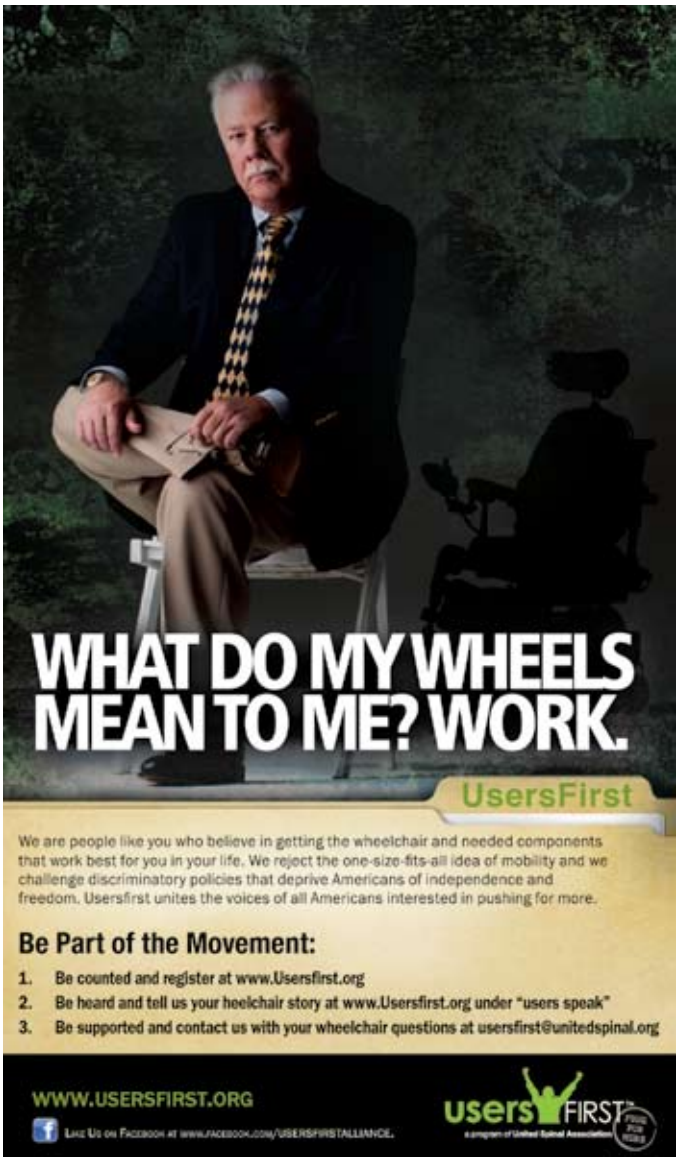
Dennis Sharpe is the HME product manager for MK Battery. **See page 26.**

Lisa K. Smith, Esq. is an attorney with the Health Care Group at Brown & Fortunato, P.C., a law firm based in Amarillo, Texas. She represents pharmacies, home medical equipment companies and other health care providers throughout the United States. Smith is certified in Health Law by the Texas Board of Legal Specialization. **See page 14.**

Tim Stanfield, ATP, CRTS® is the first NRRTS Registrant. He works for Barnes Health Care Services in Valdosta, Ga. **See page 28.**

Mark Sullivan is retired from Invacare Corporation and is an honorary fellow of NRRTS. **See page 56.**

Madalynn Wendland, PT, ATP, PCS graduated from Ohio State University in 2001 and practices in the field of pediatrics. She is a part of the multidisciplinary Seating and Mobility Clinic at Cleveland Clinic Children's Hospital for Rehabilitation in Cleveland. **See page 42.**



2012 NRRTS **WEBINARS**

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PATHOPHYSIOLOGY: *Cerebral Vascular Accident/Stroke (CVA) and Co-Morbidities*
Tuesday, February 21, 2012 • 5:00pm-7:00pm Pacific
Barbara Crane, PhD, PT, ATP

DYNAMIC SEATING
Thursday, February 23, 2012 • 5:00pm-7:00pm Eastern
Delia Freney, OTR/L, ATP

PATHOPHYSIOLOGY: *Traumatic Brain Injuries (TBI) and Cerebral Palsy (CP)*
Tuesday, March 20, 2012 • 5:00pm-7:00pm Pacific
Jill Sparacio, OTR/L, ATP

POWER ASSIST WHEELS: *Clinical Indicators and Documentation for Funding*
Thursday, March 22, 2012 • 5:00pm-7:00pm Eastern
Theresa Berner, MOT, OTR/L, ATP

PATHOPHYSIOLOGY: *Multiple Sclerosis (MS) and Amyotrophic Lateral Sclerosis (ALS)*
Tuesday, April 17, 2012 • 5:00pm-7:00pm Pacific
Mary Shea, MA, OTR/L, ATP

HOME ACCESSIBILITY: *From the Front Door to the Upstairs Bath*
Thursday, April 19, 2012 • 5:00pm-7:00pm Eastern
Cynthia Petito, OTR/L, ATP, CAPS

PATHOPHYSIOLOGY: *Duchene's Muscular Dystrophy and Spinal Muscular Atrophy (SMA)*
Tuesday, May 22, 2012 • 5:00pm-7:00pm Pacific
Michelle L. Lange, OTR, ABDA, ATP/SMS

POSITIONING VS. RESTRAINT: *Appropriate Use and Justification of Secondary Seating Components*
Thursday, May 24, 2012 • 5:00pm-7:00pm Eastern
Michelle L. Lange, OTR, ABDA, ATP/SMS

PATHOPHYSIOLOGY: *Amputation, Including Seating*
Tuesday, June 19, 2012 • 5:00pm-7:00pm Pacific
Jennith Bernstein, PT, ATP

POWER WHEELCHAIRS: *Using IR Transmission to Control Devices in the Environment*
Thursday, June 21, 2012 • 5:00pm-7:00pm Eastern
Jill Kolczynski, ATP

POWER SEATING FUNCTIONS: *Clinical Indicators for Each*
Tuesday, July 17, 2012 • 5:00pm-7:00pm Pacific
Stephanie Tanguay, OTR

ACCESS TO FUN! RECREATION FOR ALL
Thursday, July 19, 2012 • 5:00pm-7:00pm Eastern
Mary Carol Peterson, OTR

MEDICAL INTERVENTIONS AND THEIR RELATIONSHIP TO ASSISTIVE TECHNOLOGY INTERVENTION: *Tone Management, Surgeries and Orthotics*
Tuesday, August 21, 2012 • 5:00pm-7:00pm Pacific
Pamela Wilson, MD

SEATING CONSIDERATIONS FOR CLIENTS WITH HIGH TONE
Thursday, August 23, 2012 • 5:00pm-7:00pm Eastern
Sharon Pratt, PT

POWER WHEELCHAIRS: *Using the Access Method to Control the Computer Mouse*
Tuesday, September 18, 2012 • 5:00pm-7:00pm Pacific
Mike Babinec, B.A., B.S., OTR/L, ABDA, ATP

ADVOCACY FOR ALL! *Consumer Driven Change*
Thursday, September 20, 2012 • 5:00pm-7:00pm Eastern
Ann Eubank, OTR, ATP

GETTING IT RIGHT THE FIRST TIME: *Measurements*
Tuesday, October 23, 2012 • 5:00pm-7:00pm Pacific
Robert Lindholm, ATP

PATHOPHYSIOLOGY: *Osteogenesis Imperfecta (OI) and Arthrogryposis*
Thursday, October 25, 2012 • 5:00pm-7:00pm Eastern
Michelle L. Lange, OTR, ABDA, ATP/SMS

WHEELCHAIRS AND TRANSPORT
Tuesday, November 13, 2012 • 5:00pm-7:00pm Pacific
Mary Ellen Buning, PhD, OTR/L, ATP

FUNDING: *What's New in the World of Reimbursement?*
Thursday, November 15, 2012 • 5:00pm-7:00pm Eastern
Liz Cole, PT

POSITIONING: *Clinical Considerations of Molded Seating*
Tuesday, December 18, 2012• 5:00pm-7:00pm Pacific
Jill Sparacio, OTR/L, ATP

ASSISTED AMBULATION: *Gait Trainers, Walkers, Crutches and Canes - Clinical Indicators*
Thursday, December 20, 2012 • 5:00pm-7:00pm Eastern
TD Schenck, ATP

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NRRTS REGISTRATION and Renewal

Written By **Michele Gunn, ATP, CRTS®**

NRRTS IS CHANGING SOME THINGS ABOUT our registration and renewal processes. Why you may ask? "I like my NRRTS as it is." The changes revolve around what Registrants have always asked for — recognition of RRTS® and CRTS® by clients, referrals and third-party payers. I think we have done a great job in the past providing marketing tools to Registrants for their clients and referral sources. All of this does not matter much when third-party payers ignore professional credentials and initiate contracts with whomever will provide the product and/or service at the lowest price.

Our industry needs the Complex Rehabilitation Technology Benefit to survive. NRRTS has to make changes now to position itself for the future. As a group, we created NRRTS, our own credentials and code of ethics. Not because we had to, but because it was the right thing to do. We volunteered to take this on before anyone else. It has not gone unnoticed. Unfortunately, the entire industry gets painted with a wide brush when it comes to policy making. With the laurels come the darts. We have critics as well as some fans who believe we are the good guys in the industry.

The critics have said we are an exclusive "club," and the way to get in only requires a walk around Medtrade or some in-service pizza lunches and then have a couple friends write letters of recommendation. Not any more.

We have changed the way a new Registrant will enter into NRRTS. The person coming in will now need to show they have met a core curriculum of course work instead of three referrals from allied professionals. This serves a couple of purposes. Many people interested in our industry or who are just getting started do not know where to find the necessary education. They also may not have three people who know them well enough to write a proper recommendation. I believe the core curriculum idea was conceived years ago by one of our past presidents, Mike Seidel. The idea is similar to attending college in that we identified a group of courses containing the basic knowledge we would expect someone to know to fulfill the needs of the occupation. The courses need to be validated by an assessment to check competency upon completion.

Our education committee has been working on this project for a long time, and I thank them for their efforts. They have searched all known avenues of education so the potential Registrant can have access to a multitude of courses for little to no expense. We have also made it so this person can send in his/her application fee and attend NRRTS webinars at no cost, as a benefit while in the application process. In an effort to be more inclusive, anyone who meets the requirements set forth will earn the RRTS® designation.

We are also changing the requirements for the CRTS® designation. This person will still need to meet the requirements of experience, continuing education and hold RESNA ATP certification. But when we changed the education requirement from CEC or contact hours to courses with CEUs only, we lost some of the activities and items which set us apart. Activities involving advocating

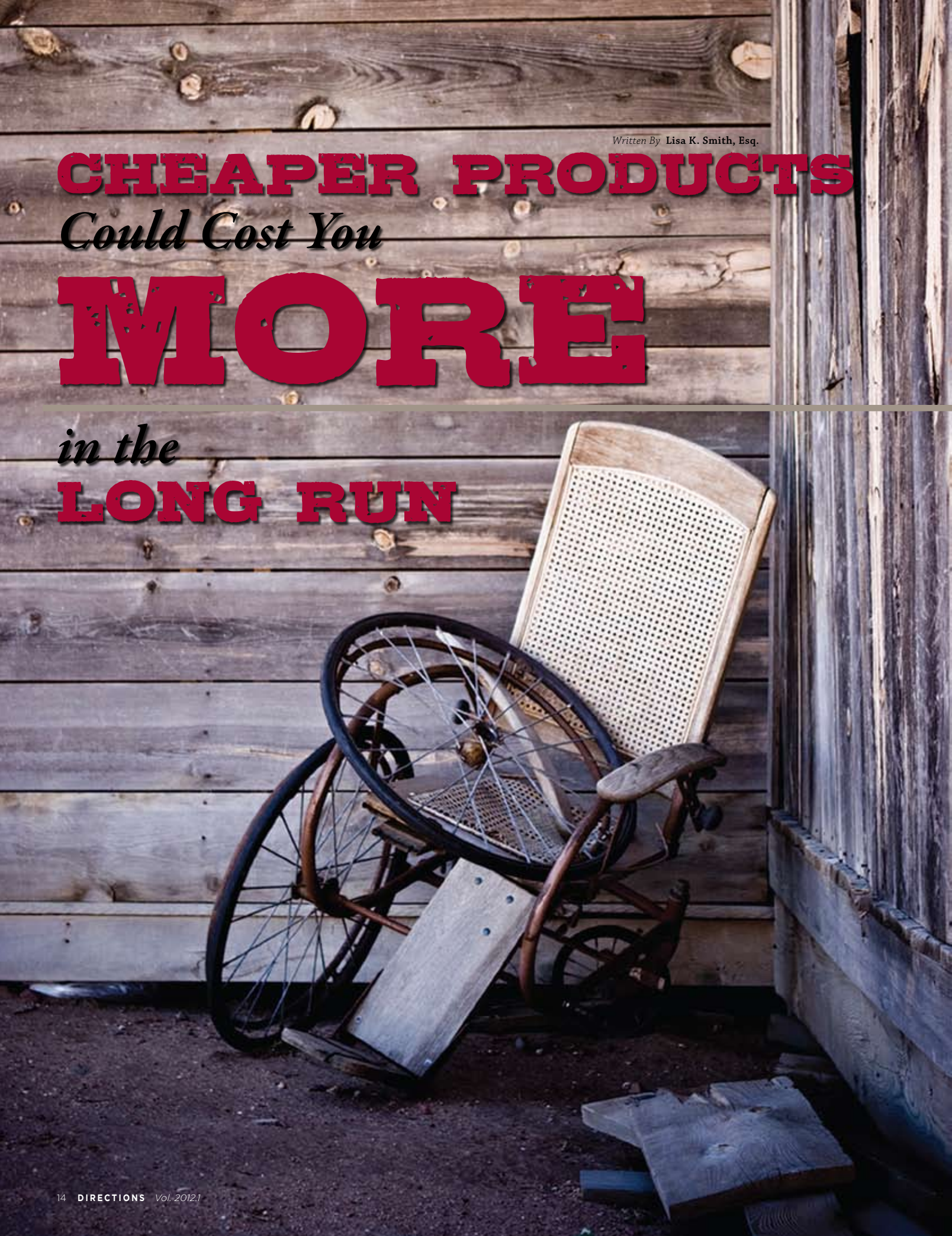
> Our industry needs the Complex Rehabilitation Technology Benefit to survive.

for our clients as well as volunteer service on boards and outcome measures will now fall under a point system for the CRTS®. Again thanks to the committee for vetting out the points so there are many to choose from.

Now we get back to the WHY did we do all this? The NCART steering committee has been tasked with creating the supplier standards for the separate benefit. At the moment, the requirements for the qualified professional who would be responsible as the supplier have been left undefined. We all agree the existing required credential chosen by CMS is not what we would prefer. Now that we have a chance to right the wrong, what replaces it with inception of the new benefit category? There are many ideas floating around. One or two different pathways? The choice between a couple of different credentials or something else? It is a hard definition to write as our industry, historically, does not test well, and we are some of the last health care workers who do not come from a purely academic background.

If this requirement is for suppliers only, there is only one credential I am aware of that is specifically for suppliers. NRRTS is the one place someone can go and find a qualified individual who can provide the seating and mobility interventions needed by consumers. I can't promise you we will get our credential accepted, but I can promise it would never stand a chance had we not made these changes. From what I have been hearing for the last 10 years on the board, I believe you would want us to try. There is no client story to my article this issue. I can only hope we are successful in our efforts in order to be here in the future for ALL of them.

CONTACT THE AUTHOR:
Michele may be reached at mgunn@brownings.net or 407.650.9585.



Written By **Lisa K. Smith, Esq.**

CHEAPER PRODUCTS *Could Cost You* MORE *in the* LONG RUN

As you know, Medicare and the state Medicaid programs are looking for ways to save money. Medicare has cut reimbursement and is rolling out competitive bidding, and Medicaid programs are using a variety of methods, including expanding managed care, drug formularies and sole source contracting. In response, suppliers look for ways to cut their costs. Suppliers looking to reduce their cost of goods may renegotiate with their current vendors or join a buying group to obtain a better cost on their current product lines. Suppliers looking to cut costs by buying medical equipment with a significantly lower price than its current vendors need to make sure they know the quality of what they are buying so they do not end up paying more in the long run.

PRODUCTS LIABILITY LAW

Products liability refers to the liability of any or all parties along the chain of manufacture and distribution of any product, for damage caused by the product. This includes the manufacturer, wholesaler and retailer. There is no federal products liability law, rather, products liability cases are governed by state law. To prevail in a products liability case, the plaintiff must usually prove the product that caused the injury was defective, the defect made the product unreasonably dangerous, and the defect caused the plaintiff's injury.

There are three types of defects: design defects, manufacturing defects and marketing defects. A design defect is a flaw in the intentional design of a product that makes it unreasonably dangerous. A manufacturing defect exists when the product does not conform to the designer's or manufacturer's specifications. A marketing defect includes improper labeling of a product, insufficient instructions or the failure to warn consumers of a product's hidden dangers.

Even though a retailer may not be responsible for the defect, or even be aware of it, state law may allow the retailer to be held jointly and severally liable because it sold the defective product to the consumer. This can become particularly troublesome when the manufacturer who bears the responsibility for the defect is located outside the United States and the plaintiff or retailer tries to collect from the manufacturer. Products liability risk of the retailer increases when the retailer is aware of defects concerning the product and still sells the defective product to a consumer.

Medical device suppliers may want to take comfort in the belief that because medical devices are subject to Food and Drug Administration regulation, the FDA has reviewed and approved of the quality of all medical devices marketed in the United States. However, a closer review of FDA requirements demonstrates many devices do not have the level of scrutiny by the FDA.

FDA REGULATION OF MEDICAL DEVICES

Domestic establishments involved in the production and distribution of medical devices intended for marketing in the United States are required to register with the FDA, and list the devices they have in commercial distribution with the FDA. Foreign establishments engaged in the manufacture of processing of a device imported into the United States must also register their establishments with the FDA and provide the FDA with a list of the medical devices they are importing.

Medical devices are separated into three classes by the FDA. Class I devices are those which present minimal potential harm, and therefore have the least amount of FDA oversight and control. Class I devices are typically simple in design, manufacture and have a history of safe use. Class I devices are subject to the FDA's General Controls, which include:

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Suppliers looking to cut costs by buying medical equipment with a significantly lower price than its current vendors need to make sure they know the quality of what they are buying so they do not end up paying more in the long run.

ESTABLISHMENT REGISTRATION

- Medical Device Listing of devices to be marketed
- Manufacturing the devices in accordance with Good Manufacturing Practices (GMP)
- Adequate labeling
- Reporting of adverse events

Most Class I devices are exempt from pre-market notification application (commonly referred to as a 510(k)) and FDA clearance before marketing the device in the United States, and may also be exempt from GMP requirements. Examples of Class I devices are canes, crutches, walkers and manual wheelchairs.

Class II devices are devices in which the General Controls are not adequate to assure safety and effectiveness. Therefore, Class II devices are also subject to Special Controls that include:

- Special labeling requirements
- Mandatory performance standards
- Post-market surveillance
- FDA medical device specific guidance

While a few Class II devices are exempt, most Class II devices require pre-market notification and FDA 510(k) clearance prior to marketing. The 510(k) submission identifies characteristics of the new or modified medical device as compared to a medical device already legally marketed in the United States with a similar intended use. Examples of Class II devices are power wheelchairs, water circulating hot or cold packs, electric hospital beds, alternating pressure air flotation mattresses and powered patient lifts.

Class III devices usually support or sustain life, are of substantial importance in preventing impairment of human health, or present a potential unreasonable risk of illness or injury to the patient. While a few Class III devices require pre-market notification and 510(k) clearance, most require a more formal Pre-Market Approval (PMA) submission and approval. A PMA is required to approve medical devices that present significant risk to the patient and/or require significant review of the safety and effectiveness of the medical device prior to commercial introduction. Examples of Class III devices are heart pacemakers and implanted prosthesis such as artificial knees and hips.

Medical equipment suppliers that are purchasing equipment categorized as Class I devices significantly cheaper than the competitors' prices must be aware such devices likely have not been reviewed by the FDA, and may not be subject to GMP requirements. The supplier should carefully review the quality of such products prior to dispensing. If the product is not brand new and has some history of distribution, an Internet search can be a valuable resource to determine the type and frequency of defects or quality issues. Consumers who obtain products that do not perform as expected are quick to post complaints.

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Cheaper Products...

(continued from page 16)

LIMITATION OF CHOICES

In an effort to achieve cost savings, some state Medicaid programs are implementing steps that impact a patient's choice of products. Some Medicaid programs are looking at sole source contracts to obtain better prices from a single vendor. While most state Medicaid programs have a provision that limits payment to the "least costly alternative," it looks like this may be taking on a new twist. The "least costly alternative" has traditionally been interpreted as limiting reimbursement to the type of equipment that meets, but does not exceed, the patient's medical necessity requirements. However, we have heard at least one state Medicaid program is starting to use the "least costly alternative" as a means to steer patients to a less costly product within a single product category. The legal ability of state Medicaid programs to limit patient choice on brands of medical equipment is dependent on the statutory and regulatory framework of the particular Medicaid program and the Medicaid program waivers obtained from the federal government. However, while the concept is new to medical equipment, patients have dealt with limited access to brand name drugs for some time.

A notable distinction can be made between brand and generic drugs, and different manufacturers of medical equipment. The FDA's regulation of generic drugs requires the generic drug be essentially identical to the brand drug in all important aspects. Given the lack of review and performance standards for lower classifications of medical devices, the quality of one brand of medical device can vary significantly from that of another, which could be the basis for the cost difference. If a state Medicaid program is comparing the cost of a medical device, it also needs to compare quality. Medicaid patients will not be served well by receiving lower cost equipment that is also lower in quality, and will likely require more frequent repairs or replacement. If a supplier is facing such issues with a state Medicaid program, it should ask what quality comparisons were undertaken by the Medicaid agency. It should also take steps to investigate the quality of the product being promoted and address concerns discovered with the Medicaid agency.

CONTACT THE AUTHOR:
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Loss, Love and A BRAVE NEW LIFE All On Holy Saturday

Written By **Randy Christian**

SIMPLY BY SAYING WATERBURY, CONN., images of a beautifully tranquil, picturesque New England community more than likely wanders through your mind. The reality is Waterbury is just what you imagine. Nestled in the Naugatuck Valley, the history of this charming city began in 1674 as a small Town Plot section. Then, on May 15, 1686, the settlement was officially named Waterbury and was admitted as the 28th town in the Connecticut colony. Today, many well-preserved landmarks, which remain precious to the residents of Waterbury and Connecticut, dot the streets, parks and riverside walkways. Whether you look north, south, east or west, you are likely to experience a view of Waterbury that could easily be the backdrop for any number of Norman Rockwell's famous paintings. The 1,700 pound statue of Benjamin Franklin sitting in front of the Silas Bronson Library and clocks and clock towers seen from miles away are just a few of the distinct elements making Waterbury a must-see. Interestingly, Waterbury had and still has a love affair with time and the tools designed to display the seconds, minutes and hours constituting our days and nights.

The Waterbury Clock Company was built on Cherry Avenue in 1857. By the end of the century, it employed more than 3,000 people and made more than 20,000 watches and clocks a day. The company fell on hard times during the Great Depression and consequently was bought and sold several times during those years. The company still exists, but is now called the Timex Group and is headquartered in Middlebury, Conn. For kids who grew up in the '50s and '60s, very likely their first watch was a Timex. Timex became more than a watch. It was an American icon.

Timex television commercials, featuring newsman John Cameron Swayze were almost as famous as its watches. They were aired regularly on popular programs such as The Huntley-Brinkley Report, Bonanza and The Ed Sullivan Show. In 30 seconds, Swayze would oversee the torture of a Timex wristwatch in ingeniously diabolical ways. Once, one was strapped to the propeller of a motorboat. Another was taped to the teeth of an 800 pound alligator. Regardless of how and where Swayze and crew tried to end the life of the iconic timepiece, somehow it always survived. At the end of every TV ordeal, the poker faced Swayze would calmly, but emphatically declare, "Timex, it takes a licking and keeps on ticking." Swayze was featured in Timex commercials for more than two decades.

Alexia Antczak Bouckoms was born in Waterbury, Conn., on May 3, 1954. Her father, Francis, and her mother, Helen, as well as her four siblings enjoyed the tranquil environment of Waterbury. In Bouckoms's words, "It was a wonderful place to grow up."

Francis was a beloved dentist who would often barter for his services. Many times people would come to the Antczak home where he would practice what Bouckoms called "kitchen dentistry." At a very early age, she would watch intently as her father would apply his skillful care for most anyone who knocked on the door. Often, he would take his little black bag full of his dental tools and treat patients at local nursing homes. His gentle hand and tender heart inspired her to follow in his footsteps and pursue a career in dentistry.

Bouckoms first steps toward becoming a dentist began at the Notre Dame Academy in Waterbury. It was a small Catholic girls' school where uniforms were required and skirts lengths were always well below the knee. There were a total of 25 girls in her class from the first day she entered its doors until she left for college.

"I got a very good, well-rounded education. The nuns were excellent teachers and made us work hard and concentrate on our studies. We also took piano and ballet lessons and other things expected of proper young women at the time," she said.

As Bouckoms entered her junior year of high school, her brother Douglas, said, "You're pretty smart. Why don't you apply for college a year early?"

Pushed by his encouragement, Bouckoms applied for admission to Cornell and the University of Pennsylvania. She didn't make the cut for Cornell, but was welcomed with open arms to Pennsylvania. So, at the age of 17, Bouckoms was off to college in pursuit of a degree in biology. After her freshman year of college she returned to her high school, Notre Dame, to meet with the Mother Superior to claim her diploma. Bouckoms reminded her she had completed all her extra credits and was more than eligible to receive her diploma. The Mother Superior's response to her request was quite surprising. She said, "No, you're not going to a Catholic college." So, Bouckoms walked away empty handed and to this day does not have a high school diploma.

TOP: BOUCKOMS IN BUSHNELL PARK ROLL-A-THON - 2010
BOTTOM: BOUCKOMS IN HARTFORD HALF - 2011

"It's a great story. I have a bachelor's in biology, a master's in public policy and a master's and a doctorate in public health. I'm also a dentist, but I don't have a high school diploma," Bouckoms said.

Needless to say, the Mother Superior's stiff arm did little to dampen Bouckoms' goal of becoming a dentist just her dad. As her brother had suspected, his little sister's above average smarts enabled her to zip through the University of Pennsylvania like dental floss between an incisor and a canine.

One of her fondest memories of college was life in a unique dorm. It was modeled after the Harvard House concept where freshmen, sophomores, juniors, seniors, graduate students and even some faculty members lived under the same roof. All 200 plus residents ate together in the evenings in the dorm dining hall. On Wednesday evenings a casual "sherry hour" was scheduled before dinner. After dinner, a faculty member would give a lecture that would most always result in stimulating conversation. It was a fabulous learning environment that was intellectually intoxicating for all parties.

Bouckoms' next educational destination was dental school at the University of Connecticut in Farmington, Conn. The fact she was a dentist's kid and had spent countless hours watching her dad patiently caring for his patients at his office, the nursing homes or in the family kitchen helped her move well beyond her classmates in the early days of dental school. Simply put, dentistry was in her DNA and gave her the intuitive skills to begin drilling deep into the clinical side of her medical education. She seemed to effortlessly complete dental school and was ready for her next academic adventure.

Her father was of course thrilled his little girl was now a dentist, but practicing dentistry, as he did, was not yet a part of her agenda. The minute she graduated from dental school she was off to China with a group from the American Medical Students Association. They visited Shanghai, Beijing and Hangzhou.

"We traveled all over China and watched as patients' teeth were being pulled and worked on while using acupuncture and other interesting things," Bouckoms said.

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After China, Bouckoms ventured to Bern, Switzerland, for a short time. There, she set up and anaerobic microbiology laboratory for Dr. Klaus Lang where she created bacteria for research.

"It was a great experience. I learned to grow the really funky, bad bacteria that cause infections under your gums and results in periodontal disease," Bouckoms said.

In March of 1980, she left Switzerland and headed for Los Angeles and a dental research meet, but on the way she made a quick stop in Connecticut to see her parents and to get married. Her fiancé, Anthony Bouckoms, who was from New Zealand and a resident physician studying psychiatry at the University Connecticut, had applied for a fellowship at Massachusetts General Hospital in Boston. To qualify for the fellowship, he needed to secure a visa. What better way to qualify than to marry an American girl? The happy and in love couple tied the knot with a short, but sweet, ceremony. Anthony got his fellowship, and his new bride returned to Switzerland and six more months of growing pesky bacteria for dental research. When she returned home, the newlyweds orchestrated a more elaborate and festive event to celebrate their nuptials.

Both looked forward to starting a family even though they were equally busy pursuing their careers. Their first child, Sarah, was born on Labor Day. Bouckoms completed her doctoral dissertation the first year of her daughter's life. Two years later on Mother's Day, their son, Miles, was born. A year and a half after Miles' birth, his brother, Christopher, was welcomed to the family. Not long after the birth of Christopher, the Bouckoms' moved back to Connecticut ready to plant some roots and enjoy life together. Bouckoms idled back her career to take care of the kids, but continued to work on health policy research as well as other academic endeavors. She did, however, accept a research position with the Bristol-Myers Squibb Company when Christopher entered kindergarten. Everyone was happy, healthy and living the charmed life filled with so many wonderful blessings and possibilities.

TOP: BOUCKOMS GARDENING
BOTTOM: BOUCKOMS AND WILLIE

"I was driving. Anthony was sitting in the back seat with our 6-year-old-son Christopher. Sarah and Miles were in the front with me," Bouckoms said.

It was the winter evening of Feb. 25, 1996, when a freak windstorm hit the Hartford, Conn., area. Debris littered the streets and highways. Giant trees were uprooted blocking busy roads. A police officer stopped the Bouckoms' car only a mile or so from their home. He instructed her to turn around and go anywhere but home to ride out the storm. She, of course, followed the officer's instructions. Moments later, the vicious winds propelled a large tree toward their car. It hit with such intense velocity the car was crushed. Anthony and Christopher, in the back seat, were killed instantly. The branch of the tree speared in and out of Sarah's leg. Miles was knocked unconscious for a short while. Bouckoms was knocked out and remained in a coma for 40 days. Somehow, Sarah managed to walk away and find help. For the most part, Sarah and Miles escaped the tragic accident suffering only cuts and bruises.

Miraculously, Bouckoms awoke from her coma on Holy Saturday. It was then she first learned of the loss of Anthony and Christopher. She also learned the falling tree had struck her squarely on the top of her pushing her spinal cord straight down. The impact injured T-9 vertebra leaving her a paraplegic.

"When Sarah and Miles entered my hospital room, I immediately asked, 'Where is Daddy and Chrisy?' It took me a while to assimilate the fact that my life had been horribly changed forever," she said.

It took Bouckoms years to sort through her feelings about the events of that winter evening. With the support of family, friends and therapy, she is comfortable knowing the loss of her husband and child was not her fault. She was also given a spiritual comfort which came to her in the form of a vision while she was in a coma.

"I clearly saw Anthony and Christopher 'on the other side.' It assured me they were OK. It also made me feel I was spared so I could take care of our other children. It was a gift from God," Bouckoms said.

Several years after the tragedy, a friend encouraged her to help raise money for spinal cord research, which she did. By way of her fund raising efforts, she became good friends with Christopher and Dana Reeve. All had dreams of one day joining hands and dancing at one of the many charitable events. Even though dancing may never be a reality for Bouckoms, she has found another activity to keep her healthy, happy and in high-speed pursuit of new challenges and adventures.

"I have a hand crank wheelchair. I'm hand cranking all over the place and loving it. I participated in the Hartford half and the New York full marathon. I'd like to do a marathon on every continent. I've met so many wonderful people whenever I go hand cranking," Bouckoms said.

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BOUCKOMS ENJOYING THE OUTDOORS.

She's also happy to report both of her children are doing very well. Sarah recently completed her master's degree in astrophysics in Christchurch, New Zealand — her father's home country. Miles is in New York City working in the film and television industry.

When asked if she could snap her fingers and change anything about her life, she paused for a moment and then responded. "I'd gladly keep my disability if I could have my husband and son back," Bouckoms said.

The chronic pain that comes with Bouckoms's disability will more than likely be with her the rest of her life. So will be the lingering pain that comes with the loss of a child and spouse. Fortunately, she has given this unimaginable torture to God. She is at peace with the past and embraces her future, which includes helping women who are recently disabled.

This brilliant, funny and tough-as-nails lady from the beautifully tranquil, picturesque New England city of Waterbury, Conn., is certainly a survivor. She is committed to making every second, minute and hour of the day count. Just like a Timex watch, regardless of the diabolical challenges she has faced, Alexia Antczak Bouckoms is positive proof you can take a licking and keep on ticking.

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> *Pictures courtesy of Keith Mullinar.*

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Written By **Danette Baker**

A CONVERSATION WITH "THE WHEELCHAIR GUY"

WHEN YOU SPEND 25 YEARS with a company, it goes without saying you probably know you are in the right place. For Dennis Sharpe, that place has been MK Battery and wherever he may be needed to advance initiatives for the home medical equipment industry (HME). MK Battery, headquartered in Anaheim, Calif., operates 20 distribution centers across the United States as well as five in Europe and one in Australia. The company produces sealed batteries for 10 specialty niche markets, including home health care.

DIRECTIONS recently had the opportunity to visit with Sharpe about his commitment to the HME industry and his career with MK Battery:

HOW DID YOU BECOME INTERESTED IN THE HME INDUSTRY?

I came into the mobility industry in a way common to many. My father, Bill, contracted polio when I was 2 years old, and my earliest recollection of him is with his wheelchair. He raced motorcycles, hung out at the beach, and did all the outdoor things you'd expect of one living in Ocean Beach, Calif. Polio didn't stop him from going to football and baseball games or getting together with his friends, some of whom were also wheelchair users. I was able to tag along sometimes.

I never thought of the wheelchair as anything other than my dad's way of getting around. I did learn what obstacles were: curbs, steps and doorways. Dad was always planning how to negotiate the next challenge – we went through many restaurant kitchens to get to dining rooms.

After college, I moved back to San Diego and lived with my father while I worked in the landscaping business. My father was always looking for a lighter wheelchair and had begun importing Newton aluminum wheelchairs from the United Kingdom. He asked me to join him in the business, and I've been in the mobility industry ever since – first in seating, and ultimately joining one of my suppliers, MK Battery.

HOW DID MK BATTERY GET STARTED?

Mark Kettler and Mark Wels worked together in the golf cart business and batteries are a big part of that equipment. They started MK Battery in 1983 and incorporated a year later. Their goal was to service all types of battery needs, as most battery distributors do, but they realized being a specialist was as important as was becoming a true partner with your customers.

TODAY, THE COMPANY IS ONE OF THE LARGEST SUPPLIERS OF SEALED, LEAD ACID BATTERIES. WHAT IS YOUR SPECIFIC ROLE WITH THE COMPANY?

Each day there is more to learn in the HME industry, both about doing business and serving our clients. I must know all I can about our business so I can help direct our team's efforts in supporting our customers.

At MK, I am the "wheelchair" guy. I expect our people to use my knowledge in powering wheelchairs as they work to support our customers' businesses. When I share knowledge of how consumers use and depend on our products, it helps develop an important perspective for our team, which many in the general public do not have.

HOW DOES WHAT YOU DO REFLECT MK BATTERY'S CORPORATE PHILOSOPHY?

We believe in "Best product, Best service, Best partner." We want to offer the highest quality, most consistently reliable batteries, delivered on time with no hassles. Our focus on the HME industry is a great example of that philosophy executed to the fullest.

At MK, I am the "wheelchair" guy.

SO WHAT DOES A TYPICAL WORK WEEK LOOK LIKE FOR YOU?

For me, there is no such thing as a typical work week. What makes my role with the company so interesting is there is so much diversity in what I do. One week, I can be doing battery in-services for a group of providers, and then next, I am in Washington meeting with congressional folks to advance HME initiatives. I also serve on ISO and RESNA wheelchair standards committees and support our company's global sales effort so my travels are not only within the United States.

WHAT ARE SOME OF THE MOST SIGNIFICANT MILESTONES IN YOUR CAREER?

First, I believe we have done a great job of teaching providers how important appropriate battery application is in the mobility package. That is one of the reasons we worked for years to drive wet (flooded) automotive batteries out the mobility market. I also think our involvement with manufacturing standards and funding education has been very positive.

WHO HAS BEEN INSTRUMENTAL IN YOUR SUCCESSES?

I have made countless friendships with my co-workers and business partners. All are generous with their knowledge and support. There are a couple of people to whom I am especially indebted for their friendship: Chuck Wilson, my mentor and still friend from Abbey Medical days, and Mark Wels, president of MK Battery, who presented me with a great opportunity so many years ago.

IT'S OBVIOUS YOU'VE BEEN COMMITTED TO THE MOBILITY INDUSTRY. WHAT HAS KEPT YOU WORKING SO DILIGENTLY FOR ITS SUCCESS?

I frequently remind myself and tell others the last 25 years at MK Battery have gone by incredibly fast. There is so much to do in the mobility market to overcome attitudinal and structural challenges in the health care system, and there are years of work ahead. We have made great changes technologically in the products we provide for consumers. Bringing those positive developments we've made to the point of acceptance in the health care system is a daily challenge. Health care at home and in the community is where our tax dollars should be focused.

YOUR POSITION AT MK BATTERY DEMANDS A GREAT DEAL OF YOUR TIME, BUT WHAT'S LIFE OUTSIDE OF WORK LIKE FOR YOU?

Those who know me know I like to play weekend farmer with a few grapevines. I do struggle to take care of home and farm between business trips, but it is relaxing work as well. I also have many friends who share the same love of food and wine and the affinity for this great area we live in on the central coast of California. One friend manages a project called the Sea Life Center, which is a beachside aquarium in Avila Beach. The program there teaches school kids to understand ocean creatures, the fishing industry, and what sustainable use of the ocean means. They have a fund-raising event each year I enjoy supporting.

AND IN THE NEXT FIVE TO 10 YEARS, WHERE DO YOU SEE YOURSELF?

I plan to be contributing to efforts on Capitol Hill, at state houses and wherever we have an opportunity to educate. Bureaucrats need to understand what quality and cost-effective health care means. I believe the effort to have health care at home and in the community is where government needs to go. I expect to be here to see that happen.

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Huntin', Fishin' and Always READY TO ROLL onto Life's Next Adventure

Written By Randy Christian

In celebration of our 20th Anniversary, DIRECTIONS, we'll be featuring some individuals who made NRRTS what it is today. Tim Stanfield, ATP, CRTS® is one of those individuals by bearing the title of first NRRTS Registrant.

THE 12-FOOT, 65-POUND ALLIGATOR LYING across Tim Stanfield's small boat practically swallowed the entire photograph. Its giant head hung over the edge of the boat leaving its toothy snout less than a foot from Stanfield's chest. Its razor-sharp front claw rested on the boat's side railing making it seem as if the creature was about to launch itself out of the boat and into Stanfield's lap. The swamp monster was so mesmerizing Stanfield's two sons almost disappeared in the background. The fact Stanfield was sitting in a wheelchair plays "second fiddle" to the imposing-long tailed reptile.

For more than 40 years, very little, especially his wheelchair, has slowed Stanfield's passion for hunting mule deer in Wyoming, fishing in the Gulf of Mexico or nailing gators wherever they might be crawling. Stanfield's tenacity and love for life is inspirational and bad news for lots of creatures, large and small, that may enter his sights.

THE STANFIELD FAMILY AND THEIR GATOR

"I was 14 years old, and I was over at my uncle's house up in a pecan tree with a 10-pound sledge hammer. I'd whack the limbs of the tree with the hammer and the pecans would fall to the ground. I'd done it a hundred times before," Tim said.

After he took the last whack of the day, Stanfield threw the sledgehammer to the ground. While still in the tree, he leaped through the air and grabbed hold of a limb with the intent of swinging and then gently landing on the ground. Instead, the second his hands hit the limb, it broke sending him crashing to the ground headfirst. He fell only 5 feet. It seems a rather short distance, but oddly he landed squarely on top of his head. The innocent accident would leave Stanfield a paraplegic. He would never walk again.

"The fall didn't knock me out, so no one picked me up until my mom and uncle got there. That was a good thing because if they'd picked me up right away I'd probably be a 'complete,'" Stanfield said.

In those days, kids with injuries like Stanfield's were given little hope of surviving. Less hope was given to the idea they would live a productive life. Stanfield said more than one person suggested his mom "might as well just stick him in a corner." Many were convinced he would soon wither away and die. Thank goodness Stanfield's mom paid no heed to those ignorant suggestions and prophecies. She not only did not stick him in a corner, but was determined to see him learn to live independently and also get an education.

"The hospital wasn't quite sure what to do with me. They drilled holes in my head and then hooked me up to some weights to try and straighten up my neck," he explained

Fluid began to build around his vertebrae. This prevented his neck from healing. So on Dec. 9, Stanfield's 15th birthday,

> The innocent accident would leave Stanfield a paraplegic.

he was rolled into surgery, and as he remembers, C 5, 6 and 7 were fused. The surgery was performed by entering the front of the neck instead of the back. It was only the second time this type of surgery procedure had been performed at this hospital. Today, it is commonplace. The surgery was a success, but now it was time for Stanfield to move forward with a life that now included a 60-pound steel wheelchair.

From Oct.19, the day of the accident, until after his surgery, Stanfield's youthful confidence assured him he would one day walk again. He also never lost his positive attitude nor was he haunted by the "why me" ghosts that so often hover around folks whose lives are changed forever in the blink-of-an-eye. The ceaseless encouragement and support from his family and community gave him the internal strength to meet ever-new challenges with intensity.

After regaining a bit of strength at the hospital, Stanfield headed for Warm Springs Ga., made famous by President Franklin Delano Roosevelt. By the time Stanfield arrived at Warm Springs, it had already secured an international reputation for its dedication to the rehabilitation of disabled individuals. It was also a teaching facility that attracted young rehab professionals from across the globe.

"There was a physical therapist from Columbia, South America. One was from the University of Florida. There was one big ol' gal from Germany," Stanfield said. "She came in my room every morning and made me get my butt to rehab."

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...Life's Next Adventure

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> Because I was in a wheelchair, they figured I knew everything about them.

After many months at Warm Springs, Stanfield had learned how to get in and out of his wheelchair with ease, but at that time patients received virtually no instruction regarding personal care. Thank goodness times have changed. Now, Stanfield sees remarkable comprehensive life skills support and training that is readily available to those who are physical challenged.

Finally, Stanfield returned to school ready to mix and mingle with his classmates. For him, little had changed, except now he was in a wheelchair. His friends treated him no differently than before his accident. Wherever his friends went, he went too.

“It was really something. Wherever my friends were going, they’d just pick me up and take me with them. My high school was flat, all on one level, making it easier for me to get around. All of my teachers and the principal were supportive,” he said.

Stanfield’s mom made sure his education didn’t stop at high school. Soon after graduation, he attended a trade school. Later, he enrolled in Valdosta State College, which today is a university. While still attending college, he began working at Barnes Healthcare Services located in Valdosta. He works there today as their Clinical Rehab Manager.

“Because I was in a wheelchair they figured I knew everything about them. I really didn’t know that much about them, but lots of folks were beginning to call Barnes requesting wheelchairs, so they decided to get in the DME business,” he said.

"This," as Stanfield said, "was in the days of the 'Golden Commode,' " which meant all you needed was a prescription from a doctor and you could get a wheelchair for a patient. That may seem incredible, but remember this was long before anyone had even dreamed of an “ultra-light” or “power” wheelchair. Most of the time, the patient didn’t have a choice. You were simply given a 60-pounder that might come in two color choices. Seating and positioning aids did not exist. Stanfield’s first seat cushion was a 3-inch piece of foam with a brown cloth cover.

He can remember meeting with patients who really needed more than just a standard wheelchair like his in order to achieve some sort of comfort and mobility. Unfortunately, there were virtually no options at Stanfield’s disposal, which would lead him to lasting solutions.

“Back when I first started, I’d go talk to a patient then go back and start searching. Lots of times I would have to tell them, ‘This is all I have to accommodate you. You’ve got 16s, 18s or 20s,’” Stanfield said.

It wasn’t until the early 1990s, or around the time he joined NRRTS as the first NRRTS Registrant, that Stanfield saw the quality and quantity of equipment available to the disabled community begin to take a turn for the better. He is also quick to credit Marilyn Hamilton, as would others, for leading the charge for better, lighter and more user-friendly wheelchairs.

“About that time, I began working as much or more with the PT, clinicians and others as I used to with the doctors. We all know so much more. The outcomes are now so much better,” Stanfield said.

Now, combining the detailed patient assessment carried out by trained rehab professionals and the availability of excellent wheelchairs, cushioning and positioning equipment, patients can truly reclaim their dignity and independence. However, as Stanfield well knows, decreased funding is jeopardizing future victories. Regardless, he and others like him are determined to help those who need help.

“I talk to folks who are recently disabled and tell them you can do pretty much anything you want to do in a wheelchair if you put your mind to it. I know it’s tough for them, especially the young guys,” Stanfield said. “I tell them it won’t be the big stuff that ticks you off, it’s always the little stuff, but just suck it up and go.”

Stanfield has rolled his way into a successful career in health care. He has joyfully rolled along with his family who he dearly loves. He also rolled into the swamps, oceans and mountains of our country with the intent of experiencing life to its fullest. When you hear Stanfield’s story, it becomes obvious nothing will play “second fiddle” to his pursuit of new and rewarding goals. Not even a 650-pound alligator.

CONTACT
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The CRT MESSAGE is Getting Out There

Written by **Don Clayback,**
NCART Executive Director

FEBRUARY 2012

A SINCERE "HAPPY NEW YEAR" TO MEMBERS of the Complex Rehab Technology (CRT) community. The past year was very busy with CRT issues and 2012 promises to be just as active. We know progress in the mission of protecting access to CRT comes in many forms and requires dedication, hard work and persistence. Thankfully, CRT stakeholders bring those attributes to the battle line. As a result, we are beginning to make some inroads in getting the CRT message out there.

SEPARATE BENEFIT CATEGORY UPDATE

We continue to work with the office of Rep. Joe Crowley, D-N.Y., on finalizing the legislation to create a Separate Benefit Category for CRT within the Medicare program. Crowley and his staff have been working with the staff on the Ways and Means Committee to identify any areas of concern, make any needed modifications, and finalize the language for introduction. We are also continuing to pursue a Republican co-sponsor so the bill can enjoy bi-partisan introduction. Once the bill is formally introduced and assigned a bill number, we will begin a broad grassroots initiative to garner additional sponsors, get the legislation attached to a larger bill, and get it passed.

This is the perfect time for a CELA commercial. The annual NRRTS/NCART Washington, D.C., education and legislative conference is scheduled for April 17 - 19. More details will be out shortly, but please put this on your calendar and join us in Washington to personally visit with your congressional representatives to secure their support.

In addition to the federal activity, there have been initial discussions in some states around obtaining separate recognition for CRT within Medicaid programs. While specific details may be different on a state level, the basic concepts embodied in the Medicare proposal are very applicable to Medicaid. We look for these state discussions to increase in 2012 and see the implementation of separate CRT recognition on a state level as a practical solution to help protect access for Medicaid beneficiaries.

CRT CODES REMOVED FROM COMPETITIVE BIDDING ROUND 2

The August announcement from CMS of codes to be included in Round 2 of Medicare's Competitive Bidding program brought significant concerns due to the inclusion of seven CRT mobility and seating codes in the Standard Wheelchairs Product Category. The included codes were ultra-lightweight manual wheelchair (K0005), manual wheelchair push activated power assist (E0986), ventilator tray, gimbaled (E1030), and specialty skin protection adjustable wheelchair cushions (E2622-E2625).

Addressing this major issue involved a great deal of work over many months. This included the involvement of a large number of CRT stakeholders coming together to get CMS to remove these codes. NCART had multiple meetings and communications with CMS about the problems including CRT items. Other industry groups, suppliers, and manufacturers also voiced their concerns. As to the adjustable wheelchair cushion codes, Dave McCausland, senior vice president of Planning and Government Affairs, at The ROHO Group deserves special acknowledgement for his leadership. Consumer and clinician groups (including United Spinal Association, ITEM Coalition, American Association for People with Disabilities, Clinician Task Force and RESNA) communicated their concerns. In addition, a variety of members of Congress wrote letters to CMS, including Sen. Robert Casey, D-P.A., Sen. Richard Durbin, D-Ill., Sen. Mark Kirk, R-Ill., and Rep. John Larson, D-Conn.

To the credit of all involved, the advocacy efforts finally paid off. In two separate announcements, CMS agreed to remove the seven CRT mobility and seating codes from inclusion in Round 2. We thank CMS for listening to the concerns expressed by consumers, clinicians, suppliers and manufacturers and for making these adjustments. Most importantly, these were big wins for Medicare beneficiaries with disabilities who have complex mobility and seating needs.

The CELA conference is scheduled for April 17 - 19.

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...Getting Out There

(continued from page 32)

This is a good example of progress in getting the specialized nature of Complex Rehab Technology better understood and recognized by policy makers. On a side note, this underscores the need to obtain a permanent exclusion of all CRT items from future rounds of competitive bidding. That will come from passage of the Medicare Separate Benefit Category legislation.

MEDICARE PMD DEMONSTRATION PROJECT DELAYED

In November, CMS announced a three-year Medicare Power Mobility Device (PMD) Demonstration Project covering PMD claims in the states of California, Florida, Illinois, Michigan, New York, North Carolina and Texas starting January 1, 2012. The good news was CMS had excluded some complex rehab power wheelchairs (Group 3 power wheelchairs with single power or multi-power options). The bad news was the project included "no power option" Group 3 complex rehab power wheelchairs. In addition, the prior authorization phase (phase 2) would require the submission of the prior authorization request and related paperwork be handled by the physician, not the supplier.

Here, again, a variety of PMD stakeholders and others communicated with CMS and Congress to point out the serious concerns and to request a delay to allow for broader discussion and consideration of better alternatives to increase safeguards in the PMD area. Industry groups (including AA Homecare and NCART) held meetings with the CMS staff and members of Congress. The consumer and clinician groups also wrote letters and communicated their concerns. In addition, 20 members of Congress signed off on a letter to CMS requesting a delay in implementation.

As a result of all the comments received, in late December, CMS announced a delay. This is still an issue of concern and we are continuing to communicate directly with CMS and the implementation team on our thoughts and recommendations. This included hosting a visit for them at a Baltimore CRT company in January so they can see firsthand the process and documentation involved in PMD claims.

We do support a properly structured "supplier submitted" prior authorization system for standard (not complex rehab) power mobility with appropriate requirements and time frames.

NEW CRT EDUCATIONAL VIDEO

Hopefully, you have already seen the new CRT video produced by NCART entitled "Complex Rehab Technology — Essential for health. Essential for life." The video provides an introduction to CRT from the perspectives of individuals who rely on it for their health and independence, physicians who prescribe it, and consumer organizations that want to protect access. Along with an introduction to CRT, the video also highlights needed policy changes.

> We do support a properly structured "supplier submitted" prior authorization system for standard (not complex rehab) power mobility with appropriate requirements and time frames.

This is a powerful tool in our educational and advocacy efforts and is designed to be used with legislators, public and private third-party payers, and other policy makers. It should be required viewing for anyone involved in matters relating to the coverage and payment of CRT products and related services. You can view it at http://www.ncart.us and contact me for information on copies or downloading.

LOOKING TO 2012

It's encouraging to see some progress was made in 2011. The CRT message is being more effectively and widely communicated to policy makers. While we have a long way to go, we are making inroads in the recognition of what CRT is, the benefits it provides, and the changes needed to protect access.

The efforts of the broad CRT community (consumers, clinicians, advocates, suppliers, manufacturers) have become more closely coordinated on matters of common concern. This is critical for continued progress. So let's continue to spread the CRT message at the federal, state and private payer levels. Progress comes in small steps. Thanks for doing your part to keep the momentum going!

CONTACT
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One CONSUMER'S Story

Written By **Ann Eubank, MSSW, OTR/L, ATP**

USERSFIRST IS HONORED TO PARTNER WITH the Ms. Wheelchair America 2013 pageant and Leadership Institute occurring this August in Providence, R.I. Autumn Grant, the state coordinator for the Ms. Wheelchair Massachusetts and a co-host of the national pageant, and Kristen Connors, president of Ms. Wheelchair America and the state coordinator for Rhode Island, have organized a webinar/peer-support program with UsersFirst. The focus of the group is to provide an on-going support structure through peer-mentoring to strengthen leadership and advocacy skills. One of the first topics chosen by the participants was an overview of the service delivery process of wheeled mobility. During some of our meetings, we discussed how complicated this process can be from a consumer point of view. One of UsersFirst's mission statements is to provide education and guidance through this process with an emphasis on policy change. Autumn's story highlights a few challenges many people experience in their journey to find the mobility device that meets their needs.

AUTUMN GRANT:

During the last 20 years, I have learned to navigate the service delivery process, but it has not always been easy. I have had to acquire the skills to partner with my durable medical equipment (DME) provider, identify my own needs, trust my instincts, find my voice and advocate for myself. Things have not always gone as planned, and I have hit bumps along the road. However, I am now at the point to which I have the resources I need to be an effective participant in receiving the complex rehabilitation technology (CRT) I need to live a meaning, fulfilling and independent life.

As I said, this adventure has not always been smooth, and I take full responsibility now for not being a strong enough advocate for my needs in the beginning. I received my first mobility scooter just out of high school, and it was delivered sight unseen to my house. Luckily it worked, but the next scooter I received was so large, I could not even get it through my front door. After learning my insurance company would not pay for another, more appropriate scooter, I bought my first power wheelchair out of pocket. It was of course only about $3,000, so I am sure you can guess how functional and effective it was. I began to realize everyone's disability is different, and there is no such thing as a "one size fits all" wheelchair. I needed to be able to express my needs to my DME provider.

When it came time for my next wheelchair, I knew my DME provider could not possibly ask me every question to determine my issues and concerns. It was my responsibility to articulate those things to them. We needed to be a team and work together to get me the appropriate wheelchair. My first request for CRT was for an elevating seat on my power wheelchair to give me the ability to extend my reach and transfer effectively between different surfaces. I was nervous because most of the responses I heard from others who saw an elevating seat in action were, " That's neat," or "That's cool," not "That's functional and must really help your independence." I was afraid my DME provider and insurance company would think I was asking for too much or I only wanted it because it was "neat" or "cool."

After a while, just having an elevating seat was not enough for me. My feet were beginning to swell after only being in the chair for a few hours. By the time I would get home from work, they were purple, swollen, cold and sore. I also began to have quite a bit of hip pain because I was no longer able to adjust my seating position throughout the day. When I would get home from work each night, I was miserable and in considerable pain and immediately just wanted to get into bed. This really was not the life I wanted to be living. I wanted to use my free time in the evening to work on projects and spend time with my friends and family.

When it came time to get my current chair, I conducted a lot of research and I knew exactly what I needed to address the problems I was having. When I met with my DME provider, I came prepared with my justification for my requests and told them exactly what they would do for me. The elevating foot-plate would allow me to put my feet up during the day and assist with circulation. The tilt feature would allow me to use

gravity to adjust my hips throughout the day to prevent the pain I was having. Again, I was still intimidated even though I was prepared. The reactions I had heard to titling and feet elevating equipment were along the lines of, "You could take a nap just about anywhere." I certainly did not want anyone to perceive my requests regarding my independence to suggest I just wanted a wheelchair I could take a nap in.

Unfortunately, I think some people associate CRT with "Cadillac Wheelchairs" or just full of "bells and whistles." I do not know of any wheelchair users who just want a piece of CRT because it is "neat" or "cool" or "a good place to nap." We need CRT because it allows us to live our lives more independently or with less pain or fatigue.

I did finally receive a power wheelchair with elevating feet and a tilt feature after a little bit of a fight with my insurance provider. These features have truly made a world of difference in my life. You no longer find me in bed at 6 p.m., trying to ease my pain and swelling because it has been dramatically reduced. These days in particular, I am up until 11 p.m., many nights running the non-profit Ms. Wheelchair Massachusetts Foundation, planning my hosting duties for the Ms. Wheelchair America Leadership Institute this summer in Providence, R.I., or just spending time with friends and family. I am thankful my DME provider listened to my needs and partnered with me so I can live the life I want to live.

(continued on page 40)

One Consumer's Story

(continued from page 39)

Until recently, I felt very much alone in this fight for the CRT I need. That was until I attended CELA last February. Unfortunately, I did hear over and over again from consumers about being denied CRT because it was too expensive or not justifiable. This is also where I first met Ann Eubank and became aware of UsersFirst. I immediately knew I needed to become involved with UsersFirst on a personal level, and I wanted to connect UsersFirst to Ms. Wheelchair America Inc.

The women who participate in Ms. Wheelchair America and state programs do so because they are advocates and want to make a difference in the lives of people with disabilities. UserFirst is a grassroots effort to get people with disabilities access to the mobility equipment they need and to highlight that there is not a "one size fits all wheelchair," The two groups' missions fit together perfectly, and we just needed the appropriate way to bring them together.

After a bit of brainstorming, Ann and I came up with an idea for a joint webinar series offered by Ms. Wheelchair America and UsersFirst. The partnership between the two organizations is a grassroots effort connecting with and empowering women who identify as leaders and advocates. One of the goals is to help these advocates more fully understand the service and delivery process of wheeled mobility and be able to advocate with a focus effort.

We truly hope these women involved in the partnership will bring this effort to each of their own communities and allow this movement to grow. Each new advocate can educate her network about living the lives they want to live by choosing the appropriate equipment. We all need to find our voices to make this happen.

CONTACT
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Ann may be reached at aeubank@usersfirst.org.

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The GREATEST SHOW on Earth

Written By **Andrina Sabet, PT, ATP & Madalynn Wendland, PT, ATP, PCS**

LADIES AND GENTLEMEN, BOYS AND GIRLS, children of all ages, please take your seats and prepare to be amazed, mystified and entertained! Jugglers keep an array of objects up in the air, effortlessly catching and throwing whatever comes into the mix. High wire artists balance on the edge of potential peril as they traverse a large empty space. Simultaneous events occur everywhere until the audience is drawn to the grand finale. Who would have thought a seating clinic and a three-ring circus would have so much in common? How often does the seating clinic team need to juggle and balance a variety of factors? How frequently does a flaming baton get thrown into the mix of seemingly innocuous items? Many wheelchair grand finales are a result of skirting pitfalls and weighing a multitude of options to find a mobility solution to conclude the show.

THE RINGMASTER

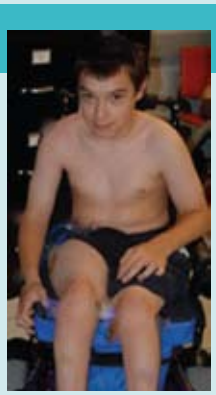
Peter is a 12-year-old young man with spastic diplegia cerebral palsy and a hearing impairment. Diplegic cerebral palsy is characterized as a non-progressive, neuromuscular disorder involving motor or postural abnormalities with greater lower extremity involvement than the upper extremities. In addition, Peter presents with perceptual deficits and difficulties with motor planning. Functionally, Peter's gait is atypical, and he is unable to keep up with his peers. When he was 5 years old, he underwent a selective dorsal rhizotomy. This is a surgical procedure which involves cutting selected sensory nerve roots in attempts to reduce spasticity in affected muscles. Now that he is older, Peter takes oral baclofen and receives regular Botox injections to his legs. Peter also receives services from both outpatient and school based physical therapy to target both underlying impairments and functional limitations.

PETER TRIALS A POWER ASSIST WHEELCHAIR.

THE CENTER RING

The spotlight allows a closer look at Peter. Following a rapid growth spurt, significant limitations are present in the passive range of motion of his hamstrings and adductors. Furthermore, his sitting posture is marked by kyphosis, pelvic obliquity and lateral trunk shortening. These postures and changes in muscle length worsen with the onset of fatigue, when his stability is challenged and during difficult tasks. For Peter, posture is more than just measurements and observations. It impacts the quality of function and his mobility options.

Peter walks with bilateral knee-ankle-foot orthoses and quad canes. However, due to the high-energy cost and his slow cadence, ambulation is not currently a functional mode of mobility, but continues to be used therapeutically and for exercise. At home, crawling is efficient, safe and acceptable. Peter uses a manual wheelchair of his own out in his community and at his sled hockey games. He lags behind his friends and often needs assistance from his parents or other adults to keep up and to limit his fatigue. His public school purchased a power wheelchair eight years ago so Peter could be independent in the educational environment. However, when it is not working, he is forced to rely on his manual chair, causing him to be late to class and often requiring the assistance of an aide to get him around the building and carry his books and supplies. His high school plans are unclear, but his family is considering private education. It is time for Peter's own equipment to bridge two of the rings of his personal circus/school and community. When Peter is asked what he wants out of a new wheelchair, his response is simple. He wants to keep up with his friends, get to class on time without an aide, and of course, look cool doing it!



LEFT: SEATED POSTURE BEFORE FATIGUE
CENTER: PETER!
RIGHT: PETER TRIALS A POWER WHEELCHAIR

THE AUDIENCE

Peter, like many other children, has the benefit-or the curse-of a lot of professionals guiding his medical and therapeutic management. The extensive team consisting of the young adolescent, his parents, school therapists, outpatient therapists, durable medical equipment suppliers and physicians often have conflicting opinions. All members are rarely in the same room to create a comprehensive plan of care. When they are, the theme music to Ringling Brothers Barnum and Bailey is usually playing. The audience at this particular circus is rather boisterous. Strong voices resonate with concerns of postural alignment and stability, pain, efficiency, maintaining physical activity, accessibility, transportation difficulties and funding challenges. A debate arises, centering around the implications of power, power assisted and manual wheelchair frames. In the presence of the team, Peter's eager to please attitude emerges and his conviction to his own goals is the first disappearing act of the hour. Are the pressures of the spotlight too much?

BALANCING ON THE HIGH WIRE

Peter's perceptual and motor planning deficits challenge his knowledge of where his body is in space and his ability to create and use good strategies to complete a motor task. Unlike his peers on his hockey team with spina bifida, Peter's movements do not occur in isolation. In this young man with cerebral palsy, his whole body requires assessment. Watching Peter propel a manual chair, motor activation occurs beyond the muscles of his trunk, arms and shoulders. Peter's atypical movement patterns are accentuated the longer he pushes and marked changes occur at his legs and pelvis. Initially, his legs are extended, but with fatigue, greater hamstring recruitment emerges which flexes his knees and pulls his pelvis into a posterior tilt resulting in an anterior migration on the seating surface. Subsequently, the relationship between his shoulder and the wheel axle is affected, as well as his propulsion mechanics. With power assist wheels, Peter continues to have postural shifts and compensations, but they do not occur as readily. In contrast, when mobilizing in a power chair, Peter's legs are quiet and his pelvis remains stationary on the seating surface. Without controlling posture, Peter is at risk for progressive joint contractures, pressure distribution changes, pain and upper extremity repetitive strain injuries. Up on the high wire, balance is the ultimate goal with optimal biomechanics for the present and the future necessary for a successful act.

> Many wheelchair grand finales are a result of skirting pitfalls and weighing a multitude of options to find a mobility solution to conclude the show.

SEND IN THE CLOWNS!

A circus is never complete without cramming the whole lot of them into the smallest car imaginable. Well, a station wagon is not the smallest car in the world, but it might as well be when Peter's parents think about trying to put a power wheelchair inside. His family's lifestyle has no room for a van complete with a lift or ramp system. Moreover, the need for an accessible vehicle to transport a power wheelchair would prevent Peter from ever traveling with his friends and teammates. Even the power assist chair, which can be transported in a car, has wheel weights of 25 pounds each. The process to disassemble is not manageable by Peter himself and is challenging for caregivers and friends. In comparison, the manual wheelchair has a total weight of less than 20 pounds and can be managed by any clown in the circus. While the clowns themselves may provide comic relief, thinking about transportation is no laughing matter.

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The Greatest Show...

(continued from page 43)

INTERMISSION

Get your peanuts, popcorn, cotton candy! Who's buying what? The ticket price on an accessible van with ramps to accompany a power chair is high for the family and not covered by insurance. However, the audience fears insurance denial of power assist wheels due to the increased cost over a traditional power chair. The manual chair appears to be the least costly alternative, but only when considering upfront expenses. Over the next five years, Peter is at risk for secondary impairments from poor postural alignment and improper propulsion mechanics. This may result in future expenses such as additional therapies, medications or surgical procedures.

> Looking ahead, Peter's mobility will be further challenged as result of increased environmental demands.

THE JUGGLING ACT

Back in the center ring, a juggler has stepped up with fire. The flaming batons whirl in an effort to create a rhythm between the places where Peter spends his time, his overall physical fitness, and his ability to socialize and keep up with his peers. Looking ahead, Peter's mobility will be further challenged as result of increased environmental demands. His middle school is big, but the high school looms even larger. His neighborhood has a number of hills, and his favorite summer pastime is exploring and visiting local shops. Furthermore, during sled hockey tournaments, Peter often has to traverse long distances within the hotels and the ice arenas. When using a manual wheelchair, the level of endurance, strength and speed required for Peter to function successfully is more than he can generate. However, the audience chants loudly in support of a manual chair to substitute for the decline in physical activity created by the deterioration of independent walking. Even Peter chimes in. His friends use manual wheelchairs, and he just wants to fit in with the pack. But how well does he truly fit in if he is too slow to keep up or requires an adult to push him around? Peter lags behind peers in a manual frame moving at a rate of approximately .831 meters/second accompanied by a high, perceived rate of exertion. In the power assist chair, however, Peter reports a very low rate of perceived exertion and is able to maintain a speed of 1.19 meters/second, which is comparable to preferred walking speed for adults. Finally, the power chair allows for any self-selected speed without any implication on exertion levels. Each of these flaming batons catches the attention of the audience. The juggler, however, has to balance them all to avoid getting burned.

GRAND FINALE

Drum roll please ... Ladies and gentlemen, direct your attention to the ringmaster. Peter shines in the spotlight, a functional adolescent (if that truly exists) leading all the acts of his circus in his Ti-lite ZRA wheelchair. He uses e-motion power assist wheels for school and long-distance mobility and the manual wheels for shorter community distances and outings. The chair fits in his family's station wagon and he can substitute his manual wheels when a friend or caregiver cannot handle the weight of the e-motion wheels. His postural changes at his pelvis and lower extremities from upper extremity propulsion are managed well in a Ride Designs custom cushion. The custom cushion does not add weight to his system and provides stability to manage his tone and lower extremity position. In addition, his shoulder position in relation to his wheel axle is now more static. The increased stability at his pelvis and use of a posterior Corbac support positively affects his trunk and he no longer shortens on the right side. Most importantly to Peter, the chair is socially acceptable among his friends, and he is now able to keep up on his own. He may be late to class every now and then, but it is not because his mobility was compromised. Finally, the audience cheers as the chair, seating and e-motion wheels are all funded through his private insurance and the curtain closes on the greatest show on earth.

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> *Citation for Normative Speeds of Adult Ambulation*
Rachel E. Cowan, MS, Michael L. Boninger, MD, Bonita J. Sawatzky, PhD, Brian D. Mazoyer, PTA, Rory A. Cooper, PhD. "Preliminary Outcomes of the SmartWheel Users' Group Database: A Proposed Framework for Clinicians to Objectively Evaluate Manual Wheelchair Propulsion." Arch Phys Med Rehabil. Vol 89, February 2008. Pages 260-268.

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TEAMWORK Pays Off

Written by **Laura Cohen, PT, PhD, ATP**

A NEW YEAR IS AN OPPORTUNITY TO LOOK back and take stock of our accomplishments and progress. It is well recognized the Complex Rehab Technology (CRT) industry faced its fair share of challenges in 2011. We had a busy year working to ensure individuals with mobility impairments have appropriate access to CRT products and services. Let's take a moment now to acknowledge and recognize our successes, re-energize and recharge. We can learn from our experiences and prepare for the significant work yet to come in 2012.

A team effort and a consistent message from the Complex Rehab Technology (CRT) industry stakeholders together has resulted in influencing significant change during the last year. The Clinician Task Force (CTF) has led the effort to represent the clinical voice for CRT issues. Since 2004, the CTF has worked closely with consumers, suppliers, CRT companies and manufacturers to build credibility and rapport with policy makers and legislators. This approach is working! It is through ongoing, consistent communication, education, meetings and letters that our teamwork has had some recent successes worth celebrating.

In 2011, the CTF made some notable accomplishments advocating for professionally sound, clinically based public policies ensuring individuals with mobility impairments have appropriate access to seating, positioning and mobility products and services.

HIGHLIGHTS OF 2011 CTF ACCOMPLISHMENTS:

One of our most significant activities, which resulted from a multiyear CTF introduced initiative, is APTA and AOTA recognition of CRT. For the first time, passage of motions, introduced by CTF members to the respective professional organizations has resulted in formalized policies defining roles, responsibilities, knowledge and skills related to CRT clinical practice. These policies, used by academic programs, practicing clinicians and policy makers, will guide those clinicians interested in developing their seating and wheeled mobility expertise, inform curriculum to prepare the next generation of clinicians, and influence policies for coverage and payment for clinical services. This will help to ensure there is a broader pool of qualified licensed therapists available to work with the service delivery team.

Throughout the year, the CTF consistently engaged APTA, AOTA, RESNA, other professional organizations, rehabilitation centers, and academic research centers to keep them up to date on issues affecting access to CRT for individuals with disabilities. Through ongoing communication, education and support, the CTF facilitated composing and obtaining letters of testimony and support related to numerous CRT policy issues with potential negative impact on consumer access to CRT.

One important issue addressed by the CTF was the inclusion of CRT manual wheelchairs, adjustable skin protection and positioning cushions, power assist and other CRT accessories in Round 2 Competitive Bidding classified as Standard Mobility. This not only posed a problem for consumer access, but weakened the CMS supplier standards by permitting non-CRT accreditated companies and non-RESNA credentialed suppliers to provide CRT. As a result of a consistent message from all CRT stakeholders, CMS removed CRT items from Round 2 Competitive Bidding. Yet there is still more to do in 2012. The CTF will continue to work with CMS to gain recognition of "CRT manual wheelchairs and related accessories" and obtain CMS inclusion of supplier standards for these items.

The proposed CMS Demonstration Projects with prepayment review and prior authorization threaten access to CRT for individuals with disabilities. The CTF wrote letters and assisted in obtaining letters from clinical stakeholder groups to submit to CMS. Due to the number of responses and concerns received in response to the announced demonstration projects, CMS has temporarily delayed these programs until further notice.

Important progress toward the industry-wide effort to secure a Separate Benefit Category for Complex Rehab Technology continues. This past year, a comprehensive proposal and legislation was drafted and presently is under review with legislators. We continue to work to ensure introduction of legislation in 2012. CTF representatives are involved each step

> A team effort and a consistent message from the Complex Rehab Technology (CRT) industry stakeholders together has resulted in influencing significant change during the last year.

of the way through their work on the steering committee, and coding and coverage committees, as well as the supplier standards committee.

CTF 2012 PRIORITIES

The CTF continues to work on our defined priorities to ensure individuals with mobility impairments have appropriate access to seating, positioning and mobility products and services. The year 2012 promises to be an important year for the CRT industry.

Our major industry-wide priority is to obtain recognition for a Separate Benefit Category for CRT from Medicare. We also aim to use this same work to obtain CRT benefit recognition from other payers such as Medicaid, Tricare and private insurers.

Other CTF priorities include developing a CRT Resource Toolbox for Clinicians and identifying a sustainable long-term dissemination plan to reach the largest numbers of clinicians. The CTF recognizes a continued scarcity of clinicians capable of fulfilling the clinical role in the CRT multiprofessional team. Our plan is to create a CRT resource toolbox that will prepare clinicians for appropriate evaluation, and thorough documentation, as well as presentation of policy requirements and resources to keep up to date.

Additionally, the CTF, in collaboration with NCART and others, is actively seeking grant funding to identify appropriate standards for scientific evidence to establish the efficacy of CRT interventions as a basis for medical insurance coverage policies. Payers are increasingly denying access to technologies, such as standing equipment and seat elevation, pointing to a lack of clinical evidence to demonstrate the efficacy of these products in treating illness or injury. It is vital appropriate levels of evidence be established for CRT products. The same levels that are applied to pharmaceuticals cannot be applied to devices.

Importantly, the CTF will continue to take the lead keeping the clinical community engaged and up to date on timely CRT issues and obtaining letters of testimony and support for time sensitive policy issues from the clinical community including professional organizations, rehabilitation facilities, academic and research institutes.

IN CLOSING

We all know the challenges to CRT are growing and the support and involvement of an active CTF can bring the clinical voice to bear on key CRT issues. Funding for the CTF is provided entirely through voluntary donations. To NRRTS and the other manufacturers and suppliers who have provided financial support to the CTF in the past, thank you! Your support has enabled us to make significant accomplishments in 2011. As you plan for 2012, please consider a pledge to the CTF. Contact me for additional information.

We look forward to working together with all CRT stakeholders to build on our current progress, see successful passage of CRT legislation, and add to our string of successes in 2012.

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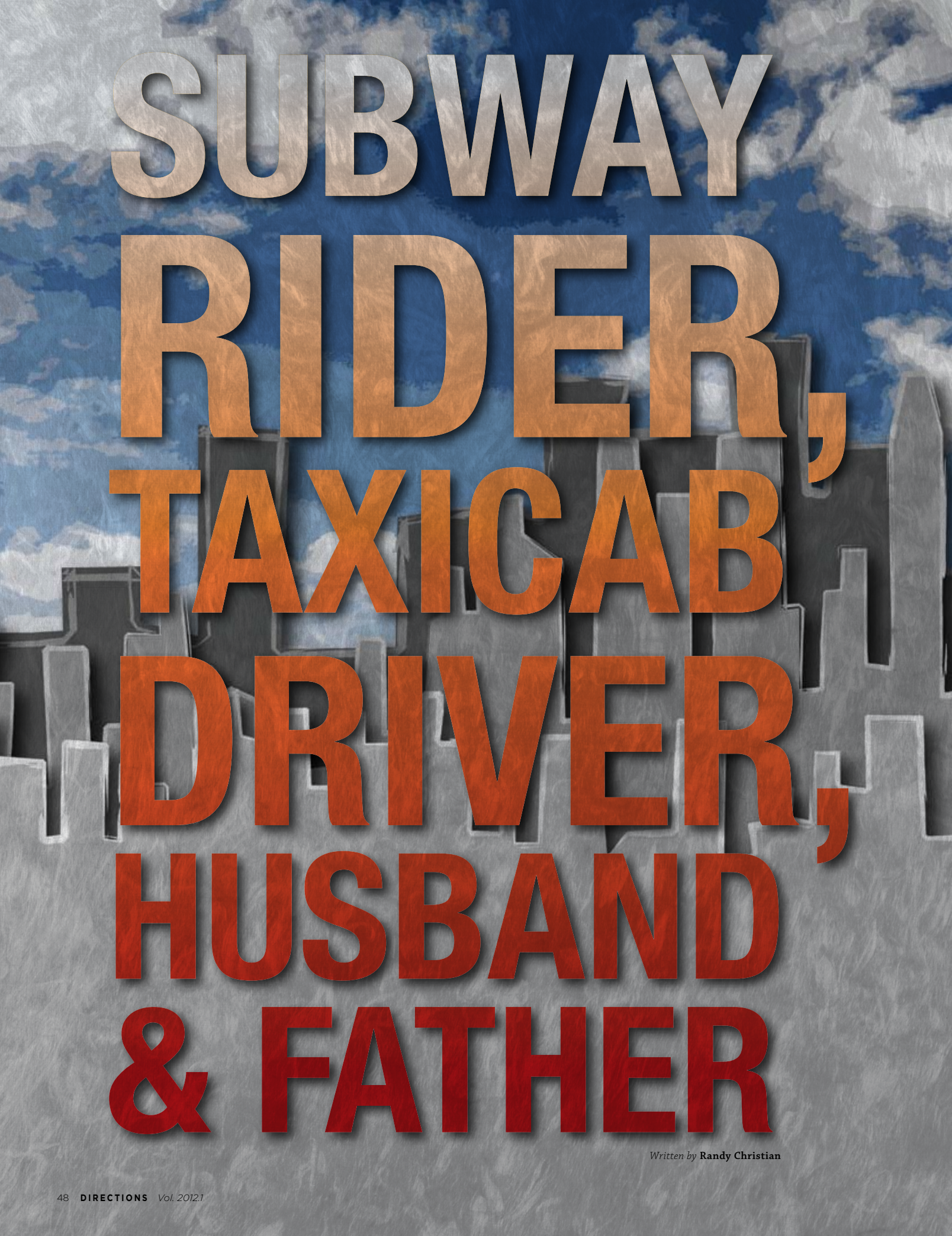

SUBWAY RIDER, TAXICAB DRIVER, HUSBAND & FATHER

Written by **Randy Christian**

TO SUGGEST Simon Abraham Margolis is anything but a true-blue New Yorker would be absurd. It would be the equivalent of suggesting the Beatles were from, heaven forbid, Paris, France.

Even today, when you hear his voice, the remote possibility that he could be from anywhere below the Mason-Dixon Line is eliminated immediately. His accent indicates geographical border of his lineage is more than likely somewhere between the Jersey shore and the Empire State Building.

After all these years away from New York City, his accent and memories of his youth in The Big Apple are as fresh and clear as a spring day in Central Park. Even with its myriad of changes, the love for his hometown is evident with Margolis' vivid account of life as a New Yorker. The old saying, "You can take the boy out of New York, but you can't take New York out of the boy" is very apropos.

Six days after his birth in 1950, Margolis was adopted by Joseph and Ruth Margolis who made their Brooklyn, N.Y., home his home also. Whether the Margolis family knew the birth mother is unclear, but that has always been of little concern to Margolis.

"Joseph and Ruth were the only parents I've known. I have never attempted to find my birth mother," he said.

Ruth Margolis was a stay-at-home mom. Joseph Margolis was a grocer and owned two stores, one in Brooklyn, the other in Manhattan. He was a good father, but his six days a week, 12 hours a day work schedule caused him to arrive home late and exhausted. Even so, he always made time for his son. One of Margolis' earliest memories was going to several Brooklyn Dodger games. The fact that Ebbetts Field, home of the Dodgers, was just two blocks from one of the family's grocery stores made it more than convenient for Margolis and his father to enjoy an afternoon at the ball park..

"The Brooklyn Dodgers was a real hometown team. Ebbetts Field was right in the middle of the neighborhood. It was like Wrigley Field in Chicago. You didn't drive a car to the games. You took the subway or a bus. Today, where Ebbetts used to be is now upscale condos," Margolis said.

His school days were spent at Jewish parochial schools. First, he attended Yeshiva Rambam Elementary and then the Hebrew Institute of Long Island. The day was split into two parts. Mornings were dedicated to religious classes followed by math, science, geography and the other more secular areas of study in the afternoons. Because the class sizes were small, each student received personal attention, which was a blessing and a curse for Simon.

"I wasn't the most well-behaved student. I was always getting caught doing something I should not have been doing," he said.

As he remembers, his school days were a bit longer than those experienced by public school kids. Classes began promptly at 8:30 a.m., and concluded at approximately 4:30 every afternoon. Basketball practice immediately followed. Margolis played on the school's teams in elementary and high school.

Like most hearty, headstrong, fearless New York kids, Simon was a veteran of the subway at an early age. Hitting the rails and journeying to many parts of NYC became second nature.

"It would take us about half an hour to get to Manhattan on the subway. It'd cost us 10 cents. We'd go to Coney Island and the beach, too," Margolis said. "Coney Island was a big time amusement park back then, like Six Flags is today."

The subway also opened the doors of the bright lights of Broadway. Going to the theater was as common an occurrence for him as it is for most to see a movie. In his high school and college years, the average student ticket price for a Broadway show was $10. Today, tickets can cost as much as $120.

The city has always been a center for the visual and performing arts, but in the '60s and '70s, it was often the laboratory for social and political activism, too. Controversy and conflict seemed to occupy the streets attracting young men and women, including Margolis, like a moth to a flame. Questioning the status quo and passionately supporting a variety of causes had become a part of a new American culture. It was a divided country where strong opinions were abundant and routinely shared.

The first cause to capture Margolis' heart and mind hit close to home. As a young Jewish man, supporting Zionism and the State of Israel was like breathing. It was more than a cause — it became part of who he was.

"That was a difficult time. There was the Seven-Day War and the sentiment [regarding Israel] in the United States was very mixed," Margolis said.

He, along with many others, traveled to Manhattan and participated in a number of marches and rallies to show support for Israel and its place in the world.

The Vietnam War was at its peak as well. As the war drug on and an increasing number of young American soldiers were returning home in body bags, the question as to why our country was engaged in this conflict was reaching a boiling point. Why are we there? Is Vietnam of strategic interest to the United States? When and how will the war end? Questions were constantly being asked, but garnered few answers.

"The war just didn't make any sense to me. I could not find any rational reason for it. What were we protecting? What

MARGOLIS AT HIS BAR MITZVAH - 1963

was its vital interest to the United States? Unlike the Iraq War, I can kind of see what we're protecting. Oil for sure. I just could not see what we were protecting or fighting for in Vietnam, so I got involved with the antiwar movement," Margolis said. "I could not see anything wrong with peace and all of our soldiers coming home."

He, along with hundreds of other antiwar activists, marched on New York's Whitehall Street, which was the home of a military induction center. It was a scene that defined America at that moment in time. On one side of the street were young military draftees waiting to serve their country. On the other side were young antiwar activists who, in their own way, were serving their country, too. Marches such as the one on Whitehall Street were taking place in every major city in the country.

The banner carrying and sign waving that took place at Whitehall Street was child's play in comparison to the antiwar protests at the 1968 Democratic Convention in Chicago. Both inside the convention center and out, turmoil reigned. Inside the convention center, the Democratic Party was selecting a new presidential candidate due to the fact that Lyndon B. Johnson, the current president, announced he would not run for re-election. Outside, thousands of antiwar protesters had filled the streets of Chicago. Its mayor, Richard Daley, was not happy with the well-organized and extremely vocal protesters. The mixture of Daley and the antiwar mayhem clogging the streets of Chicago was being watched on television by millions of Americans. Tension was high. The situation was explosive. Margolis was there to see it all, fortunately, from the inside out.

"One of my college classmate's father was a member of Congress and got us passes to attend the convention. We were political science majors there to watch the political process unfold inside the convention hall, but what we were really watching was what was going on outside the hall in the streets of Chicago," he said.

With convention credentials in-hand and dressed in coat and tie, Margolis and his classmates moved in and out effortlessly alongside both conventioneers and protesters. Their conventioneer clothing was like a shield preventing them from being pulled into the fray, allowing them to walk safely on the edge of history. He saw, felt and smelled a show of force, commanded by Daley that would haunt the city of Chicago for many years.

"I remember standing inside one of the hotels and smelling tear gas for the first time. As you might imagine, the smell was awful, and we got just a whiff of it. It was a very eye-opening experience for me. I saw relatively peaceful demonstrators being treated very badly. Barbed wire was wrapped around the front of police cars and driven into crowds of people," Margolis said. "I don't hold any ill-will toward the police officers, because they were doing what Daley told them to do. It was just not right."

The experience in Chicago had a profound effect on Margolis and his classmates. In many ways it generated more questions than answers, leaving them with a muddled and frustrated summation of the event. In Margolis' words, "the political process almost works." Ironically, his words resonate today. It is amazing how things change, yet remain the same.

Margolis' passion for politics moved from the streets of Chicago to the classrooms of York College. He was a member of the inaugural class of this new institute of higher learning located in the borough of Queens, N.Y. Again, the subway was his ticket to ride, this time to a college education. Margolis was accepted to several other universities, but he opted to live at home, lessening the financial burden for his parents.

"I was accepted to NYU, but it came with a substantial financial commitment from my parents. I'm sure they would have done it, but it didn't seem appropriate so I decided to live at home. One of the perks from my decision was I didn't have to do my own laundry," Margolis said.

After graduating with a political science degree, a painful reality smacked Margolis in the face. The job opportunities for a politics graduate were rare. As he said, "It's tough to open up a political science store."

With the slim chance of making a living as a political science salesman, Margolis made an accidental 180 degree career move that put him on the path he would travel for the next 40 years.

In 1972, he entered the orthotics and prosthetics postgraduate program of New York University Medical School. Oddly, the idea to enroll in the program came to him in the dark of night, while driving a taxicab in New York City.. His shift, from 12 to 8 a.m., was absent of the congestion and chaos of daytime hours, but afforded him the unique opportunity to mingle with "the denizens of the night." His "night world" passengers made a lasting impression on the nice Jewish boy from Brooklyn. Each had a fascinating story, which often touched Margolis' heart, as well as helped to disprove stereotypes, embrace diversity and respect the odd array of souls who make up humanity. By his own admission, Margolis' short-lived career cruising the dark streets of New York City aroused his gratitude for his own life and its many blessings.

"From the hookers, to the celebrities, to self-absorbed business-types, it was amazing to hear their stories. It was a culture of its own. I really enjoyed the experience," he said.

Unlike some of his fellow cabbies, Margolis would graciously pick up people with disabilities. He would stop and give them a ride, partly because it was the right thing to do, but also because his mother had a disability and used a prosthesis and later a wheelchair.

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TOP: SIMON WORKING AT THE VA PROSTHETICS CENTER - 1972
MIDDLE: MARGOLIS ON THE TWIN CITY TO CHICAGO AIDS RIDE – 1992
BOTTOM: WEDDING DAY - 1980

While driving the cab, a friend introduced Margolis to the owner of an orthotics and prosthetics business in New York City. He was hired as an apprentice and returned to the light of day. He slowly began to learn about the industry and profession. The multifaceted job required Margolis to work with his head and his hands. Soon to follow was his heart. He enjoyed the challenge of fitting people with prosthetic and orthotic devices to help them regain some level of independence and mobility.

After achieving a degree of confidence, Margolis gained a job with Veterans Administration Prosthetic Center in New York City. Not only did he help with clinical patient care, but was also involved in research and development projects related to thermal forming, plastic fabrication techniques. While at the VA, he was also involved in the development of the FES (Functional Electrical Stimulation) Spinal Retention Clip for use in the treatment and rehabilitation of hemiplegics and other lower motor neuron deficiencies.

"This is where my real working career started. I really got into it. It just did something for me in a way I never felt before," he said.

Working in the relative comfort of a government facility allowed Margolis to focus on the art and science of creating, building and delivering devices that changed people's lives. Funding was never an issue at the VA making it an ideal training ground for young Margolis. It allowed him to work on several cutting edge research projects early in his career without the pressure of waiting for approval or requesting funding.

A move to San Diego, in 1977 provided additional opportunities for Margolis to gain hands-on design and fabrication experience; but unlike the VA environment, he was now in the for-profit world. He also became the proud owner of his first car, an Oldsmobile Toronado.

"It was about 40 feet long. The doors weighed about 30 pounds. It was a great, fun car. I enjoyed my time in San Diego," Margolis said.

In 1979, he flew to Wisconsin and applied for a position at the University Hospital and Clinic in Madison. He got the job, flew back to San Diego, packed up his car and began another chapter in his life. One of his new colleagues, Marcia, would soon become his wife.

Their courtship began the most memorable and romantic location one could imagine — in the shadow of a patient's posterior. Like a scene from a Mel Brooks' movie, the couple bumped heads as they were crawling under a table topped with a sheet of Plexiglas. This clinical rendezvous was their way to chart the bony prominences of a patient's tush. To suggest that when their noggins collided the sting of cupid's arrow could be felt or the strum of harps were heard is probably a stretch, but seeing they shared a common career interest was literally staring them in the face. It was not long after their close, cockeyed encounter that the dating officially began. They married in 1980 and have enjoyed matrimonial bliss for more than 30 years and are the proud parents of a daughter, Erica, who is a paramedic and a nursing student.

TOP: DAUGHTER ERICA – 1985
MIDDLE: RENEWING THEIR VOWS – 2000
BOTTOM: HAPPY COUPLE – 2002

Margolis and his lovely wife, Marcia, known by family and friends as Mush, have lived a life dedicated to the service of those, who for a variety of reasons, have been challenged by disabilities. Margolis' resume is a testament to his constant pursuit of excellence, as well as a steadfast quest to become a capable, competent industry leader. Now, the executive director of NRRTS, he is quick to lavish praise and give credit for its success to his coworkers and the industry professionals associated with NRRTS. His gentle toughness and tenacity have been a priceless benefit to NRRTS since its inception, yet he is well aware much work remains to be accomplished.

"I believe NRRTS is in a position to move our industry and profession in a different way than other organizations, primarily because the focus is on the individual rather than companies. This allows us to create programs, products and processes that will benefit the individual. We are here to benefit the industry and profession as a whole, but we are here primarily to support the individual in the field. When we support them, we support access to Complex Rehab Technology products and services for the consumers," Margolis said.

One of the greatest challenges for NRRTS, in his opinion, is maintaining its current forward thinking and aggressive vision, while simultaneously planning for the future. Particularly in times when budgets are tight and record deficits plague our federal government, a well-focused plan for the future is imperative. If you do not carefully plan for the future, it will likely look very much like the past.

The impact of NRRTS is dramatically reflected in the visits to Washington, D.C., during the CELA events. After four years of knocking on the doors and meeting with congressional officials, it can be said without reservation they are beginning to understand what drives Complex Rehab Technology Margolis said. The battle is far from being won, but with each walk up the Hill, new allies are joining the fight.

Margolis summed up his life and career to date in three words — family, integrity and compassion. Without these, he said, life doesn't amount to a hill-of-beans.

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Complex Rehab Career Crowned with CONTRIBUTIONS & COMMITMENT to Industry

Written by **Danette Baker**

One of President John F. Kennedy's quotes, "A rising tide raises all boats," seems to aptly describe Mark Sullivan's commitment to the complex rehab industry. In fact, he uses the quote himself to emphasize the importance of working together to advance the industry.

Interestingly, Kennedy's quote, which begins, "No American is ever made better off by pulling a fellow American down, and every American is made better off whenever any one of us is made better off," says a lot about those, such as Sullivan, who have made the industry strong. While Sullivan readily admits to being competitive about his work and confident of the company he has helped to prosper, he also is adamant the focus must be on the industry as a whole.

"If selling products is all you're interested in, you won't really last in this industry," he said. "You have to want bigger things. You have to want the whole industry to survive."

And that's why, even on the eve of his retirement, Sullivan speaks with passion and determination about advancing the industry. A priority for success in the future, he says, is enhanced documentation of the evidence-based research that will strengthen the industry's credibility.

"We need more Mathew stories," he said.

For more than 25 years, Sullivan has worked for Invacare Corporation, a global leader in manufacturing and distribution of innovative home and long-term care medical products. He retired in December as Invacare's global vice president for the power wheelchair and seating categories, but plans to remain active in the industry through volunteer work. Outside of his job, Sullivan has published two books about the complex rehab technology industry. Mathew was the case study in his most recent book, COMPLEX, published in 2011. In it, Sullivan's photography provides visuals to the case study documenting the process required in fitting 10-year-old Mathew with the correct equipment and providing him independency within his home and school environment.

"COMPLEX was about taking a much deeper dive into what complex rehab is all about," Sullivan said.

Since his first book, DENIED, was published in 2009, the industry has done a good job in explaining complex rehab and has made much advancement, Sullivan said, giving credit to the work of NCART and NRRTS. "I wrote (COMPLEX) with the intention of teaching payers a little more about this industry and just what goes into a fitting to show it's not just about sitting someone in an off-the-shelf chair."

Mathew's story provides a step-by-step look at what's involved in wheelchair evaluation and selection. Such documentation is crucial in establishing outcomes, which is where the industry needs improvement, Sullivan said. It shows what a difference the right equipment and fitting can make in a person's life. For Mathew, it meant being able to change the television channels

by himself – for the first time in his life. The remainder of the book tells a different story — one of what happens when there isn't proper positioning, seating or even a wheelchair. Sullivan has documented many such cases in Columbia, Jordan and Iraq through his volunteer work with the Polus Center for Social & Economic Development Inc. In COMPLEX, Sullivan lets the images of a young boy in Jordan, who is very much like Mathew, tell the story of what happens without complex rehab.

"There was not a lot of cognitive testing, but he was one of those kids who, when you looked into his eyes, you knew there was much more to him, but he had no mobility," Sullivan said. "I'm eager to go back after the first of the year, because we got him in an Invacare tilt chair. I can't wait to see how he is now."

While the smiles, such as the one that spread across Mathew's face when he gained control of his environment, are evidence complex rehab makes a difference, the industry needs more scientific-based evidence. COMPLEX, Sullivan says, is the first step.

"Complex rehab takes teamwork," he said. "The therapists can't do it by themselves, nor can the parents, the providers or the technicians.

"No pun intended, but it takes a complex team."

The industry has come a long way since Sullivan wrote his first book, DENIED, published during a time when the industry was swept into a controversy surrounding fraudulent use of Medicare funding. "It ended up that the whole industry got painted with a broad brush," Sullivan said. "Out of survival, we really had to let (Centers for Medicare and Medicaid Services) know that the services required and the expertise required was very different from a standard wheelchair or even a standard power wheelchair.

"So, I wrote DENIED. For me, it was a cathartic way to vent — yet in a positive way. For the industry, it was the first time we had a way to not just tell our story, but for someone to actually see what we were talking about."

The book focused primarily on the in-home restriction, but mostly it was directed at Congress as a way to explain the complex rehab technology industry. The Medicare mindset was of funding for a geriatric population – or taking care of an aging population's needs only in the home setting – but it set the tone and policies for the entire market. However, Sullivan explained, if you are proposing a wheelchair for someone in their 30s or 40s, and all you care about is what they can do inside their home, you are missing the mark.

"Congress just didn't get it," he said. "So the idea was to provide a very visual understanding of the industry."

Surprisingly, the industry's response was very positive as well, Sullivan added. "I think people were just really happy to see someone finally telling our story in such a visual way.

"And for the first time, we had something to leave behind on our visits to Capitol Hill. We've done lot, especially through NCART,

Sullivan was awarded the title "Honorary Fellow" by the NRRTS Board of Directors at its January 2012 meeting. An Honorary Fellow is an individual who has provided extraordinary service to the Corporation and/or to the rehabilitation industry. From time to time, the Board of Directors may select an individual who meets these criteria. (Taken from NRRTS bylaws)

NRRTS has only awarded four honorary fellows in its 20 year history.

NRRTS, CELA and trips to D.C., to tell our story, and this was something we could leave on the coffee table for them to stare at daily. We often forget that as soon as we leave, there are 10 others standing outside the door waiting to tell theirs. The amount of information Congress receives on the Hill every day is staggering so I really wanted something to leave behind."

For Sullivan, there has always been, at least subconsciously, a sense of belonging to the industry. "I grew up thinking a guy in a wheelchair could do anything. Mr. Woods and Mr. Lee did." His childhood neighbor and best friend's dad were veterans of World War I and II, respectively, were both amputees and both used wheelchairs. Woods was a skilled marksman who taught Sullivan to shoot pistols and fire rifles. Lee lost both legs during the war, but, "could do anything: he went to work, he fixed his car, he taught me how to play basketball, he'd pitch to us when we played baseball in the backyard."

Looking back, Sullivan says he can see the strong influence both men had in his life, personally and professionally. "I didn't have a strong male role model, and so they filled that void. I never put a finger on it and said, 'This was why I chose my career,' but I think subconsciously too they were the reason I chose this profession."

Sullivan entered college as a recreation major, intent on managing a ski resort. After one elective course in therapeutic recreation, he changed majors and, after graduation, began a career in 1975 as a recreational therapist working in psychiatric and physical rehabilitation hospital settings.

In 1984, Invacare Corporation was looking for someone with a health clinical background who was interested in moving into the rehabilitation market, and Sullivan, now married with a child, was looking to make a career move. The start of what would become a 27-year stint with Invacare began with Sullivan's hiring as a territory business manager for Colorado, Wyoming and eastern Montana.

Six years later, he moved back to Ohio, Invacare's headquarters, to become a product manager, and then worked his way

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up through the company. "When I first started, we were just a dinky little company developing new products. As Mal Mixon (chairman of the board) likes to say, we were the Rodney Dangerfield of the industry. We didn't get any respect, but it was a lot of fun back then growing the business. When I started, Invacare was $90 million in sales. Now, we are about $1.7 billon.

"There have been so many fun times throughout the years, so many opportunities to meet so many great people and hopefully make a difference in this industry."

Among the many milestones throughout his career, Sullivan was able to narrow down a few highlights:

- **Starting Invacare's custom manual division.** Sullivan moved back to Ohio in 1990 to launch the company's new division and spent a large portion of his career in this area. "That was just a great time. It was like starting a small independent business because we had a separate factory. That really launched Invacare into the custom manual business, and we've done very well in that sense. It was also a time that I began to develop relationships on a national level."
- **Invacare's purchase of Top End, now the No. 1 brand in the world for sports wheelchairs.** "That was a lot of fun helping that tiny business in Florida become the No. 1 brand worldwide."
- **Developing the Turn-Q plus, a lateral rotation mattress that helps in prevention and treatment of ulcers.** "There have been so many products but this is probably our most successful over the last few years."
- **New power wheelchair codes.** In 2006, all wheelchair manufacturers had to revamp their products to meet the industry's 66 new power wheelchair codes. "We had to reconfigure, get products coded in the right categories – it was just a huge time of turmoil for the industry. But that was when I really started to get more involved in the regulatory side and started to deal more with NCART, serving on the board, and NRRTS."

Approaching retirement brings with it a certain sense of melancholy, but Sullivan doesn't dwell long on the past. He sees a bright future for the industry and says it has two great organizations in the lead. Sullivan has new opportunities ahead as well. His plans are to continue working with the Polus Center for Social & Economic Development Inc., one of the non-profits sponsored by the U.S. State Department that provides victim assistance to war-torn countries such as Columbia, Iraq and Jordan. Sullivan has been involved for the past several years in strengthening prosthetics programs in these countries. That was where he began to document case studies through photography of life without complex rehab technology. His photography was actually the basis for both COMPLEX and DENIED.

"I've always had an interest in photography," Sullivan said. "Even in my 20s, I seemed to have albums full of photos. Later, I began to take my photography more seriously and started doing western photography, and then I began to see some of the things we do as critical to advancing the industry and shifted my focus to documenting the industry."

An example, the Columbian project, featured in COMPLEX,Sullivan and a volunteer team taught people how to repair chairs and build seating systems and how to adapt them to specific needs. "I like to work in countries that have somewhat of an infrastructure. They have some motivation so you can teach them about what they need to be doing and what they should be doing and when you leave somebody continues the work."

Sullivan already had plans to return to Jordan just two weeks after his last day with Invacare. He will be teaching a wheelchair workshop there, and hopefully will see improvement in the young boy featured in COMPLEX. He also plans to return to Iraq, to continue work there as well.

"I've not been unemployed since I was 16 or 17 years old," Sullivan said. "So, the prospect of having a little extra free time is promising. But I can't just abandon this industry. It has given me so many opportunities. This industry is such a great group of people. It's become like a really big family, and I want to see it succeed."

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Telephone: 507-252-0555 x.6435
Fax: 507-535-7591
Registration Date: 12/14/2011

John McKenzie, ATP, CRTS®
National Seating & Mobility, Inc.
Telephone: 920-933-3855
Fax: 888-740-9340
Registration Date: 1/4/2012

Luke Moore, ATP/SMS, CRTS®
Provider Plus, Inc.
7748 Watson Rd.
St. Louis, MO 63119
Telephone: 314-961-8500 x.1141
Toll Free: 800-976-9322
Fax: 314-963-6805
Registration Date: 12/8/2011

Michael Noone, RRTS®
National Seating & Mobility, Inc.
3345 Industrial Dr. 14
Santa Rosa, CA 95403
Telephone: 707-575-6188 x.200
Fax: 707-575-6198
Registration Date: 12/29/2011

Dawn A Palmer, ATP, RRTS®
Grand Mesa Medical Supply
1708 North Ave.
Grand Junction, CO 81501
Telephone: 970-241-0833
Toll Free: 800-262-0833
Fax: 970-241-2663
Registration Date: 12/30/2011

Eugene Salisbury, ATP, CRTS®
Home Health United
4639 Hammersley Road
Madison, WI 53711
Telephone: 608-276-1563
Toll Free: 800-924-2273
Fax: 608-246-7420
Registration Date: 1/4/2012

Justin Whittington, RRTS®
Billing Specialists Inc.
5600 Union Rd.
Gastonia, NC 28056
Telephone: 704-869-9091
Toll Free: 800-869-9091
Fax: 877-869-0336
Registration Date: 12/23/2011

Jeong Woo, ATP, CRTS®
Medical Aid Supply House
3547 Peachtree Ind. Blvd. #4
Duluth, GA 30096
Telephone: 770-622-1211
Fax: 770-622-1241
Registration Date: 12/7/2011

Mike Wright, RRTS®
Rehab Technologies Inc
3200 Hwy. 42 N Ste.A
Stockbridge, GA 30281
Telephone: 770-474-7644
Fax: 770-474-3468
Registration Date: 12/30/2011

CRTS® CREDENTIALS

Congratulations to NRRTS Registrants recently awarded the CRTS® credential. A CRTS® receives a lapel pin signifying CRTS® or Certified Rehabilitation Technology Supplier® status and guidelines about the correct use of the credential. Names listed are from Nov. 12, 2011 through Jan. 18, 2012.

Alisa K Adams, ATP, CRTS®
Comfort Medical Supply, LLC
Fayetteville, GA

Albert Alvarado, ATP, CRTS®
Hudson Home Health Care
Woburn, MA

Lisa A Bauer, ATP, CRTS®
Home Health Resource
Altoona, PA

James Chad Bennett, ATP, CRTS®
Family Healthcare
Valdosta, GA

Curtis Boyer, ATP, CRTS®
ATG Rehab
Hatfield, PA

Shawn Boyt, ATP, CRTS®
Rehab and Mobility Systems
Traverse City, MI

Stephen W. Brewton, ATP, CRTS®
National Seating & Mobility, Inc.
Grand Prairie, TX

Robert Bryant, ATP, CRTS®
Reliable Medical Equipment
Wando, SC

James Z. Craft, Jr., ATP, CRTS®
Total Medical Solutions
Lake Mary, FL

Douglas Crana, ATP, CRTS®
Consolidated Medical Inc.
Newburgh, NY

Roger Dabbs, ATP, CRTS®
Bay View Homecare, Inc
Baltimore, MD

Richard Dion, ATP, CRTS®
Hudson Seating & Mobility
Woburn, MA

Chris Economon, ATP, CRTS®
Provider Plus, Inc.
Saint Louis, MO

Scott A Elliott, ATP, CRTS®
Horizon Homecare Supplies
Richmond, VA

John Rocco Faiola, ATP, CRTS®
Hudson Home Healthcare
Warwick, RI

Andres V. Ferreira, ATP, CRTS®
Hudson Seating & Mobility
Fairfield, NJ

Thomas O. Henley, ATP, CRTS®
Henley Medical
Chattanooga, TN

Wade Holley, ATP, CRTS®
Comfort Medical Supply, LLC
Ormond, FL

Blaine Hunt, ATP, CRTS®
Access Medical
Carlsbad, CA

Michael Drew Jarrett, ATP, CRTS®
Custom Healthcare, LLC
Chattanooga, TN

Shaun A. Jeffers, ATP, CRTS®
Wright & Filippis, Inc.
Madison Height, MI

James S. Jones, ATP, CRTS®
Alliance Rehab & Medical Equipment
Ozark, MO

Sarah Kubal, ATP, CRTS®
Reliable Medical Supply, Inc
Brooklynn Park, MN

Robert Lang, ATP, CRTS®
ATG Rehab
Pittsburgh, PA

Andrea J Madsen, ATP, CRTS®
Med City Mobility
Rochester, MN

Lisa McGinnis, ATP, CRTS®
Hudson Seating & Mobility
Woburn, MA

John McKenzie, ATP, CRTS®
National Seating & Mobility, Inc.
Fond du Lac, WI

Luke Moore, ATP/SMS, CRTS®
Provider Plus, Inc.
St. Louis, MO

Richard Ray Ottman, ATP, CRTS®
National Seating & Mobility, Inc.
Louisville, KY

Eugene Salisbury, ATP, CRTS®
Home Health United
Madison, WI

Patrick Shea, ATP, CRTS®
Hudson Seating & Mobility
Chicopee, MA

Mark Sheldon, ATP, CRTS®
Advanced Home Care
High Point, NC

Jason Simpson, ATP, CRTS®
ATG Rehab
Norcross, GA

Britt Sitzes, ATP, CRTS®
National Seating & Mobility, Inc.
Austin, TX

Leslie Benjamin Todd, ATP, CRTS®
Carolina Mobility & Seating, Inc.
Apex, NC

Matt Underwood, ATP, CRTS®
United Seating & Mobility
Cape Girardeau, MO

Paul Wilkie, ATP, CRTS®
United Seating & Mobility
Kansas City, MO

Jeong Woo, ATP, CRTS®
Medical Aid Supply House
Duluth, GA

ATP CREDENTIALS

Congratulations to NRRTS Registrants who earned the ATP credential. Depending upon their registration date, they will be awarded CRTS® upon completion and approval of the renewal following fulfillment of required registration. Names included are from Nov. 12, 2011 through Jan. 18, 2012.

Shaun A. Jeffers, ATP, CRTS®	Wright & Filippis, Inc.	Madison Height, MI 48071

FORMER NRRTS REGISTRANTS

The NRRTS Board determined RRTS® and CRTS® should know who has maintained his/her registration in NRRTS, and who has not. Names included are from Sept. 21 through Nov. 11, 2011. For an up-to-date verification on Registrants, visit www.nrrts.org, updated daily.

Phyllis L. Borgardt, MS, OTR Grover Beach CA	Jeff Lane, ATP Birmingham AL	Debra Robinson, ATP
Matthew Geiger, ATP Houston TX	Ryan D. Martin, ATP Columbus OH	Jamie C. Rowland, ATP Charlotte NC
Joseph Gilkerson, ATP Salisbury MD	Michael A. Morelli, ATP Cranberry Township PA	John Wilson, ATP Columbia MO
Ana Luisa Gotay-Pla San Juan PR	Nancy S. Rice, ATP Houston TX	

in *deepest* SYMPATHY

MR. RICHARD EUGENE MAGAR

September 3, 1953 - December 20, 2011

Rick Magar, ATP, CRTS® passed away on December 20 at the age of 58. Rick owned Rehab Technologies, Inc. in Stockbridge, Ga., and had been a NRRTS Registrant since 2001. Rick was born in Montgomery, Ala. He enjoyed drag racing, antique cars, car shows, swap meets and camping.

The NRRTS Board, Staff and Registration would like to extend its deepest sympathies to Rick, his family and his coworkers.

WORDS FROM A COLLEAGUE

"I am 24 years old, and Rick has inspired me to enjoy this profession. He is the reason for me becoming a NRRTS Registrant and taught me everything I know about the industry."
- Michael Wright, RRTS®

CORPORATE FRIENDS [CFONS] OF NRRTS

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

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Freedom Designs Incorporated
Invacare — Yes, you can.
The MEDGROUP — Connecting Partners, Delivering Results™
MK Powered
National Seating & Mobility
permobil
Sunrise Medical
the ROHO group — shape fitting technology
Snug Seat — nothing compares to a smile!
TherAdapt
U.S. REHAB

> CFONS

ATG rehab — Life. In Motion.
Bodypoint
Columbia Medical — Solutions for Daily Living
Convaid — Advanced Seating & Mobility
EasyStand
FMS Frank Mobility Systems, Inc.
Hudson Seating & Mobility — Providing Technology for Independence
METALCRAFT
Motion Concepts
Otto Bock HealthCare
Prairie Seating Corporation — Custom Contoured Cushions
PRIME Engineering
PRM — The Power of Precision
Quantum — Life Beyond Limits
Aspen Seating — RIDE
rifton — Products for life from people who care.™
Stealth Products
Supracor
The Comfort Company
Therafin Corporation
Thomashilfen North America
Ti Lite
United Seating & Mobility — Putting lives in motion.
VARILITE

> AFONS

Big Sky AMES
Children's
GAMES — Georgia Association of Medical Equipment Services
Midwest Association for Medical Equipment Services
NCART
NEMED
TMPC
users FIRST Alliance
UCP Wheelchair Humanity

NEW TOOL TO SPREAD CRT MESSAGE

Video Released for Use in Education and Advocacy

Lack of awareness and understanding regarding Complex Rehab Technology (CRT) presents real challenges. To address this educational need, NCART has released "Complex Rehab Technology — Essential for health. Essential for life." The video introduces CRT from the perspectives of individuals who rely on it for their health and independence, physicians who prescribe it, and consumer advocates who work to protect access. It also highlights current issues and changes needed to provide adequate access.

The video is designed to be used in a variety of settings and should be shared as the first step in advocacy activities regarding CRT issues. It conveys that CRT is specialized equipment; that it's used by a small population of children and adults with disabilities; that it's individually configured and provided through a clinical team; and that it provides significant medical and functional benefits. The video is required viewing for anyone involved in matters of policy, coverage or payment for CRT products and services.

For more information or additional copies, please visit ***www.ncart.us***.

FUNDING FOR DISTRIBUTION OF THIS DVD PROVIDED BY NRRTS AND NCART

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