

DIRECTIONS



52 consumer advocates speak out to affect change

16 call to action





Choice Matters

I WANT THE BEST POSSIBLE CHAIR FOR ME - AND WHEN I SAY BEST I MEAN THE BEST IN EVERYTHING - THE FIT, THE FEEL, THE LOOK, AND THE RIDE. THAT'S WHY I CHOSE TILITE. EVERY ASPECT OF MY AERO Z WAS MADE TO MY EXACT MEASUREMENTS. IT'S LIKE HAVING A DESIGNER DRESS FITTED JUST FOR ME.

BUT WHAT I LOVE MOST ABOUT MY AERO Z IS THAT WHEN I'M IN IT I FEEL FREE. IT'S THAT FEELING OF INDEPENDENCE THAT I CAN'T GET ANYWHERE ELSE!

ANGELA ROCKWOOD

Occupation: Model and Actress

Home: Los Angeles, CA.

Interests: Travel, Music, and Fashion.

Chair Of Choice: TiLite Aero Z



See Angela's TiLite video at
<http://www.youtube.com/user/TiLiteChairs>

TiLite | 800.545.2266 | tilite.com



■ The Choice is Clear

Invacare® MyOn® Wheelchair

Act now to survive NCB and position your business for success with the new Invacare® MyOn® Wheelchair. Offering an unbeatable value for your K0005 business with expanded component compatibility and ease of service, the MyOn Wheelchair is a wealth of possibilities in an affordable package.

For more information visit **www.invacare.com/rehab** or call **1.800.333.6900**.



www.facebook.com/InvacareCorporation

© 2013 Invacare Corporation. All rights reserved. Trademarks are identified by the symbols ™, ® and ®.
All trademarks are owned by or licensed to Invacare Corporation unless otherwise noted. 12-320 Rev. 02/13





on the cover

52 consumer advocates speak out to affect change

Consumer Advocates Speak Out to Affect Change

16 call to action



Another Freedom First...

The NXT™ Specialized Tilt-in-Space Wheelchair



NEW!

▼ LEAF: Lower Extremity Accommodation Frame



Freedom's LEAF is an option on NXT folding and rigid frame models. LEAF is a robust hinged front seat frame that adjusts 22° from midline.

Once adjusted, LEAF bolts into position so NXT frames can help accommodate abduction, adduction or wind swept leg positioning challenges. LEAF adds NO width to frame and NO significant weight... so NXT frames remain lightweight, compact and easy to lift and stow into small spaces.



NEW!

▼ MAPS: Multi Axis Positioning System



Freedom's MAPS is optional footrest plate attachment hardware that connects Freedom aluminum footrest plates to Freedom pop up or swing away footrest hangers. With MAPS, footrest plates rotate to adjust horizontally, laterally and vertically for plantar and dorsiflexion, inversion, eversion and rotational foot and ankle positioning needs.



Our kids are our passion.™

Freedom Designs, Inc.

Phone 800.331.8551

Fax 888.582.1509

www.freedomdesigns.com



CE

Manufactured in the U.S.A.
Freedom LEAF and MAPS
patent pending.

© 2012, Freedom Designs Incorporated.

10

from the NRRTS office

The Intangibles

12

life on wheels

The Miracle Baby
from El Salvador

18

industry leaders

A Typical Sales Pitch

22

notes from the field

Finding Best Complex
Rehab Technology for
Patients Takes Teamwork

24

crt business exchange

Complex Rehab Practice

28

complex rehab

SBC Legislation
Re-Introduced with
Bipartisan Support

32

clinical corner

Wheelchair Positioning
for Older Adults



40

rehab case study

Geriatric Positioning and
Mobility Case Study

46

clinician task force

The CTF, NCART
Respond

48

USERSFIRST, a program of united spinal association

Advocacy at Your Fingertips

50

resna

Are You Eligible for the
SMS Certification Exam?

in every issue

60 2013 Webinars 64 CRTS® Credentials
66 New Registrants 68 Charter Corporate Friends of NRRTS
68 Corporate Friends of NRRTS 68 Association Friends of NRRTS

Solve your toughest custom seating challenges with PinDot® Products.



- Pindot routinely pulls 12" deep laterals and has been able to achieve as much as 15" depth. Aluminum reinforcements can be molded in for maximum support. These processes enable Pindot to produce ultra-thin laterals.
- A wide variety of surface features are available, including (but not limited to): Naked, vacu-formed vinyl, 'Sofspots', visco, and gel overlays. An array of cover materials are also offered including reversible Dartex and breathable mesh.
- All Pindot products are custom-made to meet your requirements and are coded as E2609 or E2617.

***Our unique processes enable Pindot
to help solve all your seating challenges***



***For more information call our Customer Service Team
at 800.451.3553***

The Official Publication of
**The National Registry of
Rehabilitation Technology Suppliers**

Volume 2013.2 | \$5.00

EDITOR-IN-CHIEF

Amy Odom

CLINICAL EDITOR

Michelle Lange, OTR, ABDA, ATP/SMS

EDITORIAL ADVISORY BOARD

Simon Margolis, CO, ATP/SMS Michele Gunn, ATP, CRTS®

Leslie Rigg, ATP, CRTS® Weesie Walker, ATP/SMS, CRTS®

DESIGN

Richelle Detrixhe
HARTSFIELD DESIGN

PRINTER

Craftsman Printers, Inc.

The opinions expressed in **DIRECTIONS** are those of the individual author and do not necessarily represent the opinion of the National Registry of Rehabilitation Technology Suppliers, its staff, board members or officers.

DIRECTIONS reserves the right to limit advertising to the space available. **DIRECTIONS** accepts only advertising that furthers and fosters the mission of **NRRTS**.

NRRTS OFFICE

PO Box 1091, Walsenburg, CO 81089

P 800.976.7787 or 719.738.5770 F 888-480-7522

www.nrnts.org

For all advertising inquiries, contact Amy Odom at 806.783.9984,
Fax 888.251.3234 or aodom@nrnts.org.

advertisers' index

Abilities Expo.....	23	Motion Concepts	39	The Comfort Company	26
AEL - Adaptive Engineering Lab, Inc.....	19	Otto Bock	67	The ROHO Group	OBC
Bodypoint, Inc.	33	Permobil Inc.	IBC	Therafin Corporation	30
Convaid Inc.	25	Pindot	5	TiLite	IFC
EasyStand.....	17	Prairie Seating	29	NuMotion.....	34
Freedom Designs, Inc.	3	Prime Engineering	49	USERSFIRST, a program of United Spinal Association.....	44
Innovation in Motion.....	66	PRM.....	35	Varilite®	20
Innovative Concepts	11	Ride Designs/Aspen Seating	65	Vista Medical, Ltd.....	15
Invacare Corporation	1	Snug Seat, Inc.	64	Wenzelite Rehab	43
MetalCraft.....	23	Stealth Products	47		
MK Battery	7	Sunrise Medical.....	45		

Power To Let The Good Times Roll



Mobility limits are set by power, determination and dreams. MK Battery has powered the equipment of leading mobility manufacturers for over 25 years and helped fulfill the dreams of thousands of consumers. MK Battery is dedicated to providing the reliable power that enables people to dream big and go boldly into their mobility adventures, while living a more active lifestyle.

When runtime, cycle life, safety and service matter; equipment manufacturers, providers and consumers **DEPEND ON THE POWER OF MK BATTERY.**



EDWARD BONK, PT, ATP/SMS, CRTS®



Bonk is director of business development for Hudson Seating & Mobility.
SEE PAGE 22.

SHEILA BUCK, BSC(OT)C, ATP



Buck is an occupational therapist from Ontario and has been actively working in the field of seating and mobility for more than 25 years. She provides consultation, assessment and treatment in the area of seating and mobility, accessibility, and ergonomics, through her company Therapy NOW. Buck has spoken extensively across Canada, the U.S. and Ireland on seating and mobility issues. She also has authored, "More Than 4 Wheels: Applying Clinical Practice to Seating, Mobility and Assistive Technology," a practical guide to seating and mobility for dealers, manufacturers and therapists interested in the field of assistive technology. **SEE PAGE 40.**

ANA CALVO



Calvo is a consumer advocate who will attend CELA 2013 in that capacity. **SEE PAGE 12.**

DON CLAYBACK



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 28.**

LAURA COHEN, PHD, PT, ATP



Cohen is the principle for Rehabilitation & Technology Consultants in Arlington, Va. She is the executive director of 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.**

BARBARA CRANE, PHD, PT, ATP/SMS



Crane is an associate professor of physical therapy at the University of Hartford in West Hartford, Conn. She received a Bachelor of Science in Physical Therapy from the University of Connecticut, a Master of Arts in Gerontology from Saint Joseph College, West Hartford, CT, and a doctorate in Rehabilitation Science and Technology from the University of Pittsburgh, Pittsburgh. She is also a certified Assistive Technology Professional and Seating and Mobility Specialist by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). She has more than 20 years of clinical experience in adult neurological rehabilitation with a specialty in assessment and recommendation of custom wheelchairs and seating systems. She has lectured extensively at local, national, and international conferences and is a faculty for the RESNA Fundamentals of Assistive Technology course. **SEE PAGE 32.**

CARMEN DIGIOVINE, PHD, ATP/SMS, RET



DiGiovine is an assistant professor in the Occupational Therapy Division at the Ohio State University and program director and rehabilitation engineer at the Assistive Technology Center at the Ohio State University Wexner Medical Center. DiGiovine is chair of the Professional Standards Board, the committee that oversees RESNA's certification programs. **SEE PAGE 50.**

ANN EUBANK, LMSW, OTR/L, ATP

Eubank is vice president of community initiatives for UsersFirst, a program of United Spinal Association. **SEE PAGE 48.**

MICHELE GUNN, ATP, CRTS®

Gunn is NRRTS president. She works for Browning's Health Care in Orlando, Fla., and has been a NRRTS Registrant since 1996. **SEE PAGE 10.**

JIM NOLAND, CRTS®, SMS/ATP,PTA

Noland is the founder of Presque Isle Medical Technologies and Conduit Technology. He is a former DME and complex rehab surveyor for ACHC and executive board member for NRRTS. Noland also founded Conduit Technology, which is the parent company of the Web-based documentation tool, LMN Builder, and the forthcoming cloud-based clinical documentation tool, Conduit Office. **SEE PAGE 24.**

MARK SCHMITT

Schmitt is the director of sales and marketing for Altimate Medical. **SEE PAGE 18.**

**NRRTS
BOARD MEMBERS****PRESIDENT**

Michele Gunn, ATP, CRTS®

PRESIDENT-ELECT

Mike Osborn, ATP, CRTS®

VICE PRESIDENT

Gerry Dickerson, ATP, CRTS®

SECRETARY

Leslie Rigg, MS, ATP, CRTS®

TREASURER

Elaine Stewart, ATP, CRTS®

REVIEW DMAC A

Carey Britton, ATP, CRTS®

REVIEW DMAC B

Mike Nadeau, ATP/SMS, CRTS®

REVIEW DMAC C

Keith Jolicoeur, ATP, CRTS®

REVIEW DMAC D

Katie Mussett Roberts, ATP, CRTS®

DIRECTOR

Michael Barner, ATP, CRTS®

DIRECTOR

Thana France, ATP, CRTS®

DIRECTOR

Michelle McMahon, ATP, CRTS®

DIRECTOR

Toby Bergantino, ATP, CRTS®

**NRRTS
STAFF MEMBERS****EXECUTIVE DIRECTOR**

Simon Margolis, CO, ATP/SMS

NRRTS ADMINISTRATOR

Jim Dexter

DIRECTOR OF MARKETING

Amy Odom

CONSUMER RELATIONS & ADVOCACY

Andrew Davis

THE INTANGIBLES

For a while now, I have been talking to you about all of the tangible benefits we try to provide to you as a NRRTS Registrant. Today I would like to discuss what some would call the intangible benefits. Indulge me for a bit, if you will. Times are tough out there, and cuts seem to effect those who can least afford them. Somehow NRRTS continues on and from where I sit, I know it is not by accident.

I have spoken before about board meetings and retreats where we get together to focus on moving our profession forward. Many times we talk about why NRRTS was brought to life more than 20 years ago. Back then there were no credentials in place to practice our trade. Yet people seemed to understand we needed to band together to share ideologies for the common good of those we serve. We started as, and continue to be, a voluntary organization.

I hear so many times, "Why do I need to join?" Or if someone has left, "I did not see any benefit of being a Registrant." I have also heard people say being a Registrant does not make them better at their jobs. When as a board we sit together to tackle these comments, I am usually confused because I disagree. I feel I gain so much more than I am ever asked to give. As a matter of fact, this is something I use to market myself in my local territory. When asked why someone should use me over one of my competitors who is not a NRRTS Registrant I answer, "Do you want to use someone who has the minimum requirement needed to work, or someone who voluntarily subjects himself/herself to an additional standard specific to seating and mobility?"

My involvement with NRRTS has led to lifelong friendships with peers who share my concerns and troubles.

When I worked for Whitmyer Biomechanix, Jody came home from a conference and spoke of the new organization that was forming for folks like us. He was very excited about the possibilities and joined immediately. I was new to seating and mobility at the time and did not join myself as I sort of felt unworthy. When I listened to Jody talk about the names in the industry who were involved, I did not feel I would have much to offer. After a few years of convincing, I did join and now cannot imagine life without NRRTS.

In the past I had taken part in other organizations that were involved in assistive technology and buying/education groups that did the same. Within these larger groups, people broke off who were interested in Complex Rehab, though it did not bear the name back then. Loosely formed, these smaller groups never seemed to gain any traction in my opinion. We could get together once a year and belly ache but that was about it. There was not one singular place where I could go to get and

share information about my specific occupation before I joined NRRTS. In the early days it was enough to know it existed. There were no expectations; people joined for the same reason: one group just for us. This is where my confusion comes in now. Have times changed so much that this no longer counts?

All I can do is share some of the reasons why it counts for me. Those who say misery loves company are absolutely right. My involvement with NRRTS has led to lifelong friendships with peers who share my concerns and troubles. Knowing people who have an inkling of what we go through on a daily basis is often enough to get me through the rough spots. When I am on the bridge or at that cliff, there is now an entire community I can reach out to who will stop me from jumping. I have not checked, but do believe psychotherapy would be more expensive than my annual dues. This is also true when we have our success stories. Sharing them amongst ourselves has always provided the reassurance that we are needed and valued, though it may not always be apparent to the outside world. I find the sharing of all this information to be invaluable. Just today, a past president reached out to me to talk about my last article in **DIRECTIONS**.

He said asking clients about involvement in sports was something he did on a regular basis. It gives you an idea of their interests as well as information about their strengths and abilities. I stumbled into Michael's past by accident. Now that this has been brought to my attention it is something of which I will try to make a habit. This is what being a

INNOVATIVE CONCEPTS

CELEBRATING OVER 20 YEARS

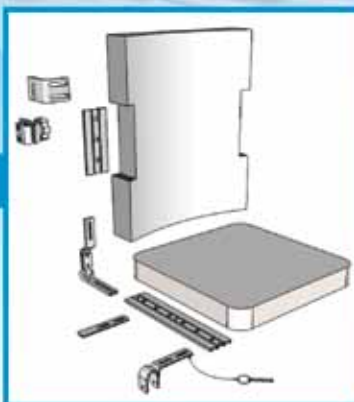
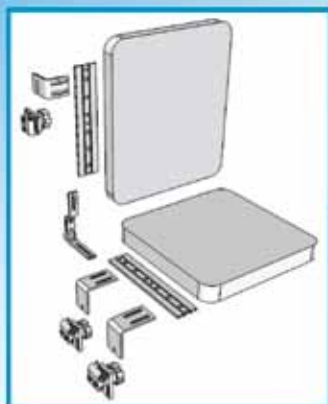


These seating packages are designed to

SAVE TIME & MONEY!

Our pre-assembled seating packages offer many quality standard features including premium foams, zippered dartex upholstery, track mount hardware and **much, much more!**

SP10 – "Full Width" Custom Configured



SP20 – "Between Rails" Custom Configured

SP30 – "Full Width" Contoured Seating



SP40 – "Between Rails" Removeable Seat Cushion

**Available in any size you choose
(up to 22" in width)**

TOLL FREE 800-676-5030

FAX 330-545-6389 • www.icrehab.com

For a complete list of substitutions, modifications, foam options and upholstery, see our Seating Package order forms.

**Would you like a
NEW hard copy catalog?**

Call, email or go online and send us a request.

"Improving lives, Improving independence, One product at a time."

TOLL FREE 800-676-5030 • FAX 330-545-6389 • www.icrehab.com



NRRTS houses the brain trust for the seating and mobility knowledge possessed by those of us who work in the trenches as suppliers. No other group offers our unique perspective on the provision of CRT.

part of this organization has been for me for years and the reason I cannot imagine working without access to NRRTS. I have the opportunity to learn new things every day through tools provided to me as a Registrant. NRRTS houses the brain trust for the seating and mobility knowledge possessed by those of us who work in the trenches as suppliers. No other group offers our unique perspective on the provision of CRT.

When we enter a room to see a client for the first time, a perception and expectation exist before we even say hello. I will travel back to my childhood watching Rocky and Bullwinkle when the moose asks if anyone wants to "see me do a magic trick and pull a rabbit out of my hat?" Our clients look to us to perform this magic for them or their loved ones. My bag of tricks is full due to my association with NRRTS. Intangible? I think not. ➡

CONTACT THE AUTHOR

Michele may be reached
at mgunn@brownings.net
or 407.650.9585.

THE MIRACLE BABY FROM EL SALVADOR

The Ana Calvo Story

In October 1957, Grunenthal, a German pharmaceutical company, introduced thalidomide to the world. Like so many other discoveries in the field of pharmaceutical science, thalidomide was touted as another in a long line of new “wonder drugs” that was destined to alleviate pain and suffering associated with a myriad of illnesses and afflictions. Some said thalidomide was a “sure cure” for coughs, colds, headaches, and, believe-it-or-not, insomnia. It was also being recommended to thousands of pregnant women throughout Europe, Great Britain and many other countries around the world as an effective drug to relieve the nausea brought on by morning sickness. Soon after its release, the glowing virtues of thalidomide quickly vanished and was replaced with a dark, sinister cloud of regret that would haunt young mothers and their children for the rest of their lives.

Dr. William McBride, an Australian obstetrician, and Dr. Widukins Lenz, a German pediatrician, were among the first physicians to suspect a link between a growing number of birth defects and

thalidomide. In 1961, Lenz proved his suspicions were validated and the drug that had earlier reveled in a barrage of positive press was quickly removed from the market place. Unfortunately it was too late for thousands of excited parents and their newborns. More than 2,500 thalidomide babies were born in Germany. It is estimated that 466 thalidomide babies in the U.K. survived traumatic births, but were left with bodies that were less than normal.

Well past the day thalidomide was banned for the uses of morning sickness in Europe and Great Britain, children in South and Central America were being born with defective or missing arms and legs. Ana Calvo was born in El Salvador. When she was a little girl she moved with her parents to Houston.

Even though her new American home provided young Calvo with opportunities far beyond those available in Central America, her life would still remain difficult and challenging.

Even though her new American home provided young Calvo with opportunities far beyond those available in Central America, her life would still remain difficult and challenging. Thankfully, her indefatigable spirit and unshakeable optimism would lift her up and move her forward to places she could only imagine.

When she entered school in Houston, little by little, Calvo not only caught up with her contemporaries, but began to pass them in almost every academic



CALVO AND HER MOTHER AT APPROXIMATELY 7 MONTHS



CALVO WITH HER MOTHER AND BROTHER AFTER SHE GRADUATED WITH A MASTER'S DEGREE IN SOCIAL WORK.



OFFICIAL MS. WHEELCHAIR TEXAS PICTURE

The awards and recognition this young woman has received during her 34 years of life are incredibly impressive. She has accomplished more than most people twice her age.

category. She was granted the privilege to attend a magnet high school where exceptional achievers were the bulk of the student population. There Calvo began to consider attending Law School and becoming a lawyer, but her plans changed as her passion to help others like herself began to deepen.

Naturally, after graduating high school, Calvo was eager to attack college. She received a bachelor's in social science from the University of Houston-Downtown with a concentration in psychology and sociology, and a minor in political science in 2002. She then went on to earn a master's degree in social work in 2007 from the University of Houston Graduate School of Social Work. She received the Dorothy Caram Commitment to Leadership Award from the United Way Foundation. She has been recognized as one of the 100 Houston Latinas Women in Leadership and has served on Houston civic and community boards. Today, Calvo is the director of transition services at Houston Community College VAST Academy. The awards and recognitions this young woman has received during her 34 short years of life are incredibly impressive. She has accomplished more than most people twice her age. But, what makes her achievements even more impressive is that she was born with no arms or legs. Yes, Ana Calvo is a thalidomide baby.

Early in her pregnancy, Calvo's young mother was prescribed thalidomide and by all accounts she only used it once. Her pregnancy was picture-perfect: strong heart-beat, textbook weight gain and nothing that would cause alarm. But as is customary, a sonogram was scheduled. As fate would have it, when Calvo's mother arrived for the electronic look at her baby, the machine was broken. Calvo's parents were unable to see their yet to arrive baby whose arms and legs did not exist.

It is only human nature to ask, "What if the sonogram had worked? What if Calvo's parents had seen their unborn baby without limbs?" Instead, why not believe, like Calvo, that the broken sonogram machine was a miracle.

"Of course my parents were shocked, as well as the doctors. No one knew whether I would survive. Everyone was afraid how my mother would react so they did not let her see me until three

THE MIRACLE BABY FROM EL SALVADOR (CONTINUED FROM PAGE 13)

days after I was born. Finally, she told the doctor she wanted to see her baby,” Calvo said.

As each day passed, Calvo’s little body grew stronger and stronger in spite of the lack of limbs. All signs kept pointing to the fact that the Calvos had a very physically and mentally healthy baby. There appeared to be no medical reasons to keep Calvo in the hospital any longer. The best and only advice the doctors could give the young mother and father was to take her home, watch her closely, and do their best to give their daughter a happy, healthy life.

Calvo’s mother knew her baby would be a curiosity and knew it would be virtually impossible to shield her from staring eyes and unintended cruelty. Fortunately, for the most part, when they did venture out to neighborhood parks or public places with Calvo, people were curious, but respectful.

Soon, it was obvious to her parents that the kind of assistance Calvo would need to succeed in life was not available in El Salvador. Her grandfather, who was a member of the Freemasonry in El Salvador, was aware of the incredible rehabilitative services for kids like Calvo that were available at the Texas Shriners Hospital for Children in Houston. It was not long after initial contact was made with the hospital that Calvo and her parents were on their way to Houston. They knew immediately this was one place that could teach Calvo how to live an independent and productive life. They also knew there was much for them to learn in order to know how to help Calvo. So with that in mind, the Calvos sold their business, home and many of their personal possessions and moved the family to Houston where Calvo would spend countless hours of physical and occupational therapy for many years.

“They taught me how to do things for myself. All kind of things. They instilled self-confidence and taught me to believe in myself and that I could do anything I set my mind to do. The most important thing I learned was to not think any less of myself because I had a disability,” Calvo said.

Even though the hospital in Houston did a masterful job of instilling infinite confidence and unique physical skills in the little girl from El Salvador. They could not protect her from others who seemed determined to inflict cruelty on those who are different and vulnerable. Sometimes the hurt was intentional, but often, especially in Calvo’s teen years, it came in the form of high school cliques and raging hormones that plague many young adults. As Calvo says, “It was the crummy years.” Girls would exclude her. Boys wouldn’t talk to her. Even others with disabilities were less than kind. Fortunately for Calvo, when the slings and arrows of adolescence pierced her heart, a wonderful group of friends were ever-ready to tend to her wounded spirit. Even today, many of those same friends are a constant source of encouragement for Calvo.



CALVO AND HER FAMILY, CHRISTMAS 2012



CALVO AND HER BROTHER, RAFAEL

“The most important thing I learned was to not think any less of myself because I had a disability.”

... hard work, setting goals and believing in yourself can make it more than possible for you to go anywhere and do anything your heart desires - even if you were born without arms or legs.

Calvo's story and life can only be described as inspirational and humbling. For those of us born with strong arms and legs there are a myriad of lessons to be learned from Calvo and her extraordinary life. How did she overcome so many obstacles and conquer countless challenges? From where did her courageous spirit come? Ironically, at the core of Calvo's boundless, determined power came from her first grade teacher.

"She was phenomenal. She taught me one of my biggest lessons. She said, 'You will always have to work for what you have. No one is going to give you short-cuts because you have a disability.' I've carried her word with me all my life," Calvo said.

What would happen if every parent taught their children the simple lessons Calvo was taught as a child? If they did, our children would know that short cuts put you on a road to nowhere. They would know that hard work, setting goals and believing in yourself can make it more than possible for you to go anywhere and do anything your heart desires - even if you were born without arms or legs.

Thank God the sonogram machine didn't work. Yes, it was a miracle and so are you, Ana Calvo. So are you! ➡

CONTACT

Ana may be reached at calvoa16@gmail.com.

SIMPLY SMART PRESSURE MAPPING

Intelligent Stretchable Sensors for Seating • Beds • Feet • Balance • Gait



- Elastic sensors that conform to the person
- Easy to use and understand software
- Plug and Play connection to your computer or WiFi
- Great user support



BodiTrak sensors combine our patented elastic sensors with intelligent on the sensor electronics for a powerful easy to use pressure or temperature mapping system.



1.800.822.3553
www.boditrak.com



LET EVERYONE KNOW THEY HAVE THE POWER TO BE AGENTS OF CHANGE

Times are tough! We're all facing seemingly insurmountable challenges. Access to appropriate CRT – Complex Rehab Technology for consumers is threatened. Coverage policies no longer reflect the needs of the people who use CRT. Seating clinics are closing. Funding is decreasing while documentation requirements increase. The Separate Benefit Category for CRT under Medicare, H.R. 942, is the best solution to most of these problems we face.

Consumers, suppliers, clinicians and manufacturers – we're all in the same boat as members of the Complex Rehab Technology community. We all have the potential to change the future of CRT by acting now!

TWO THINGS YOU CAN DO RIGHT NOW:

1. Go to <http://nrts.org/petition> and sign the petition to urge your Members of Congress to support H.R. 942
2. Go to http://nrts.org/email_congress and send e-mail message to you Member of Congress in support of H.R. 942

WITH VERY LITTLE EXTRA EFFORT YOU CAN MAKE AN EVEN LARGER IMPACT!

Help everyone know that they can make a difference. Give them each a Call to Action card. Ask them to follow the two simple steps to contact their Members of Congress

- If you're a consumer – give one to each of your family members, friends and acquaintances.
- If you're a clinician – give one to each of your colleagues and clients
- If you're a supplier – give one to each of the consumers you serve and to each of your referral sources
- If you're a manufacturers' rep. – give one to each customer you call on and distribute them during your in-services
- If you're an educator – give one to each of your students and participants in your educational programs.

BE CREATIVE! Give a Call to Action card to everyone and anyone you know who might be willing to help us realize our goal of continued access to Complex Rehab Technology for people with disabilities.

To order additional Call to Action cards go to
http://www.nrts.org/call_for_action_cards.

If you have questions or desire additional information e-mail
smargolis@nrts.org.



YOU'VE GOT THE POWER!

Advocate for your continued access to the Complex Rehab Technology equipment you need.

SUPPORT H.R. 942

Please flip this card over and exercise your power!



www.nrrts.org

YOU'VE GOT THE POWER!

Advocate for your continued access to the Complex Rehab Technology equipment you need.

SUPPORT H.R. 942

Please flip this card over and exercise your power!



www.nrrts.org

YOU'VE GOT THE POWER!

Advocate for your continued access to the Complex Rehab Technology equipment you need.

SUPPORT H.R. 942

Please flip this card over and exercise your power!



www.nrrts.org

YOU'VE GOT THE POWER!

Advocate for your continued access to the Complex Rehab Technology equipment you need.

SUPPORT H.R. 942

Please flip this card over and exercise your power!



www.nrrts.org

YOU'VE GOT THE POWER!

Advocate for your continued access to the Complex Rehab Technology equipment you need.

SUPPORT H.R. 942

Please flip this card over and exercise your power!



www.nrrts.org

YOU'VE GOT THE POWER!

Advocate for your continued access to the Complex Rehab Technology equipment you need.

SUPPORT H.R. 942

Please flip this card over and exercise your power!



www.nrrts.org

STEP 1

Go to <http://nrts.org/petition>

Sign the petition supporting
the Separate Benefit Category

STEP 2

Go to http://nrts.org/email_congress

Send e-mails to your
Members of Congress

To learn more about the Separate Benefit
Category for Complex Rehab
Technology go to www.access2crt.org

STEP 1

Go to <http://nrts.org/petition>

Sign the petition supporting
the Separate Benefit Category

STEP 2

Go to http://nrts.org/email_congress

Send e-mails to your
Members of Congress

To learn more about the Separate Benefit
Category for Complex Rehab
Technology go to www.access2crt.org

STEP 1

Go to <http://nrts.org/petition>

Sign the petition supporting
the Separate Benefit Category

STEP 2

Go to http://nrts.org/email_congress

Send e-mails to your
Members of Congress

To learn more about the Separate Benefit
Category for Complex Rehab
Technology go to www.access2crt.org

STEP 1

Go to <http://nrts.org/petition>

Sign the petition supporting
the Separate Benefit Category

STEP 2

Go to http://nrts.org/email_congress

Send e-mails to your
Members of Congress

To learn more about the Separate Benefit
Category for Complex Rehab
Technology go to www.access2crt.org

STEP 1

Go to <http://nrts.org/petition>

Sign the petition supporting
the Separate Benefit Category

STEP 2

Go to http://nrts.org/email_congress

Send e-mails to your
Members of Congress

To learn more about the Separate Benefit
Category for Complex Rehab
Technology go to www.access2crt.org

STEP 1

Go to <http://nrts.org/petition>

Sign the petition supporting
the Separate Benefit Category

STEP 2

Go to http://nrts.org/email_congress

Send e-mails to your
Members of Congress

To learn more about the Separate Benefit
Category for Complex Rehab
Technology go to www.access2crt.org

EasyStand®

standing made easy



EasyStand Bantam

Provide more than seating & mobility

Look at the bigger picture

Meet all your client's needs

EasyStand.com has the answers

Are
You
Standing
Yet?



800.342.8968

easystand.com

A TYPICAL SALES PITCH

Schmitt's success reflects his constant search for ways to connect with the end-user

Mark Schmitt not only works for a leading durable medical equipment manufacturer but also understands the need for such products from a consumer's point of view. In fact, he was instrumental in securing the funding for in-home use of standing equipment.

DIRECTIONS recently had the opportunity to visit with Schmitt about his work in the rehab/HME industry and his position as director of sales and marketing for Altimate Medical Inc., the Minnesota-based manufacturer known for its standing equipment (EasyStand) and products.

How did you become interested in the medical equipment industry?

It started on a warm spring day in April 1983, when a motorcycle accident left me a T-12 paraplegic. The irony of becoming spinal cord injured is I already knew a bit about it. A cousin of mine had also had an accident a few years earlier and being around him let me know life did not end after such a catastrophic accident.

My first interest in the business came while attending college and working with suppliers for my wheelchairs and supplies. They were my lifeline for products, and I found it interesting how much of a difference one supplier can make over another. I attended Southwest Minnesota State University, which had a large wheelchair population, and we all talked about where we got our products and how the suppliers that spent the time doing the little extra always seem to get the bulk of our business. I learned from that experience that customer service really does pay dividends.

What are some of the most significant milestones in your career?

When looking at successes I have contributed to, I always reflect on how many people Altimate Medical has helped to maintain a healthier life. From the beginning we focused on the health benefits our products bring to the users and then left the sales to follow.

One area we pioneered is funding. Early on, standing was not paid for by a lot of funding sources. Standing was seen as a school or institutional product and not something for the individual. In 1990, I dreamed up a funding guide that would help the clinician justify standing for the individual for use at home. We got help from some clinicians who guided us on what to include. One person in particular who helped with the first version was Marcia Margolis.

The other success that makes me proud is where we started from and where we are now. Just being part of a company that has advocated for those with disabilities since its beginning has made working at Altimate Medical easy.

Who has been instrumental in those accomplishments?

I would have to start with the founder of Altimate Medical, Alan Tholkes. He invited me to see a new product that he was working on and when I stood in the very first EasyStand, I told him, "I could sell this." He took that literally and offered me a job. I was fortunate to have a mentor who from the beginning pushed me to try new ways to market products. Most importantly, I was allowed to fail as long as I learned from my mistakes.

Others who help in the learning process include many of the independent reps who have worked with us through the years. One in particular threatened to leave me on the roadside if I didn't stop asking questions. I was young and armed with a four-year degree in marketing, but in reality learned more from my reps, suppliers, therapists and co-workers.

This is your second time to work for Altimate Medical. What brought you back?

I left the first time not because of the company, but rather I was having a tough time living in a small town and needed to see a bit of the world. I stayed in the business and did a

similar job for three years. I came back because I was asked to come back. Altimate was growing and needed some more management and I never stopped believing in the products. I have to admit that the second time was a lot faster pace and we as a company grew up with the industry.

Tell us a little about why you began your blog and how social media has impacted Altimate's marketing strategies?

We have always made it a point in our marketing to connect with the people who use our products and our referral sources. Social media was a natural extension for us to talk to our customers and let them know more about us. We do focus a lot on standing, but we also get into what is happening in the world of the disabled.

We also use social media to drive people to our website. We made a commitment to make our website as comprehensive as possible, so anyone interested not just in our products, but also standing in general would have a place to find information. Our Health Benefits and Funding Guide sections are specific to standing and not products so a therapist recommending standing products can use it and find it relevant.

Social media is currently popular and does drive people to the website; however, good old-fashioned sales and marketing is still needed. Meeting and working with suppliers, therapists and end-users will never be replaced.

Altimate was recognized recently by the Minnesota Safety Council as a top-level safety employer. How does such a distinction help in sales and marketing of the company's products?

Safety is a win-win situation for the company as well as the employees. We have to take our hats off to our production team who made the decision early on that we were going to do everything in our power to keep our employees safe. Early on we did things like inviting inspectors into our company to do safety assessments. We had several items that needed fixing and with their help were able to fix them and also learn in the process.

I am not sure we sold more product because of the several safety awards we have won, but I am sure having an accident-free environment for more than

(CONTINUED ON PAGE 21)

The revolutionary Knee Adductor that swings out of the way, in any direction.

Simplified positioning, durable construction and a customized fit. That's the exclusive POSAlinc® 360 Knee Adductor. With a simple twist of the release knob, the POSAlinc 360 positions the knees into better alignment through controlled support, increased weight bearing ability and improved stability. It provides personalized adjustment that's perfectly secured—every time. Two post lengths, three pad sizes and multiple mounting options ensure a customized fit to meet your clients' needs. See it in action at AELseating.com.

POSA^{linc}®
360

AEL Adaptive Engineering Lab

AELseating.com
866.656.1486

©2013. POSAlinc is a registered trademark of Adaptive Engineering Lab, Inc. Patent Pending.



Finding the right postural support system is the first step to a fuller, healthier lifestyle. By combining air and foam, we've created lightweight cushions and back supports that effectively stabilize the pelvis and spine while preventing skin breakdown. Our self-inflating valves keep things simple—there's never a need to pump.

View our full line of products at www.varilite.com.



(800) 827-4548

 **VARILITE**
A Better Way to Sit™

A TYPICAL SALES PITCH (CONTINUED FROM PAGE 19)

five years has made a difference in keeping fellow workers happy and feeling safe at work.

What are the future challenges for Altimate and the industry as a whole?

Funding is the biggest challenge for Altimate. We are constantly working with suppliers and therapists on a number of different issues. Funding sources have a hard time understanding alternative positioning and will often make rash decisions on what to cover and what not cover. We have a full-time funding specialist, Nancy Perlich, who works with the end-user, therapist and supplier to gain approval. Sometimes, consumers have to take on an insurance company and at other times a state Medicaid to gain coverage for not just one person, but for all those they cover. We are here to help with the process.

What's on the horizon for Altimate Medical?

We are going to keep our focus on standing equipment. We are expanding our product line in 2013 and have plans for more standing products in 2014 and beyond. We are also planning to expand our education program both on our website and in the field.

What areas in the industry has Altimate taken a lead in?

We have taken a proactive position on funding and have made it an equal to our sales and marketing. Our products do not fit the seating and mobility categories and are sometimes not seen as important. We spend time and resources working with NCART, NRRTS and other organizations associated with

Complex Rehab Technology. We have tried to be the go-to resource on standing equipment for all the players including suppliers, therapists, end-users and funding sources.

What changes would you like to see in the industry?

Something I would like to see changed is how few wheelchair users are coming into our industry. Most of the current roster of wheelchair users working in the industry came into the business in the '70s, '80s and '90s. Wheelchair users are becoming very rare and it would benefit the industry as a whole if we made a concerted effort to recruit more consumers. I believe those of us who use wheelchairs bring a unique perspective and can contribute through our experiences.

Another area that needs to be addressed is getting consumers to become stronger self-advocates for the equipment we need to live productive lives. Too often we are getting pushed around by funding sources and the biggest annoyance is that it seems to be systematic. They hope that just saying no to needed equipment the first couple of times will send us on our way.

Organizations such as Users First and NCART are taking the lead in advocacy, but we as manufacturers and suppliers need to spend time and resources turning our customers into self-advocates.

What other roles do you have in the medical equipment/complex rehab industries (boards, association memberships, etc.)?

I haven't participated on any boards and maybe it is time to do so. I have been involved with CELA and am glad to have had that experience. We, as a company, have contributed time, people and resources to NCART, NRRTS, RESNA and various other organizations involved in Complex Rehab Technology.

What does a typical work day/week look like for you?

Working for a small company requires wearing a lot of hats. A typical day could be working with sales issues, customer service, marketing, product development and even some regulatory work. Another side of work is travel, which can include conferences and tradeshow, working with our reps, and also working with our international distributors.

What's life outside of the 9 to 5 like for Mark Schmitt?

Life outside of 9 to 5 is pretty laid back. When I came back to Altimate Medical, I bought a lake home and eventually made it my permanent residence. I come from a large family – eight siblings and numerous nieces and nephews – who spend most summer weekends keeping me entertained. ➡

CONTACT

Mark may be reached at mschmitt@easystand.com or 507.697.6393x35.

FINDING BEST COMPLEX REHAB TECHNOLOGY FOR PATIENTS TAKES TEAMWORK

Providing the best care when it comes to rehabilitation technology is truly a team effort, and Edward Bonk is a key player on that team. Bonk is director of business development for Newington, Conn.-based Hudson Seating & Mobility, which has nine locations in New England and metro New York and New Jersey.

"I work closely with Hudson's 25 ATPs and CRTS®s. I am involved with introducing referral sources to our products, services and programs that assist therapists and physicians to obtain the appropriate technology for the patients they treat," he said. "I believe my role is both an educator and a motivator."

Bonk has been a physical therapist since 1981 and began working with rehab technology providers as a clinician about 18 years ago. "I realized how much of an impact I could make on a patient's quality of life by helping them to obtain the appropriate seating, mobility and assistive technology equipment," he said. He believes his

background as a therapist allows him to better understand both the clinician and ATP/CRTS® roles and how the interdisciplinary team functions. He works closely with Hudson's Clinical Education Manager to develop certified courses on topics directly related to assistive technology as a resource to clinicians.

"I am responsible for assisting our ATPs/CRTS®s with some

of the more complex evaluations, and I assist in the review of medical documentation that we receive from clinicians," Bonk said. "Educating clinicians (both therapists and physicians) in what is required to document medical necessity for various Complex Rehab Technology (CRT) is also an essential function of my job."

In 2004 Bonk passed the RESNA certification to become an ATP, and in July 2010 he took the RESNA SMS (Seating and Mobility Specialist)

exam and became one of the first 26 ATPs to become SMS certified. Bonk takes great pride and satisfaction in helping to obtain the most appropriate CRT for patients. He finds the ever-changing industry both a rewarding and challenging aspect of being a NRRTS Registrant.

"There are two challenges I see in this industry. Funding is probably the most challenging issue facing our industry today," he said. "HR -7348 Ensuring Access to Quality Complex Rehabilitation Act of 2012 is the most important legislation I have been involved in. For four years I, and several other Hudson staff members, have been going to Washington, D.C., to lobby our politicians for this cause.

"At times we forget that not everyone, politicians especially, have firsthand knowledge about what CRT really includes and the people who require CRT," he continued. "Lobbying our politicians locally or in Washington is vital to maintaining access to this technology for people in need of CRT."

The other major challenge Bonk sees in clinician education pertains to what is required for coverage of specific items. "As a physical therapy student in the '80s, I believe we had a two-to four-hour lab session on wheelchairs

"Lobbying our politicians locally or in Washington is vital to maintaining access to this technology for people in need of CRT."

New! Exciting! Fun! FREE!

- Find out how NEW products and services could change the way you do things.
- Fun adaptive sports, dance and more! Try it at the Expo and keep it up through local programs.
- Attend workshops and hear the experts offer solutions for travel, home modification and so much more!

www.AbilitiesExpo.com
Register online for priority access.

New York Metro May 3-5, 2013	Chicago June 28-30, 2013
Houston August 2-4, 2013	Boston Sept. 20-22, 2013
Los Angeles Feb. 28 - Mar. 2, 2014	San Jose Nov. 22-24, 2013
	Atlanta Mar. 14-16, 2014

that focused mostly on the different types of chairs available at that time," he said. "In 2013, the challenge is for clinicians to understand the coverage criteria and what is required by funding sources to get equipment that they are prescribing medically justified. I believe that educating clinicians is our responsibility as NRRTS Registrants."

Ultimately, Bonk says, it all comes down to teamwork.

"While performing evaluations with therapists I have always said, 'You tell me clinically what the patient's deficits and functional needs are, and I will provide you with a number of options that address these deficits/clinical needs.' Then we can talk with the end-user about the pros and cons of each option and come to a 'team decision' about what will meet the clinical needs and desired patient outcomes the best."

CONTACT:

Ed may be reached at edward.bonk@hudsonmobility.com or 860.666.7512

METALCRAFT

Introducing a **NEW** Upholstery

"SUAVE"
Completely Smooth
Easily Wiped Clean
Water Repellent Surface

Contoured Headrest

HAWC

Adjustable Winged Headrest

www.Metalcraft-Industries.com
888-399-3232

Quality Products
Competitive Pricing

COMPLEX REHAB PRACTICE:

Niche skills are the new base for your business

DIRECTIONS is pleased to add the newest column "CRT Business Exchange" to our line-up of regular features. If you have comments, ideas or want to submit an article please contact Amy Odom at aodom@nrrts.org.

Competitive bidding has changed the landscape for the majority of the Complex Rehab Technology providers in the country. The margins we realize are smaller and smaller so we have to increase our sales in order to survive. So how do we grow and thrive in these trying times while still providing great outcomes for our clients?

The good and typical response to these industry changes is to branch out into other areas such as home and vehicle modifications or adding product categories in the medical devices model. There is another way to grow though which creates an unexpected base for consistent sales that will increase your overall bottom line and elevate the stature of your company.

In my company in Erie, Pa., we sell mostly complex rehab products, orthotic and prosthetic devices and also some home and vehicle modification products. Years ago, when we started, we decided the local hospital owned DMEs and other larger companies which were established in oxygen, support surfaces. Basic DME satisfied, mostly, the need for these product categories for our referral sources. We decided our strength and best chance for success was complex rehab.

In order to grow further we had to distinguish ourselves as a high-end medical focused provider. We chose to add pediatrics as a specialty practice and used this focus for growth. Later we developed a "Complex Shapes Practice" concept to further build our base of customers. Over time, we attained a great deal of skill and extremely high customer satisfaction in these "niche" areas, which created our base and defined us for our referral sources as a better alternative to the bigger more bland companies. Today we consider ourselves to be a "Complex Rehab Practice" and

promote ourselves in this fashion. As businesses, we define ourselves to our customers and this was the way I wanted our company to be perceived in our market areas and to our payers.

Pediatrics and molding seating for clients is widely regarded as not profitable and time consuming. I would argue both can be done efficiently and profitably. Each area must be considered a specialty practice within your company with personnel trained specifically to do these product categories at a very high level.

The problem for companies with these product offerings is they consider pediatrics and complex shapes as just another product they offer like power wheelchairs or electric beds. A different perspective is to see the potential for recurring revenue and good margins that can be derived from a robust and efficient process that addresses the specific needs of each category. By providing exceptional services in these arenas you will see an improvement in all of your technical acumen as it relates to your seating outcomes and your customer base will grow as a result.

The industry as a whole has adopted the much improved "Complex Rehab" descriptor for defining ourselves. This is a healthy trend for our companies, customers and referral sources. Let's look at the case for expanding these two areas and see if it is a good fit for your business development strategy.

Pediatric seating has a bad rap. "It is not profitable, the follow-up and rework is a killer," etc. If you train and develop the professional staff to support the business profitably and properly, pediatrics can be a steady addition to your company's bottom line. Children and their families are repeat customers and have great loyalty if you handle them well within a medical/professional relationship.

Companies that understand this client population and choose to be successful in it, arrange a portion of their operations to run in a manner that is accommodating to this unique customer group. Pediatric assessment techniques, special RTS and technician

(CONTINUED ON PAGE 27)

Grow sales and define yourself as a professional/medical entity rather than a wheelchair store.

Ready to roll

the NEW EZ RIDER



- **NEW - One Piece Push Handle**
easily adjusts to accommodate the height of the caregiver
- **NEW - Colorful Cordura Upholstery**
combines improved seating and support with aesthetic flair
- **NEW - Foot-Operated Wheel Locks**
allow safer locking and unlocking
- **Custom-Built to Order**
for years of performance, comfort and safety
- **Unconditional Lifetime Guarantee**

Lightweight • Compact Folding • Convenient

 **Convaid**
Now You're Going Places

Call us today to set the wheels in motion

888-Convaid (266-8243) • www.convaid.com



www.facebook.com/ConvaidWheelchairs

A child in a white shirt and blue pants stands in a grassy yard holding several large balloons (yellow, blue, white) and a small yellow balloon. A wooden fence is in the background.

DEFLATED AIR CUSHION?

Try **VICAIR**[®]
THE FUTURE OF AIR



Cushion shown without cover.

**MAINTENANCE FREE
SATISFACTION GUARANTEED**

* If you are not satisfied with your Vicair cushion at any point within 90 days of purchase you may return your cushion for a full refund.



800.564.9248
comfortcompany.com

COMPLEX REHAB PRACTICE (CONTINUED FROM PAGE 24)

training, organized clinic development in large centers and other facets of this business process need to be tailored to ensure the efficient flow of work for this unique population.

Pediatrics is by far the most satisfying product category our company serves. My amazing staff has a great deal of pride from the work we do in this arena.

A complex shapes practice (think Aspen Seating) is profitable when you take the time to develop the correct model, train the right professional staff and utilize the correct product for this type of practice. We use Ride Designs because it can be modified easily for growth, mistakes and/or client changes.

This “Complex Shapes” practice expands your customer base. We are in Pennsylvania and get client referrals from six states and Canada because we continually develop a regional reputation for excellence. This recurring customer base is an excellent addition to our annual sales.

Providing services to very complex individuals has forced my entire staff to deliver better outcomes not just for our complex clients, but also for our regular customers who we see for less complicated systems.

The skilled RTS is a precious commodity. We think of them as an asset and train and support them as such. Investing time in them as professionals always pays dividends. You will need to consider the role of skilled RTS in these arenas as indispensable to the success of your programs. Be careful to develop a complex shapes (or pediatric) practice not just a complex shapes (or pediatric) practitioner in your business. This will ensure your work environment has depth of knowledge and skill and is sustainable over time.

These two arenas have been a stable base for my company as we work to grow the day-to-day adult business. The kids are our pride and joy as well as customers for life (as long as we treat them great!).

After years of developing this practice and mindset, our customers and referral sources know us as the most qualified company in town because of this medical/professional orientation and mastery of these niche areas.

I have great pride in my company and see the fantastic results we achieve from defining ourselves in this manner. I am proud of what the “Complex Rehab Practice” mindset has yielded in my community, and we are on a more stable footing as a result. Doing more is always an option to create success. We chose to have impact over success and we got both.

As you consider these areas of practice pathways to growth and greater success, remember it takes time to develop these resources. There is no easy path. A company must consider their current skills and resources when plotting a path into these skill intensive areas. If a company does not invest real effort in making these programs special, they will not yield the desired result. Children, families and folks with complex problems need serious people and efforts to address their needs.

I firmly believe our best days as an industry are ahead of us. I encourage everyone to remember we are terrifically talented professionals who have a great deal to offer our communities. Growing our businesses, however we do that, springs naturally from this mindset.

Keep the faith! ➡

CONTACT THE AUTHOR:

Jim may be reached at jnoland@pirt.us.

Providing services to very complex individuals has forced my entire staff to deliver better outcomes not just for our complex clients, but also for our regular customers who we see for less complicated systems.

SBC LEGISLATION RE-INTRODUCED WITH BIPARTISAN SUPPORT

While the calendar year started Jan. 1, the Separate Benefit Category (SBC) for Complex Rehab Technology (CRT) year started March 4. That's when U.S. Rep. Joe Crowley, D-N.Y., and U.S. Rep. Jim Sensenbrenner, R-Wis., jointly re-introduced our SBC legislation. The "Ensuring Access to Quality Complex Rehabilitation Technology Act of 2013" is now available for passage. The legislation is off to a great start with bi-partisan introduction and has been assigned a brand new bill number, H.R. 942.

The CRT community is very grateful for the leadership of both congressmen. Crowley, hailing from New York, is a member of Democratic House leadership serving as vice chair of the House Democratic Caucus. He also is a member of the House Ways and Means Committee, the House committee with primary jurisdiction over Medicare. This new bill is a follow-up to original legislation he introduced in April 2012 and that bill finished the year with 38 co-sponsors.

Here's what he had to say at the time of introduction. "For people with disabilities or other medical conditions, complex rehabilitation technology products aren't a luxury, they're a necessity. Our legislation will help ensure more patients can access the high-quality products and services they need to help them lead a better, more independent life." He continued, "And, it puts forward much-needed quality standards and consumer protections, making the Medicare program stronger for individuals and suppliers as a result."

Sensenbrenner is a senior House Republican from Wisconsin, serving since 1978, with a proven history of

supporting legislation and activities for people with disabilities. He was an original co-sponsor of the Americans with Disabilities Amendments Act of 2008 where he teamed up with then majority leader U.S. Rep. Steny Hoyer, D-Md., in a bipartisan effort. In 2011, Sensenbrenner and his wife, Cheryl, were awarded the Spirit of the ADA Award given by the American Association of People with Disabilities (AAPD). Cheryl Sensenbrenner also has a long record of advocacy leadership, including serving both as a board member and as past board chair for AAPD.

"As someone who has been a leader in the past, fighting for the rights of the disabled, I want to ensure that all Americans have full access to

the best tools available, giving them the ability to live each day to the fullest," said Sensenbrenner. "Disabled Americans should not be denied the benefits of proper rehabilitation or medical equipment that can provide them the opportunity to live and work freely and independently. With increased flexibility and proper oversight, we can ensure help for those in need while inhibiting fraud and abuse."

As we have reported, the SBC initiative has garnered broad support from the consumer and clinical communities. More than 40 national groups have signed on in support of the legislation and its objectives. The list includes the ALS Association, American Association of People with Disabilities, ITEM Coalition, National Council on Independent Living, Paralyzed Veterans of America, United Spinal Association, American Association of Occupational Therapists, American Association of Physical Therapists, and the American Academy of Physical Medicine and Rehabilitation.

Now that the SBC legislation has been re-introduced, CRT stakeholders can build on the progress made in Congress last year. That resulted in strong bipartisan support from 39 House Members, including 13 members from the key House Ways and Means and Energy and Commerce committees. The group also included the Republican and Democrat co-chairs of the House Bipartisan Disabilities Caucus.

(CONTINUED ON PAGE 31)

... the SBC initiative has garnered broad support from the consumer and clinical communities. More than 40 national groups have signed on in support of the legislation and its objectives.

**Prairie Seating
Corporation**

Creating Possibilities[®]

With the *Reflection* PSS 98
plane and simple[®] Planar Simulator
“designed with the therapist in mind”

To the *Reflection* PSS 97
Molding Frame, fully powered tilt,
recline and seat depth adjustment
Now featuring Latex Free Bags

To the Mold
Foam or Plaster

To the finished *Reflection*
Custom Contoured Cushions
vinyl-covered or naked with removable covers,
mounting: pans or wood and mounting hardware

To the *Luv-Base*[®]
With optional lateral tilt



Reflection[®]
Custom Contoured Cushions

All machined components are manufactured
in our ISO/TS 16949 & ISO 14001 registered
Hi-Tech CNC Facility: Grot Tool & Mfg. Inc.

Prairie Seating Corp. 7515 Linder Ave - Skokie, IL 60077 847-568-0001 Fax 847-568-0002
E-mail prairieusa@aol.com www.prairieseating.com



45 YEARS
Of Trusted Solutions



Listening To Your Needs

Ensuring Quality



WE HELP YOU GET IT RIGHT



**Utilizing
Technology**



www.Therafin.com



Here's what we will focus on as we move through 2013: (1) revisiting last year's House co-sponsors and getting them to sign on to H.R. 942 and securing additional co-sponsors; (2) finding a senator to introduce a Senate companion bill; (3) supporting the efforts of the House Bipartisan Disability Caucus to hold a Hill briefing to educate members of Congress and their staff; (4) securing respective Congressional Committee staffs' input and support; and (5) obtaining a financial scoring from the

Getting legislation passed in Congress is a real challenge. H.R. 942 will get passed only if enough members of Congress hear from people in their home districts and states. We need thousands of people from across the country to contact Congress and tell them this issue is important and they need to sign on to this bill.

Congressional Budget Office. Once we've done those things, we can look to get our small bill attached to a larger health care bill and then getting it passed and signed by the president. Not an easy road, but we have a noble mission and a dedicated group of stakeholders.

We will use various CRT events to help spread the word and generate broad support this year. The first major event will be the NCART/NRRTS CRT Leadership and Advocacy Conference in Washington on April 9 to 11. This conference will provide business education, Medicare and Medicaid advocacy education, and a day of visits to members on Capitol Hill. In conjunction with this we will have a national "Call Your Member of Congress Day" so those who can't make it to D.C. can still lend their voices of support.

So what can YOU do? Getting legislation passed in Congress is a real challenge. H.R. 942 will get passed only if enough members of Congress hear from people in their home districts and states. We need thousands of people from across the country to contact Congress and tell them this issue is important and they need to sign on to this bill. Here are four simple steps everyone needs to execute:

- **Step 1** - Go to www.access2crt.org to review the background material and get informed
- **Step 2** - Use www.access2crt.org to email your members of Congress and sign the National H.R. 942 Petition
- **Step 3** - Download the one page "Call to Action" at www.access2crt.org and widely distribute to get others engaged in this advocacy
- **Step 4** - Follow up with your members until they sign on as a co-sponsor

We have also developed a variety of tools at www.access2crt.org to help in your advocacy efforts. These include: "Intro to CRT" video, position paper, legislation summary, suggested email, CRT background information, etc. These can all be very helpful, but are worthless unless you and others take the time to use them with Congress.

Let's build on the momentum we have created! Thanks for contacting your members of Congress and helping spread the word to other CRT stakeholders. We need to make the big push this year and can only do that with everyone's help. ➡

CONTACT THE AUTHOR:

Don may be reached at dclayback@ncart.us or 716.839.9728.

Visit www.ncart.us for more information.

WHEELCHAIR POSITIONING FOR OLDER ADULTS

“Older adults” are defined in the United States as those “65 and over.” Since the advent of Social Security and Medicare, this has been the age after which an adult enters later life stages of retirement as well as making several other physiological and psychosocial transitions from “middle age” into the stages of later life. Many older adults do not begin experiencing mobility deficits until much later in life, if at all. Therefore, many wheelchair users in this population are actually over the age of 75, or even 85. It is important to remember chronological age may provide very little information regarding the functional capacity of this diverse population. In spite of the differences between chronological age and physiological age, most statistical data sources continue to use the ages of “65 and over” when describing this population.

With the aging of the “baby boom” generation, older adults are a rapidly expanding demographic in the U.S. Baby boomers began turning 65 in 2011, and current projections are that this population will number 70.2 million, or 22 percent of the population, by the year 2030.¹ Additionally, the segment of “old-old” (over 85) is the fastest growing portion of this population. In the U.S., approximately 850,000 individuals older than 65 regularly use wheelchairs for mobility.² This is the largest population of all wheelchair users.³ Combining these two critical statistics, the older adult population is a very important, yet largely underserved, population of wheelchair users in this country.

When considering the wheelchair seating and mobility needs of older adults, there are two main populations of interest. One involves the population of older adults who acquire a mobility disability late in life due to the occurrence of a stroke, a progressive disease like Parkinson’s disease, or a musculoskeletal condition like osteoarthritis. Another is a population of people who acquired a mobility disability earlier in life and are now aging into this life stage with this pre-existing condition including spinal cord injury, cerebral palsy, spina bifida, multiple sclerosis or muscular dystrophy, among others. Individuals with disabilities are living significantly longer, many into this “older adult” stage. These two populations have distinct seating and positioning needs, however all are affected by the aging process and therefore share some characteristics.

Wheelchair seating and positioning is critical for this population for many of the same reasons it is critical for all persons who use wheelchairs. Optimal seating supports good health, optimizes comfort, improves mobility, maximizes function, and ultimately provides access to “activity and participation.” All persons who rely on wheelchairs for mobility incur risks as a result. These risks include: development of pressure ulcers, loss of strength and range of motion, development of

postural deformities, general declines in multiple body systems including the cardiopulmonary and circulatory systems, and impaired access to social activities, which is so critical for quality of life and health. Older adults frequently experience higher levels of risk due to the combination of the physiological effects of aging and the risks normally associated with loss of the ability to stand and walk.

Older adults experience physiological changes due to the aging of the body’s cells, tissues and systems. These include changes in the musculoskeletal system, the skin, and the muscles and bones themselves. Three main areas relevant to wheelchair seating are affected: posture, body tissue changes, and skin changes. Posture is significantly influenced toward flexion and this postural change is further exacerbated by prolonged sitting.⁴ A loss of water from the disks of the spine and muscle weakness leads to increased thoracic kyphosis, frequently with a forward head posture, and a reduction in the normal lumbar curve. Additionally, this posture is more likely to be “fixed,” because the tissues themselves are less elastic and more susceptible to permanent changes. General changes in the body’s tissues, including the tendons, ligaments and other connective tissues, also include a loss of water content, loss of elastic materials and overall loss of extensibility or “stretchiness.” Tissues are at greater risk of damage caused by mechanical forces, and losses of range of motion, particularly in the lower body joints, are very common. Changes include reduced mobility of hip, knee and ankle

(CONTINUED ON PAGE 34)

Taking the Hassle Out of Hip Belts.

The Evoflex™ Pelvic Stabilizer stays where you need it. Just pivot into position, click the buckle, and you're ready to roll. No tangled straps. No complicated adjustments. It has never been easier!

- Won't twist or fall into the wheels
- Fits into even the tightest places
- Closer fit provides better stability
- Pivots forward and back for easier transfers
- Resistant to abrasion, tearing, and temperature extremes



Patent Pending



For more information visit www.bodypoint.com/evoflex or call 1-800-547-5716

BPMM012, Jan 2012 Rev 2

WHEELCHAIR POSITIONING FOR OLDER ADULTS (CONTINUED FROM PAGE 32)

joints, among others. Finally, several changes in the aging skin lead to significant fragility of the skin with greater risk of pressure ulcers and mechanical trauma injuries, such as skin tears or easy bruising. These changes complicate wheelchair seating interventions and make more precise application of technology critical for this population.

In addition to these normal age-related changes, older adulthood is associated with increased prevalence of multiple diseases, including cerebrovascular disease, which may result in one or more strokes (or cerebral vascular accidents), diseases causing dementia (such as Alzheimer's disease), Parkinson's disease, many types of cancer, and multiple other pathological conditions. Although not a normal part of the aging process, older adults experience these diseases in greater numbers and frequently acquire mobility disabilities as a consequence of these conditions. In addition to these primary disease processes, older adults also experience co-morbidities, such as diabetes, hypertension, osteoarthritis, and peripheral neuropathies. While these conditions may not cause primary losses in mobility, they complicate the application of postural supports in a safe and effective seating system.

As if the older adult "positioning puzzle" is not complicated enough with all of the above factors, there is great variety of living circumstances, caregiver arrangements, and funding complications experienced by this population. Approximately 95 percent of older adults live in the community, in a variety of living environments, including: privately owned homes, rented apartments, subsidized independent living environments, and assisted living environments. Only about 5 percent of older adults

live in skilled nursing or long term care facilities, however this percentage goes up to approximately 20 percent for individuals over 85.¹ Different living environments offer different challenges associated with wheelchairs. Many older adults are cared for (if they require assistance) by older-adult spouses or other family members. The caregivers may be experiencing age-related changes themselves and may have impairments of their own. It is critical to consider the needs of the caregiver when working with an older adult. Finally, the funding picture for a positioning device may be very complex. Although Medicare is frequently the primary funding source, there may be involvement of Medicaid, private insurance companies, the VA system and other funding sources. Older adults living in long term care facilities may be "spending down" their own resources until they become eligible for Medicaid program funding. Access

what's **nu** with you?

United Seating & Mobility and ATG Rehab have come together to form one dynamic company: Numotion.
With a strong local focus, we aim to be the most responsive and innovative company to do business with. As a loyal and helpful partner for our customers, we're here to move lives forward for years to come. It's a nu day in mobility.

800.500.9150 numotion.com

numotion™
Mobility starts here.



IT'S AS EASY AS TAKING A PICTURE!

INTRODUCING IN-SIGHT—AN EYE-OPENING ADVANCEMENT IN SHAPE CAPTURE TECHNOLOGY.



At PRM, we're taking shape capture technology to an entirely unprecedented level.

The fast and flexible In-Sight digitizing system enables you to effectively capture

the unique contours of your clients' bodies in exact ¼ inch increments. With just one click, In-Sight takes a precise, digital snapshot from a seating simulator. Eliminating the need for messy plaster casts or time-consuming foam molds.

Faster, easier-to-use and more accurate than traditional methods, In-Sight also gives you the ability to create superior-quality, better-fitting customized molds in a fraction of the time.

The future of shape capture technology is here. Only from PRM.

To schedule a one-on-one product demo or to find out how you can get an In-Sight camera for free, contact PRM at 866.776.7342 or visit us online at PRMRehab.com today.



IN-SIGHT

11861 East Main Road | North East, PA 16428 | ph: 814/725-8731 | toll free: 866-PRM-REHAB

www.PRMRHAB.com

to some technologies, such as manual ultra lightweight wheelchairs with configurable frames may be quite limited and if an older adult lives in a long term care facility, they may have little to no access to third party payment for custom mobility or seating technologies.

In spite of the many challenges associated with this population, seating and positioning goals and principles still apply and there is evidence that helps guide practitioners towards the best possible solutions. Seating and positioning goals for older adults, much like those for other populations, include: supporting optimal posture, facilitating function, optimizing mobility in the living environment, and improving safety or reducing risk of complications like pressure ulcers, falls or other injuries. There are many positive benefits of optimal seating for older adults, including reducing the need for potentially harmful restraints while improving comfort and function⁵ and enhancing manual wheelchair propulsion.³

Older adult positioning, as with any wheelchair positioning solution, begins with a thorough assessment process.⁴ During this process, it is critical to pay close attention to the specific risk areas associated with aging including range of motion restrictions, particularly in the lower extremity hip and knee joints, the postural changes of the individual, the general skin and soft tissue of the older adult, and the general physiological health. Optimal positioning cannot be achieved if these conditions are overlooked or underestimated. A thorough medical history must accompany this physical examination as well, so there is a complete understanding of all associated pathologies, co-morbidities and risk factors associated with

(CONTINUED ON PAGE 38)



NATIONAL CRT LEADERSHIP & ADVOCACY CONFERENCE

Including CELA 2013 and the 2013 Medicaid Summit

Hyatt Regency Crystal City - Arlington, Virginia

April 9 – 11, 2013

Presented by NCART and NRRTS

TWO REGISTRATION OPTIONS

OPTION 1 - FULL CONFERENCE

LEADERSHIP/ADVOCACY/CAPITOL HILL VISITS

- NRRTS Registrants or Friends of NRRTS - \$395
- NCART Members - \$395
- Other Attendees - \$495

Discount available for multiple attendees from the same company.

OPTION 2 - ADVOCACY ONLY

ADVOCACY/CAPITOL HILL VISITS

- NRRTS Registrants or Friends of NRRTS - \$225
- NCART Members - \$225
- Other Attendees - \$295

To register, visit www.ncart.us or www.nrrts.org



CONFERENCE SCHEDULE

LEADERSHIP DAY

TUESDAY, APRIL 9, 2013

7:30am to 8:30am	Registration
8:30am to 10:00am	Future of CRT
10:00am to 10:30am	Break
10:30am to 12:00pm	CRT Breakouts 1 and 2
12:00pm to 1:30pm	Lunch
1:30pm to 3:00pm	CRT Breakouts 3 and 4
3:00pm to 3:30pm	Break
3:30pm to 5:00pm	Moving CRT Forward
6:00pm to 8:00pm	"CRT United" Reception

ADVOCACY DAY

(includes Medicaid Summit and CELA 2013)

WEDNESDAY, APRIL 10, 2013

7:30am to 8:30am	Registration
8:30am to 9:00am	Welcome and Overview
9:00am to 10:00am	Keynote Speaker
10:00am to 10:30am	Break
10:30am to 12:00pm	Medicaid Session 1
12:00pm to 1:00pm	Lunch
1:00pm to 3:00pm	Medicaid Session 2
3:00pm to 3:30pm	Break
3:30pm to 4:30pm	Capitol Hill Visit Preparation
4:30pm to 6:00pm	State Delegation Meetings
6:00pm to 7:30pm	Advocacy Reception

CAPITOL HILL VISITS DAY

THURSDAY, APRIL 11, 2013

9:00am to 5:00pm	Capitol Hill Visits
5:00pm to 7:00pm	Debriefing Reception



NATIONAL CRT LEADERSHIP & ADVOCACY CONFERENCE

Including CELA 2013 and the 2013 Medicaid Summit

Hyatt Regency Crystal City - Arlington, Virginia

April 9 – 11, 2013

Presented by NCART and NRRTS



EASY STAND
MONROE WHEELCHAIR

HUDSON SEATING & MOBILITY
RIDE DESIGNS
VARILITE

MK BATTERY
THE ROHO GROUP

WHEELCHAIR POSITIONING FOR OLDER ADULTS

(CONTINUED FROM PAGE 35)

the application of wheelchair seating and positioning. As with any other comprehensive evaluation process, a simulation with the desired positioning and mobility solution is important to gaining a full understanding of the potential success of the system and documenting potential outcomes.

Common complaints associated with positioning of older adults include the occurrence of “sliding out of the wheelchair,” sitting with a slumped posture, having the inability to propel the wheelchair effectively, and general discomfort in the seating system. Most of these seating problems are caused by ill-fitting or poorly configured systems. Many older adults are positioned in “one size fits all” standard manual wheelchairs with sling seat and back upholstery and few, if any, positioning options. These wheelchairs are not optimally configured to meet the positioning and mobility needs of older adults and subsequently perform very poorly. Standard wheelchair configurations do not accommodate losses in range of motion, particularly of the hip and knee joints, that occur frequently in older adults. The lack of ability to accommodate to these common problems leads to compensatory postures, including sliding the hips forward on the seat (hence, “sliding out of the wheelchair”) to allow for a more open, or larger, thigh to trunk angle. Additionally, the standard depth of the sling seat upholstery may just be too long for the older adult, which will also result in the pelvis losing posterior support and falling into a posterior tilt, which results in sliding forward on the seat. Although not seemingly insurmountable problems, with the complications in funding and technology access, these situations are difficult to resolve in some circumstances.

Optimal wheelchair positioning for older adults relies very heavily on several key strategies. A careful and thorough evaluation and assessment process is critical. Clinicians must pay particular attention to lower extremity range of motion limitations, hamstring flexibility, postural changes of the trunk and head, and strength changes throughout the body to achieve a positive outcome. If there are already problems identified (like sliding out of the wheelchair), then the root causes of the problems must be determined. For example, if the cause of sliding out of the wheelchair is a lack of posterior pelvis support, then just providing a larger seat to back support angle will not fix it.

A carefully fitted seating system with the proper seat width, depth, back height, arm support and leg support configuration is essential. Wheelchair seat to back support angles must accommodate limitations in hip flexion and, if possible, orient the upper body such that gravity is facilitating extension, rather than flexion. This may be done with an after-market back support with adjustability in angle or a wheelchair with an adjustable angle back support or an adjustable tilt mechanism. Lower extremity positioning systems must accommodate excessive tightness of the hamstring muscles and allow adequate flexion of the knees so that the client's pelvis is not being pulled forward on the seat. Additionally, the wheelchair seating must be flexible enough to allow the desired mobility method. Older adults frequently use various combinations of upper and lower extremity movement, which allows them to be most effective and efficient in propulsion.

All surfaces in contact with the body must be supportive, but also contain properties to minimize the risk of pressure ulcers. All surfaces must be soft and pliable to reduce the risk of mechanical stresses on skin and other at-risk

tissues. Many older adults require a combination of positioning and pressure management supports, although access may be limited by their medical diagnoses or living circumstances. It is critical to find the right balance between restrictive and supportive positioning to facilitate function and mobility without increasing risks. There are many technology solutions available that will meet the needs of this population, however finding the right match between the client and the technology may be challenging and requires creativity and perseverance. The outcomes can be dramatic and, if done correctly, can make all the difference in both function and quality of life for older adults ➤

CONTACT THE AUTHOR

Barb may be reached at barb.crane@cox.net.

REFERENCES:

1. Robnett RH, Chop WC. *Gerontology for the Health Care Professional*. 2nd ed. Sudbury, MA: Jones and Bartlett Publishers; 2010.
2. Redford JB. Seating and wheeled mobility in the disabled elderly population. [Review]. *Archives of Physical Medicine & Rehabilitation*. 1993;74[8]:877-885.
3. Aissaoui R, Arabi H, Lacoste M, Zalzal V, Dansereau J. Biomechanics of manual wheelchair propulsion in elderly: system tilt and back recline angles. *Am J Phys Med Rehabil*. Feb 2002;81[2]:94-100.
4. Rappl L, Jones DA. Seating evaluation: special problems and interventions for older adults. *Topics in Geriatric Rehabilitation*. 2000;16[2]:63-72.
5. Rader J, Jones D, Miller LL. Individualized wheelchair seating: reducing restraints and improving comfort and function. *Topics in Geriatric Rehabilitation*. 1999;15[2]:34-47.

... AS LONG AS YOU ARE POSITIONED WITH
MOTION CONCEPTS



IT DOESN'T MATTER WHAT YOU DRIVE



Toll Free Tel: 1.888.433.6818 ► Toll Free Fax: 1.888.433.6834 ► www.motionconcepts.com

GERIATRIC POSITIONING AND MOBILITY CASE STUDY

Mary is an 80-year-old lady residing in a nursing home. She was often in pain from arthritic changes in her hips and back. Additionally, with the onset of dementia she was often found yelling "nurse" to try and get attention and go back to bed. She had been provided with a geri chair (*photo 1*) to sit in when not in bed. Mary was constantly sliding forward and out of the chair and, because she could not get out of the chair independently, this could be considered a restraint.

The home provided her with a "loaner chair" to sit in, which was a standard wheelchair with adjustable angle back canes, a solid back and a seat cushion. Although this provided her with a little more comfort, she was unable to wheel herself due to the wheel position and size (*Photo 2*). Additionally, the back angle was increased so much to accommodate her kyphosis that she was no longer able to feed herself at a table (*photo 3*). Interaction with others was still difficult as her head was not in a functional medial/upright position (*photo 4*), and therefore she had to strain her neck to look up. Lack of mobility and the required effort to position herself for activity limited her interactions and activity participation.

Mary was then provided with a tilt in space wheelchair with supportive and comfortable seating (*Photos 5-7*). With the chair set up to maximize propulsion, with optimal angles for eating and activity, and adequate support for rest and communication, Mary became more alert, involved and no longer screamed for the nurses to put her back to bed. Proper seating and mobility allowed her to become a part of the life of the nursing home again instead of someone that was placed behind closed doors to reduce the "noise."

As clients with medical, physical and often mental conditions age, we must deal with their inherent orthopedic and muscular changes, as well as difficulties they begin to experience as their internal systems begin to fail. Often the trunk becomes severely curved with the force of gravity on weak muscles. Sliding out of chairs or falling becomes a common complaint with protective fetal positioning occurring. Fragile bones from osteoporosis complicate the mobility of stiff joints. Weak hearts, decreased lung capacity and arthritic changes decrease mobility and strength for moving and manipulating assistive technology. The challenge then is to respect the client's need for comfort while at the same time supporting them against gravity for function and interactions with others within their environment and within their cognitive functional capacity.

The importance of observing orthopedic and tonal changes as clients age and how they are affected by their seating support surfaces is critical. Human beings are adaptive. When a seating system can no



PHOTO 1 - GERI CHAIR WITH INADEQUATE POSITIONING, RESTRAINT INFRINGEMENTS, DISCOMFORT, AND LACK OF MOBILITY, INDEPENDENCE AND SELF-ESTEEM.



PHOTO 2 - LOANER WHEELCHAIR WITH ANGLE ADJUSTABLE BACK AND MODULAR BACK AND CUSHION SUPPORT, BUT WHEEL SIZE AND SET UP NOT CONDUCTIVE TO SELF-PROPULSION.



PHOTO 3 - LOANER WHEELCHAIR WITH SEAT TO BACK ANGLE SUPPORTING KYPHOSIS, BUT NOT ALLOWING FOR INDEPENDENT EATING AT TABLE TOP.



PHOTO 4 - LOANER CHAIR NOT ALLOWING FOR EFFECTIVE COMMUNICATION WITH OTHERS. NECK STRAIN TO LOOK UP.

Adaptability in equipment design, prescription and timeliness of reassessment is necessary to accommodate the aging process.

longer accommodate changes in function, physical stature or psychosocial needs, the aging human body will likely adapt to the equipment currently in use, whether that be safe or not, in order to provide the necessary posture for function. This is an even greater risk with the cognitively impaired population (Alzheimer's disease or dementia) as the client may not be aware of or cannot communicate the changes that are happening to them. Further deformities in postural alignment will then occur as a result of the body changing without a subsequent change in the seating system. In providing assistive technology for this population, we must assess the need proactively for change. Adaptability in equipment design, prescription and timeliness of reassessment is necessary to accommodate the aging process.

The following are common bodily changes that occur with aging and need to be considered when prescribing equipment:

Skeletal changes: calcium loss with increased fractures and non-union healing, posterior pelvic tilt, kyphosis/scoliosis due to weak abdominal/back musculature, stiff and painful joints due to lack of movement or arthritic changes. Consider: increased shock absorption in mobility systems, pressure relieving seating, correct seat-to-floor heights for foot propellers, adjustable seat to back and seat base angles, adjustable armrest heights and support surfaces for feet and upper body.

Muscle, heart and lungs: size and strength decreases, lungs become less pliable with reduced capacity, clients have less energy and tolerances for mobility or sitting, decreased blood flow creates less elasticity to skin. Consider: ultra lightweight bases with proper set up to improve mobility – camber, axle position for center of gravity, rigid frames with flip up or swingaway footplates, or power bases to reduce reach and effort for mobility, pressure relieving cushions and back supports.

Kidney and bladder: decreased size, less blood filtration, enlarged prostates. Consider: incontinent covers, size or need for medial knee support, ease of transfers to encourage toileting.

Stomach and intestines: decreased swallowing quality due to kyphotic changes, suppressed appetite, constipation from decreased motility and lack of water consumption. Consider: dynamic tilt for positioning for feeding/swallowing, postural support for upright posture to open the abdominal cavity, trays for improved support of the upper extremities.

Endocrine and glandular changes: hormonal changes resulting in fragile bones. Consider: shock absorbing bases, pressure relieving cushions and backs, comfort positioning versus correction.

(CONTINUED ON PAGE 42)

GERIATRIC POSITIONING AND MOBILITY CASE STUDY (CONTINUED FROM PAGE 41)

Nervous system: decreased sensation to touch and temperature, slower movements due to decreased nerve activity to muscles, decreased balance and reaction timing. Consider: support surface temperatures, high pressure relieving surfaces, plastic coated or Naturalfit handdrims.

Sensory changes: poor vision for far, near, and colors, poor hearing, decreased taste and smell (possibly leading to decreased food intake with weight loss and poor skin conditions). Consider: bright visual colors, large bright LED readouts, adjustable mobility systems to accommodate weight changes.

A full assessment is critical with each evaluation. Multiple conditions and dysfunction within the body may increase the speed in which changes occur. Special consideration needs to be taken for at risk skin areas, bony protrusions, tone and contractural changes from lack of movement and long term hemiparesis. The following are important areas in assessing the aging population:

- Prognosis and potential for change
- All other medical complications, diseases, and diagnoses
- Previous or planned surgeries (i.e. due to hip fractures)
- Nutritional status and planned changes in dietary supplements
- Changes in the environment – home to long term care
- Cognitive status
- Ability to identify and communicate pain
- Stimuli that promote relaxation or agitation
- Destructive behaviors

When cognitive function is also limited, it is critical that all team members are involved in determining assistive technology needs. Outcome documentation is critical for observing skin condition, respiratory distress and behavioral changes which may indicate discomfort or pain. The potential for falls must also be assessed in the aging population. Falls are common in the elderly population and can pose a serious threat to their mental and physical health. Every year a third of all persons 65 years and older who reside in the community report one or more falls. Falls are

The most important outcome for the client is the increased comfort and feeling of well-being and safety our elderly gain from utilizing the assistive technology that has been carefully prescribed for them.



PHOTO 5 - TILT IN SPACE WITH ANGLE ADJUSTABLE BACK, MODULAR BACK SUPPORT AND PRESSURE MANAGEMENT/COMFORT CUSHION TO REDUCE PAIN AND PROVIDE FULL SUPPORT. THIS ALLOWS FOR INDEPENDENT EATING AT A TABLE.



PHOTO 6 - ABILITY TO SELF-PROPEL IN TILT IN SPACE WITH PROPER SET UP.



PHOTO 7 - TILT IN SPACE ALLOWS FOR COMMUNICATION AND ACTIVITY WITH OTHERS WITHOUT POSTURAL STRAIN.

NEW & IMPROVED

MSS Tilt and Recline Seating System

**EASIER TO ADJUST. CHILD CAN REMAIN IN SEAT
WHILE ADJUSTING TILT POSITION.**

- » Hydraulic actuator for easier tilt-in-space adjustment
- » Only one hand and one tool needed
- » Simple depth and height adjustments for optimal positioning
- » One product accommodates two widths
- » **Accessories:** High and low wheeled mobility bases



Wenzel to Re/hab
drive

Shown with low
wheeled mobility base
(Item #MS 0015N)

Seeing is believing!

To request a sample or demo, contact us at wenzelite@drivemedical.com. For more product information visit us at www.drivemedical.com/MS3000N and to order call Toll Free at 877-224-0946.

Copyright© 2011 Medical Depot, Inc. dba Drive Medical Design and Manufacturing®, 99 Seaview Boulevard, Port Washington, NY 11050. All trademarks used in association with the sale of products of Drive Medical Design and Manufacturing are trademarks owned by Medical Depot, Inc. All other trademarks, trade names, service marks and logos referenced herein belong to their respective companies.

the second leading cause of accidental death and can also result in a fear of instability and falling in those who have fallen previously. As a result, falls can lead to decreased mobility, individual and family distress, long term care placement, and the use of chemical and physical restraints. In institutionalized clients, falls can account for up to 90 percent of all reported incidents. Falls and resulting injuries are not random, unpredictable events, but are understandable and preventable. Falls are the result of the interaction of physiological, social and environmental factors. By assessing these areas, and then providing the client with assistive technology to decrease the risk, the likelihood of severe deterioration can be avoided.

With respect to seating and mobility technology, poor use or understanding of seating products and lack of independent mobility can limit sensory stimulation, interaction, participation and communication. Inappropriate seating can create pain through poor posture, inflexible joint ranges, and pressure points. Pain can become a primary focus in the aging population and further create impaired mobility, decreased participation in pleasurable activities, increased dependence in activities of daily living, increased resistance to care and confused or aggressive behaviors. This is when “restraint use” comes into play versus the consideration of proper pressure management and postural control.

Therefore, to reduce restraint use, seating programs must be developed in order to prevent physical and cognitive deterioration in clients as they age. The program must be a team effort for full intervention in areas of seating and mobility assessment, skin care, nutrition, transfers, nursing care,

(CONTINUED ON PAGE 44)

GERIATRIC POSITIONING AND MOBILITY CASE STUDY

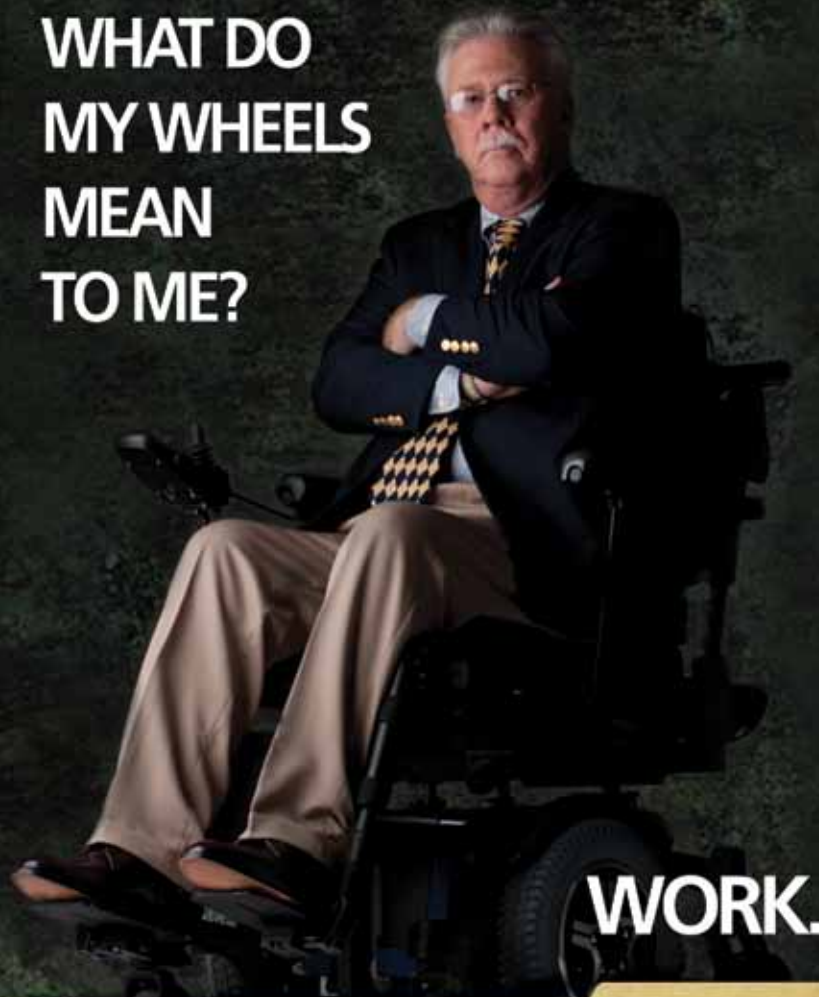
(CONTINUED FROM PAGE 43)

family wishes and client concerns. Many aging clients have minimal support and intervention, when more is typically indicated by the needs of this population.

Goals of the seating program should be to:

- Decrease pain and fatigue through chair set up and cushion/back support
- Increase comfort through support surfaces and foot/arm support
- Increase support and security through secondary supports ONLY after the primary supports and chair set up has been accomplished
- Increase mobility through appropriate chair style, and set up
- Increase body image
- Increase behavior by being cognizant of comfort and support issues related to chair set up and use
- Increase stimulation with increased alertness by providing optimal alignment and mobility requiring the least amount of effort
- Increase interactions by improving effortless mobility
- Maintain autonomy and interaction with the physical and social environment
- Maintain overall function, dignity and self-esteem – individuality of seating and mobility systems...one size doesn't fit all!

WHAT DO MY WHEELS MEAN TO ME?



WORK.

People who are familiar with wheelchair users know that their wheelchairs and seating systems are key to their mobility, independence and ability to be active in their communities. For wheelchair users, their wheels are necessary for employment, education, socialization, health care and so, so much more.

Providing the wrong wheels because of a bureaucrat's one-size-fits-all mentality and other discriminatory policies rob wheelchair users of their potential.

Help promote functional independence for wheelchair users.

Join our cause and register at www.usersfirst.org.

WWW.USERSFIRST.ORG



Like Us on Facebook at WWW.FACEBOOK.COM/USERSFIRSTALLIANCE.





The newest members of the Sunrise Education Team, Steve Boucher and Angie Kiger, are hitting the road teaching several new courses for Adult Manual, Power, Pediatrics and Custom Seating. Sign up today!



UPCOMING LIVE SEMINAR SCHEDULE

March 12, 2013	Pediatric Thoughts, Ideas, Solutions (.7 CEU)	Portland, OR
March 13, 2013	Pediatric Thoughts, Ideas, Solutions (.7 CEU)	Bellevue, WA
March 14, 2013	Pediatric Thoughts, Ideas, Solutions (.7 CEU)	Spokane, WA
April 9, 2013	Pediatric Thoughts, Ideas, Solutions (.7 CEU)	Anaheim, CA
April 16, 2013	Sit on It! Happier Days are Here! (.4 CEU)	Houston, TX
April 16, 2013	Functioning in a Manual Wheelchair (.4 CEU)	Houston, TX
April 18, 2013	Adult Independent Manual Mobility (.7 CEU)	Greenville, SC
April 30, 2013	Adult Independent Manual Mobility (.7 CEU)	Portland, OR
May 1, 2013	Adult Independent Manual Mobility (.7 CEU)	Bellevue, WA
May 2, 2013	Adult Independent Manual Mobility (.7 CEU)	Spokane, WA
May 2, 2013	Adult Independent Manual Mobility (.7 CEU)	Atlanta, GA
May 7, 2013	"To Infinity and Beyond" with Custom Seating (.7 CEU)	Marlborough, MA
May 16, 2013	Adult Independent Manual Mobility (.7 CEU)	Gainesville, FL
May 21, 2013	Adult Independent Manual Mobility (.7 CEU)	Harrisburg, PA
June 6, 2013	Mobility is POWERful! (.7 CEU)	Staunton, VA

For course descriptions, detailed event information and to sign up, please visit www.sunrisemedicaleducation.com

Pain can become a primary focus in the aging population and further create impaired mobility, decreased participation in pleasurable activities, increased dependence in activities of daily living, increased resistance to care and confused or aggressive behaviors.

Once the parameters of the equipment have been determined and provided, then a variety of specific products can be recommended by the technology supplier. By developing objectives, and parameters, lengthy and tiring trials of inappropriate equipment can be avoided. Outcome data after trial will provide a record of the benefits of the technology being prescribed. These benefits must then be demonstrated to funding agencies, family and staff. The most important outcome for the client is the increased comfort and feeling of well-being and safety our elderly gain from utilizing the assistive technology that has been carefully prescribed for them. Involvement in daily life activities and decision making returns to the elderly the respect which they deserve and desire. ➡

CONTACT THE AUTHOR:

Sheila may be reached at therapynow@cogeco.ca.

RESPONDING

The CTF, NCART Respond to CMS Request for Information Related to K0009 Reclassification Initiative

The Clinician Task Force (CTF) was first established in 2004 by clinicians concerned about the policies that negatively impact consumer access to wheeled mobility and seating, including coverage coding, and payment. Our mission is to advocate for professionally sound, clinically based public policies that ensure individuals with mobility impairments have appropriate access to seating, positioning and mobility products and services. Our group meets an important need by providing a viable forum to gather opinions and recommendations from the leaders in the clinical community in order to formulate position papers and responses and submit them to policy makers, government officials and Congress in a timely responsive manner.

Our recent project is a tangible demonstration of the work of our dedicated volunteers. The CTF in collaboration with NCART recently developed a thorough report in response to a request from Centers for Medicare and Medicaid Services (CMS). This work will have continued value as we seek separate recognition for CRT at federal and state levels.

At the end of 2012, the CMS and the PDAC announced a K0009 coding reclassification initiative to be effective March 1, 2013. This

CMS effort was to move products currently coded as "not otherwise classified" to existing HCPCS codes. The CTF and NCART met with CMS on several occasions to request the CRT items currently coded as K0009 remain K0009 or instead unique HCPCS codes be established. Moving currently coded K0009 products into existing HCPCS codes we believe will undoubtedly block consumer access to these products.

CMS requested the CTF and

NCART assemble and submit additional information relating to K0009 products including technological distinctions, utilization, cost, user population, clinical indicators and evidence to support a superior clinical outcome. Together CTF and NCART prepared a 147 page report presented to CMS on Jan. 28, 2013. In developing this report, CTF members reviewed more than 120 peer reviewed articles related to CRT manual wheelchairs. Relevant articles were identified and an Evidence Summary provided in each product category section. The full report can be downloaded at <http://cliniciantaskforce.us/wp-content/uploads/2013/02/Medicare-K0009-MWC-Manual-1-31-13-compressed-file.pdf> Medicare K0009 MWC Manual 1-31-13 (compressed file).

The materials focus only on CRT items presently classified within K0009 and exclude non-CRT items. The CRT product categories within K0009 are:

1. Positioning Tilt in Space (<45°) Manual Wheelchairs
2. Made to Measure Manual Wheelchairs
3. Bariatric Manual Wheelchairs with Special Features
4. Standing Manual Wheelchairs

The CTF/NCART goal for this report was to provide the CMS and PDAC staff with information that will assist in determining code-verification of products within the K0009 code and general indications for coverage of these technologies.

Feb. 28, 2013, the PDAC announced a 30-day delay on decisions surrounding coding verifications for K0009 products while they review these materials. The new effective end date for all products currently coded under K0009 is April 30, 2013. Manufacturers that submitted a coding verification application to the PDAC prior to Dec. 3, 2012, will be notified on April 1, 2013, of the coding verification results.

CMS has indicated the CTF and NCART will have an opportunity to meet with CMS again on this issue and are awaiting further details. ➤

CONTACT THE AUTHOR:

Laura may be reached at laura@rehabtechconsultants.com or 404.370.6172

The CTF/NCART goal for this report was to provide the CMS and PDAC staff with information that will assist in determining code-verification of products within the K0009 code and general indications for coverage of these technologies.

Taking Complex Rehab out of Rehab

When faced with complex situations, having the right set of tools can make all the difference in the world. Stealth Products Inc. brings you the best products, services, and people to help you navigate the maze of complex rehab. Stealth Products' focus is on creating the best outcomes possible for you and your client. We start with a team of experienced and supportive customer service representatives. These folks are your complex-rehab tour guides; their expertise will help lead you to your destination.

Our mission is to provide high quality, aesthetically pleasing products, designed to improve the quality of life for those with special needs. This commitment is embodied by each and every Stealth employee every day. One Team. One Mission.



www.stealthproducts.com
1.800.965.9229



We have you covered...
...From head to toe!

**Stealth
Products**

ADVOCACY AT YOUR FINGERTIPS

If you are reading this article we probably share a passion for this industry. We are like a family as we work together to keep our dreams alive, to continue providing the opportunity for freedom of movement for the amazing consumers we serve. Honestly, this is a tough business as funding continues to erode, not to mention inaccurate accusations flying at us. If you are reading this article, you are most likely one of the good guys or gals providing the best possible solutions for people with mobility limitations.

A little over a year ago an ATP, working as a supplier, approached me after a UsersFirst presentation. He was excited about our success uniting the consumer voice and UsersFirst's role within United Spinal Association. He declared we are now a strong force. Then, his gaze lowered as he explained he meets people every single day who are unable to receive the best mobility equipment options for their lives due to limiting and ridiculous policies or guidelines. I felt for him and for all the ATPs out there dedicated to helping fellow humans be as independent as possible. Honestly, I think being free to access your life is an American right and advocating for yourself and others is an American duty – both of which, this industry exemplifies.

He asked me how we mobilize consumers and I explained our vast chapter network and United Spinal's rich history in disability advocacy and policy, and that quite a few consumer coalitions in

Washington, D.C., look to UsersFirst for quick and pertinent results regarding consumer mobilization. Filled with inspiration, he asked if there was a way he could help with consumer recruitment. Since he is in contact with so many consumers throughout his work week he said he would like a quick and easy way to help register consumers for UsersFirst. He suddenly

exclaimed he would like the UsersFirst registration form in an electronic version he could carry on his cell phone or tablet. Great idea! I knew I had to make this happen – somehow.

As a social entrepreneur, I was never certain if I would be able to raise the funds necessary to carry out our stated goals. Now, UsersFirst is part of a larger consumer nonprofit and I am still not certain if we will be able to raise the essential funds. What I did know is the mobile registration form was a fantastic idea. From there, I started searching for a programmer who could develop this form. Long story short, we

found the funds and the programmer and UsersFirst launched its mobile registration form first at NuMotion's meeting in Las Vegas in February and the official launch at the International Seating Symposium.

This form is a mobile website that can be added to the home screen of a mobile device or desktop. It provides anyone the ability to quickly and easily register anyone for UsersFirst. Suppliers, clinicians, consumers and advocates now have the opportunity to advocate everyday.

UsersFirst collaborates with all stakeholders to monitor and continue pushing for legislation that increases consumer access to complex rehab technology. As we are learning, the authentic consumer voice is very powerful and with every registration that voice gets louder and louder.

Start advocating with the UsersFirst Mobile Registration Form at: <http://signup.usersfirst.org>. Be recognized for your advocacy efforts by opting to get an ID code. UsersFirst will award the top consumer, clinician and ATP recruiter who will be announced at Medtrade Fall on Oct. 8, 2013. Contest begins March 7, 2013, and runs until Sept. 30, 2013, but please don't stop there. Your efforts help us gain consumer support at local and national levels, which ultimately help us when addressing issues with Congress. ➤

CONTACT THE AUTHOR:

Ann may be reached at aeubank@usersfirst.org or 718.803.3782 ext. 7271

Suppliers, clinicians, consumers and advocates now have the opportunity to advocate everyday

KidWalk connections

Like nothing before it – KidWalk encourages key steps through independent hands-free exploration...supporting vital childhood development.



With KidWalk hands free means holding hands...



See where KidWalk can take your child



ph. 1.800.827.8263 | fax 1.800.800.3355
www.primeengineering.com | info@primeengineering.com

Visit YouTube and type in KidWalk to see our kids developing, learning and going places.

ARE YOU ELIGIBLE FOR THE SMS CERTIFICATION EXAM?

RESNA's Seating and Mobility Specialist certification (SMS) is an advanced certification that recognizes and identifies rehabilitation professionals with advanced knowledge and experience in the field of seating and mobility. RESNA established the program to provide formal recognition for those with their Assistive Technology Professional (ATP) certification who have advanced clinical knowledge, experience and skills in this area of practice.

The eligibility requirements for the SMS certification are fairly simple. First, candidates must have their ATP certification and be in good standing. Eligible candidates must also have at least 1,000 hours of direct, in-person, consumer service delivery experience in seating and mobility at any time during their career. (These hours can be the same hours used to establish eligibility for the ATP.) Finally, candidates must demonstrate initiative in two professional service categories within the past five years.

It is this last requirement where there are some common misperceptions. RESNA lists seven professional service categories, which leads people to mistakenly believe they need activities in all seven. Remember, you only need two. The categories are:

- Continuing education – the CRTS® designation from NRRTS fulfills this requirement
- Presentations/formal instruction
- Mentoring/supervision
- Client service delivery (clinical case study; researcher/personnel in a research study; or outreach as teacher/coach for community organization serving people with disabilities)
- Advocacy
- Leadership
- Publication

On the RESNA website, examples are listed for each category. Most candidates are able to fulfill two categories very easily: continuing education and client service delivery. For continuing education, you need 1.0 CEUs in seating and mobility courses or the CRTS designation in good standing from NRRTS, which also fulfills this requirement. The other category that most candidates can fulfill is the client service delivery category, where there are three options:

- Submitting a clinical case study which does not have to be published; most candidates find this to be the best option; OR

- Direct work with clients or participants who use seating and mobility technology in a research study; OR
- Direct work with clients in a teaching or coaching capacity, such as wheelchair sports.

writing a good clinical case study

Submitting a clinical case study is something everyone working directly with clients in this field should easily be able to do. A case study simply documents your approach when working with a client on finding the best solutions to meet their needs. It should include each of these elements:

- **Problem identification/assessment** – the client's needs are thoroughly assessed and linked to their mobility impairment, function and environment. In addition to their current needs, their future needs are also considered.
- **Matching assessment findings with features** – based on your assessment, you are recommending certain features that will meet your client's needs, abilities and goals. Simply list these features.
- **Selecting a solution** – document the solution you recommended to the client, including justification of why the solution presented was the best available option. Conducting a trial use and documenting clear outcomes is an important part of this process.

Most candidates are able to fulfill two categories very easily: continuing education and client service delivery.

• **Implementation and follow-up plan** – provide details on how the seating, positioning and mobility technologies were optimized to best fit the client and discuss any training or demonstration you performed. Listing any future needs or follow-up is important to do as well.

You'll find more details in the SMS application appendices on the RESNA website. Go to www.resna.org/certification and click on "Becoming SMS certified."

Regardless of whether you decide to pursue SMS certification or not, practitioners should get into the habit of developing a professional portfolio. The professional portfolio expands on an individual's résumé, and documents her/his accomplishments for

promotion or change in employment. Taking the time to write case studies and developing a portfolio is important, particularly if the professional is working with new technologies or complicated client needs and abilities. You can use these case studies to share with your colleagues or through RESNA's Assistive Technology Forum, and find out what others have experienced in similar situations. The cases studies demonstrate your commitment to the field and your skills, knowledge and expertise. Sure, it takes time, but it also helps you track what you've done and the solutions you've found to be most helpful.

now you're eligible. what's next?

Download an application from the RESNA website, fill it out, and return it with the application fee. Starting April 1st, depending on when you apply, you will be approved to take the exam within a 90-day exam period. The next exam period for those applying between April 1st and May 31st is July 1 to Sept. 30, 2013.

Once approved, you schedule your exam at the most convenient Prometric computer-based exam center for you. There are literally hundreds of locations across the country, in Canada and around the world. The SMS exam has 165 questions and includes photographs and videos. The exam covers performing an assessment; funding resources, coverage and payment; implementing an intervention; outcomes assessment and follow-up; and professional behavior. You can find more information on the RESNA website.

Regardless of whether you decide to pursue SMS certification or not, practitioners should get into the habit of developing a professional portfolio. The professional portfolio expands on an individual's résumé and documents her/his accomplishments for promotion or change in employment.

should you pursue SMS certification?

Right now there is no regulation or requirement that professionals in the seating and mobility field obtain the SMS certification, so pursuing certification would be about your own professional pride and demonstrating your level of expertise to other stakeholders (e.g. consumers, caregivers, other professionals). That doesn't mean things can't change. Speaking purely from my own perspective, I have decided to dedicate my career to seating and mobility, so it made sense for me to get my certification. I believe the fact that I have an advanced certification has heightened my credibility at The Ohio State University Wexner Medical Center where I work. I also think consumers deserve professionals who have met an unbiased, outside standard in knowledge, experience, quality and ethics. That's why I'm proud of my ATP/SMS certification. ➔

CONTACT THE AUTHOR:

Carmen may be reached at Carmen.Digiovine@osumc.edu.

CONSUMER ADVOCATES SPEAK OUT TO AFFECT CHANGE

WRITTEN BY: DANETTE BAKER



Because complex rehab technology exists ...

... **Spencer Veraldi** has the opportunity to fulfill his dream of becoming a writer.

... **Jenny Siegle** is a taxpayer, owns her own home, and drives herself to work each day

.... **Kesha Pilot** can stand tall again.

These and many other consumer advocates are making a difference in their homes, communities and in our nation's capitol. They are effecting change in the systems that govern access to Complex Rehab Technology and services. Some are new to the role and others are very experienced but they all are impacting lives – their own and those of others. Here are a few of their stories.

THE ROOKIES

★ SPENCER VERALDI ★



Valerie Veraldi taught in an elementary school for nine years, and some of her students were in the special education program. Had someone wanted a child as severely disabled as her own son in a regular classroom, Veraldi would

have said there was no way the student belonged. She now knows differently.

Her son, Spencer Veraldi, was born 28 weeks premature. He has severe cerebral palsy, epilepsy and cortical visual impairment. The first two years of his life, Spencer struggled just to stay alive. He had severe gastrointestinal disorders, and his treatment for the condition superseded other therapies. However, despite his limited physical abilities, Spencer quickly displayed a cognition that surprised his therapists and his parents. By preschool, he began to identify colors and letters, but when Spencer received a communication device, “He showed us there is a really smart young man in there,” said Veraldi. “It takes almost an hour

for him to write a sentence, but without technology people wouldn’t know all he could do. It’s hard for people to look past the wheelchair.”

Many were initially willing to write-off Spencer. The 16-year-old is now starting algebra, he is learning on grade level, and advancing with his peers. He also writes poetry and dreams of becoming a writer and living on the beach in California.

Spencer’s parents hope he can somehow fulfill his dream and live independently. They know, however, that will require the right wheelchair, seating system, communication device and a provider who knows the technology and how to get it funded.

Their dreams may be fading fast if something is not done to secure funding for Complex Rehab Technology. In the past four years, the number of providers in the Denver, Colo., area, where the Veraldi family lives, has decreased from five to one because of cuts in Medicare funding. Many of those

providers have gone to private pay. One left the industry altogether because of the challenges related to Medicare and insurance reimbursement. "He had a background in technology that was unmatched," Veraldi said. "Spencer wanted to play video games so he found a way to adapt an Xbox controller; he also recommended an auditory scan with switches."

Because funding sources are becoming scarcer, Spencer's dad works two jobs, so they can cover the costs when necessary. They are also very meticulous when devices are recommended because once you have the equipment, you won't be funded again for many years, Veraldi said.

The Veraldi family will make their first trip to CELA this year to give Spencer and those like him needing CRT a voice. They have been advocates at a local level educating personnel at school and their

church to look past physical limitations for an individual's abilities. They learned about the CELA conference from their representative at Aspen Seating and Ride Designs who has worked with Spencer since he was 4 years old.

"We want to put a face on the issue to influence the government to take action to make sure Spencer and others have the technology they need to finish school and college and overcome their limitations. We want people to know a disability does not and should not limit one's potential," said Veraldi. "We want Spencer and others to have the opportunity to live out their dreams. For him, this is all so very critical because his well-being depends on the availability of technology and providers."

**We want people to know a disability does not
and should not limit one's potential.**



Kesha Pilot wants nothing more than for wheelchair users to have the tools they need to participate in life just as they did before. She wants families to play together at the park. She hates

being stranded in her wheelchair on the sidewalk while her husband and 3-year-old son, Parker, play so she's working to change that. Pilot is in the early stages of establishing a local chapter in Hot Springs, Ark., of the National Spinal Cord Association, hoping through it she can better advocate not only for technology and services needed by those with disabilities, but also to improve the choices they have available.

Specifically, Pilot wants to see a fully accessible playground in her community, like the one she saw at the Metropolitan Multi-Service Center in Houston, Texas, which also included an accessible swimming pool, workout facility and gymnasium.

"For me, it's sort of a selfish reason I'm doing all this," Pilot said. "I want to share life with my family like I did before the accident. Our chapter of the National Spinal Cord Injury Association will help us to create a formal alliance with other spinal cord injury patients so we can advise and encourage each other, but also advocate for inclusion within our communities."

This time last year, Pilot's life was on a different path. She had no idea what life was like in a wheelchair. On July 4, 2012,

everything changed. Pilot suffered spinal cord injury when she rolled her car after falling asleep at the wheel. The family had been in Florida for Pilot's sister's wedding and were driving back late to get home for Fourth of July celebrations in Hot Springs, Ark. About an hour from home, Pilot veered off the road flipping the car into the ditch. She fractured the first lumbar vertebrae and a piece of the bone pierced the spinal cord. The neurologist was initially hopeful she would regain use of her legs, but later classified her as a T7 paraplegic.

After returning home from the rehab facility in Houston, Pilot became antsy just sitting in her chair all day. She reached out to the Arkansas Spinal Cord Commission and met Erin Gildner. Together, they have worked to bring greater support to their community for those with spinal cord injuries.

She and Gildner have started from ground zero working to assemble a board of directors and perfect the mission statement for this new association. Eventually, they want to provide support, especially to those who are newly injured. "I think a lot of people, like I did, don't get out much on their own. It's easy to return home, yet stay in hospital mode: to just sit and watch TV," Pilot said.

The women have goals of providing financial support to those without insurance, as well as promoting research for rehabilitation and providing equipment for therapeutic treatments. One example, Pilot cites, is the Lokomate treadmill, which has enabled her to simulate the walking motion, a treatment that shows promising results for improved circulation and potentially weight-bearing walking. She also uses an Easy Stand Glider at home, which she believes improves cardiovascular health, circulation, prevention of atrophy, and bowel and bladder function.

"My feet swell on a daily basis; however, when using my standing frame on a daily basis, the circulation improvement is obvious with the smaller size of my feet. It also stretches my hip flexors. I did not see standing frames at the rehabilitation center in Arkansas, but they had a whole room full of them in Houston."

Her insurance covered the standing frame, but many private insurance policies do not, and it's not covered by Medicaid, Pilot said. She discovered this lack in accessibility when she met Gildner and learned she didn't have a standing frame at home because her insurance would not pay for one and

there were none available for her to use even at the rehabilitation center.

"Standing reminds me that I am the same person I was before the accident," Pilot said, "how tall I am and the independence to reach things on a shelf that I could not even see from my chair."

Although she has adapted quickly to an advocacy role, Pilot says before her accident she was not involved in the community enough because she was pursuing a bachelor's degree in biology and planned to apply to medical school or a physician assistant program.

Now, in addition to establishing the nonprofit, Pilot has switched roles and is trying to educate women with disabilities about the presence and danger of online predators through the self-defense nonprofit called NOT-ME! She had been participating in a Facebook group called Virtual Peers for Para's when she realized about a dozen of the her so called "friends" were actually "disability trolls," or people who search the internet looking for vulnerable, disabled young women.

"Awareness is a very effective means to fight back against this problem that has largely gone unnoticed," Pilot said.

Pilot hopes by attending her first CELA conference that she can somehow affect change so that those like Gildner can have access to standing frames or other complex rehab equipment that is currently not funded. Gildner was the one who introduced Pilot to the conference and asked her to attend.

"I think there are a lot of things out there that are not being utilized that would help in our daily routines," Pilot said. "A lot of great inventions come from those in wheelchairs. I'm specifically hoping to talk about things that will give us equal access. Things like technology and providers, but also things back home in our community such as essential curb cuts and smoother sidewalks so we can get around with ease like everyone else."



THE VETERANS

★ JENNY SIEGLE ★



When Jenny Siegle was in middle school, she petitioned the school officials to attend her home school, which was not handicap-accessible. "I wanted the right to go to the school of my choice with my sister and my friends," she said. At issue was access to the school itself for those with disabilities. There were stairs inside the school, which had been the cause of an accident for one student prior to Siegle's petition. "With assistance from my mom, I fought the school board and won," Siegle said. "That was a lesson learned at a young age ... I don't hesitate to stand up for myself." Siegle, 30, was partially paralyzed by transverse myelitis when as an infant she contracted the flu and her antibodies mistakenly attacked her spinal cord at the C4-5 level instead of the flu virus.

"My situation was different than the other student's," Siegle explained. "I might have a physical disability, but I can care for myself cognitively. The other student had developmental disabilities. I needed the school to see the difference."

She also has carried a very specific message to Washington, D.C., for the past four years with CELA: "I want to be a taxpayer and contributor to society, but the only way I will be able to do that is to have complex rehab equipment."

Siegle's vehicle is equipped with hand controls so she can drive herself each day to her job at Altitude Sports, where she produces programming for a

regional sports network. She uses a custom wheelchair and seating system that allows for her to work long hours providing coverage of the Denver Nuggets, the Colorado Avalanche, the Colorado Rapids and the Colorado Mammoth professional sports teams as well as producing weekly TV shows. When the Colorado Rockies are playing home games at Coors Field, Siegle also is in the control room editing and replaying some of the game's best action.

Many times that means a "typical" workday lasts from 9 a.m. to 11 p.m. She might do that five days during a week, and then work a weekend baseball game.

So understandably, Siegle is passionate about the legislation supporting separate category for Complex Rehab Technology. But what she needs the legislators to understand is that without access to such technology, her health would suffer and so would her independence.

Siegle is no stranger to the advocacy role. In third grade, she spoke to the Colorado Joint Budget Committee, which was considering cuts to programs Siegle needed. At the University of Northern Colorado, she was an ambassador for the Disability Access Center helping students with disabilities make living and life adjustments when leaving home for the first time. In 2004, she was crowned Ms. Wheelchair Colorado and heavily promoted the concept of independence for those with disabilities.

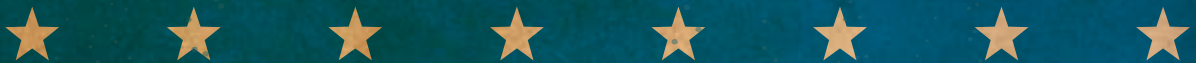
"I want to be a taxpayer and contributor to society, but the only way I will be able to do that is to have complex rehab equipment."

Because of her lifelong paralysis, she often spoke to children about setting goals and not letting their disabilities stand in the way of achieving them.

She first heard about CELA from her seating system provider. “He said my story is a great one for Congress to hear,” Siegle recalled. “I feel very fortunate to have been able to go back time and again.”

This year, Siegle hopes to continue building relationships and progress understanding. From

her previous work, Siegle has developed a rapport with her legislators that lasts beyond the annual CELA conference. “We are starting to communicate through email and stay in touch throughout the year,” Siegle said. “I think they are beginning to better understand me and why this is so important. The more we make these types of connections, the more serious Congress will take us and our fight for separate benefit category.”



★ MOLLY HALE ★



Molly Hale sits cross-legged on a platform in her home that is covered by a sheepskin rug. She designed the 6-foot by 12-foot pod, as she calls it, as a place where she could stretch out and exercise without having to power lift herself up off of the floor. Here, she also records podcasts to answer questions submitted through the nonprofit organization, Ability Production, which Hale and her husband, Jeramy Hale, established. Podcasts are just one of the many resources offered to reach their goal of individuals improving health and well-being after a spinal cord injury.

Hale is an architect by trade having worked in the industry since 1981; and although her designs have always featured universal elements – wider doors and

hallways, easy access from outdoor to inside – becoming a quadriplegic in 1995 shifted her focus. The Hales are both design consultants for building accessible structures and often speak at conferences. She also mentors engineering students from the nearby Stanford University.

Almost 18 years ago, Hale fell asleep at the wheel while driving home from a martial arts camp. Her three passengers, one of whom was her daughter, escaped with minor bumps and bruises. Hale had to be cut out of the car after it rolled across four lanes of traffic coming to a stop upside down crushing the driver's side roof.

Hale suffered a spinal cord injury at the C5-6 level. Doctors told her she would never move voluntarily from her shoulders down. She defied the prognosis, however, and has almost

Podcasts are just one of the many resources offered to reach their goal of individuals improving health and well-being after a spinal cord injury.

full use of her arms and hands and, with support, can almost walk the length of a football field. She credits most of her abilities to having access to the Betty Wright Swim Center in Palo Alto, Calif., which is only five miles from her home.

In the water, Hale says, there is freedom of movement that cannot be accomplished on land. She spends about 9 to 15 hours a week at the center's indoor warm water pool where she practices water walking, a therapy Hale says has progressed her ability to walk on land. She also volunteers as a staff member, helping others during classes so the instructors can provide more one-on-one with new clients.

Hale also is working with a local group to get the swim center's 40-year-old pool replaced. Knowing Hale, it won't be long before they accomplish their goal. After all, she convinced therapists at Stanford University hospital to give her and other adults access to equine assisted therapy that was proven successful with children. After multiple requests through letters and multiple negative responses, the therapy was approved. "I don't know if they said yes so I would stop bugging them or what," Hale said. "It doesn't

really matter; what's important is the access to the therapy. Regaining the ability to stand and then take steps has completely altered my world again."

No stranger to CELA, the Hales will return this year for their fourth conference, hoping to continue educating legislators about the importance of having a separate benefit category for Complex Rehab Technology. "It's critical that we, the end-users, show up; otherwise it looks like those in the industry are just looking to make a buck, and it's so much bigger than that.

"We were there in the beginning when there was not even a bill," Hale said. "To be a part of the groundbreaking and then to go back and see the progress is like having a child. We have to keep growing it by giving more information and knowledge. We have gotten to see people become passionate about this bill and eventually we'll see it signed, sealed and delivered."

We have gotten to see people become passionate about this bill and eventually we'll see it signed, sealed and delivered.



★ CAROL HICKEY ★



"No," doesn't exist in Carol Hickey's vocabulary. She personally won't accept a funding source's initial denial of equipment, and she won't allow that for her clients. Hickey is a champion for finding

ways to motivate families to become self-advocates and for working the appeals process alongside the consumer to secure funding from Medicare, Medicaid and private insurance. In situations where other funding is necessary, Hickey has a dogged approach as well.

Perhaps one of her greatest assets in working for those who require Complex

Rehab Technology is that Hickey herself is a user. The Ireland native suffered a spinal cord injury almost 30 years ago in her homeland, leaving her a paraplegic. “I called the rehab center there prehistoric because all I had was a regular old pharmacy chair,” Hickey said. “In the U.S., there are greater opportunities if there is a medical necessity. From my perspective, if it’s going to change our lives, then we try to help customers access the technology.”

Hickey works in the funding and special resources department at Mobility Designs, a privately owned Complex Rehab Technology provider in Atlanta, Ga. She uses a lightweight custom manual wheelchair and custom seating. This specific technology allows her to live independently and inspires her to advocate the same for others.

She has participated through Mobility Designs at Medicaid meetings supporting complex rehab and testifying about its importance in her overall health and independence. She also has shared with Rep. Tom Price, R-Ga., about complex cases that have required custom molded seating and the denial of funding. She works within Mobility Design’s education department to get the word out to not only consumers but to the therapists who work with them.

Hickey will return to CELA for the third time, this year hoping to help push the separate benefit category for Complex Rehab Technology to the next level. “I’m hoping to put many of our stories in

front of them,” Hickey said, “stories of those who require complex seating systems but who are productive taxpayers in society.

“I think the legislators need to see me as an independent woman who not only goes places, but one who has a job, votes and is a tax-payer. For them to see me as an equal constituent would be true magic.”

Locally, Hickey participates in Fragile Kids Foundation, which provides loaner equipment and teaches or helps educate families and children about equipment that is available and helps them through the process to obtain it. Also this spring, Hickey will take equipment and an educational program to the military bases – items they would have never seen such as gait trainers and walkers – so they can see what is available.

“That is why I feel the fight in Washington is not only for me but also for those who have served our county and their families.”

CELA gives Hickey the opportunity to speak on behalf of both sides – the service delivery model and as the end-user.

“There is more to it than putting numbers on a piece of paper; there is a story to be told, and it’s right in front of them. I hope I speak well for those I take care of every day.”

There is more to it than putting numbers on a piece of paper; there is a story to be told, and it’s right in front of them. I hope I speak well for those I take care of every day.



2013 NRRTS WEBINARS



This unique educational opportunity is designed with three criteria in mind: to provide quality continuing education in seating and wheeled mobility; to meet the annual CEU requirement* for ATP renewal and NRRTS Registration; and to provide this programming in a cost-effective manner.

The faculty members are among the most well-known and talented people in our industry and profession. They will present information and answer questions from participants. Prior to each session, the presenter's Power Point presentation and other course material will be sent via email to registered participants.

The University of Pittsburgh, School of Health and Rehabilitation Sciences, Department of Rehabilitation Science and Technology Continuing Education (RSTCE) is certifying the educational contact hours of this program and by doing so is in no way endorsing any specific content, company, or product. The information presented in this program may represent only a sample of appropriate interventions. Each person should claim only those hours of credit that he or she actually spent in the educational activity.

Audience: CRTSs, RRTSs, other ATPs, physical and occupational therapists (intermediate to advanced)

REGISTRATION FEES

NRRTS Registrants\$0
Friends of NRRTS..... \$20
All Others \$35

Long distance charges may apply, .2 CEUs have been applied for, and NO REFUNDS will be given.

www.nrrts.org/webinars.

**NRRTS as well as the RESNA Professional Standards Board recognizes the International Association for Continuing Education and Training (IACET) as an international standard of quality. Though the words Continuing Education Unit (CEU) are not exclusive to IACET, only CEUs from an IACET authorized provider or accredited college or university, such as the University of Pittsburgh, are accepted as CEUs for NRRTS Renewal or RESNA -recertification renewal.*

APRIL 9, 2013 | 5-7 PM PST



Power Wheelchairs: Tracking Technologies

LOIS BROWN, PT, ATP/SMS AND

MICHELLE L. LANGE, OTR, ABDA, ATP/SMS

Tracking technology varies in design yet shares the same goal of increasing driving efficiency. Turns, driving on varied terrain, slopes, inclines and switch driving in general can lead to veering off course and decreased efficiency as compensatory switch activations are required. Increased efficiency equals decreased switch activations and driving time. General consensus is that tracking increases driving efficiency, however this has not been proven. An informal pilot study was done in a single case study design to compare drive efficiency. This webinar will present tracking technologies, clinical implications and preliminary study results.

APRIL 11, 2013 | 5-7PM EST



Vehicle Modifications for Wheelchair Access

JOHN ANSCHUTZ, ATP, RET

This presentation explores vehicle modifications and equipment used by the wheelchair accessible vehicle. It discusses entry/exit systems, securement options and standards. It will introduce the various industry experts typically used to successfully integrate the wheelchair with vehicle mobility.

MAY 21, 2013 | 5-7PM PST



Positioning: Geriatric Considerations

BARBARA CRANE, PHD, PT, ATP/SMS

Older adults have unique characteristics due to their aging bodies and are also at higher risk for many different diseases, both of which affect their wheelchair seating and positioning needs. Additionally, older adults often live in environments with very specific requirements, such as assisted living or long-term care facilities. This session will focus in on the unique positioning needs of older adults and the disease processes they frequently experience and will highlight "best practice" in seating and positioning and mobility for this challenging population. The relationship between optimal positioning, functioning and health for this population will also be discussed.

MAY 22, 2013 | 9-11AM CST



Power Mobility: Alternative Access Methods

LISA ROTELLI

This course will demonstrate effective strategies for functional access. It will help identify and understand the uses for alternative access for powered mobility, AAC devices, and how to determine the most functional access methods and integration.

MAY 23, 2013 | 5-7PM EST



Keeping a Seating and Mobility Clinic Viable

BARBARA CRUME, PT, ATP

Medicare therapy caps, prior authorization required for services, visit limits, only one hour of therapy allowed per visit, CPT codes, CCI edits, modifiers, contractual adjustments, gross and net revenue, productivity and overhead costs. Are these constant changes, limitations, terms and crunching of numbers for your budget making your head spin? Therapists want to provide the highest level of quality care, but the restrictions and often low reimbursement can lead to many challenges for a Seating and Mobility Clinic. This presentation will review ways to work within these restrictions and provide some ideas and strategies to stay alive.

JUNE 18, 2013 | 5-7PM PST



Positioning: Bariatric Considerations

STEPHANIE TANGUAY, OTR/L, ATP

The focus of this course is to examine the measurement and accommodation of excessive tissue as it relates to the prescription of seat and back support surfaces and mobility devices for the bariatric client. Two hours of instruction will be devoted to the objectives as stated. Emphasis will be on the challenges of evaluation, measurement and product interface with the bariatric population. Weight distribution and its effect on stability and performance of the consumer and the equipment will be explored. Case studies include consumers with a variety of diagnosis and utilizing a wide variety of seat/back and mobility products from multiple manufacturers.

JUNE 20, 2013 | 5-7PM EST



When Two Hands Won't Do... Alternative Wheelchair Propulsion Patterns

SHEILA BUCK, BSC(OT)C, ATP

A person in a seated position must be stable and secure in order to maximize functional propulsion. This becomes even more critical when the client may be propelling their wheelchair with the feet or one hand and one foot. When prescribing alternate propelling mobility devices, the chair design must address the physical and perceptual needs of the client. Once movement begins, it must be stress free and follow a "do no harm" attitude to the client's physical state of well-being. If this does not occur, the client will tend to slide out of position during mobility. As a result, the client no longer attempts activity and often restraints are applied to "hold" them in the chair. Manual alternate wheeled mobility needs to be provided in a manner that will not only address the physics of movement, but also maximize positioning and postural control with gravity assistance. Improperly prescribed mobility devices can result in clients not realizing their potential, because they have not been provided with the opportunity to prove a difference in functioning. This webinar will address how the assessment data can assist in determining product design and set up to help reduce potential changes in posture that can occur from propelling a wheelchair with the feet or one hand and one foot.

JULY 16, 2013 | 5-7PM PST



Complex Rehab Funding - Today, Near Future and What the Trends Indicate

RITA S. HOSTAK

This session will provide clear details concerning current Medicare policies regarding wheeled mobility and seating. Information will include a review of recent changes in local coverage determinations and policy articles. In addition, a fresh perspective regarding documentation and the importance of painting a picture of each person so the claim reviewer sees what you see will be presented. Finally, this session will include a look at funding trends that will help you prepare for a future in Complex Rehab Technology provision.

2013 NRRTS WEBINARS



JULY 17, 2013 | 9-11AM CST

Postural Care Around the Clock: Positioning at Night and Outside of the Wheelchair

TAMARA KITTELSON-ALDRED, MS, OTR/L, ATP

Postural care outside of the wheelchair is a powerful concept whose time has come. Have you ever watched a patient's body shape become progressively distorted over time despite your best seating efforts? Well-planned and executed postural care for people with movement problems can improve functional outcomes and quality of life. By supporting symmetrical postures and avoiding destructive ones, a person's body shape can be protected and restored, sleep improved, and personal care made easier. Postural care should be considered for all children, youth and adults with movement problems requiring positioning and mobility equipment. Learn more about this gentle, non-invasive approach.



JULY 18, 2013 | 5-7PM EST

Power Wheelchair Programming to Optimize Driving

MIKE BABINEC, OTR/L, ABDA, ATP

This session will outline the structure of four different electronic platforms, examine several approaches to programming a power chair for optimal performance, and review application of performance adjustments applicable to several power wheelchair manufacturers as well as unique parameters within their applications. In addition, we will discover quick responses to resolve frequently requested changes in performance by power wheelchair drivers. Included in this session will be discussion of recommended set-up parameters for specific environments, and ways to adjust programming parameters for user success with specific alternative driver controls.



AUGUST 20, 2013 | 5-7PM PST

Best Business Practices for the Supplier

ERIC GRIEB, OTR, ATP, CRTS®

Today's business environment in Complex Rehab Technology can be described as challenging at best. Shrinking reimbursement, a hostile regulatory environment and a fundamental lack of public and political understanding of CRT are just a few of the issues we face. Agility, adaptability and creativity is the business mantra that must be adopted not just to survive, but to thrive. In this course, we will systematically review common issues facing CRT providers and outline strategies for financial success while stressing the necessity of quality outcomes.



AUGUST 22, 2013 | 5-7PM EST

Seating Considerations for Clients With SCI

JILL MONGER, PT, MS, ATP

This two hour presentation will address the process and concepts of seating and positioning for people with SCI. Using case based presentation, we will seek to understand clinical evaluation strategies, and technology application of seating and positioning for consumers to gain success in safe functional mobility.

SEPTEMBER 17, 2013 | 5-7PM PST



Dependent Mobility Bases (aka Strollers)

ANGIE KIGER, M.ED, CTRS, ATP

When a parent or caregiver hears the word "stroller" the first things to come to his or her mind might be: normal, acceptable, and/or easy to transport. However, when a clinician or ATP hears the same word, he or she is likely to think: poor posture, not age appropriate, and/or limited function. Trying to find the happy medium for everyone involved (especially the end-user), can be difficult. In this two-hour webinar we will explore the options of different stroller styles available on the market today, discuss clinical indicators for a stroller versus a wheelchair, and review essential points to remember when seeking funding.

SEPTEMBER 18, 2013 | 9-11AM CST



Transfers: Getting From One Surface to Another - Products and Strategies

KAREN MURPHY, OTR/L

This webinar will teach you about a variety of lift systems to either make transfers easier for the caregiver or to allow individuals to transfer themselves independently. Transfers to/from the bed and in/out of the bathtub will be emphasized. You will learn what the clinical indicators are for using a floor-based, wall-mounted, or ceiling-mounted system.



SEPTEMBER 19, 2013 | 5-7PM EST

Seating Considerations for Clients with ALS

JAY DOHERTY, OTR, ATP/SMS

A client with ALS is going through constant functional changes in their life. For most who have ALS, their independence seems to be slipping away. Proper seating and positioning is extremely important for good functional outcomes especially as the individual changes. As part of a seating team, we must all think about each one of the client's needs now and in the future. This two-hour webinar will provide attendees with a look at the seating and positioning needs of the client who has ALS and how seating and power positioning can be utilized to allow continued independence with mobility within their different environments.



OCTOBER 22, 2013 | 5-7PM PST

Power Wheelchairs: Interfacing Other AT

MICHELLE L. LANGE, OTR, ABDA, ATP/SMS

A wide variety of assistive technology devices can be interfaced to power wheelchairs with complex rehab electronics. Interfacing streamlines access methods, so that one access method can control more than one device, including speech generating devices, computers and electronic aids to daily living. For persons with limited access, interfacing can greatly increase independent control. This course will systematically explore how and when to interface assistive technology. This webinar will also include learning how to control other features through the drive control, such as power seating, infrared transmission and mouse emulation.

OCTOBER 24, 2013 | 5-7PM EST



Seating Considerations for Clients With Muscle Weakness

SHARON PRATT, PT

Sitting is indeed a lot of work! My job I believe is to take the work out of sitting for my clients ... Imagine now – sitting with muscle weakness. The workload just went up. What tools or strategies do we have to firstly identify the challenges of sitting and then understand the additional complexity caused by muscle weakness? What kind of seating “Band Aids” do we see frequently used to address some of the presenting symptoms with this population. What could we do differently if we understood the cause of the presenting postures and sitting behaviors? This webinar will attempt to take us on this journey of exploring these possibilities.

NOVEMBER 12, 2013 | 5-7PM PST



Wheelchair Standing: Clinical Benefits and Funding

AMY MORGAN, PT, ATP

This webinar will help clinicians and providers better understand the indications for wheelchair standers. In addition to the physiological benefits of weight bearing (standing), the increase in functional performance that standing provides makes it a desirable feature on a wheelchair base. This session will look at the research supporting standing wheelchairs and will discuss how to use this research to support a consumer's need for a standing wheelchair. Several successful case studies of people using standing wheelchairs (both manual and power) will also be shared.

NOVEMBER 13, 2013 | 9-11AM CST

Respiratory Implications



of Positioning

LOIS BROWN, PT, ATP/SMS,

JILL SPARACIO, OTR/L, ATP/SMS & BOB

MESSENGER, RRT

When fitting patients for a seating system close attention is paid to posture and pressure distribution. However, little consideration is given to the impact on respiratory function. This presentation will focus on objective measures that can be used during the wheelchair assessment to determine the effect that seating and positioning intervention has on the consumer's respiratory function. Specifically, the effects of the consumer's diagnosis, the type and orientation of the support surfaces as well as the use of ancillary supports will be discussed in regards to respiratory function. A review of the research will be shared to establish evidence-based practice.

NOVEMBER 14, 2013 | 5-7PM EST



Pediatric Power Mobility:

Research Links to Developmental Skills

GINNY PALEG, DSCPT, MPT, PT

Children and young adults with severe gross motor dysfunction can present with postural deformities, movement disorders and medical conditions that make seating and positioning quite challenging. Clinicians need to know the latest research, interventions, and available equipment to obtain the best possible outcomes for their patients. This information will be conveyed using a melding of evidenced-based best practices, real-life clinical cases and a bit of humor and sarcasm.

DECEMBER 17, 2013 | 5-7PM PST



Putting Outcome Measures Data to Work

KEVIN PHILLIPS, ATP/SMS

So you have data, now what? Data on outcome measures is only useful if you put it to work. This webinar will explore how data can improve your practice (product recommendations, follow-up, etc.), consumer education, funding approvals and marketing. The presentation will include results of a Seating Outcome Measure survey over a two-year period, as well as practical applications based on those results.

DECEMBER 19, 2013 | 5-7PM EST



Mat Exam

SHARON PRATT, PT

Have you ever wondered after the fact why our outcomes in seating and mobility are not as good as we hoped for? Have you ever been challenged with really understanding why our clients sit the way they do or why the seating system that we spent so much time prescribing is just not doing what we thought it would do for our client? The purpose of this session is to go back and review the hands-on assessment process. Participants will leave with a clear understanding of what we need to look for relative to the sitting world as well as how to translate the findings in the language of sitting and load bearing surfaces. Attend prepared to “think” hands on.

crt^s® 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.

(JAN. 18 THROUGH MARCH 12, 2013)

Marc D'Ewart, ATP, CRTS®
Enloe Home Medical Equipment
Chico, CA

Etac Swift Mobile Tilt

Mobile shower commode chair with a unique tilt in space function.



- Tilt function can be performed from the side that allows eye contact
- Ergonomically correct work position
- Comfort for both care recipient and caregiver

Distributed by Snug Seat, Inc.
A member of the Etac Group
www.snugseat.com | 800-336-7684
For more detailed information go to www.etac.com

etac®
Creating Possibilities

Subscribe to DIRECTIONS magazine today!



www.nrrts.org/direcions



Support HR 942

Spencer relies on
Complex Rehab
Technology (CRT)
to fulfill his dreams.

Ride Designs supports
Spencer and everyone
else in need of CRT.

Join Spencer and his
family at CELA 2013.



www.ridedesigns.com

Toll-Free 866.781.1633

Perkins: www.ridedesigns.com/perkins
NRTT512, © 2012, Ride Designs.

NRRTS registrants

Congratulations to the newest NRRTS Registrants. (JAN 18 THROUGH MARCH 12, 2013)

James Blair, RRTS®

Barnes Healthcare
2425 MLK Jr. BLVD.
Panama City, FL 32405
Telephone: 850-785-2480 x.554
Fax: 888-260-4819
Registration Date: 1/25/2013

Josh Burton, RRTS®

Barnes Healthcare Services
2030 Powers Ferry Rd STE. 325
Atlanta, GA 30339
Telephone: 678-627-0077 x.552
Toll Free: 877-502-9925
Fax: 888-234-3759
Registration Date: 2/5/2013

Cyle Cook, ATP, RRTS®

Care Medical
2875 N. Berkeley Lake Rd.
Duluth, GA 30096
Telephone: 770-497-9092
Fax: 770-497-9093
Registration Date: 2/5/2013

Ryan Danny DiPrima, RRTS®

DiPrima Medical
931 North Second Ave
Rome, GA 30165
Telephone: 706-291-1490
Fax: 706-291-8833
Registration Date: 1/28/2013

Michael A. Edney, RRTS®

National Seating & Mobility, Inc.
65 Shiloh Rd
Asheville, NC 28803
Telephone: 828-277-2577
Fax: 828-277-2581
Registration Date: 2/5/2013

Bruce T. Green, Sr., RRTS®

Barnes Healthcare Services
200 S. Patterson St.
Valdosta, GA 31601
Telephone: 229-245-6039 x.556
Toll Free: 800-422-5059
Fax: 866-263-9305
Registration Date: 1/25/2013

George Blaine Singleton, RRTS®

National Seating & Mobility, Inc.
65 Shiloh Road
Asheville, NC 28803
Telephone: 828-277-2577
Toll Free: 800-743-7418
Fax: 828-277-2581
Registration Date: 2/5/2013

Robert Slenske, RRTS®

United Seating & Mobility
760 E. McDowell Road
Phoenix, AZ 85006
Telephone: 602-452-4320 x.2812
Toll Free: 866-248-4839
Fax: 602-252-2547
Registration Date: 3/1/2013

Brian Thomas, ATP, RRTS®

A&A Home Health Equipment
1608 Broadway Dr.
Hattiesburg, MS 39401
Telephone: 601-906-7432
Fax: 877-880-0649
Registration Date: 1/26/2013





ottobock.

Quality for life

Your Satisfaction

Guaranteed

It's a promise often made, but not always met.

Our commitment to you is simple.

If you are dissatisfied with a purchase, you can return it within 60 days.

To get the details of our Every Effort Counts promise in writing (and see the latest products, including our growing line of customized cushions) contact your US Sales Rep. 800 328 4058



Matt Swiggum
Vice President, Ottobock HealthCare, Mobility Solutions

www.OttoBockUSMobility.com

! EVERY EFFORT
COUNTS

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.

charter cfons



cfons



afons



permobil

THE POWER OF MOBILITY™

TOUGH ENOUGH

M300
CORPUS HD

THE NEW M300 CORPUS HD

A mid-wheel drive chair with the power and toughness of Permobil, built specifically for **USERS UP TO 450 LBS!**

**EXTREMELY STURDY
ARMRESTS & LEGRESTS**

EXTRA WIDE FOOTPLATES

**INCREDIBLY STABLE
BASE & SEATING SYSTEM**

★ **UNMATCHED** **0-45°** ★
POWER TILT RANGE

★ **UNPRECEDENTED** **90-150°** ★
POWER RECLINE

ULTRA-STRONG ACTUATORS
allow feet to be elevated above the heart

DURABLE MESH UPHOLSTERY
keeps moisture away from the body

THE M300 CORPUS HD built to withstand
the rigors of any heavy duty lifestyle.

STRONG. DURABLE. PERMOBIL.

permobil.com





The National Registry of Rehabilitation Technology Suppliers

PO Box 1091
Walsenburg, CO 81089

P > 800.976.7787 or 719.738.5770

F > 888-480-7522

www.nrrts.org

PRESORTED
STANDARD
US POSTAGE
PAID
CRAFTSMAN
PRINTERS INC



THERE'S NO SUCH THING AS A GENERIC ROHO.®

PRESCRIBE ROHO BY NAME.

When you're talking ROHO, be specific. Our wheelchair cushions are diverse. Each model is designed to meet the particular needs of your wheelchair clients. You are the expert and hold the power to improve their quality of life.

Mark "NO SUBSTITUTE" when completing your documentation and prescribe ROHO by name. Working together, you can trust that your clients are getting not only a real ROHO, but also the right ROHO.

Sign up for our insider's newsletter to get more information at AskforROHO.therohogroup.com.

Choose the right ROHO. Get a real ROHO. Ask for ROHO by name.

© 2012 ROHO, Inc.

