DIRECTIONS

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Expert opinions and research evidence for the medical necessity of power mobility for four distinct groups of children.

40 welcome to camp gizmo!

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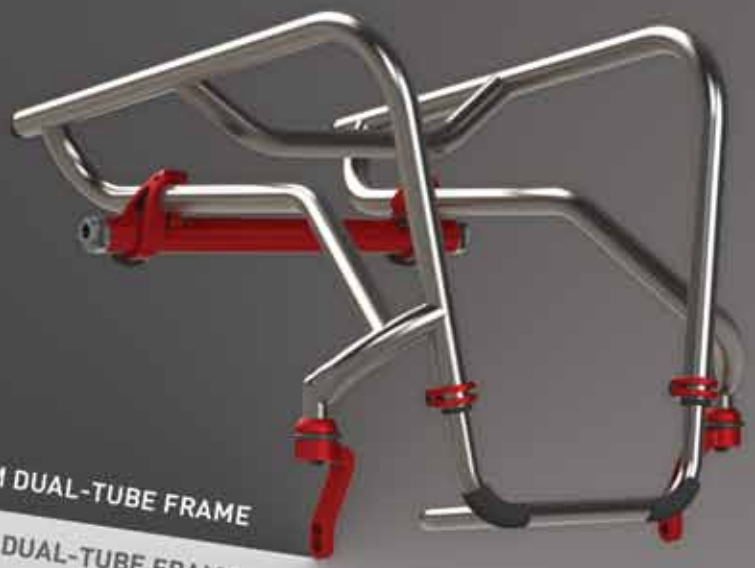

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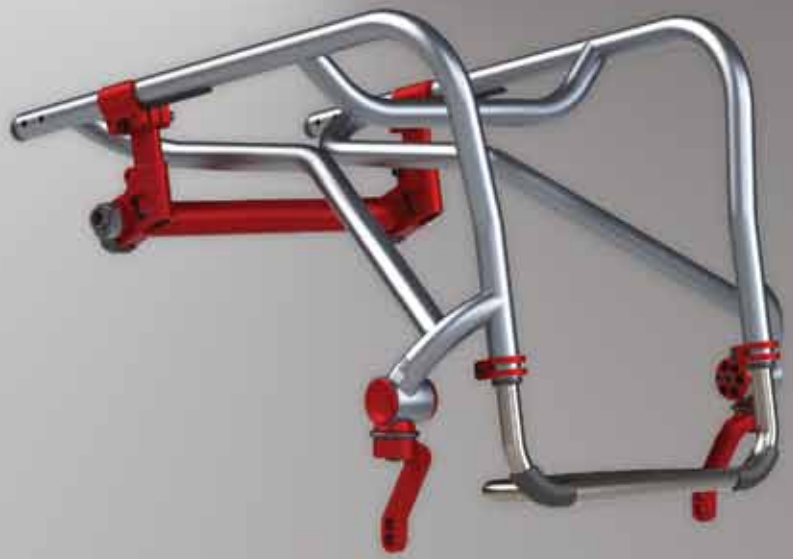

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ALEXANDRA (ALEX) BENNEWITH

Bennewith is vice president of Government Relations, United Spinal Association. Bennewith advocates for legislation and regulations regarding disability and health policy at both the federal and state level and works closely with a range of stakeholders in the durable medical equipment and supplies, prescription drug, public health and disability communities. She graduated from Brandeis University and received her Master of Public Administration from American University. **SEE PAGE 46.**

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 32.**

BARBARA CRUME, PT, ATP

Crume serves on the Clinician Task Force (CTF) Executive Board and has been a member of CTF since 2004. She is a seating and mobility specialist at CarePartners Health Services in Asheville, NC. She has been a Friend of NRRTS since 1997 and served on the RESNA Professional Standards Board from 2001 to 2004. **SEE PAGE 44.**

ANN EUBANK, LMSW, OTR/L, ATP

Eubank is vice president of Community Initiatives for UsersFirst, a program of United Spinal Association. **SEE PAGE 46.**

NATHAN FISH

Fish is a member of Brown & Fortunato's health care group. Born and raised in Dallas, Texas, Fish graduated summa cum laude from Texas Wesleyan University School of Law, and obtained a Master of Laws in Health Law from the University of Houston Law Center. **SEE PAGE 22.**

MICHELE GUNN, ATP, CRTS®

Gunn is president of NRRTS. She works for Browning's Health Care in Orlando, Fla., and has been a NRRTS Registrant since 1996. **SEE PAGE 12.**

WENDY HARRIS ALTIZER, PT, ATP

Altizer works throughout the state of West Virginia. She is the owner of Milestones where she has provided early intervention, school-based and outpatient pediatric services for 19 years. She specializes in assistive technology. **SEE PAGE 40.**

BRENT HUDSON, ATP, CRTS®

Hudson is a NRRTS Registrant who is based in Lubbock, Texas. **SEE PAGE 30.**

RICK MICHAEL

Michael is president of Innovation in Motion. **SEE PAGE 26.**

GINNY PALEG, PT, DSCPT, MPT

Paleg is a pediatric physical therapist from Silver Spring, Md. She has worked at National Institutes of Health a pediatric rehab hospital, in adult group homes and in schools. She currently works for her local school system in their early intervention program. Paleg earned her Master's Degree in Physical Therapy at Emory University and her DScPT at the University of Maryland Baltimore. She is on the editorial board of Rehab Management Magazine. **SEE PAGES 36 & 40.**

MICHAEL P. SEIDEL, ATP, CRTS®,

Seidel is regional vice president for Numotion, where he oversees sales and operations in Western Missouri, Kansas, Nebraska and Iowa. **SEE PAGE 48.**

AMY STRIPLING

Stripling is the association affairs coordinator for NRRTS. **SEE PAGE 54.**

SPENCER VERALDI

Spencer Veraldi a consumer advocate who attended CELA 2013. **SEE PAGE 14.**

WEESIE WALKER, ATP/SMS

Walker is executive director of NRRTS. **SEE PAGE 58.**

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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; now, imagine sitting if you have muscle weakness. The workload just increased. My job, I believe, is to take the work out of sitting for my clients 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 a journey to explore these possibilities.

NOVEMBER 12, 2013 | 5-7PM PST

Wheelchair Standing: Clinical Benefits and Funding

MAGDALENA LOVE, OTR

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 AND 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 Measures survey conducted 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.

TIME IS GETTING SHORT

WRITTEN BY: MICHELE GUNN, ATP, CRTS®

My extended term as president is coming to a close at the end of the year. We have already seen the end of providing Complex Rehab Technology (CRT) as we were able to 10 or 20 years ago. The real question is, who will be left to witness the survival or the end of how we practice now? Because of this, I will be spending the last article or two trying to impress upon you the need to get involved. Just in case you have missed that point for the last couple years!

August 19 through 23 was the first National CRT week. We were all encouraged to schedule on-site visits with our congressmen or congresswomen as they would be home in their local districts.

If you follow our adventures from D.C. you hear about the appointments we have while there. I am not sure if you know about all of the work that goes on once we come home. There are letters sent to everyone we met thanking them for their time. We keep the staffers aware of new co-signers on either bill and any other developments or activities about CRT. Once you have made a connection it is important to keep that dialogue open. Here at Browning's, we had scheduled an on-site visit with representatives several years ago in our Melbourne store. We had not been successful getting our local congressman to our Orlando location.

I like to share my stories with you guys, but this story belongs to my partner in crime, Thana France. On many days she is my sanity. She has been convinced to serve time on the NRRTS board; she's just not thinking of ever taking on the presidency. Until I change her mind, I will just have to do the story telling for her.

France and her husband attended a pancake breakfast in her neighborhood several months ago. U.S. Rep. Daniel Webster, R-Fla., also attended the event. France went up and introduced herself and started talking about how we serve his constituents with special needs. There was one client in particular who she had recently connected with his office for help. France met this client at clinic to try and help with seating modifications. We can press rewind here as Robin's story repeats itself yet again. She is a cerebral palsy client with special seating needs who ends up in a group 2 chair. The supplier chose the path of least resistance when he provided the chair. When checking with Medicare on the existing chair, France discovered he had billed power tilt to cover the unrequested seat lift that came with the chair. She could not help the client with her seating, but she did help the family contact Webster's office to work on a Medicare fraud case. I am sad to say that the provider of the chair was/is an ATP. France has also encouraged the family to file a complaint with RESNA.

The pancake breakfast got the ball rolling. She then enlisted Dr. David Portee and Orlando Health Rehabilitation Institute for a two-pronged approach. He too has traveled to D.C. and is very active on behalf of his patients. The visit with Webster was scheduled for a tour of the hospital followed by a trip to our office.

MICHELE GUNN, ATP, CRTS®, BROWNING'S PHARMACY AND HEALTH CARE; U.S. REP. DANIEL WEBSTER, 10TH DISTRICT OF FLORIDA; COLLEEN HUNTER, PRESIDENT, OWNER, BROWNING'S PHARMACY AND HEALTH CARE; THANA FRANCE, ATP/SMS, CRTS®, BROWNING'S PHARMACY AND HEALTH CARE

We had a very good visit with Webster. He is very interested in saving tax-payer dollars and is one of the few who pays part of his salary back to the community. While most of our short time together was spent on CRT, competitive bidding did come up, and he shared some of the things he was personally involved in with CMS. He also mentioned knowledge of companies that had gone out of business as they had been to his office to meet with him. His office is working to help France's client, but we had hoped they could meet in person. She was not able to make it that day as her chair went down when they were getting ready to leave.

So the million dollar question is will he sign onto the bill? We were led to believe that this is not something he does often. This is also where we have been instructed not to give up. Even if he does not sign there is a chance he would vote our way should we get the bill to the floor if he knows we are helping the people he serves.

I am guessing, as I see the same faces year after year in D.C., that there are about 200 of us actively involved in getting these bills pushed through. I get that it is expensive to travel there but seeing your representatives locally does not cost anything. We have more than 700 Registrants. If only half of you did the same, the bills have enough co-signers attached to a vehicle and are on the floor for a vote already. Time is getting short so if you are not busy planning your next career, I just have to ask. What are you waiting for?

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

VAL, STEVE, SPENCER AND BILLY JOEL'S BIG HIT

WRITTEN BY: RANDY CHRISTIAN

A young Billy Joel was dead-set against adding a sweet little song he had written for his then-wife and business manager, Elizabeth Webber, to his soon to be released album, "The Stranger." He, nor his band, really liked the song, but after a bit of friendly persuasion by both Linda Ronstadt and Phoebe Snow, Joel conceded and made "Just the Way You Are" the third track on his 1977 album. It was his first album to climb to the U.S. Top 10 singles list, and his first single to go gold. It also won Joel two Grammy Awards in 1979 for Record of the Year and Song of the Year.

How ironic is it for a song that was seemly unwanted by its creator to become a spiritual anthem for Val and Steve Veraldi as they cared for their son, Spencer, from the moment he was born 17 years ago? Yes, both of them truly love Spencer just the way he was as a tiny, fragile newborn and now as a delightful, tenacious teenager.

After nine years of marital bliss, Val and Steve were surprised to discover Val was pregnant. Even though it was unplanned and certainly unexpected, the Veraldis were quickly overjoyed with even the thought of welcoming a precious baby to their home in beautiful Westminster, Colo. With each coat of paint applied to the baby's room, excitement grew for the happy couple. By all accounts Val was having a textbook pregnancy, but then out of the blue, a nagging discomfort began to creep into her body. It started as an annoying aching and tightness in her abdomen. In her words, "I felt fat."

By all accounts Val was having a textbook pregnancy, but then out of the blue, a nagging discomfort began to creep into her body. It started as an annoying aching and tightness in her abdomen.

It wasn't so painful it prevented her from fulfilling her summertime school teacher duties. Yes, even some teachers have to work in the summer. Soon the discomfort was too much to bear and in the middle of the day, Val left the math professional development class she was attending and went to her doctor. After a battery of tests at the doctor's office, she was sent to the hospital for additional tests and a consultation.

The results were devastating and would change her and Steve's lives forever. Val was told she had HELLP Syndrome. The H stands for hemolysis, which is the breaking down of red blood cells; EL represents elevated liver enzymes; and the LP is for low platelet count. It is a rare and life-threatening pregnancy complication usually considered to be a

(CONTINUED ON PAGE 16)

The results were devastating and would change her and Steve's lives forever. Val was told she had HELLP Syndrome. The H stands for hemolysis, which is the breaking down of red blood cells; EL represents elevated liver enzymes; and the LP is for low platelet count.

SPENCER AT THE NATIONAL CENTER FOR THE DISABLED WHERE HE GOT TO MEET THE DENVER BRONCOS CHEERLEADERS.

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...BIG HIT *(CONTINUED FROM PAGE 14)*

variant of preeclampsia. Both conditions usually occur during the later stages of pregnancy, or sometimes after childbirth, but not this time.

The classic signs of HELLP are high blood pressure and elevated levels of protein in the urine. Sometimes the signs are mistaken for gastritis, flu, acute hepatitis, gall bladder disease, or other conditions. The most frightening fact regarding HELLP is the morbidity and mortality rate, which can be as high as 25 percent. If left untreated Val could have died from a possible liver rupture or massive stroke. Quick action was imperative if she was to survive HELLP, but what about the baby?

SPENCER IN CORONADO, CALIF.

"The doctor told us Val couldn't leave the hospital until she had the baby. I thought we would be in the hospital a long time, but no, they were going to induce labor right away," Steve said.

The most frightening fact regarding HELLP is the morbidity and mortality rate, which can be as high as 25 percent. If left untreated Val could have died from a possible liver rupture or massive stroke. Quick action was imperative if she was to survive HELLP, but what about the baby?

Inducing labor didn't work. Val's body kept shutting down. The only way the doctors could save Val and the baby's life was to perform an emergency cesarean section. Spencer James Veraldi arrived on July 11, 1996, 28 weeks premature.

As would be expected, Spencer spent his first days of life in NICU. His little body was plugged into every possible gadget and gizmo known to help preemies hang on to life and eventually grow stronger and stronger, God willing. Even with all the help of the medical pros Spencer's frail body and especially his underdeveloped lungs failed to deliver ample oxygen to his brain. To this day, the Veraldis do not know exactly when this lack of oxygen took place, but it did. Consequently, Spencer developed periventricular leukomalasia, which resulted in severe cerebral palsy, cortical visual impairment and epilepsy.

His little body was plugged into every possible gadget and gizmo known to help preemies hang on to life and eventually grow stronger and stronger, God willing. Even with all the help of the medical pros Spencer's frail body and especially his underdeveloped lungs failed to deliver ample oxygen to his brain.

Even after a lengthy stay in NICU it was obvious Spencer would not meet the customary milestones of a normal, healthy newborn. The doctors told Val and Steve, "We've done all we know to do." They

(CONTINUED ON PAGE 18)

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...BIG HIT *(CONTINUED FROM PAGE 16)*

recommended the couple take Spencer home and begin learning how to live with his numerous disabilities.

The first task for the new parents was to find a baby formula Spencer could tolerate. As a new mom, Val was sure her own milk would do the trick, but that was not the case.

"The first two years were terribly hard. Spencer had uncontrollable vomiting. Nothing helped, including surgery and medications," Val said.

The new parents looked for answers and ways to stabilize their situation, which was virtually impossible to find. Even the world famous Mayo Clinic was unable to help. Finally, a tiny sliver of hope came in the form of a global e-blast sent out by a friend. Miraculously a friend of a friend responded suggesting the Veraldis contact an osteopathic physician in San Diego. Desperation sent them flying to California as soon as possible. Traveling to the West Coast would not have been possible without the generosity of many friends, and even people they did not know.

SPENCER AND HIS HELPER PLAYING ON AN ADAPTIVE BASEBALL TEAM

"When we first saw the doctor it was a little frightening. She was a tiny wrinkled-up little woman from England. It really was scary, but we were at a point that we'd try anything," Val said.

Over the course of a year the Veraldis trekked from Colorado to California five different times. Slowly but surely, the visits to Dr. Viola Frymann, a gifted osteopathic physician, began to pay off. Spencer began to sleep a bit better. His vomiting slowed down a little, too. Oddly, Val and Steve never witnessed the treatments Dr. Frymann administered to their child. Parents were not allowed in the treatment room. Dr. Frymann said, "Parents would be a distraction for the child." At this stage of the game Val and Steve weren't about to question the quirky qualities of Dr. Frymann as long as they were working.

Yearly visits to San Diego, each lasting for a month, continued until Spencer was 9 years old. He had grown too large for the teeny, tiny English doctor to bend and twist and massage, or whatever it was she did to Spencer inside her treatment room. It was not only a sad day because they were losing the magic of Dr. Frymann, but it seemed as if it would be impossible to replace her. And it was.

"We traveled all across Colorado trying to find someone who could do what Dr. Frymann did for Spencer, but we haven't found anyone," Steve said.

(CONTINUED ON PAGE 21)

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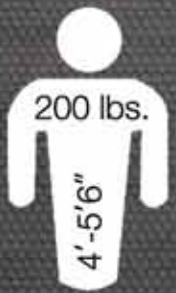


EasyStand Bantam medium

Even though Spencer's disabilities have not subsided over the years, he is in so many ways your typical teenage boy. He loves to be as physically active as possible and thanks to the National Sports for the Disabled, he enjoys adaptive rock climbing, kayaking and horseback riding. A friend helped create a website, spencerv.com, where you can purchase greeting cards and other items featuring Spencer's writing skills.

SPENCER, STEVE AND VAL

...BIG HIT
(CONTINUED FROM PAGE 18)

They did find new hope with the help of an excellent physical therapist and speech pathologist. What they discovered as one therapist put it, "Spencer has a great mind that's trapped in a crummy body."

Few people other than his mother saw evidence of that great mind. Because she was a school teacher, it made sense the floor of their home became Spencer's classroom. It took incredible effort, energy and love on the part of both the pupil and teacher, but somehow things were clicking. With very sophisticated communication devices, Spencer could write entire sentences even though it might take him an hour. Twenty minutes to do a math problem was customary for him. With the continued assistance of his mom and close friends, Spencer attended a home school program once a week. This helped him stay on track academically and remain eligible to enter public high school as a freshman. Today, Spencer is a junior and expected to graduate in 2015.

Even though Spencer's disabilities have not subsided over the years, he is in so many ways your typical teenage boy. He loves to be as physically active as possible and thanks to the National Sports for the Disabled, he enjoys adaptive rock climbing, kayaking and horseback riding. A friend helped create a website, spencerv.com, where you can purchase greeting cards and other items featuring Spencer's writing skills.

Spencer's ultimate dream is to live on the beach in Coronado, Calif., and work as full-time writer. We hope and pray that his dream will someday come true. Regardless of what the future may hold for Spencer, his parents will always be by his side. Even though the journey was unexpected and all consuming, they don't regret it for a minute. "Spence," as he is often called, has been a true blessing. He continually inspires and reminds us we are all precious children of our creator and he will never leave us in time of trouble. And yes Spencer, in the good times and the bad times, your mom and dad will always love you just the way you are.

CONTACT

The Veraldi family may be reached at veraldi3@yahoo.com.

PATIENT INSTRUCTION:

Steps to Mitigate Liability

WRITTEN BY: NATHAN FISH

The process of providing patients with complex rehabilitation technology and other durable medical equipment involves numerous interactions between suppliers and their patients. While essential, such interactions are also a possible source of liability for suppliers. For example, in Jarrett v. Duro-Med Industries, the plaintiff brought her wheelchair back to her supplier because of an allegedly defective right wheel brake, but the supplier did not have a replacement brake for the wheelchair. The plaintiff later removed the allegedly defective brake and was injured after losing control of her wheelchair. The plaintiff sued the supplier for negligently failing to warn her of the seemingly obvious risk of operating the chair with only one brake. In another law suit, it was a supplier that argued a patient's injury was the result of the negligence of a physical therapist who allegedly failed to discuss the differences in seat height and balance characteristics between the patient's old wheelchair and her new wheelchair and failed to prescribe a threshold ramp after conducting a home assessment.

When selling a power wheelchair to a patient, a complex rehab provider must educate the patient and caregiver about the proper use of the item. As the above cases illustrate, this valuable service is a possible source of liability. Suppliers may be held liable for injury caused by complex rehab technology under various product liability causes of action, including negligence, strict liability, breach of warranty, fraud, and misrepresentation. It is therefore imperative that suppliers take reasonable steps to minimize their exposure.

When selling a power wheelchair to a patient, a complex rehab provider must educate the patient and caregiver about the proper use of the item.

supplier standards

Under the supplier standards, a complex rehab provider must meet the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Quality Standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or enrollment may be revoked for failing to comply with the DMEPOS Quality Standards. In addition, the supplier standards require the supplier of a Medicare-covered item to document that it or another qualified party provided the patient with necessary information and instructions on how to use the item safely and effectively.

dmepos quality standards

As noted above, suppliers of rehabilitative technology must comply with the DMEPOS Quality Standards and become accredited to obtain and maintain Medicare billing privileges. The DMEPOS Quality Standards contain a number of requirements relating to the training and instruction of Medicare beneficiaries and/or caregiver(s), including the following:

- The supplier must provide clearly written or pictorial instructions as well as oral instructions related to the use, maintenance, infection control practices for, and potential hazards of all equipment and item(s) provided;
- The supplier must provide, or coordinate the provision of, appropriate information related to the set-up, features, routine use, troubleshooting, cleaning, infection control practices, and maintenance of all equipment and item(s) provided;
- The supplier must provide relevant information and/or instructions about infection control issues related to the use of all equipment and item(s) provided;
- The supplier must verify and document in the patient's record that the patient and/or caregiver(s) has received training and written instructions on the use of the equipment and item(s);
- The supplier must ensure the patient and/or caregiver(s) can use all equipment and item(s) provided safely and effectively in the settings of anticipated use;
- The training and instruction must be commensurate with the risks, complexity, and

> Suppliers of rehabilitation technology must comply with the DMEPOS Quality Standards and become accredited to obtain and maintain Medicare billing privileges.

manufacturer's instructions and/or specifications for the equipment and item(s); and

• The training and instruction materials and approaches must be tailored to the needs, abilities, learning preferences, and primary language of the patient and/or caregiver(s).

The DMEPOS Quality Standards also include training and instruction "Tips," which encourage suppliers to:

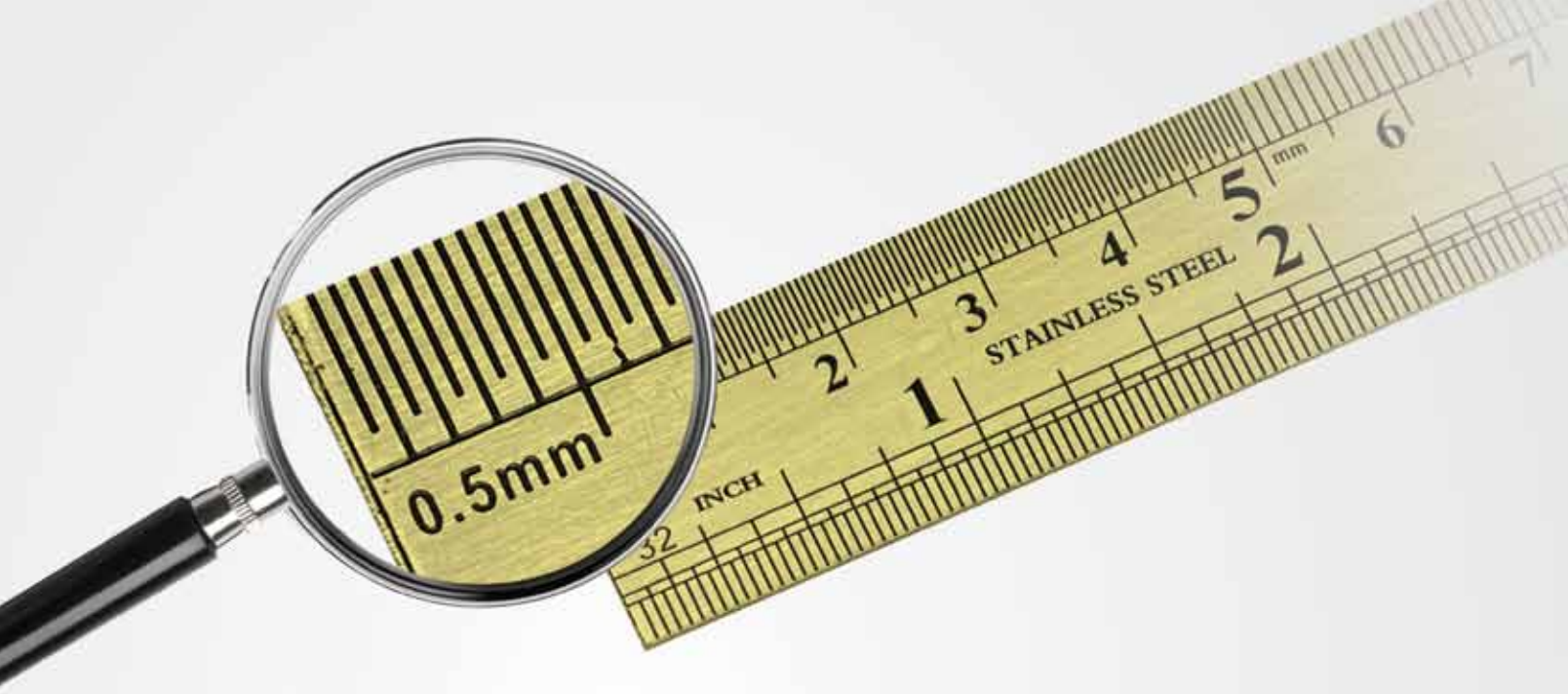
• Provide written instructions to patients and/or caregivers for initial equipment;

• Document that the supplier provided the instructions and the patient and/or caregiver(s) understood them; and

• Document all training and communication in the patient's record, including the date, time, and signature of the person providing the service.

Suppliers of rehabilitation technology must understand that failure to adhere

(CONTINUED ON PAGE 25)



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- Todd Stabelfeldt, CEO, C4 Consulting, Inc

For more on Todd's story and Bodypoint, visit **www.bodypoint.com/ToddS**

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PATIENT INSTRUCTION
(CONTINUED FROM PAGE 23)

to the DMEPOS Quality Standards risks not only the loss of Medicare billing privileges, but also exposes suppliers to potential liability. Significantly, the training and instruction must be documented. The best way for a supplier to approach any interaction with his or her clients is to remember "if it isn't documented, it didn't happen." As such, suppliers must ensure all training and communication with patients are properly documented, including documentation that the patient understood the instructions and knew how to safely operate the items provided.

It should be noted, however, that even if a supplier provides training and instruction and maintains adequate documentation, plaintiffs may still argue that the training was inadequate, they failed to understand the supplier's instructions, etc. Nevertheless, compliance with the DMEPOS Quality Standards can help minimize suppliers' exposure.

The best way for a supplier to approach any interaction with his or her clients is to remember "if it isn't documented, it didn't happen." As such, suppliers must ensure all training and communication with patients are properly documented, including documentation that the patient understood the instructions and knew how to safely operate the items provided.

proactive steps

To reduce the risk of liability, suppliers should take the following steps when providing complex rehabilitation technology:

- Inspect the item prior to delivery to ensure it works properly;
- In a face-to-face meeting, provide written instructions to the patient and caregiver for the item, and show the patient and caregiver how to use the item. It is equally as important to ensure the patient and caregiver understand how not to use the item;
- Have the patient and the caregiver sign a document confirming they have received the instructions described in the preceding bullet and understood such instructions;
- Document all training and communication with the patient and caregiver in the patient's record;
- The employee who instructs the patient and caregiver on using the item needs to have prior training, which needs to be memorialized in writing and kept with the supplier's records; and
- In the event there is an adverse incident involving an item, the supplier should immediately take statements, take photographs (if feasible), and preserve evidence. The supplier should also notify his or her liability carrier.

CONTACT THE AUTHOR:
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OH THE PLACES YOU'LL ROLL

Innovative design of all-terrain wheelchair opens world of opportunities for users

INTERVIEW BY: DANETTE BAKER

Rick Michael still refers to Innovation in Motion as "the new kids on the block," but the 14-year-old Angola, Ind.-based company is performing like an old pro. The company has exclusive rights in North America to distribute Magic Mobility power wheelchairs and Ormesa pediatric and adult gait trainers, strollers and upright standers.

DIRECTIONS recently had the opportunity to visit with Michael about his work as president of Innovation in Motion and the company's contributions to the industry:

How did you become interested in the industry?

Well, my wife is an occupational therapist, and I could see how she was able to help people. One of my strengths has always been building relationships, so when a friend told me about an opportunity to get into the durable medical equipment/complex rehab industry I just jumped on it.

So what is the story behind Innovation in Motion's success?

Fourteen years ago, we were the new kids on the block. I helped start Innovation in Motion as a new division of Vestil Manufacturing Corporation, a 50-year-old family-owned company. We actually originally developed a multidirectional wheelchair, but it had some glitches. We knew it was something that, given the depth of generations in the population and the very large numbers of baby boomers, would have great appeal as well as provide mobility options not currently available in the marketplace. Through an exchange of emails, we were fortunate to come across Magic Mobility, an Australian manufacturer of an all-terrain power wheelchair, and we eventually negotiated distribution rights here and in Canada for their products. More recently, we partnered with an Italian manufacturer, Ormesa, and now we are the sole distributor of their gait trainers, strollers and upright standers.

What sets your products apart from others on the market?

Well, our initial product was a four-wheel drive, all-terrain wheelchair – the Extreme 4x4. This was the first four-wheel drive wheelchair approved by the U.S. Food and Drug Administration. As a matter of fact, reliable sources tell me the iBOT 2000 utilized its wheelbase as its predicate device when applying for FDA 510k approval. There are companies that promote similar products, but we are still the only four-wheel drive outdoor wheelchair that is FDA approved.

Have there been challenges to getting such a specialized chair funded?

Well, yes and no. When we started out, we anticipated that for most of our customers this would be a secondary chair and so our customers would be primarily cash pay. That really hasn't been the case in either situation. In recent times, yes, as with much of the complex rehab equipment, funding has been more difficult. However, not everyone who needs a wheelchair lives on a concrete slab. A lot of our customers use the Extreme 4x4 [our flagship product] as their primary chair because they live in rural areas and on farms and places where a traditional wheelchair can't roll.

We also have a contract with the Department of Veteran's Affairs, which looks at an individual's lifestyle and not just "medical necessity" as with other funding sources, particularly for our veterans.

Through an exchange of emails, we were fortunate to come across Magic Mobility, an Australian manufacturer of an all-terrain power wheelchair, and we eventually negotiated distribution rights here and in Canada for their products.

There is a common denominator they look at, which focuses on the ability to live an active lifestyle. In fact, we donated wheelchairs to two veterans when we were in Washington, D.C., this year for the NCART/NRRTS Complex Rehab Technology Leadership and Advocacy Conference. *[According to an April 30, 2013, article published by Mobility Management, Michael presented one wheelchair Extreme 4x4 to U. S. Navy veteran Taylor Morris. He was an explosive ordinance disposal expert serving in Afghanistan when a bomb exploded. Morris lost both legs, his left lower arm and his right hand. Morris received his chair in rock Creek Park, Va., and commented, " … I'll go hunting and bring the catch of the day out of the woods."]*

Would you share some examples of how your products meet people where they are?

There are so many stories. We've helped a guy who had never taken a walk on the beach with his wife take that walk. We have a double amputee in southern Indiana, a retired engineer, who added a mower to the back so he could take care of his land. Another elderly couple loved to go on long walks for bird watching, but the man struggled in his chair to keep his head up. We partnered with the Bird Watchers Association to get a chair for this man, and we are trying to place our Extreme 4x4 at state parks for visitors to use free of charge so those who use a wheelchair can enjoy our public parks like everyone else.

We have folks who own their own construction companies and one who is a nature photographer who all can work because of our all-terrain power chairs. We even had a young man who sent us an email with the subject line

(CONTINUED ON PAGE 29)

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OH THE PLACES YOU'LL ROLL
(CONTINUED FROM PAGE 27)

"CHORES." He thought our chairs were great until his mom figured out what he now was capable of doing!

We also were one of the sponsors for Andrew "Drew" Shelley's trip around the world in 2008. He had a muscular degenerative disease and, after saving up for a year, left his job as engineer in California and set out in one of our adapted X5 Frontier power chairs to travel around the world. [Watch a trailer of the documentary at *http://youtu.be/sY_27avxu_I]*

So, what are the obstacles to getting such complex rehab technology to those who need it?

Without a doubt, funding is and will continue to be an issue. We want to make sure the right people are getting the right products, but too often those pandering to just bring in money have given the rest of [the industry] sort of a bad name by putting people in the wrong products and ultimately costing money. When the right people are prescribing the right products, it's always going to be a cost saver. The issue of funding will always be an obstacle because too often people (and in this case, the government) are looking for a shortcut to savings – many times stepping over a dollar to save a dime. Our task is to educate the public and our legislators about the importance of carving out complex rehab from the competitive bidding process.

Without a doubt, funding is and will continue to be an issue. We want to make sure the right people are getting the right products, but too often those pandering to just bring in money have given the rest of [the industry] sort of a bad name by putting people in the wrong products and ultimately costing money.

What is on the horizon for Innovation in Motion?

Our original model, the Extreme 4x4, was like the Humvee. We decided we also needed something more along the lines of a Jeep, which we developed about 10 years ago. This hybrid is a mid-wheel drive. It won't go where the Extreme will, but it will go where no conventional wheelchair will go.

Our newest model of that product line can go from an aggressive all-terrain model to a pediatric version and comes in a rear-wheel or front-wheel drive so it hits all facets of life. That's a benefit of being a small company and working with our small Australian manufacturer. We are all about building products that fit people's lives and their lifestyles and not asking people to fit their lifestyles to a chair.

What other contributions are you making to the rehab industry (boards, association memberships, etc.)?

I have attended CELA and worked with some veterans' groups – Wounded Warriors and Friends of Freedom. Other than that and joining NRRTS, I have not had the opportunity yet to get involved.

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

Like many others in this industry, there are really no two days that are alike. My time is divided between working with the consumers to find new products to meet their needs and with the dealers. In a small company like ours, my job is really multifaceted. We are very reactionary to the market, which keeps you on your toes to develop new ideas. We are constantly going to the drawing board. I also travel a lot for shows, working with the 45 independent representatives we have.

What's life outside of the 9 to 5 like for Rick Michael?

I have four children, and they really keep me pretty busy. I'm also a firm believer in that you are only as strong as the weakest link so I try to give back to our community. This is the community where I grew up and now where I'm raising my children. My hope is that I can make it a place they want to come back to and raise their families.

CONTACT
Rick may be reached at rick@mobility-usa.com or 260.665.2769x502.

REGISTRANT SAYS 'MOM-AND-POP SHOPS' HAVE MUCH TO OFFER

WRITTEN BY: JULIE BARNETT

Brent Hudson of Family Mobility & Equipment based in Lubbock, Texas, believes small, family-run shops like his are slowly becoming a thing of the past.

"Our business is a 'mom-and-pop shop' and lots of those have dwindled away, but I believe they are the best deal when it comes to providing care," he said, pointing out that he worked with his wife in the business for 17 years. In fact, that's how they first met.

Hudson, who's been in the mobility equipment business for 32 years, says his daily routine consists of navigating referrals, evaluations, securing funding, processing orders, and setting up and delivering mobility-related products. "I'm a rehab guy," he said, noting the most rewarding part of his job is being able to deliver equipment and make a real difference in someone's life.

"For years I did pediatrics, and it was so great to watch kids smile, to be able to enhance their lifestyle. It can make such a difference when the job's done right," he said.

Hudson has been a NRRTS member since 2000 and finds it to be a good source for continuing education requirements. He has been a RESNA-certified Assistive Technology Professional (ATP) since 2007.

"NRRTS has been a big player for some time and I got involved early on," he said. "A big benefit for me is webinars to allow me to keep up with CE (continuing education). The variety of course offerings allows me to pick and choose for a more diverse education," Hudson said, "and it's a big deal for me to no longer have to book flights and hotels to attend conferences. It saves al lot of time and money."

In a business where 45- to 50-hour weeks are the norm, Hudson finds the time-saving benefits, as well as industry updates, to be invaluable.

"The (NRRTS) emails I get help me to keep up with the never-ending changes in technology, funding, what's happening on Capitol Hill," he said. "I'm more aware and that makes me a better advocate for consumers in the long run. It's a tangled web out there right now, and we need an edge when it comes to reimbursement cuts.

"NRRTS helps us to provide a good, quality product for customers. It's a great tool for information," he said.

HUDSON AND CLIENT, BRAD BIRCH

"A big benefit for me is webinars to allow me to keep up with CE [continuing education]. The variety of course offerings allows me to pick and choose for a more diverse education," Hudson said, "and it's a big deal for me to no longer have to book flights and hotels to attend conferences. It saves al lot of time and money."

CONTACT

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NATIONAL CRT WEEK INCREASES AWARENESS AND SUPPORT

September 2013

WRITTEN BY: DON CLAYBACK

Work and progress continues toward getting Congress to pass the "Ensuring Access to Quality Complex Rehabilitation Technology (CRT) Act." As we finish out the summer season, here's a review of recent activity and where we are.

national crt week

The first National CRT Week (August 19 to 23) proved a success as CRT stakeholders from across the country took the opportunity to connect with their members of Congress during the August recess. Providers, manufacturers, clinicians and consumer groups used a variety of venues to deliver the CRT message and ask for support of our legislation.

Multiple on-site visits were held at provider or clinical facilities with members or their senior staff visiting to see first-hand what CRT is, who uses it, how it's provided, and the important role it plays in the lives of people with disabilities. Meetings were also held in members' district offices and other meetings took place at various community settings.

Multiple on-site visits were held at provider or clinical facilities with members or their senior staff visiting to see first-hand what CRT is, who uses it, how it's provided, and the important role it plays in the lives of people with disabilities.

It was a great first year event and we saw substantive results as outlined below. Additional follow up discussions are taking place which will add to the support gathered to date.

Thanks to everyone who took the time to involve themselves and their organizations! Your commitment and investment paid off.

Increasing CRT awareness with federal, state and private policy makers is an important objective in promoting and protecting access. With that in mind, National CRT Week will be held on an annual basis going forward. More details will be published in early 2014 and we look forward to building on the participation and activities of this year.

on-site visit with congressman crowley

As part of the August CRT Week activities, U.S. Rep. Joe Crowley, D-N.Y., visited the wheelchair and seating clinic at Independence Care System in Bronx, N.Y. This provided an excellent opportunity for him to see the workings of a CRT clinic and hear from clinicians, consumers and suppliers about CRT and the access challenges that are increasing.

The on-site visit was hosted by Jean Minkel, senior vice president of Rehab Services at Independence Care System, and Gerry Dickerson, vice president of Rehab Technology at Medstar Surgical. Representatives from NCART and United Spinal Association were also in attendance along with a variety of consumers and other stakeholders.

Crowley spent about 90 minutes at ICS, including joining a group of 16 CRT stakeholders for a conference room lunch to review the status of our legislation and the outlook for the rest of the year. He commended the group for the progress to date on securing co-sponsors and stated he would reach out to some of his colleagues who were not on the bill yet.

He shared that the pressing national and international issues will require the focus of Congress in the months

(CONTINUED ON PAGE 35)

TOP: GERRY DICKERSON AND DON CLAYBACK BRING LUNCH FOR THE GROUP MEETING WITH U.S. REP. JOE CROWLEY..

MIDDLE LEFT: CONGRESSMAN CROWLEY HEARS THE CONSUMER'S PERSPECTIVE ON CRT.

MIDDLE RIGHT: JEAN MINKEL DESCRIBES THE CRT EVALUATION AND FITTING PROCESS TO CONU.S. REP. JOE CROWLEY..

BOTTOM: AS PART OF NATIONAL CRT WEEK, CRT STAKEHOLDERS MET WITH U.S. REP. JOE CROWLEY. AT INDEPENDENCE CARE SYSTEM'S WHEELCHAIR & SEATING CLINIC IN BRONX, N.Y.


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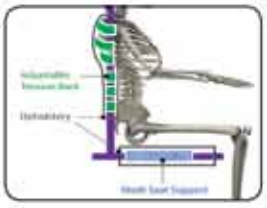

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ahead and that the negative partisanship that currently exists makes passing legislation challenging. He concluded by committing to continue to push our bill and to look for opportunities to bring it to the floor and secure passage.

legislation co-sponsors

As of this writing, 77 House members have signed on to H.R. 942. That's an addition of 11 members in the last month and is a credit to the outreach CRT stakeholders did during the August congressional recess. We're maintaining good bipartisan support with 51 Democrats and 26 Republicans on board.

We also have strong key committee support with the inclusion of 11 members of the Ways & Means Committee and 10 members of the Energy & Commerce Committee. The recent additions included Ways & Means Committee member Rep. Tom Price, R-Ga., and Energy & Commerce Committee member Rep. Bobby Rush, D-Il.

As to our Senate bill, S. 948, we've added two new senators with Sens. Patty Murray, D-Wa., and Kirsten Gillibrand, D-N.Y., signing on. That gets us up to five with good bipartisan support. To get more support for S. 948, Sens. Charles E. Schumer, D-N.Y., and Thad Cochran, R-Miss., will be sending out a "Dear Colleague" letter to their fellow senators promoting the bill and encouraging them to sign on. This will provide a catalyst to secure additional Senate support.

We're maintaining good bipartisan support with 51 Democrats and 26 Republicans on board.

We also have strong key committee support with the inclusion of 11 members of the Ways & Means Committee and 10 members of the Energy & Commerce Committee.

You can view the current list of co-sponsors by state at *http://www.access2crt.org.*

looking ahead

It will be a busy fall for Congress as they deal with a variety of pressing issues before year end. We need to continue to add co-sponsors to our CRT bills as we move through September and October.

If your members aren't signed on yet, you know what you need to do. Check out the list of co-sponsors at *http://www.access2crt.org* and use the helpful advocacy resources on the site to get your representative and senators on board.

Thanks to the active outreach of CRT stakeholders, CRT awareness and support in Congress is increasing. Let's keep the momentum going!

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PHOTO 1: AUGMENTATIVE MOBILITY DEVICES, SUCH AS THIS GAIT TRAINER, CAN FULFILL A CHILD'S INTRINSIC DESIRE TO BE MOBILE, TO EXPLORE THEIR ENVIRONMENT AND TO BE ACTIVE AND PARTICIPATE IN LIFE

WRITTEN BY: GINNY PALEG, PT, DSCPT, MPT

WHICH CHILD NEEDS A *power chair*?

Over the last seven years, Roslyn Livingstone and I have gathered expert opinions and research evidence for the medical necessity of power mobility for four distinct groups of children. Augmentative mobility devices (walkers, gait trainers, mobile prone standers, and power mobility devices) can fulfill a child's intrinsic desire to be mobile, to explore their environment and to be active and participate in life (Casey, 2013)*(see Photo 1)*.

Augmentative mobility devices should not be considered as the last option but, rather as a tool to enhance activity and participation and to enable children to keep up with their peers. The ability to move around and explore the world has an immense impact on children including the development of language, cognition and personality (Lobo, 2013). Children who cannot move and explore their environment independently and efficiently rarely learn how their own behavior can make things happen. Therapists, teachers, families and the entire early intervention community must augment mobility for children with disabilities at the same age their peers are beginning to move around independently.

Gait trainers and mobile prone standers may be solutions for some children and others can benefit from prone crawling devices and adapted trikes, but power mobility devices should also be considered. Power mobility (PM) continues to be under-used (Rodby-Bousquet and Hägglund 2010), even though it can be the most effective means of providing independent and autonomous mobility for children with significant and moderate physical impairments. We need to shift this practice pattern. All of us who touch the lives of children with mobility impairment need to be able to provide long-term training opportunities and long-term loaners until the child can be provided with his or her own individual solution. We hope by identifying these four distinct groups who need power and augmentative mobility that accessing equipment will become easier.

Children who will need access to augmentative mobility include:

1. Children who are not likely to walk before age 4,
2. Children with inefficient mobility,
3. Children who lose the ability to walk or to walk efficiently, or
4. Children who need mobility assistance only in early childhood.

Research Evidence:

When do infants who are typically developing start to move and explore? Most infants begin to roll, crawl, pull to stand, and walk around 6 to 12 months of age. This exact same time frame might be when motor neural plasticity is at its peak, meaning the first two years of life are the most important in terms of setting down the tracts that will carry vital information about sensation and motor.

Research suggests augmentative mobility devices can be safely

introduced with infants as young as 7 months of age (Lynch et al, 2009). Children can successfully begin using augmentative mobility devices around 9 to 14 months (Livingstone, in press). We know from the research that there are no known negative impacts on motor development following augmentative mobility use (Bottos et al, 2001, Jones et al, 2012). There is even some suggestion that it can enhance a child's motivation to move, and so, might promote walking ability.

Augmentative mobility use has also been shown to facilitate language, play and social skills (Tefft et al, 2011) and case study evidence suggests it may also impact communication and cognitive development (Jones et al, 2003, Lynch, 2009). Introducing augmentative mobility before 2 years of age may be important to facilitate the typical co-development of socialization with mobility (Ragonesi et al, 2011). Survey and qualitative evidence suggests use of an augmentative mobility device can have a positive impact on participation in family life and integration with peers (Horne and Ham, 2003, Wiart et al, 2004). Furthermore, augmentative mobility has been shown to decrease caregiver burden, as well as increase the child's independence (Ostensjø et al, 2005).

Readiness

We used to think a child would only be successful with power mobility if he or she had object permanence, cause and effect and spatial awareness (Tefft et al, 1999), meaning the child had to be able to drive and explore before we even started teaching them. Well, that's just silly! There is increasing acceptance that early augmentative mobility starts with exploration of movement (Durkin, 2009) and that many so-called "readiness skills" develop with mobility experience, meaning children won't be able to drive and explore until they are given experience! What a catch-22! All mobility-restricted children who have limited means of activity and participation should be given the opportunity for augmentative mobility experience (Hardy, 2004)

Children who have not yet established cause-effect or don't understand the use of switches for multiple functions may not be ready to be functionally independent power wheelchair users. However, they are able to benefit from augmentative mobility experience (McGarry et al, 2011). Children who are at the gross motor function classification system (GMFCS) level IV and V are not expected to develop independent upright ambulation and will have no other form of efficient independent mobility without augmentative mobility (Palisano et al, 1997)*(see Photo 2)*. Children achieving GMFCS level III will ambulate using crutches or walkers. Power mobility should be considered when these children are unable to keep up with peers, or when endurance or efficiency of gait interferes with activity and participation.

PHOTO 2: JAY DOHERTY AND PAULA VOITHOFER FROM QUANTUM REHAB HELPING FAITH TRY OUT A POWER WHEELCHAIR AT CAMP GIZMO

Implementation: How do we get this done?

We need to give greater consideration to using augmentative mobility as a complement to other interventions and not view it solely as a last mobility choice. Where participation and activity is the goal, augmentative mobility can be used as a therapeutic tool for children with restricted mobility. It can facilitate children to move voluntarily toward the activities of their choice (within the safe confines of adult supervision) and thereby participate and experience these activities in a meaningful way. Augmentative mobility can promote learning and exploration and may involve use of powered toys and shared use of a power wheelchair, as well as individual wheelchair prescription. We need to foster an attitude change toward the purpose and benefits of using augmentative mobility. We need to support families and caregivers in accepting augmentative mobility that includes a range of mobility options. Then, maybe rather than seeing augmentative mobility as a negative factor, signifying giving up on the potential for walking, or as a deterioration of their child's health, these strategies can be seen as contributing to the whole development of the child. Hopefully then families and caregivers would view augmentative mobility as a positive intervention, representing greater independent engagement and participation for their child in everyday activities.

Conclusion:

Look at your case load and pick a 9- to 15-month-old child who meets one of the following criteria:

1. Child who is not likely to walk before age 4,
2. Child with inefficient mobility,
3. Child who will or may have lost the ability to walk or to walk efficiently, or
4. Child who will need mobility assistance only in early childhood.

Get him or her a loaner power chair and start daily 15 minute two times per day or 30 minute daily training sessions. Administer a standardized test that measures language and cognition. Wait three months and re-evaluate; then if the child is having fun and/or beginning to explore, and you think it's feasible, move toward purchase.

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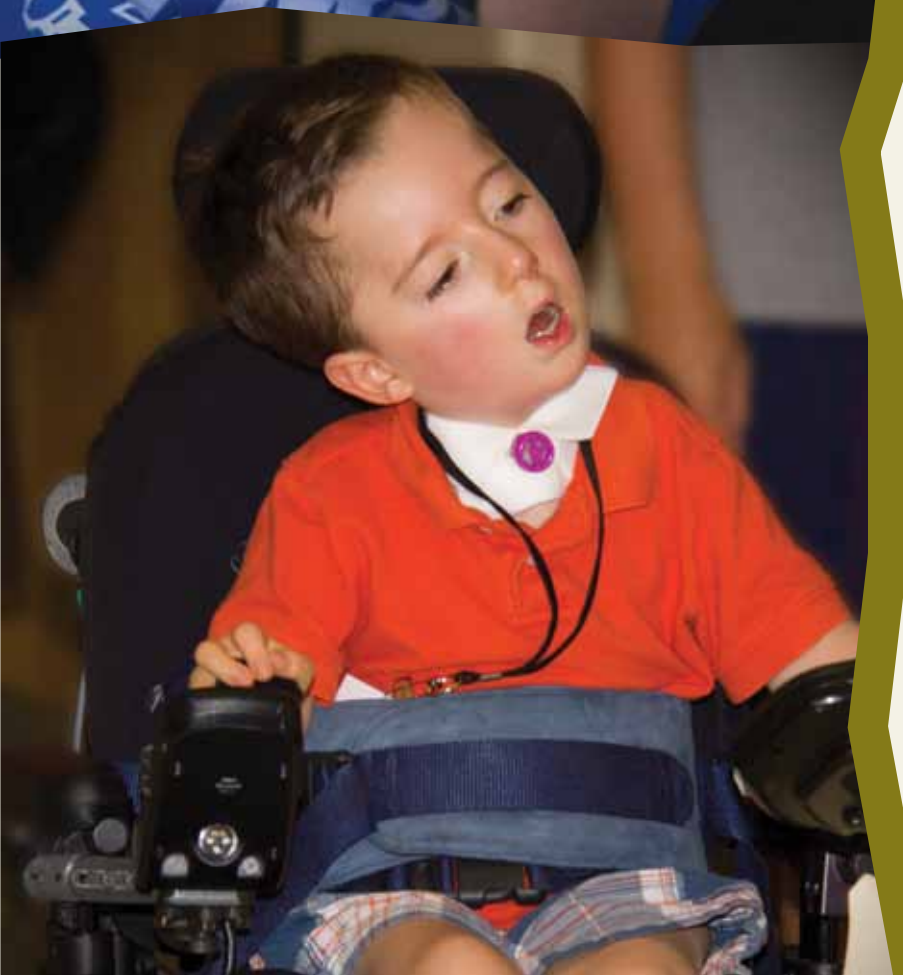
WRITTEN BY GINNY PALEG, PT, DSCPT, MPT AND WENDY HARRIS ALTIZER, PT, ATP

- WELCOME TO -

CAMP GIZMO!

Welcome to Camp Gizmo in Romney, West Va.! We are in a large school auditorium with a panoramic view of lush green mountains. We are surrounded by seating systems, standers, gait trainers, and any other mobility, positioning or seating device we could ever want. All of our friends are here: suppliers, manufacturer's reps, educators, physical therapists, vision specialists, speech therapists, occupational therapists, families and, of course, the children we will get to meet. Imagine you are there with me and the state has funded five magical days to meet all the children's needs for mobility, education, communication, vision, sensory, feeding, recreation, and more. Teachers and early intervention providers across the state have come to learn together and to make recommendations for 25 children. At the same time we are evaluating the children, sibling and parent workshops which are offered. There are also tons of fun camp activities that are fully inclusive. Three families have left their children with a counselor and group of campers for the very first time. In seven years these moms and dads haven't been alone together! We'd like to share one child's journey during this amazing gathering.



Ethan is 5 years old and has no diagnosis. He has bilateral club feet, hip dysplasia and some joints that are similar to children who have arthrogryposis. He has had hip reconstructions, heel cord lengthenings, club foot correction and surgery on his diaphragm and lungs. Ethan has a significant torticollis and some visual field loss. He also has a g-tube, trach and a huge smile. He and his parents came to Camp Gizmo for augmentative communication and to explore mobility options. He is just starting to speak over his trach and he definitely makes his needs known – if you listen! *(see top photo.)*

Ethan did not have a means for efficient mobility. He can walk short distances with a reverse walker using a forearm support on the left and a hand grip on right, but he fatigues quickly. Day 1: Ethan was driving a power chair independently! Cyglenda Abbott, ATP from National Seating and Mobility in Charleston, W.Va., worked with Paula Voithofer from Pride Mobility (Quantum) and the therapist team to set up a trial chair for Ethan. It wasn't fancy seating, but it worked. Ethan was given a proportional joystick with a ball just inside the right armrest and off he went *(see bottom photo).*

Paula turned the chair on and Ethan pushed her hand away, turned it off and turned it on again. Paula also tried a switch drive, but Ethan wanted more subtle control. So they went back to the proportional joy stick, and he drove like a pro. Ethan looked out into the crowd and never at his hand. He steer corrected, stopped and off he went. He seemed a

TOP: ETHAN AT CAMP GIZMO. PHOTO COURTESY OF CYGLENDA ABBOTT.

BOTTOM: ETHAN TRIES A POWER WHEELCHAIR WITH A JOYSTICK. PHOTO COURTESY OF CYGLENDA ABBOTT.

Ethan looked out into the crowd and never at his hand. He steer corrected, stopped and off he went. He seemed a little surprised he could move away from mom, so he made sure he was holding her hand so he wouldn't lose track of her. Finally mom walked in front and asked Ethan to come and give her a high five. He drove over, stopped the chair, turned it off, and reached up to give mom a high five!

little surprised he could move away from mom, so he made sure he was holding her hand so he wouldn't lose track of her *(see photo on left).* Finally Mom walked in front and asked Ethan to come and give her a high five. He drove over, stopped the chair, turned it off, and reached up to give Mom a high five! The adoring crowd of observers cheered for Ethan and his family! The family was concerned this meant giving up on walking. The team encouraged Dad that this new-found independence would drive Ethan's desire to be independent in more areas. The research *(see article in this issue, "Which Child Needs a Power Chair?")* suggests access to power mobility would motivate Ethan to attain independence and increase his desire to walk.

The second day of power for Ethan brought tears to our eyes. He and his family went outside by themselves for a few hours. Upon their return we asked Ethan about his visit to the great outdoors. He told us he went through the grass and almost got stuck in the mulch. He went up a BIG hill. All of a sudden, one therapist knelt down and asked him what he wanted for Christmas. Ethan answered excitedly and pointed his finger insistently at the chair and said, "My chair, this chair."

Teams at camp look at mobility in different, but interrelated, ways. The school based therapists are focused more on independence while the private therapy team is looking at activity and participation. Here at Camp Gizmo, all the politics and turf battles fall away as the teams gather to meet the goals of the family and child. Ethan has the potential to use a walker and a manual chair for short distances, but he struggles to keep up with his peers or sustain independent mobility across his school day. In power, he can keep up and even lead his peers. He wants to play with the neighborhood

LEFT: ETHAN HOLDING MOM'S HAND WHILE DRIVING. PHOTO COURTESY OF CYGLENDA ABBOTT

All of a sudden, one therapist knelt down and asked him what he wanted for Christmas. Ethan answered excitedly and pointed his finger insistently at the chair and said, "My chair, this chair."

kids – he typically gets to watch out the window. In power, he can also carry his suction and an emergency bag for his trach. He can have some independence.

At home, he scoots on his bottom or rolls across the floor. He loves to walk so his family will support his trunk and help him walk. He uses a standard toddler stroller for short trips. He is getting too tall for both a regular five-point car seat and the stroller. In the walker, he needs close supervision with intermittent contact guard. He cannot transfer independently in and out of the walker and he fatigues quickly. In a manual chair, he could explore his classroom, but he cannot propel on the playground surface or keep up with his class line in the hallway. His family will be able to get a walker for use at school, a manual wheelchair from a lending closet for quick trips (seating will move between bases) and they are going to now go through the process of purchasing a power chair.

Ethan's home has two floors and the first floor is accessible for a power chair with access via the garage. Their vehicles are small cars, so a hitch mount system will be investigated to help transport the power chair in the community. The power chair will go back and forth to school on the bus. They will use a walker on the top floor of the house and may look into a chair stairclimber for transfers in the future.

The family was told their insurance would not cover a wheelchair and a walker. The family applied for funding for a walker, but then the insurance company informed them neither was a covered item. Luckily in West Virginia, once you have the denial, you can submit to Medicaid. Ethan's team plans on doing this next, but first has to hunt down the actual letter of denial!

Paula and Cyglenda agree that days like these are why we love our jobs and can't imagine doing anything else. Ethan's story is a wonderful example of how people from across mobility fields can work together to change the life of a child and family. In West Virginia it happens every July for five days and, as one family phrased it, "magic happens."

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WHY IS FUNCTIONAL LIMITATION REPORTING SO IMPORTANT?

WRITTEN BY: BARBARA CRUME, PT, ATP

Now is the time to listen up and learn about Outcome Measures! If you were like me 10 or 15 years ago attending conferences with multiple concurrent sessions, you chose to attend the hands-on clinical training courses instead of the sessions on Outcome Measures. Case studies, programming power chairs, trying out new products were all things I could learn to do and apply back in my clinic. I didn't think I had the time to apply outcome measurement tools. But now, clinicians have no choice. These tools must be used for outpatient therapy services provided at hospitals, rural critical access hospitals, skilled nursing facilities (billing under Part B), comprehensive outpatient rehabilitation facilities, rehabilitation agencies, home health agencies (billing under Part B) and in private offices of therapists, physicians, and non-physician practitioners.

Each functional limitation category has three G codes associated with it - one indicating status upon evaluation, another for projected goal and the final one for status at time of discharge. CMS has issued seven severity modifiers that indicate the patient's percent of impairment, limitation or restriction. Currently these non-payable codes must be included on claim forms and documented in the medical record for payment of services.

During the CTF meeting in March at ISS 2013, a group of members formed a Functional Limitation Reporting workgroup to develop a plan of recommendations for addressing the need to report data on patient functional limitations beginning July 1, 2013. This new requirement was mandated by the Middle Class Tax Relief Act of 2012. The Centers for Medicare and Medicaid Services (CMS) intention is to use this information to reform the future payment process for outpatient therapy services.

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The modifier may be determined through use of an objective, measurable standardized test or by the therapist using his/her clinical judgment based on multiple tools used during the evaluation process. Today there are only a few valid and reliable measures related to seating and mobility interventions. Of those available, few are sensitive to the changes and impacts of seating and mobility services.

The workgroup therefore held several conference calls to discuss outcome measurement tools. Kelly Waugh, PT, MAPT, ATP, Assistive Technology Partners, then used the input from these meetings to create draft outcome measurement tools based on the ICF coding guidelines. Multiple clinical sites are now beta testing these tools and so far these sites report excellent results. The beta measures are sensitive to change and demonstrate improvement in domains of posture, pain and functional mobility as a result of seating and wheeled mobility services rendered during the initial evaluation and treatment, subsequent visits for fitting and training and upon discharge.

In the future, the Functional Limitation G codes and modifiers may be reviewed for outcome measures and pay for performance. Therefore we need to make sure the tools being used are validated and capture

In the future, the Functional Limitation G codes and modifiers may be reviewed for outcome measures and pay for performance. Therefore we need to make sure the tools being used are validated and capture information that shows functional improvement. The CTF plans to look into ways to officially pilot these recently developed tools in support of the clinical community.

information that shows functional improvement. The CTF plans to look into ways to officially pilot these recently developed tools in support of the clinical community. Coverage and reimbursement of therapy services is an important part of the funding process for Complex Rehabilitation Technology and thus it's time for everyone to pay attention!

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THE WHEELCHAIR:
The common denominator

WRITTEN BY: ANN EUBANK AND ALEX BENNEWITH

In the last weeks of August, during National CRT Week and beyond, the UsersFirst Facebook post, "Would you like the opportunity to speak directly to your congressional representative? …" elicited 68 shares and over 8,000 views resulting in a flood of emails from wheelchair users all over the country.

The emails and social media correspondence continued into the night as people expressed their desire and eagerness to speak with congressional representatives about the necessity of the right wheelchair. Overall, wheelchair users in 30 states from Washington to Connecticut, from Florida to Wisconsin mobilized to speak to their representatives encouraging them to sign on to H.R. 942/S. 948, Ensuring Access to Quality Complex Rehabilitation Technology Act of 2013. Many disability organizations shared United Spinal's and Users First's information, bringing an otherwise extremely diverse community together – with the right wheelchair as the common denominator. An empowered and educated grassroots movement of wheelchair users continues to be a reality.

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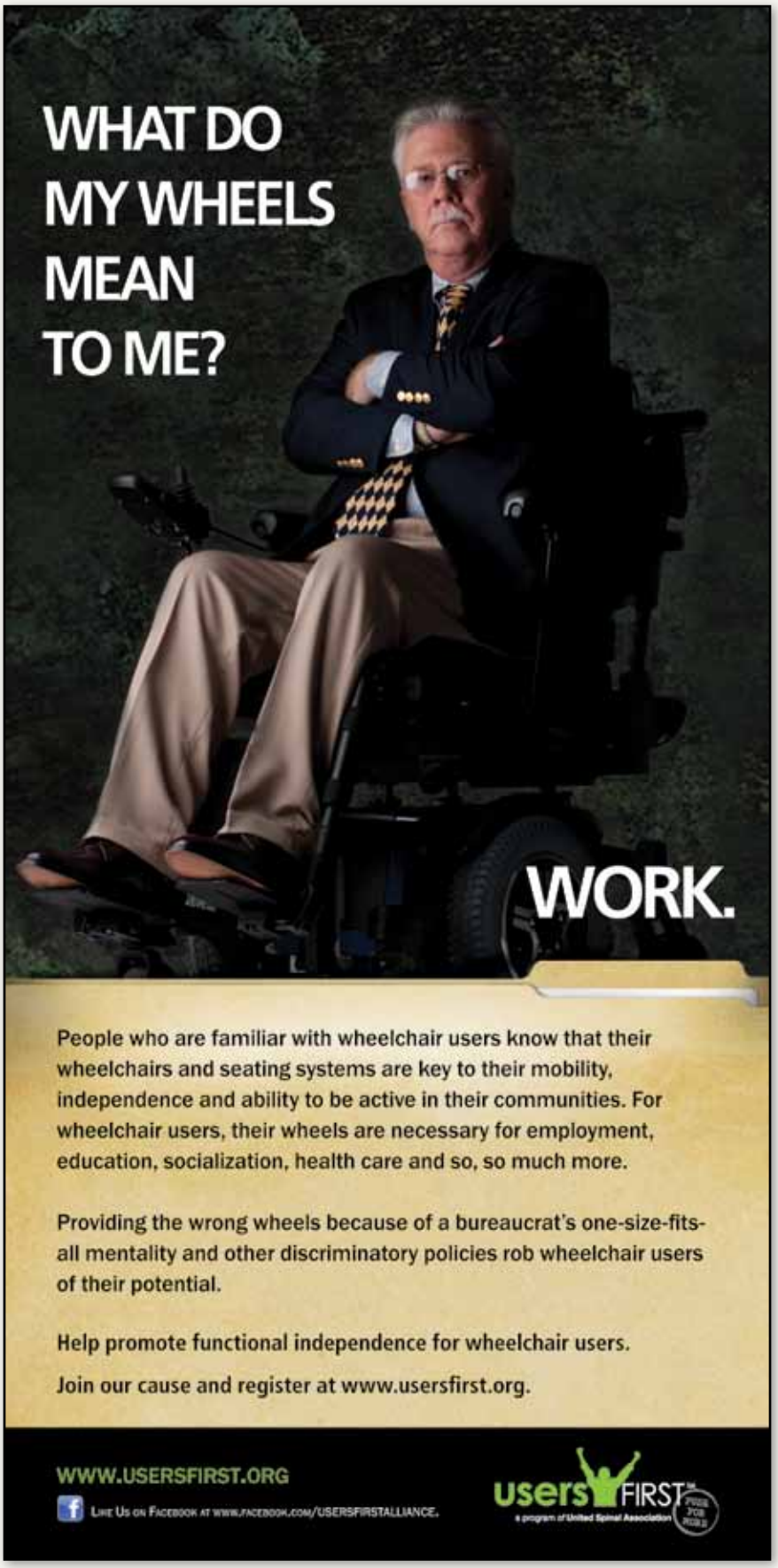
As the emails and correspondence from various social media outlets streamed in, a sense of exhilaration and reverence was palpable. The UsersFirst (UF) movement was "moving" people, people who trust us to provide the tools and peer network so their story can be heard – so they can make a difference.

The UF community is requesting we sustain the movement by encouraging and organizing local chapter members to develop ongoing relationships with congressional representatives. We plan to keep the heat on; we plan on being the squeaky wheel (pun intended). With the recent influx of Registrants and advocates willing to take action, the wheelchair user network has grown exponentially. It is noteworthy that the growth was due to the general wheelchair user community messaging to each other about this cause – that these "UsersFirst people" will help you get an appointment with your representative, and will help you get the right wheelchair. As it turns out wheelchair users have demonstrated tremendous proclivity to take action.

For example, four UF advocates from the same state, who, prior to this recent push, did not know each other, connected and organized congressional meetings, transportation, read up on the bills and prepared their personal CRT stories. This scenario continues in many states, bolstering the wheelchair user advocate network. With support of the entire community, wheelchair suppliers, manufacturers, clinicians, advocates, family members and wheelchair users, we are literally moving towards positive policy change.

Wheelchair users involved with this cause acknowledge the historic Americans with Disabilities Act, while addressing vital aspects of equality and inclusion, does not include language protecting access to wheelchairs. As a community of people who believe

The UF community is requesting we sustain the movement by encouraging and organizing local chapter members to develop ongoing relationships with congressional representatives. We plan to keep the heat on; we plan on being the squeaky wheel [pun intended].



> As a community of people who believe Americans have the right to access their communities and live the lives we choose, it is our duty to push for increased access to wheelchairs that meet the unique health and functional needs of every user.

Americans have the right to access their communities and live the lives we choose, it is our duty to push for increased access to wheelchairs that meet the unique health and functional needs of every user.

From grassroots advocacy to making policy changes on Capitol Hill, Users First is your direct line. Get connected and be part of the movement at *http://www.usersfirst.org.*

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RAISING THE BAR OF PROFESSIONALISM THROUGH ETHICS AND STANDARDS

WRITTEN BY: MIKE SEIDEL, ATP, CRTS®

The truth of the matter is that you always know the right thing to do. The hard part is doing it. – Norman Schwartzkopf

Working in this field, it's likely all of us have faced situations that were ethically "gray" in nature. For example, perhaps you are working with a client, and you realize a competitor's expertise or competency level is actually a better fit for them. Perhaps a piece of equipment that is not covered by their funding source would meet their needs to function independently while the equipment covered would not meet all their needs. What do you do?

If you are RESNA certified, then you have agreed to follow the RESNA Code of Ethics and Standards of Practice. This would require you to not practice outside your scope of competency and refer the client to someone who has a proven skill set in the area required by the client, as well as to inform the client about all of the technology that might help, regardless of cost.

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The RESNA ATP certification is about raising the bar of professionalism in the assistive technology field. The exam establishes a standard of technical knowledge among professionals, but it's the adherence to the RESNA Code of Ethics and Standards of Practice that actively demonstrates what we mean by professionalism, as exemplified through the behavior of the certified individual.

The goal of RESNA's certification is to position the ATP as a professional, not just a technician. A technician is associated with skilled labor or a trade, is versed in technique, has a relative understanding of general principles, and usually works in a supportive role to other professionals. The professional, however, possesses a large body of knowledge, is self-regulating, has autonomy in the workplace, and uses independent judgment and professional ethics to guide behavior.

Because we work with vulnerable people who need technology in order to lead healthier lives, it is vitally important that all of us in the profession behave in an ethical manner. It is also important that we self-regulate our profession, help train new people in how to behave responsibly and ethically, and weed out the "bad apples."

resna code of ethics and standards of practice

The RESNA Code of Ethics is a short statement comprised of eight standards. It states RESNA members and credentialed service providers will:

- Hold paramount the welfare of persons served professionally.
- Practice only in their area(s) of competence and maintain high standards.
- Maintain the confidentiality of privileged information.
- Engage in no conduct that constitutes a conflict of interest or that adversely reflects on the association, and more broadly on professional practice.
- Seek deserved and reasonable remuneration for services.

The standards stress cooperation, team-building and follow-up; promote collaboration; encourage referrals to others as appropriate; promotes ethics; and provide a path for the adjudication of complaints when standards are violated..

- Inform and educate the public on rehabilitation/assistive technology and its applications.
- Issue public statements in an objective and truthful manner.
- Comply with laws and policies that guide professional practice.

Sounds easy, doesn't it? As we all know, it's not. That's why in addition to the Code of Ethics, RESNA has developed the "Standards of Practice," which are 22 rules covering assistive technology service delivery. The standards stress cooperation, team-building and follow-up; promote collaboration; encourage referrals to others as appropriate; promotes ethics; and provide a path for the adjudication of complaints when standards are violated.

There isn't enough space in this column to cover all of the standards individually, but the entire list is available on the RESNA website in the certification section, at *http://www.resna.org/certification.* I am going to highlight just a few. Keep in mind, these are not the most important – they are all important, but if you haven't read the Standards yet, this will give you an idea of what they cover.

(CONTINUED ON PAGE 51)

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...ETHICS AND STANDARDS
(CONTINUED FROM PAGE 49)

Individuals shall engage in only those services that are within the scope of their competence, their level of education, experience, and training, and shall recognize the limitations imposed by the extent of their personal skills and knowledge in any professional area.

In other words, it's okay to admit you don't know everything. None of us can know everything. If you've got a client who needs an AAC device mounted on their chair and you're not familiar with it, call up the supplier or the manufacturer of the device and ask questions. Network with other ATPs and allied professionals and build up a good referral network. Clients remember when you refer them to someone who helped them, and they will keep coming back as a result – and recommend you to others.

Individuals shall offer an appropriate range of assistive technology services which may include assessment, evaluation, trial, simulation, recommendations, delivery, fitting, training, adjustments, and/or modifications and promote full participation by the consumer in each phase of service.

We all have horror stories about clients who don't use the technology provided to them, and it's sitting in a closet somewhere gathering dust. It's frustrating and it's sad, because often we feel that if the client would just give the technology a chance it could really benefit them. But none of that matters, because what's most important is that the client be engaged on the journey with us. So ask lots of questions, observe them in action, and make sure that they – and their caregivers – understand that they are central to the process. If it doesn't work for them, it

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permobil

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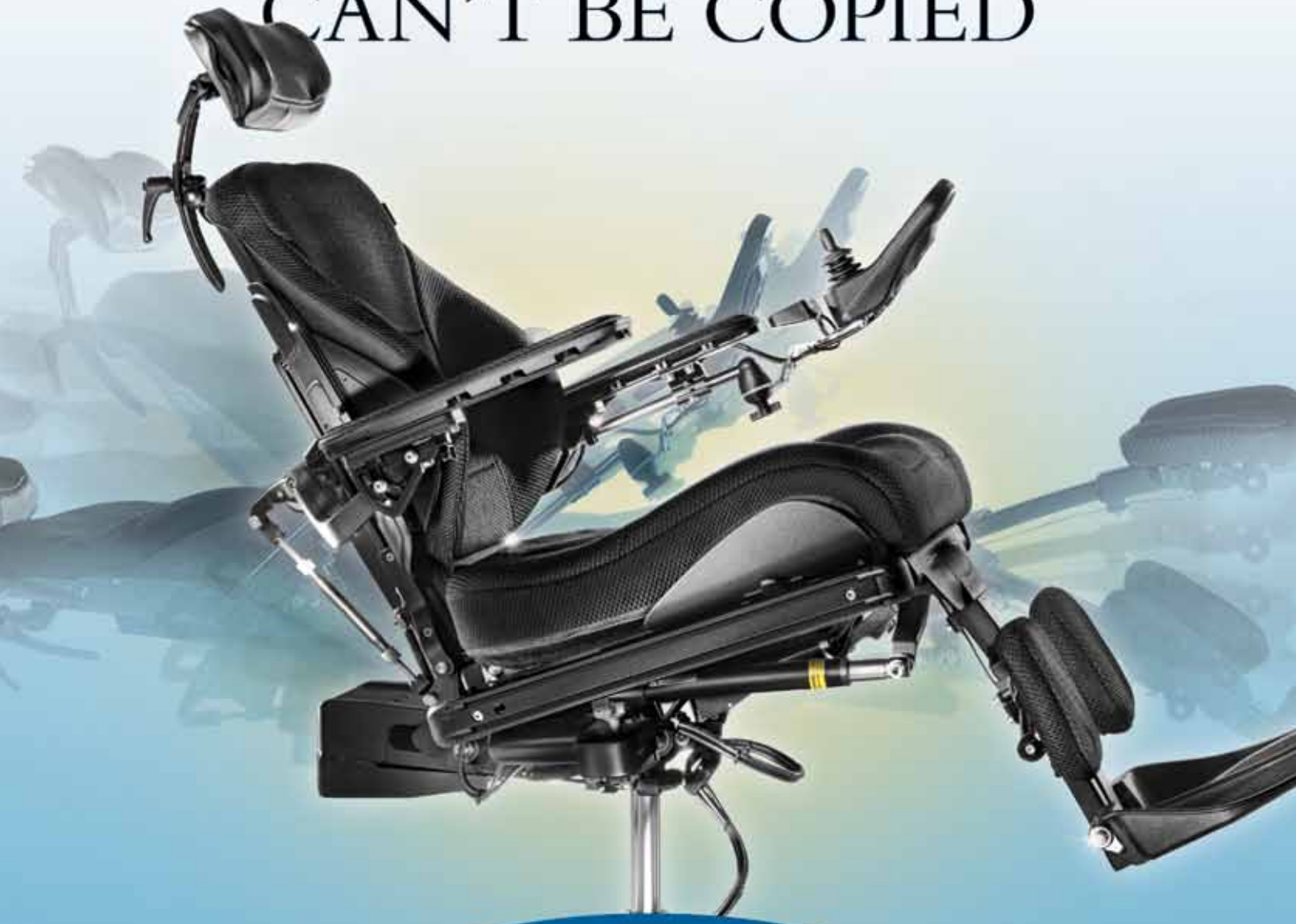

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...ETHICS AND STANDARDS
(CONTINUED FROM PAGE 51)

doesn't matter how great the technology is or what we feel it could do, it is our job to find them something better.

Individuals shall not engage in fraud, dishonesty or misrepresentation of any kind, or forms of conduct or criminal activity that adversely reflects on the field of assistive technology, or the individual's ability to serve consumers professionally.

It's safe to say those who are engaged in fraud are not the ones overly concerned with this standard – but all of us who work in the field should be. This is where the obligation to report unethical behavior comes into play. RESNA-certified professionals who become aware of this kind of activity should report it to RESNA's Professional Standards Board.

A previous column in this space detailed RESNA's robust system to report complaints and violations of the Code of Ethics and the Standards of Practice *(DIRECTIONS, VOLUME 2012.6)*. The complaints policy, which every RESNA-certified professional receives, is also available on the website. The complaints review process is taken very seriously and has been proven to work well, but it can only work if violations are reported.

educating consumers

One of the most important things we can do is educate our clients about what certification means, and why they should care. RESNA has a consumer-oriented brochure about the ATP certification available that ATPs can use with clients. A sample of the brochure is sent to each ATP upon achieving certification. More copies can be ordered directly from the RESNA office for a nominal price.

As the new chair of RESNA's Professional Standards Board, I look forward to working with all of you to improve the professionalism of the assistive technology field. Please feel free to contact me through *certification@resna.org* and let me know how I can help.

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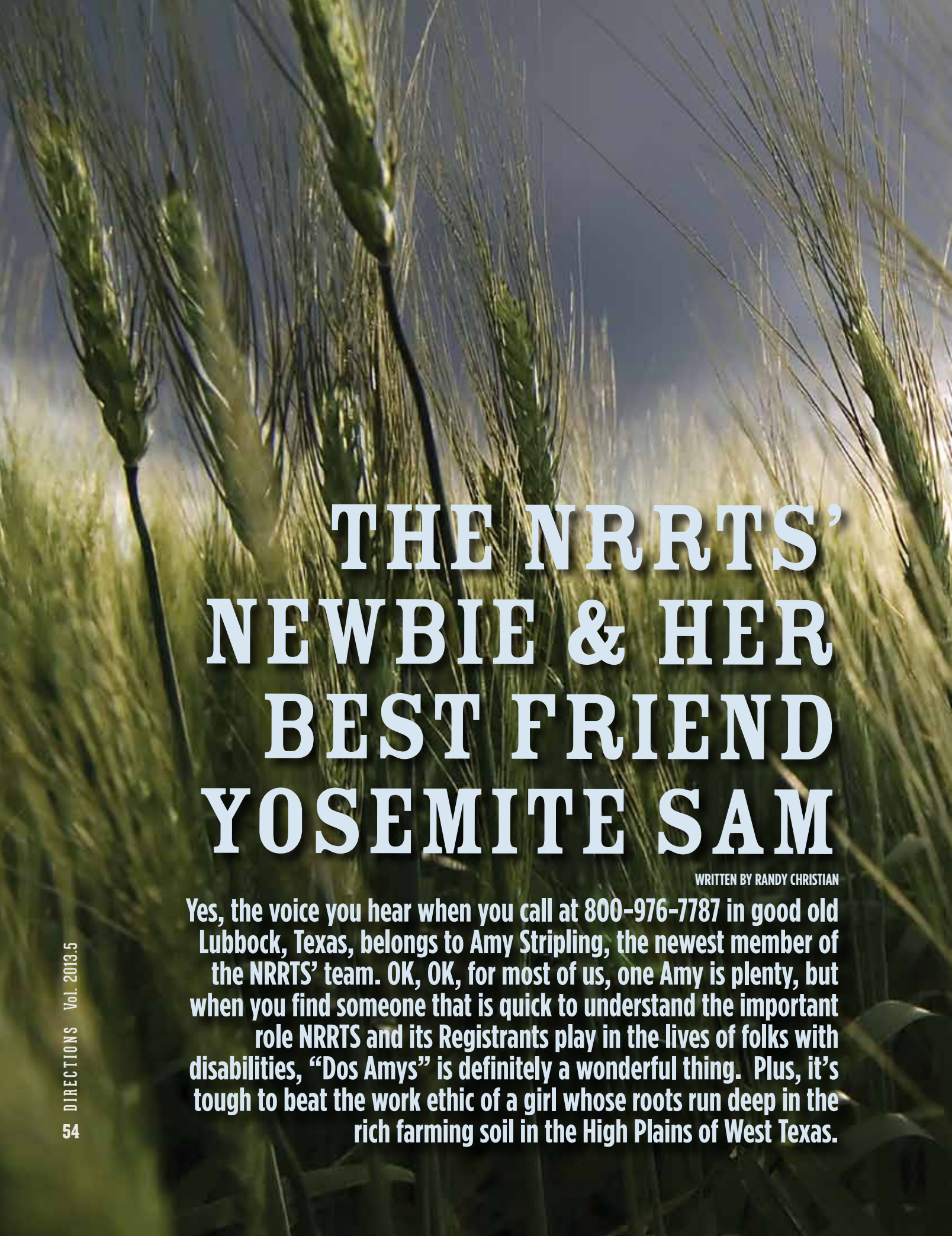

THE NRRTS' NEWBIE & HER BEST FRIEND YOSEMITE SAM

WRITTEN BY RANDY CHRISTIAN

Yes, the voice you hear when you call at 800-976-7787 in good old Lubbock, Texas, belongs to Amy Stripling, the newest member of the NRRTS' team. OK, OK, for most of us, one Amy is plenty, but when you find someone that is quick to understand the important role NRRTS and its Registrants play in the lives of folks with disabilities, "Dos Amys" is definitely a wonderful thing. Plus, it's tough to beat the work ethic of a girl whose roots run deep in the rich farming soil in the High Plains of West Texas.

If you grew-up in Pampa, a small rural community that's just about a smidgen more than 70 miles northeast of Amarillo, there's better than a 50/50 chance you grew-up on a farm. Actually the odds are really more like 80/20 when you factor that the local high school's spirit icon is called the Harvesters. Seems like a silly name until you learn that Pampa has been harvesting barrels and barrels of oil and bushels and bushels of wheat and thousands and thousands of head of cattle since the Santa Fe Railroad created the town of Pampa in the late 1800s. For decades the land to the north, south, east and west of Pampa has truly provided Texas and the nation a bountiful harvest of exceptional and important agricultural and energy products.

As you might guess, Stripling is a victim of statistics. She did grow-up on a farm, and she is a proud Harvester from Pampa High School. On the family farm, the Stripling clan raised horses, goats, sheep and pigs. Like a lot of farm kids Stripling was a member of Future Farmers of America, better known as the FFA, and the local 4-H. These well respected organizations continue to not only teach valuable lessons about farming, but also about life, too. They also provided the opportunity for young boys and girls to show livestock they had raised at highly competitive events all across the state and often the country. One of Stripling's prize animals was her best friend and pig, Yosemite Sam. Now, Sam wasn't just any pig. He was the prize pig that Stripling's dad said would never, ever wind-up as a side order on the family's breakfast menu. Fortunately, the reality that Sam did ultimately become those crispy slices of bacon laying next to her sunny-side-up eggs was not revealed to Stripling until well after she hung up her 4-H jacket and graduated from high school. It is a bittersweet reality that most every 4-H'ers experience. My guess is it was probably incredibly tasty bacon.

Soon after Stripling grabbed her high school diploma she headed west to Borger, Texas, and attended Frank Phillips Junior College. After earning her Associates Degree it was time for this young country girl to head to the big city. So, in 2000, Stripling packed her car with all her worldly possessions and moved to Lubbock, Texas. With a population in 2000 of approximately 197,000 Lubbock was New York City compared to Pampa's 18,000. An added attraction for Stripling was Texas Tech University, which had an abundance of kids her age. After, getting settled in her new West Texas town, Stripling decided to enter the world of cosmetology. Yep, cosmetology, it's from the Greek word κοσμητικός, which means the study of beauty. For Stripling it meant learning pretty soon after graduation from cosmetology school that working in a beauty salon was not her "cup of tea."

"I just wasn't 'girly' enough. I did not like listening to what your aunts, mothers, sisters and daughters were doing. It was a soap opera. It was way too much drama for me," Stripling said.

After about a year of the daily grind of cutting, curling and drying everyday, Stripling hung-up her hair brush and scissors and started looking for a new job. As fate would have

I HAVE LEARNED THAT THE REGISTRANTS ARE UNSUNG HEROES.

it she found a job at a growing and vibrant local mega-church. Stripling's title was Special Events and Communications Coordinator. The church is well known for many exceptional internal and external special events. Stripling quickly honed skills that would put her in a position to be a stellar candidate for her current job at NRRTS. Even though Stripling loved her church job it became obvious there was little opportunity for advancement. She left her church job, and Stripling hit the job trail again and soon found NRRTS.

"After looking on the Internet I found the job with NRRTS. I talked with Amy and Simon and felt like it would be a good fit. It was a good opportunity for me," Stripling said.

It comes as no surprise that Stripling had no-clue what NRRTS is or does. At first glance she thought NRRTS manufactured complex rehab wheelchairs. Now, day-by-day, week-by-week Stripling sees the important role NRRTS Registrants play as advocates for Americans with disabilities..

Having only been on-the-job since May, Stripling is quick to admit that she has a lot to learn, but with every e-mail she returns, Registrant's renewal she completes and webinar she hosts, she is building a solid foundation that will allow her to assist all members of the NRRTS family.

"I have learned that the Registrants are unsung heroes. They work so hard to make the consumers' lives easier, more comfortable, more

functional and independent. I would think those people who receive their help would agree," Stripling said.

When Stripling isn't diving headfirst into learning more about NRRTS, she a very busy mom of an active 9-year-old boy. Whether it's school, football, baseball or golf — she's right there. When asked if she's a golfer, the answer was an emphatic "No" followed by "I sure can drive the cart well."

Even though it took Stripling a little while to find NRRTS, we're glad she finally found us. Though working for NRRTS may seem as if it's 180 degrees from chores on the family farm in Pampa, there are some important similarities. Hard work, dedication and loving and caring for someone or something meticulously everyday does have its own special rewards. It may be years later when you learn that your efforts made a difference, but that's OK. NRRTS has never been, nor will it ever be, an organization seeking instant gratification. It's an overflowing "bushel basket" full of dedicated folks always harvesting new opportunities to make the lives of our consumers lusher, sweeter and more abundant season after season.

Welcome Amy! We can always use another experienced Harvester.

CONTACT

Amy may be reached at astripling@nrrts.org or 800.976.7787.

HARD WORK, DEDICATION AND LOVING AND CARING FOR SOMEONE OR SOMETHING METICULOUSLY EVERYDAY DOES HAVE ITS OWN SPECIAL REWARDS.

BACK WITH A BANG

Retiring was a difficult process for me. I dreaded it, but didn't understand what I feared. However, our plan was set. We were moving out of Atlanta and commuting was not an option. I quickly relished my new environment. For once, Sunday night was just another evening to enjoy. Sometimes I had to stop and think, "What day is this?" Not having a schedule to keep, calls to make and wheelchairs to fit was not that bad after all. But still, I missed my colleagues, my customers and my industry friends.

It is with great honor and appreciation that I take on this new role as executive director. Simon Margolis is a tough act to follow. He has done so much for our profession, and his vision for NRRTS will be far reaching and will always serve as my guide. He has laid the foundation for our organization to meet the challenges all RTSs face. The Separate Benefit Category will finally give CRT the specialty designation it so rightfully deserves. NRRTS will continue to provide the necessary continuing education to raise the bar. No other entity represents the individual RTS and that will serve as a very key detail as we move forward in the new realm of CRT.

Each member of the NRRTS Board of Directors is dedicated, passionate and a true representation of our Registrants. They are the best! This makes my mission clear and focused. Now is the time for us to come together. Any thoughts or comments are always welcome.

My commitment to the Registrants, CFONs, and IFONS is to ensure we uphold the high standard we have all worked so hard to maintain. Be proud. The services you provide make a huge difference in someone's life. After all, that is really what this is all about.

CONTACT THE AUTHOR:
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former NRRTS registrants

The NRRTS Board determined RRTS® and CRTS® should know who has maintained his/her registration in NRRTS, and who has not. For an up-to-date verification on Registrants, visit **www.nrrts.org**, updated daily.

JULY 30 THROUGH SEPT. 16, 2013

Jim Noland, ATP/SMS
Erie, PA

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