DIRECTIONS

WE WANT YOU

PG.12

THE OFFICIAL PUBLICATION OF THE NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS | ISSUE 2 OF 2016 | $5.00

Yes, you can.®

The whole is greater than the sum of its parts.

One company, seven specialized brands with one common goal:
improving outcomes, and lives, one customer at a time.

Products you can touch, outcomes you can feel. Visit **www.Invacare.com/RehabEvents**
for a schedule of events Invacare will be attending near you.

INVACARE
Yes, you can.

Motion · ASL · alber

Coming Soon To a Provider Near You

New From Freedom Designs

Freedom® P.R.O. CG™

"Precise Rotational Orientation" Center of Gravity Tilt-in-Space Mobility

"Way Ahead of the Curve"

This lighter weight compact design is so…

- ☑ easy to push and turn
- ☑ easy to tilt and un-tilt
- ☑ easy to adjust
- ☑ easy to use

Its "lighter weight" design (just 34 lbs. in transport configuration) and compact size (base frame is only 21.75" long) and simple adjustments enhance the maneuverability of the **P.R.O. CG.** This makes it easy to push, turn, tilt and un-tilt so it is less cumbersome in small spaces and more adept in transportation. Simply put, it lends itself nicely to virtually any everyday experience.

FREEDOM™

Our kids are our passion.℠

Freedom Designs Incorporated
2241 N. Madera Road, Simi Valley, CA 93065
Phone: 800-331-8551
Fax: 888-582-1509
Email: CustomerService@freedomdesigns.com

FREEDOM DESIGNS SINCE 1981

ON THE COVER

WE WANT YOU

PG.12

Solve your toughest custom seating challenges with PinDot® Products.

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

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

pin•dot®
Custom Seating

For more information call our Customer Service Team

at 800.451.3553

IN THIS ISSUE

IN EVERY ISSUE **7** 2016 Webinars **58** New Registrants **58** New CRTS® **58** Former Registrants **59** Current Registrants **60** Charter Corporate Friends of NRRTS 60 Corporate Friends of NRRTS **60** Association Friends of NRRTS

ROVI X3 maxx

the COMPLETE SOLUTION

ONE CALL DOES IT ALL . . . *one order form | one purchase order | one invoice*

Follow us on . . .

ROVI
ADVANCING MOBILITY.

INVACARE
Yes, you can.

matrx®
SEATING SERIES

Motion Concepts

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

IN THIS ISSUE

The Official Publication of
The National Registry of
Rehabilitation Technology Suppliers
Volume 2016.2 | $5.00

EDITOR-IN-CHIEF
Amy Odom

CLINICAL EDITOR
Michelle Lange, OTR, ABDA, ATP/SMS

EDITORIAL ADVISORY BOARD
Mike Barner, ATP, CRTS®
Gerald Dickerson, ATP, CRTS®
Weesie Walker, ATP/SMS

DESIGN
Cari Caldwell
HARTSFIELD DESIGN

PRINTER
Craftsman Printers, Inc.

COVER **Weesie Walker** *concept*

NRRTS OFFICE
5815 82nd Street, Suite 145, Box 317, Lubbock, TX 79424
P 800.976.7787 F 888.251.3234
www.nrrts.org

For all advertising inquiries, contact Amy Odom at aodom@nrrts.org.

ADVERTISERS' INDEX

2016 NRRTS WEBINARS

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

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

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

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

REGISTRATION FEES
NRRTS REGISTRANTS - $0
FRIENDS OF NRRTS - $20
ALL OTHERS - $40

Long distance charges may apply; .1 CEU has been applied for; and NO REFUNDS will be given.

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

FOR MORE INFORMATION, PLEASE VISIT
WWW.NRRTS.ORG/WEBINARS

All participants must score a 70 percent on the post-test assessment to receive CEU credits.

TUESDAY, MAY 17, 2016 | 7PM - 8PM (ET)

Aging with an Intellectual Disability: Impact on Mobility

JILL SPARACIO, OTR/L, ATP/SMS, ABDA

In general, aging can be eye-opening and alarming. Aging with an intellectual disability results in magnified changes that may be slow or rapid. These changes can be difficult to assess and differentiate from pre-existing disability. Mobility can be greatly impacted by the aging process as can posture and alignment. Care needs to be taken to ensure that proper solutions will meet long term goals. This webinar will discuss the aging process, simple solutions for rapidly changing needs and tips for accessing funding for individuals with intellectual disabilities.

Sparacio is an occupational therapist in private practice in the Chicago area. A graduate of Western Michigan University, she currently provides occupational therapy services to children and adults with intellectual disabilities and medical fragility. Included in her consultation is a specialty of seating and wheeled mobility. Sparacio consults with seating manufacturers, often presenting clinical application of seating and wheeled mobility products in addition to working on product development and design. She is a member of the Clinician Task Force and has been actively involved in funding and delivery issues on the state and national levels. Sparacio presents at seating and wheeled mobility conferences throughout North America as well as internationally. She has more than 30 years of experience as an occupational therapist.

WEDNESDAY, MAY 18, 2016 | 11AM - 12NOON (ET)

Applications of Universal Design in Research and Development

JAMES A. LENKER, PHD, OTR/L, FAOTA

Universal design (UD) principles are often presented as a conceptual framework with limited application to the world of research, development, and design. This session will present the concepts of UD in the context of real-world case examples involving environmental assessment, product design, standards evaluation and research.

Lenker is an asociate professor in the Department of Rehabilitation Science at the University at Buffalo, where he teaches in the occupational therapy program and conducts research in the areas of assistive technology outcomes measurement, in addition to universal design.

THURSDAY, MAY 19, 2016 | 7PM - 8PM (ET)

The Essentials of Alternative Drive Controls for Power Mobility

BETH MCCARTY OTR/L

Technology advances have had an impact on power mobility as well as the therapists and technology specialists who are trying to keep up with these changes. This webinar will update specialists on the new advancements in alternative drive controls, as well as provide suggestions on set-up, training and programming for the best functional outcomes. Additionally, mixing and matching control systems with various power wheelchair bases will be presented. This webinar will provide solutions so that individuals in the field can make recommendations with confidence.

McCarty is an occupational therapist and clinical coordinator of the Perlman Center in Cincinnati, Ohio, a regional and multidisciplinary assistive technology center specializing in evaluations for augmentative communication, computer access, environmental controls, and seating and mobility. McCarty specializes in mobility, seating and integration of technology systems and works with pediatric and adults and a variety of diagnosis. She is an adjunct professor for the Occupational Therapy Program at Xavier University. McCarty also consults with regional groups on technology for seniors. She has recently opened a pet supply store in preparation for her retirement.

TUESDAY, JUNE 14, 2016 | 7PM - 8PM (ET)

Using RESNA Positioning Papers

LAUREN ROSEN, PT, MPT, MSMS, ATP/SMS

RESNA currently has seven position papers that directly relate to seating and positioning and wheelchair provision. This course will discuss the current papers that are published and how they can be used clinically. These documents can assist with ensuring funding, educating patients and families about the importance of features and types of wheelchairs, and educating other medical professionals about why and how to use features on wheelchairs to assure best outcomes. Case examples will show how their usage benefits clients.

Rosen is a physical therapist and seating and mobility specialist at St. Joseph's Children's Hospital in Tampa, Florida. She is the program coordinator for the Motion Analysis Center, a three-dimensional motion analysis lab, where she also runs a pediatric and adult seating and positioning clinic. She has been active in durable medical equipment prescription for the past 19 years. She is a recent past member of RESNA's Board of Directors. She has lectured and written articles on wheelchairs, seating and positioning, and standing.

WEDNESDAY, JUNE 15, 2016 | 11AM - 12NOON (ET)

Access to Mobile Devices Through the Power Wheelchair Drive Control System

BECKY BREAUX, MS, OTR/L, ATP

Smartphones and tablets have transformed our world and brought new technologies to our fingertips that offer tremendous potential to improve the safety, independence and communication options for people with disabilities. But for people with significant physical disabilities, use of these technologies can be a challenge due to the nature of these touch-based devices. Fortunately, products are available to allow integrated control through the power wheelchair drive control system. This

session will describe the methods of access available to Apple and Android products and compare the features and capabilities of different mouse emulators and interface devices on the market.

Breaux is a research instructor and assistive technology specialist with Assistive Technology Partners in the Department of Bioengineering at the University of Colorado Denver, Anschutz Medical Campus. She has 20 years of clinical experience working as an occupational therapist and educator. Breaux has a Master of Science in Rehabilitation Sciences from the University of Oklahoma Health Sciences Center and a Bachelor of Science in Occupational Therapy from the University of Missouri. She is also a RESNA Assistive Technology Professional. She currently provides wheelchair seating and mobility evaluations for people of all ages with complex rehabilitation technology needs. Within the past six years, she has worked with many different clients to integrate the power wheelchair drive control system with computers, AAC devices, and more recently, mobile phones and tablets. She has taught a variety of courses related to this area at the local, state and national level.

THURSDAY, JUNE 16, 2016 | 7PM - 8PM (ET)

Wheelchair Seating and Mobility for People Aging With Spinal Cord Injury

BARBARA CRANE, PHD, PT, ATP/SMS

This session will describe common problems and seating solutions for persons aging with a spinal cord injury (SCI). People are living longer following a spinal cord injury than in any previous generation. As individuals with SCI age, they experience many age-related impairments along with overuse syndromes associated with their disability. Reacting to these changes with appropriate wheelchair seating and mobility interventions is critical in preventing severe secondary complications, such as pressure ulcers, and in optimizing function and active participation in all major life roles for people with spinal cord injuries.

Crane is an associate professor of physical therapy at the University of Hartford in West Hartford, Connecticut. She received a Bachelor of Science in Physical Therapy from the University of Connecticut, Master of Arts in Gerontology from Saint Joseph College, West Hartford, Connecticut, and Doctor of Philosophy in Rehabilitation Science and Technology from the University of Pittsburgh. She is also a certified assistive technology professional (ATP) and seating and mobility specialist (SMS) by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). She has more than 20 years of clinical experience in adult neurological rehabilitation with a specialty in assessment and recommendation of custom wheelchairs and seating systems. Crane has lectured extensively at local, national and international conferences and is a faculty for the RESNA Fundamentals of Assistive Technology course.

TUESDAY, JULY 19, 2016 | 7PM - 8PM (ET)

Wheelchair Seating and Mobility for Clients With ALS

AMBER L. WARD, MS, OTR/L, BCPR, ATP/SMS

The client with Lou Gehrig's disease may be relatively simple to seat in the initial wheelchair but extremely complex over time. This webinar will discuss mobility choices for those with Lou Gehrig's disease, also called amyotrophic lateral sclerosis, or ALS, including long-term flexibility as well as pressure relief, comfort, positioning, alternative controls and functional use. We will talk about manual and power wheelchairs and determining the best match for each client and his or her family. Loaner closets and potential funding sources will also be addressed.

Ward has been a treating occupational therapist for 21 years; 10 years in inpatient rehabilitation and 11 years as full-time occupational therapy coordinator for persons with ALS and muscular dystrophies. She has treated patients of all ages and functional levels. She also is an adjunct professor at the OTA program at Cabarrus College of Health Sciences in addition to working in the clinic. She received the RESNA ATP certification in 2004, the SMS certification in 2014, and became AOTA board certified in physical rehabilitation in 2010. She runs the seating clinic at the Neurosciences Institute Neurology in Charlotte, North Carolina.

THURSDAY, JULY 21, 2016 | 7AM - 8PM (ET)

Documentation for Complex Rehab

KAY KOCH , OTR/L, ATP

This webinar will focus on the basics for Medicare required documentation and coverage criteria for complex manual and power wheelchairs. Medicare requirements usually trickle down to other insurance and funding sources, so this information is applicable to many funding scenarios. We all acknowledge the "Devil is in the details," and good documentation is essential for approvals and protection in a post payment audit situation. The first part of the webinar will cover general documentation and policy for all mobility devices, concentrating on the requirements for complex manual wheelchairs. The last part of the webinar will focus on common documentation errors and other reasons for denials.

This webinar will provide the participant with website resources and documentation checklists that can be used when preparing documents to submit to Medicare or other funding sources. These checklists can also be used for chart reviews and training.

Koch has more than 30 years seating and wheeled mobility experience. She is a graduate of the occupational therapy program at The Ohio State University in Columbus, Ohio. Her focus has been on pediatric seating and positioning, wheeled mobility and assistive technology solutions. Koch has spent her years as an occupational therapist in various roles including clinician, manufacturer rep, educator and in accreditation. She has presented at various national and international conferences.

TO REGISTER, VISIT www.nrrts.org/webinars

CLAUDIA AMORTEGUI

Amortegui has her Master of Business Administration and more than 20 years' experience in the DMEPOS industry. Her experience comes from having worked on all sides of the industry, including as a DMEPOS Medicare contractor, supplier, manufacturer and consultant. For many of these years, Amortegui has focused on the rehab side of the industry. Her work has allowed her to understand the different nuances of complex rehab versus standard durable medical equipment. This rare combination of industry experience enables Amortegui and her team at The Orion Group to assist ATPs, referrals, reimbursement staff and funding sources in understanding the reimbursement process as it relates to complex rehab. SEE PAGE 50

MICHAEL BARNER, ATP, CRTS®

Barner is president of NRRTS. Barner works for the University of Michigan Wheelchair Seating Services in Ann Arbor, Michigan. SEE PAGE 12

ALEXANDRA (ALEX) BENNEWITH

Bennewith is vice president of government relations for United Spinal Association. Bennewith advocates for legislation and regulations regarding disability and health policy at the federal and state level. She 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 48

DON CLAYBACK

Clayback is executive director of NCART. He has 28 years of experience in the Complex Rehab Technology and Home Medical Equipment industries as a provider, consultant and advocate and is actively involved in industry issues and a frequent speaker at state and national conferences. SEE PAGE 30

LAURA COHEN, PHD, PT, ATP/SMS

Cohen is the principal for Rehabilitation & Technology Consultant in Arlington, Virginia. She is the executive director of the Clinician Task Force (CTF), a national group of seating and mobility clinicians working to influence Medicare and Medicaid coding, coverage and payment policies for complex rehab and assistive technology devices. The CTF provides clinically relevant information about seating and wheeled mobility device assessment and decision making to policy makers to ensure appropriate access for individuals with disabilities. SEE PAGES 26 & 54

CHIP FISKE, ATP, CRTS

Fiske has been working in this industry for 32 years. He started with A Plus Medical in1984 and has worked at Shepherd Center as rehab equipment supervisor for six years and is currently an ATP for Integrity Medical in Augusta, Georgia. He became an ATP in 2000 and is a member of RESNA and a NRRTS Registrant. He has served as chairman of GRTC (rehab part) under GAMES and various boards. He teaches Seating and Mobility classes at VA, MCG, and Augusta Technical College. SEE PAGE 22

DELIA "DEE DEE" FRENEY

Freney has been an occupational therapist since 1978 in the San Francisco Bay area, California. She is an ATP who presently works at Kaiser Permanente as an occupational therapy clinical specialist with high mobility in the durable medical equipment department. Freney participates in seating and mobility clinic evaluations that include a variety of neurological and orthopedic diagnoses such as Spina Bifida, Cerebral Palsy, SCI, MS, MD, and ALS. Her primary interest has been as a pediatric therapist, but presently her primary population consists of adults, frail elderly, geriatrics and bariatrics. She had been a provider and a consultant developing clinical case studies for manufacturers as well as assisting with product development. SEE PAGES 36 & 40

MOLLY AND JERAMY HALE

The Hales are consumer advocates who attended the National CRT conference in that capacity. The Hales are based in Menlo Park, California. SEE PAGE 14

JIM HOWLE

Howle is the senior director for The MED Group Rehab and Orthotics Network in Lubbock, Texas. Howle is a graduate of Texas Tech University and is a Friend of NRRTS. SEE PAGE 18

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

Lange is in private practice, Access to Independence, in Arvada, Colorado. She is a Friend of NRRTS and is the DIRECTIONS clinical editor. SEE PAGE 34

DAN PUTZ

Putz is the national account manager for Healthwares Manufacturing Corporation. He has more than 15 years of experience with complex rehab seating and positioning with a focus on product education and application solution for DMEs and O.E.M.s. assist in development of new products to meet customer/clients specific needs and expanding applications for existing products SEE PAGE 24

ANDREA VAN HOOK

Van Hook is the communications and marketing manager at RESNA. She has more than 18 years' experience working on successful, award-winning campaigns that promote equal access to health care, education and employment of diverse populations, including people with disabilities. SEE PAGE 46

WEESIE WALKER, ATP/SMS

Walker is executive director of NRRTS. She has more than 30 years' experience as a Rehab Technology Supplier working with children and adults. She has presented at numerous industry events. SEE PAGE 24

JENNIFER WOLFF, OTR/L

Wolff is the manager of United Spinal Association's Advocacy Alliance. Wolff is an occupational therapist and wheelchair user from Waverly, Iowa. SEE PAGE 48

NRRTS BOARD MEMBERS

PRESIDENT
Mike Barner, ATP, CRTS®
VICE-PRESIDENT
Elaine Stewart, ATP, CRTS®
SECRETARY
Gerry Dickerson, ATP, CRTS®
TREASURER
Mike Nadeau, ATP/SMS, CRTS®
PAST PRESIDENT
Mike Osborn, ATP, CRTS®
REVIEW CHAIR DMAC A
Jim Douglas, ATP, CRTS®
REVIEW CHAIR DMAC B
Toby Bergantino, ATP, CRTS®
REVIEW CHAIR DMAC C
Luke Moore, ATP/SMS, CRTS®
REVIEW CHAIR DMAC D
Katie Roberts, MS, ATP, CRTS®
AT-LARGE DIRECTOR
Carey Britton, ATP/SMS, CRTS®
AT-LARGE DIRECTOR
Michele Gunn, ATP, CRTS®
AT-LARGE DIRECTOR
Keith Jolicouer, ATP, CRTS®
AT-LARGE DIRECTOR
Joe McKnight, ATP/SMS, CRTS®
AT-LARGE DIRECTOR
David Mancini, ATP, CRTS®
AT-LARGE DIRECTOR
Dave Murray, ATP, CRTS®
AT-LARGE DIRECTOR
Andrea Madsen, ATP, CRTS®

NRRTS STAFF MEMBERS

EXECUTIVE DIRECTOR
Weesie Walker, ATP/SMS
DIRECTOR OF MARKETING & OPERATIONS
Amy Odom
ASSOCIATION AFFAIRS COORDINATOR
Mary Blake Vint
WEBINAR COORDINATOR
Annette Hodges
CONSUMER RELATIONS & ADVOCACY
Andrew Davis

WE WANT YOU

WRITTEN BY: MICHAEL BARNER, ATP, CRTS®

How many of you remember the draft? And no, I'm not talking about football or any other sport for that matter. Until 1973, the United States military drafted men into service to fill vacancies in the armed forces which could not be filled through voluntary means. And although the draft has not been utilized since then, the registration for the draft was reinstated in 1980 by then President Jimmy Carter in response to the Soviet invasion of Afghanistan. Registration continues today as a hedge against underestimating the number of service members needed in a future crisis.

So what in the world am I getting at with the history lesson you are asking? Well, if you read my last article, our industry has been in a battle and continues to have a significant fight ahead of us for the survival of the Complex Rehab Technology and the Certified Complex Rehab Technology Suppliers that NRRTS represents. Similar to Congress, your NRRTS Board of Directors – although much more nimble and able to get things done – have been discussing implementing a draft of the active Registrants … sort of. At least in our draft you can decline, although we hope if you're called upon you will be willing to step up and engage.

OUR INDUSTRY HAS BEEN IN A BATTLE AND CONTINUES TO HAVE A SIGNIFICANT FIGHT AHEAD OF US FOR THE SURVIVAL OF THE COMPLEX REHAB TECHNOLOGY AND THE CERTIFIED COMPLEX REHAB TECHNOLOGY SUPPLIERS THAT NRRTS REPRESENTS.

Where are you going with this Barner? I'm glad you asked. What we are envisioning is a focused assault directly on the front lines of the battle. In other words we are looking at taking the fight into your home town and the places where you do battle every day; in your offices, warehouses and clinics along with the customers and consumers that you serve. We will be first targeting the Congressional representatives both in the House and Senate who sit on the key committees and are not currently signed onto the CRT benefit bills HR 1516/S 1013 and/or the Accessories bills HR 3229/S 2196. Our goal is to help you to get them into your places of business and educating them on what CRT really is and why we need their help and support on these critical bills. Along with consistent and persistent follow up, we strongly believe this is an extremely effective and proven method of engagement.

Over the next several weeks, your board of directors will be developing the targeted states, Congressional representatives, and possible draftees. Visit the NRRTS website http://www.nrrts.org/advocacy to download the guide to set up a visit with your legislator. You will find more resources for you and your consumers at http://www.access2crt.org. And most importantly we will be documenting and sharing the experience of forging this battle with our first targeted area. Your executive director has made a commitment to step up and head the first assault within her own home state and utilize this experience to share with you.

The time is now, and we must push to obtain every possible co-sponsor prior to the upcoming Capitol Hill visits in July and continue through the congressional summer break when your representatives are in their home towns for extended periods. Get on their calendars ASAP for a site visit. You don't have to wait for us to contact you if you're already in progress or just got fired up and want in the game. Please contact the NRRTS office and let us know how we can help.

OUR GOAL IS TO LOCK ARMS AND HAVE BOOTS ON THE GROUND, WHETHER VIRTUALLY OR IN PERSON, TO HELP ANY WAY WE CAN TO ENSURE FULL ENGAGEMENT BY THE NRRTS REGISTRANTS AND ULTIMATE VICTORY.

Our goal is to lock arms and have boots on the ground, whether virtually or in person, to help any way we can to ensure full engagement by the NRRTS Registrants and ultimate victory.

As always, please don't hesitate to contact your NRRTS office and let us know how we can help you with whatever is going on in your day-to-day battle for CRT. The NRRTS staff is ready and waiting to hear from you today.

It will be an honor to go into battle with you, comrades, and if you are called upon for service please remember: "Ask not what your NRRTS can do for you, but what can YOU do for CRT and the consumers and families you represent." We want YOU!!!

Respectfully,

"Uncle Sam" aka - Michael B.

CONTACT THE AUTHOR

Michael may be reached at mkbarner@med.umich.edu.

DISCOVERING THE ABILITY IN DISABILITY

WRITTEN BY: ROSA WALSTON LATIMER

In 1995, Molly Hale was in an automobile accident that left her with a severe spinal cord injury. Specifically her fifth cervical vertebra was fractured with a dislocation between six and seven. We wanted to talk to Molly and her husband, Jeramy, to find out what has changed for them during the 20 years since the accident. How does a 67-year-old woman reconcile an aging body with such a disability? How has her husband adjusted to this alternate lifestyle? What has changed for the couple and what stayed the same? Molly and Jeramy both agreed to interviews and provided very honest, meaningful answers to our questions.

As is typical with most individuals in their mid-sixties, Molly feels the challenge of an aging body; however, what may not be typical is her exercise regime. "I continue to work out in a warm water pool, continue to ride horses (hippotherapy) and continue to train in martial arts," she explains. Molly also focuses on effective breathing. "I have participated in Aikido for 11 years 'on my feet' and 20 years in a seated position." Molly believes these physical activities have made aging less of a challenge especially considering her disability. "My recent physical examination blew my doctor away." Molly has experienced "zero" pressure sores, "my heart is great, no UTIs – I'm just healthy. I know my activities make a difference."

As much as the couple's life since the accident has focused on the practicalities of Molly's care, they have maintained balance with an authentic positive attitude that has served them well and helped many others. At the center of this mindset is their participation in the martial arts form, Aikido. The word "aikido" is translated as "the way of harmonious spirit" or "the way of unifying with life energy." Those who practice Aikido learn to defend themselves while also protecting their attacker from injury.

"We do the best we can to keep an open mind and an open heart as we approach whatever is before us," explained Jeramy, Molly's husband of 27 years. Even with this focus Jeramy stresses that dealing with their life's situation was not always, and at times still isn't, easy or simple. "After Molly's accident my meditative approach to body, mind and spirit didn't seem to help me at first," Jeramy said. "I was in shock for some time and didn't even realize it. Our lives had radically changed, and it wasn't about romance anymore. It was about moving forward." The couple faced severe challenges. "We were faced with serious questions such as: How do we get through this and stay healthy? How do we stay together?" Jeramy said.

Molly explains that although she mourned her loss of movement, she tried to bring the Zen tradition of a "beginner's mind" to the situation. She reminded herself every morning that "Today is a new day, and let's take a look at what's going to happen," and made a habit of recognizing the smallest incremental changes. "And, pretty much, every day I got one," Molly said. She considered any day when she experienced multiple changes "a magical day." Molly cultivated the thought pattern "I can't walk yet but what can I do if I try?"

"The training and practice of Aikido continues to aid my recovery and attitude tremendously," Molly said. Both Molly and Jeramy earned their fourth degree black belt in Aikido two years ago and both are Aikido instructors. "Later this year we are teaching at an international conference that will bring together teachers who are both typically abled and who have disabilities," Molly said. "The purpose of this conference is to broaden use of martial arts and expand teaching knowledge."

The couple often teaches together with Jeramy demonstrating typical situations and Molly teaching an adaptive situation. They enjoy the travel opportunities these experiences often provide. "We're scheduled to teach in Paris, France, and will go from there to a conference in Great Britain on the Isle of Jersey in the Channel Islands."

Molly was recently named as a consulting instructor for the Adaptive Martial Arts Association representing the art of Aikido and providing the group with her "unique perspective as both a traditional and adaptive martial artist."

Molly's horseback riding continues to be an important part of her therapy. She now rides once a week and supplements this activity with a physio ball at home that provides similar

benefits as riding. Molly used county-sponsored free van transportation the first 14 years after her injury to get to and from the pool, the barn and other activities. A modified van donated to the non-profit has her back on the road driving. This independent, resolute woman appreciates and understands the importance of help from friends and family.

"Everyone struggles with asking for and accepting help," she said. "We all think we need to be independent and take care of ourselves."

Molly admits that on occasion she struggles with taking help especially as she has become more able. "When I couldn't scratch my nose or pull up my pants, it was easy to ask for help. But as my ability broadened, I had to do my own dance with it being okay to ask for help," Molly said. "Even though I can dress myself it takes me three times as long as a typical person. Time-wise everything takes much longer for me." She explained that she has accepted that four hands make light work and continues to ask for help and to accept it. "If I don't ask, then I have a 'no,' don't I?"

Jeramy and Molly have been very mindful of ways they can adapt their life together since Molly's accident. The couple has engineered their outdoor space so they can enjoy gardening together. "We have two long, raised beds that are approximately 12 long and 3 1/2 feet wide, Molly said. "I can plant, pick, compost and do everything from a seated position. Now I want some chickens!"

Jeramy is responsible for the fruit tree pruning. "We've done a particular form of planting where we keep the trees short – semi-dwarf – so we can prune and pick from the ground, and we don't have to use ladders."

Molly encourages gardening activity for anyone who isn't typically able. "Keep in mind there are many things that are easy to grow in pots such as strawberries and herbs. Even if you aren't growing food there is something remarkable for the soul to see a pot of flowers you have grown." Always looking forward, Molly explained that her hippotherapy experience provides her with the possibility of going backpacking again. "I can take a pony out into the woods and that is something

(CONTINUED ON PAGE 16)

Molly and Jeramy working out together in their "life giving" warm water pool

Molly is shown here riding Big Boy Montana at the adaptive riding program she attends each week.

Molly and Jeramy in a Q&A Session at a recent "Meeting the Challenges" event.

Jeramy behind the camera filming a video for the Hale's web site www.abilityproduction.org.

Molly and Jeramy Hale on Capitol Hill doing advocacy work with CELA for Complex Rehab Technology legislation.

DISCOVERING THE ABILITY IN DISABILITY
(CONTINUED FROM PAGE 15)

my husband and I used to do together … this gives us another possibility of engaging each other."

The couple enjoys hanging out with friends and having meals together; however the time it would take Molly to prepare a meal for a crowd would make this very difficult. "So now on a Friday night we'll have up to a dozen people come to the house, and we all cook together. I provide all the salad makings, and we have this herd of people taking care of everything else," Molly said. "We can have a lovely evening together with amazing food."

A strong desire to share their experience and knowledge was the motivation behind the creation of Ability Production, a non-profit founded in 2004 by Molly and Jeramy. Their website, www.abilityproduction.org offers a wide range of free resources that can be helpful to their target audience of people with spinal cord injuries and for others who experience temporary or permanent physical disability.

"The seed for the non-profit was my injury, but the content of our website and our presentations is far broader," Molly said. The website also offers a variety of short videos that provide information on the various aspects of dealing with quadriplegia, including insightful documentary, Moment by Moment: The Healing Journey of Molly Hale.

"Through our website Molly has mentored and encouraged many people from all over the world," Jeramy said. "We don't charge any money. We just want to get the information out there, and we have experienced a great deal of satisfaction in sharing what we've learned. And every day we learn something new!"

Molly has been featured in a series produced by The Huffington Post that highlights the contributions of individuals who redefine success. In that interview, Molly explained, "All of the skills that I brought to this healing are learnable. It's not rocket science – it's clear, definable, available information that anybody can pick up. But if you don't know that the information exists, you don't pick it up." Molly and Jeramy Hale continue to "discover the ability in disability" and use this as their guide. "What remains stable is my attitude and my gratitude," Molly said. "Jeramy and I hope we can just point the way and touch someone or help alleviate fear."

"Our life may be a bit more complex than some other couples," Jeramy said. "But there is nothing special about us. Who in my situation has been trained to be a caregiver, yet it became the most important thing I could do. I had my own life, my own goals and as a couple we had goals in our partnership." Jeramy admits that if he had been faced with this situation as a younger man he probably would not have had the maturity and depth to stay in his relationship with Molly. "Either of us could leave tomorrow just like any normal

couple might. Every day we choose to stay together. It has been over 20 years, and I don't think either of us is going anywhere."The admiration and love this husband feels for his wife is obvious. "I recognize that Molly carries a light and a care for people around her that is quite unique. She has never been bitter or resentful.

"Caregiving is very hard for me, but it is also most rewarding. It just takes a long time for the rewards to surface," Jeramy continued. "Molly approached the changes in her physicality and what lay before her with an amazingly positive and optimistic spirit of adventure and work. So it made it much easier for me to stay with her."

The couple decided they were in "this" together. "In my bad moments I hate that I get snippy and maybe I'm not the nice guy everyone thinks I am," Jeramy said. "When this happens I have to review my attitude and do the best I can to continue to grow as a person. It impacts both of us and we grow together. Even though I wasn't trained for this life, it has turned out to be the most rewarding thing that has happened to me."

Molly and Jeramy possess a thoughtful approach to life and to Molly's physical needs that has successfully merged. From their early years together filled with vigorous outdoor activities to the adaptive life they now lead, the couple has chosen the high road of a positive spirit and constant discovery to enthusiastically help others.

CONTACT

Molly may be reached at molly@abilityproduction.org.

Jeramy at jeramy@abilityproduction.org.

HOOKED ON HME

LONG-STANDING RELATIONSHIPS TOP LIST OF REWARDS FOR SERVICE TO THE INDUSTRY

WRITTEN BY: DANETTE BAKER

For Jim Howle, the well-known challenges to the home medical equipment industry — "payer contract access, timely patient services, declining reimbursements, and fighting the good fight on Capitol Hill, to name just a few" — can't hold a candle to the rewards. And that's why he keeps on keeping on.

"A lot of it comes down to the relationships I've built over the past 20 years," he said. "I have been very fortunate to have gained a broad perspective of the industry through my work in different parts of the business (on both the manufacturing and provider sides), which has led me to leadership positions where I can make a difference. In all of these positions, I have been blessed to create many excellent relationships at all levels."

Howle is senior director of Rehab and Orthotics Network for The MED Group, a wholly owned subsidiary of Managed Health Care Associates Inc., which serves 500-plus market-leading providers in 1,900 locations nationwide. The MED Group gives members a competitive edge by providing solutions to industry challenges and those that come with simply managing a business, according to the company website.

"... I CAN MAKE A DIFFERENCE. IN ALL OF THESE POSITIONS, I HAVE BEEN BLESSED TO CREATE MANY EXCELLENT RELATIONSHIPS AT ALL LEVELS."

"We see our members' challenges as MED's challenges and work to provide solutions by creating more revenue-generating opportunities through payer network expansion, cost-savings opportunities through our group purchasing, and presenting ways to leverage technology to help run a more efficient business," Howle said.

Within a year after graduating from Texas Tech University in Lubbock, Texas, he had his first job in the home medical equipment (HME) industry — but not without first selling outdoor advertising. "I learned a lot there about how important relationship building is in business."

A friend offered Howle a chance to get into the HME industry with a position at a leading wheelchair, scooter and lift chair manufacturer. The opportunity presented a chance to make a positive difference on many levels, Howle said. "I was hooked. Everything I've learned since then about the industry and the importance of relationship building has prepared me for success in my current role.

"I have been fortunate to work for companies that have given me opportunities to continue to learn and contribute to the overall success of the organization," he said. "Along the way I've been given more responsibilities where I have even more opportunities to have a positive impact and at the same time build lasting relationships with the great people in the HME industry."

With The MED Group, Howle said his proudest accomplishment to date has been leading efforts to increase the complex rehab provider enrollment levels to its historical high and to have introduced the complex rehab benchmarking surveys.

"Providing industry leading data regarding metrics and best practices can provide so much insight to our members," he said. "Certainly my accomplishments couldn't have been possible without being part of great teams."

The MED Group has a rich history of dedication solely to the HME industry. The 50-year-old company has taken the lead in creating additional payer contract opportunities for its members to give them access to new referral sources

"I WAS HOOKED. EVERYTHING I'VE LEARNED SINCE THEN ABOUT THE INDUSTRY AND THE IMPORTANCE OF RELATIONSHIP BUILDING HAS PREPARED ME FOR SUCCESS IN MY CURRENT ROLE.

and revenue streams as well as provide educational opportunities through MED U and webinars and insight through access to industry leaders at meetings and events, Howle said.

Moving forward, specifically for the Rehab Network, The MED Group will be introducing programs and materials to help members best utilize technology to increase efficiency and reduce costs. Additionally, he said, they will expand the Complex Rehab Benchmarking Surveys and provide an Outcomes Program, to provide outcome-driven data.

"Of course, we will continue to provide value-based opportunities thought the year, including top complex rehab and orthotics education, product training and CEUs, and networking opportunities," Howle said.

There are some changes he would like to see made in the industry – namely networking at a local level for members and business partners.

"While it may appear as if the benefits of networking is behind the scenes, interacting with associates and industry experts, acquiring best practices and lessons learned can really add value even though it's hard to quantify.

"The Rehab Network and The MED Group as a whole are taking a leadership role in increasing sensible networking opportunities for our members, business partners, and the industry. And technology will be one way to enhance or find new networking approaches."

Such opportunities will keep the HME industry moving forward, despite the well-known challenges, Howle said.

"I continue to believe in the resilience of The MED Group members and have no doubt their businesses will not only survive, but thrive. MED Group business partners continually provide

(CONTINUED ON PAGE 20)

HOOKED ON HME
(CONTINUED FROM PAGE 19)

feedback that our members are overall the top providers because of the quality of the businesses they have built and run. This is another reason I enjoy working in the industry and with MED Members – our members are as dedicated to providing their customers with the best care as I am to supporting our members."

> "IT'S IMPORTANT THAT WASHINGTON KNOW HOW THE HME INDUSTRY CAN SUPPORT CARE FOR INDIVIDUALS AT HOME AND THROUGH REHAB, WHICH ALSO HELPS TO REDUCE OVERALL COSTS, AND FOR LEGISLATORS TO UNDERSTAND THE CHALLENGES OF THE HME INDUSTRY,"

His dedication is evidenced in the time and effort he contributes to the industry's success outside of his work. Howle serves on the board for NCART and works with AAHomecare's Complex Rehab and Mobility Council. Both of these organizations, he said, provides networking and opportunities to learn from industry leaders as well as share the knowledge he has gained. Additionally, Howle said The MED Group's legislative efforts on behalf of the industry is something he is proud to be a part of.

"It's important that Washington know how the HME industry can support care for individuals at home and through rehab, which also helps to reduce overall costs, and for legislators to understand the challenges of the HME industry," he said.

CONTACT

Jim may be reached at jhowle@medgroup.com.

iLevel changed my life

"To fully enjoy living elevated, you must know what it means when you are not. There are many things that most people take for granted, like being able to hang out independently or just take a walk with the person you love at the same height. With iLevel, the things I never dreamt were possible are now my reality."

Massimiliano Sechi
Quantum® Italy Consumer Advocate

QUANTUM®
iLevel®
power chairs

www.ilevel.rehab • (US) 866-800-2002 • (CAN) 888-570-1113

/quantumrehab @quantum_rehab

ONLY@QUANTUM®

NOTES FROM THE FIELD

WHEELCHAIR-BOUND COLLEGE FRIEND PROVIDES CAREER NUDGE FOR FISKE

WRITTEN BY: JULIE BARNETT

Chip Fiske, ATP, CRTS® found his true calling 32 years ago with a little help from a friend.

Fiske was attending Augusta College in Georgia when a wheelchair-bound friend pointed him in a brand new direction.

"I was attending college and working at a bicycle shop when a wheelchair-bound classmate told me that he had found my calling," Fiske said. "I went to an interview at Georgia Medical Equipment Supply and transferred my bicycle skills to wheelchair mechanics. I started steam cleaning wheelchairs and servicing Everest & Jennings products."

"I WENT TO AN INTERVIEW AT GEORGIA MEDICAL EQUIPMENT SUPPLY AND TRANSFERRED MY BICYCLE SKILLS TO WHEELCHAIR MECHANICS. I STARTED STEAM CLEANING WHEELCHAIRS AND SERVICING EVEREST & JENNINGS PRODUCTS."

He said the job was his true calling for other reasons as well, and allowed him to be in the medical field – on his terms. "My grandmother always wanted me in the medical field, but I could not tolerate needles and blood," he said.

Fiske, an ATP with Integrity Medical in Augusta, Georgia, now spends his days evaluating, recommending and delivering complex rehab technology through the team approach. He most enjoys fostering independence for his clients.

"I enjoy helping less fortunate people have a better quality of life through independent and dependent mobility," Fiske said.

He also enjoys teaching other upcoming professionals about durable medical equipment and sharing his knowledge and experience of the past 32 years.

That long professional track record has meant numerous professional influences over the years.

"There are too many to name, but I would say Adrienne Bergen in my earlier career and Weesie Walker in the latter," he said. "Working at the Shepherd (Spinal) Center with all of the knowledgeable staff gave me a larger picture of the Complex Rehab Technology (CRT) world. There I was able to use my engineering mind to develop and test new products that I presented at RESNA conferences all over North America."

"I ENJOY HELPING LESS FORTUNATE PEOPLE HAVE A BETTER QUALITY OF LIFE THROUGH INDEPENDENT AND DEPENDENT MOBILITY."

Indeed, he presented a working seating clinic model in Las Vegas and designed the Forward Weight Shift Lever to assist lower spinal cord injury patients in performing a weight shift in an upright power or manual wheelchair. This was presented at a RESNA conference in Vancouver.

Fiske was appointed as a board member of the Georgia Association of Medical Equipment Services (GAMES) in 2008 and has served as chair of the Georgia Rehab Technology Council (GRTC) since its inception in May 2008 at Warm Springs, Georgia. The council was formed to be one united voice for the CRT members of GAMES. He also served on the Tarsys Advisory Board in Toronto and as president of Augusta South Rotary Club.

Like many NRRTS Registrants, Fiske sees decreased funding and access limitations as one of the biggest challenges of the industry. But he believes opportunities exist to make improvements via the great organizations, such as NCART, GAMES

HE BELIEVES OPPORTUNITIES EXIST TO MAKE IMPROVEMENTS VIA THE GREAT ORGANIZATIONS, SUCH AS NCART, GAMES AND GRTC THAT HAVE BEEN DEVELOPED OVER THE YEARS.

and GRTC that have been developed over the years.

And he feels the national reach of NRRTS has benefitted him in his extensive career. "NRRTS has given me the opportunity to network and further my education with my peers and fellow professionals from across the nation," he said.

CONTACT

Chip may be reached at chip.integrity@gmail.com.

New!

OPINION

ACCESSORY OR NECESSITY?

WRITTEN BY: WEESIE WALKER, ATP/SMS AND DAN PUTZ

Definition of "Accessory"

From Merriam-Webster Dictionary

a: a thing of secondary or subordinate importance:

b: an object or device not essential in itself but adding to the beauty, convenience, or effectiveness of something else

We are fighting many battles regarding access to Complex Rehab Technology (CRT). As we deal with funding cuts to "wheelchair accessories," we need to look at the very definition or connotation of what that term means. From the definition above found in Merriam-Webster's dictionary, we see the words "subordinate importance" and "not essential." In the case of wheelchair accessories, nothing could be further from the truth.

As an example, the code E1028 covers any swing-away, retractable or removable mounting hardware for a joystick. This code is a "wheelchair accessory" and so subject to funding cuts. One product in this code provides infinite positions of the joystick for function and comfort. As a consumer's condition changes over time, optimal joystick position can likewise change. Many consumers need to move the joystick from a drive position to an "out of the way" position for safe transfers and access to desks or tables. Access to these work surfaces may increase independence in ADLs or work tasks. The consumer's needs should dictate the joystick position, not the mounting hardware. Without this "accessory," the consumer's driving ability could be limited or even unsafe. So, in this case, the accessory is actually a medical necessity.

SO, FOR THIS ONE PART CODED E1028, MUCH RESEARCH AND DEVELOPMENT WAS REQUIRED TO MEET CONSUMER NEED. IT IS NEITHER "NOT ESSENTIAL" OR OF "SUBORDINATE IMPORTANCE."

One manufacturer of an adjustable, retractable, swing-away mount developed this concept after feedback from a frustrated technician who could not adjust the joystick with standard hardware to the best driving position. The manufacturer set out to design hardware providing a full range of positions which could be easily re-adjusted as the consumer's condition changed. The manufacturer also wanted to design a swing-away function consumers with varying degrees of strength and movement could safely operate.

So, for this one part coded E1028, much research and development was required to meet consumer need. It is neither "not essential" or of "subordinate importance." In fact, this one component could make the difference between using power mobility and being in dependent mobility. This makes it a "medical necessity."

THESE COMPONENTS (ACCESSORIES) ARE ADDED TO THE MOBILITY SYSTEM TO IMPROVE FUNCTION. THESE ARE NOT "FRILLY" ADD-ONS. ACCESSORIES SERVE A USEFUL, NECESSARY PURPOSE.

This is just one example from the list of accessories. These components (accessories) are added to the mobility system to improve function. These are not "frilly" add-ons. Accessories serve a useful, necessary purpose. Without one small component, the whole wheelchair system may be useless to the consumer.

THEY MUST UNDERSTAND THE CRT DEFINITION: NECESSITY!

As we fight to preserve access to CRT accessories, it is important that our audience not think of Mr. Webster's

definition. They must understand the CRT definition: necessity!

"For want of a nail the shoe was lost, for want of a shoe the horse was lost, for want of a horse the rider was lost, for want of a rider the battle was lost, for want of a battle the kingdom was lost, and all for the want of a nail." Benjamin Franklin.

CONTACT

Weesie may be reached at wwalker@nrrts.org.

Dan may be reached at dputz@healthwares.com.

TEAMING TOGETHER = A BIGGER DIFFERENCE

WRITTEN BY: ROSA WALSTON LATIMER

Laura Cohen's 30 years of diverse experience in the field of rehab technology has placed her in a valuable position to affect positive change. Her proficiency in meeting the challenges of clinical practice, supplier issues and professional development along with time spent in research and working to influence coverage and payment policies all provide her with a unique perspective. Along with that perspective, Cohen brings a genuine passion for her work.

In a recent interview, Cohen described the motivating factors that thrust her into a career of advocacy for clients with functional mobility impairments. "I actually ended up in a career that I would have never imagined. Everything seemed to happen by accident but in a very progressive way," she explained. "I thought I wanted to work with healthy, sick people such as in sports rehab or outpatient orthopedics. At first I didn't want to work with people who couldn't walk or talk and who drooled."

Laura Cohen, Ph.D., PT, ATP/SMS began her work as a physical therapist in a Level 1 Trauma Center with a 25 bed inpatient rehab facility. "I recall sitting around a large conference table with the entire rehab team and everyone turned to me when the question was posed, 'What equipment does Mrs. or Mr. Jones need to go home?' I remember thinking I did not know I was the one who had to make that decision and I best learn more about this." This is when Cohen began to learn about "the whole world of technology and options for my patients.

"Early in my career, I was frequently told that what my client needed was either not covered or not available. Simply put, I could not accept that response and set out to find out 'Why not?'" Cohen said. She further explained that she soon learned the "key" to obtaining the equipment and services her clients needed was "understanding the policy requirements and ensuring my documentation supported it."

Through this initial awareness, Cohen discovered how to be an advocate on a state and federal level by working with legislators and agency decision-makers. "I learned I could be much more effective helping to change a broken system than fighting each case one by one into perpetuity!" she said. "One person can make a difference, teaming together can make a bigger difference!"

Now as the principal of Rehabilitation & Technology Consultants, Cohen provides counsel, leadership and clinical expertise to clients as it relates to medical necessity, benefit integrity, policy development and compliance. The variety in Cohen's work as a consultant is appealing to her. "This has been exciting for me," she explained. "Consulting gives me the opportunity to do the work I love in many different areas. As a 'big picture' person, a strategic thinker, I enjoy working on a variety of projects."

The variety of her work pretty much guarantees Cohen never knows who will be calling next for her assistance. She has consulted with clients such as Veterans Administration Poly Trauma Centers, TriWest Healthcare and Centers for Medicare and Medicaid Services. Cohen has been appointed by federal and state government agencies to serve on technical advisory boards to recommend policy improvements to decision makers concerning durable medical equipment and complex rehabilitation technology products and services.

Among Cohen's wide-ranging responsibilities relating to her advocacy work she has testified before the U.S. Senate Finance Committee about vulnerabilities, waste and abuse in the Medicare benefit category for durable medical equipment. She also recommended safeguards and policy improvements to protect benefits while ensuring beneficiaries maintain appropriate access. As a member of the CRT Steering Committee, Cohen also helped craft legislation to create a new Medicare benefit category for CRT and helped convince key congress members to introduce the legislation in both the House and Senate.

Throughout Cohen's career she has worked with individuals of all ages with complex functional mobility impairments in health care settings including trauma and acute care, both inpatient and outpatient. "I have always maintained a clinical practice throughout

my career," Cohen said. "My clinical work helps me understand how easy it would be for a policy maker to become jaded. This 'one-on-one' with an individual reminds me that behind the issues with funding and equipment there is a person who needs help."

In addition to her consulting practice, Cohen is also executive director of the Clinician Task Force (CTF), a national group of seating and mobility clinicians working together to influence Medicare and Medicaid coding, coverage and payment policies for complex rehab and assistive technology devices. According to the CTF website (www.cliniciantaskforce.us) the recent focus of this group has been on increasing clinicians' awareness and recognition of the importance of appropriate access and funding for CRT for people with disabilities.

"There are times when I don't have much of a life outside of work," Cohen admits. "Calls relating to the work of the Clinician Task Force are often at night. Advocacy work is after working hours. This makes for long days, but working with other passionate professionals is very inspirational. It is refreshing when we can be together. They are my people and we have a good time!"

Cohen's work with RESNA is well-known and highly regarded. In the late 1990s she was a professional development consultant with the organization and served as an independent consultant and chair of the Professional Standards Board for six years. Cohen led the standards board in a 12-month implementation plan to modernize the RESNA Credentialing Programs and helped obtain NCAA Accreditation and develop a new Specialty Seating and Mobility Certification Program. In recognition of her volunteerism and contributions to the field, Cohen received both the RESNA Fellow Award and RESNA Distinguished Service Award in 2010. She considers her association with RESNA a pivotal partnership in her professional development. "It is through my involvement with RESNA that I have created an international network of colleagues," she said. "All of my activities within RESNA have contributed to the success of my career and private practice."

Cohen was inducted into the National Spinal Cord Injury Association Hall of Fame for her work to raise the bar of professionalism within the field of assistive technology. This honor specifically recognized her contributions advocating for policies that will help ensure consumer access to appropriate technologies. Cohen also received a Leadership Award from NRRTS.

As full as her professional life is, Cohen has found a way to make time for play. "I love to travel and do so as often as I can. I especially love the beach!" She tries to take an extensive vacation every couple of years. "My sister and I have been sailing and snorkeling in the waters off the Island of Antiqua in the West Indies," Cohen said. "We're planning a trip to Saint Vincent and the Grenadines in the Caribbean with my dad this year." Closer to home Cohen enjoys riding her bicycle and enjoying the

(CONTINUED ON PAGE 28)

Left to Right (Seth Johnson, Cheryl Sensenbrenner, Laura Cohen, Paul Ryan, Alex Bennewith) meeting to discuss support for CRT Legislation and "pay for."

Congressional briefing with Don Clayback.

Laura Cohen in Washington, D.C. for CELA

Celebrating the formation of the Neurology Section Assistive Technology/Seating & Wheeled Mobility Special Interest Section with Clinician Task Force members Twala Maresh (left), Allison Fracchia.the Neurology Section Assistive Technology/Seating & Wheeled Mobility Special Interest Section with Clinician Task Force members Twala Maresh (left), Allison Fracchia.

Celebrating my dad's 70th Birthday with my brother, Dan and sister, Eileen at Rocky Point, Mexico, our "Happy Place."

TEAMING TOGETHER = A BIGGER DIFFERENCE
(CONTINUED FROM PAGE 27)

many experiences available because of her proximity to Washington, D.C. She has also recently started gardening. "I actually grew some good tomatoes this year."

Yet it is obvious this accomplished professional concentrates the majority of her time and energy advocating for clients and professionals in the field of rehab technology. "I would like to see the value of physical therapy and complex rehabilitation technology widely recognized by the consumers of our services. Physical therapists are the experts on mobility and function," she said. "We have the potential to help individuals achieve their highest level of mobility and function to live active and productive lives in their homes and communities."

One final piece of advice offered by Cohen: "Rather than fight each barrier one by one, let's work together to make a system that will work best for most." Clearly Cohen's career choices and passion for advocacy exemplify this philosophy.

CONTACT

Laura may be reached at laura@rehabtechconsultants.com.

KidWalk connections

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

With KidWalk hands free means holding hands…

See where KidWalk can take your child

PRIME ENGINEERING
A Division of Kinsen Industries

KidWalk™
Dynamic Mobility System

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

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

CRT UPDATE

SPRING IS HERE

WRITTEN BY: DON CLAYBACK

Now that we have gotten through the winter season, spring brings with it a continued need for Complex Rehab Technology (CRT) advocacy. We want to provide an update on the various federal CRT issues in play and invite you to register for the upcoming RESNA/NCART/NRRTS conference being held this July in the Washington, D.C., area.

So let's get started.

DELAY IN IMPLEMENTATION OF S 2425

As reported last column, the Centers for Medicare and Medicaid Services (CMS) indicated in January that they would not be able to "implement" the one year delay of payment cuts to Group 3 Complex Rehab Power wheelchair accessories until at least July 1.

Their position was that given the system changes required it would be July 1 or later before they would be able to pay claims at the correct payment amounts and that providers will have to submit for corrected payments after that date based on instructions to be provided.

Over the past two months CRT stakeholders and our Congressional champions have reached out to CMS and the Department of Health and Human Services (HHS) on multiple occasions to point out the unreasonableness and negative consequences of paying providers at reduced payment amounts. This is what the year-end legislation was supposed to prevent.

Unfortunately as of this writing Congress has been unable to get CMS/HHS to change their position and plan. We are continuing to work on this issue and will provide additional updates as we have more to report, including specific provider instructions to secure payment for underpaid claims.

GAO REPORT ON POWER WHEELCHAIR ACCESSORIES

Year-end legislation S 2425 included a requirement that the Government Accountability Office (GAO) perform a study of Group 3 Complex Rehab Power wheelchair accessories and report administrative and legislative recommendations to Congress by June 1 of this year.

The study is to include an analysis of: (a) item descriptions and HCPCS codes, (b) utilization and expenditures, (c) comparison of "traditional" and "competitive bid" payment amounts, (d) aggregate distribution within CRT and Non-CRT power wheelchairs, and (e) other areas as deemed appropriate.

We formed a CRT industry work group and have been in communication with the GAO team providing CRT educational information along with product demonstrations to assist them in their study. Various consumer organizations have also been in communication with the GAO providing their input and comments. The GAO expects to deliver their report to Congress on or about June 1.

PASSAGE OF HR 3229/S 2196 TO PROTECT ACCESSORIES

This bill, "to provide for the non-application of Medicare competitive acquisition rates to complex rehabilitative wheelchairs and accessories," was introduced by Rep. Lee Zeldin, R-NY, and Sens. Bob Casey, D-Pennsylvania, and Rob Portman, R-Ohio, to supply a permanent fix to protect access to wheelchair accessories used with both CRT manual and CRT power wheelchairs.

H 229 currently has 92 members signed on (63 Republicans and 29 Democrats; 14 on the Ways & Means Committee; 13 on the Energy & Commerce Committee). S 2916 currently has 18 members signed on (eight Republicans and 10 Democrats; seven on the Finance Committee and four on the HELP Committee).

We made very good progress on this bill last year, but we need to continue to pursue additional co-sponsors and push for passage this year. You can view the

(CONTINUED ON PAGE 32)

EasyStand Zing MPS

SUPINE TO PRONE IN ONE MOTION

learn more at easystand.com

SPRING IS HERE
(CONTINUED FROM PAGE 30)

current list of co-sponsors by state at www.access2crt.org. If your members have not signed on yet as co-sponsors, please reach out to them using the email and phone call tools on the website to get them on board.

PASSAGE OF HR 1516/S 1013 TO CREATE SEPARATE CATEGORY

The "Ensuring Access To Quality Complex Rehabilitation Technology Act" was introduced by Reps. Jim Sensenbrenner, R-Wis., and Joe Crowley, D-N.Y., and Sens. Thad Cochran, R-Miss., and Chuck Schumer D- N.Y., to create a Separate Benefit Category for CRT and provide needed improvements in coverage, coding, and standards within the Medicare program.

HR 1516 currently has 161 members signed on (67 Republicans and 94 Democrats; 23 on the Ways & Means Committee; 20 on the Energy & Commerce Committee). S 1013 currently has 15 members signed on (six Republicans and nine Democrats; four on the Finance Committee and three on the HELP Committee).

Here again, we have a solid base of support, but we need to continue to pursue additional co-sponsors and push for passage this year. You can view the current list of co-sponsors by state at www.access2crt.org. If your members have not signed on yet as co-sponsors, please reach out to them using the email and phone call tools on the website to get them on board.

ATTEND THE NEW COMBINED AT/CRT CONFERENCE

Registration is now open, and it's time for CRT stakeholders to sign up for the "new and combined" 2016 Assistive Technology Conference being held July 12 to July 14, 2016, at the Hyatt Regency Crystal City in Arlington, Virginia.

As we have been sharing for the past several months, this marks a first-ever collaboration between RESNA (Rehabilitation Engineering and Assistive Technology Society of North America), NCART (National Coalition for Assistive and Rehab Technology), and NRRTS (National Registry of Rehabilitation Technology Suppliers) to combine two historically successful AT/CRT conferences into one.

The historic RESNA conferences have focused on research and clinical best practices for assistive technology on an international level. The historic NCART/NRRTS conferences have focused on advocacy and business development relating to complex rehab technology.

This "new" 2016 conference will include the best

IT'S A GREAT OPPORTUNITY FOR IDEAS TO STRENGTHEN YOUR BUSINESS OR PRACTICE, GET CEU CREDITS, AND PROMOTE THE CRT ADVOCACY MESSAGE WITH CONGRESS.

of both programs and leverage the proximity to our nation's capitol to engage Congress, policymakers, and federal program administrators on AT/CRT issues, all centered on the theme "Promoting Access to Assistive Technology."

The partnering organizations have developed a combined comprehensive

conference that includes CRT, augmentative and assistive communication, computer access, universal design, job accommodations, cognitive and sensory technologies, robotics, outcomes measurement, and more.

From a CRT perspective, attendees will still benefit from a continuation of our sessions covering: business topics for the management teams of CRT providers and manufacturers; funding and advocacy topics for all CRT stakeholders regarding the latest CRT Medicare and Medicaid trends, issues, and advocacy strategies; and most importantly Capitol Hill Day (CELA), the historic cornerstone event for taking the CRT message directly to Congress through in-person visits with Member offices.

These historic CRT sessions are now supplemented by great seating and mobility workshops designed for the practicing Rehab Technology Professional complete with CEU credits.

So come join other AT/CRT stakeholders for unparalleled continuing education, networking and advocacy! It's a great opportunity for ideas to strengthen your business or practice, get CEU credits, and promote the CRT advocacy message with Congress.

You can get more details about the conference and register online at www.ncart.us or www.nrrts.org. We look forward to seeing you there!

CONTACT THE AUTHOR

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

THE WORLD REPORT ON DISABILITY

WRITTEN BY: MICHELLE L. LANGE, OTR/L, ABDA, ATP/SMS

Our clinical articles this month explore meeting the needs of people with disabilities in Jamaica. It is easy to focus on wheelchair seating and mobility in the United States, such as the latest funding cuts or new legislation and policy. Taking a step back to examine the global picture gives us new perspective, context, and motivation in each of our roles.

The first World Report on Disability was released in 2011 by The World Health Organization (WHO) and the World Bank. Per this report, more than a billion people worldwide have a disability. The report also indicates that people with disabilities "have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty." The report provides evidence for potential solutions and concludes with recommended actions for governments. Per WHO, this report makes a "significant contribution to implementation of the Convention on the Rights of Persons with Disabilities."

As professionals working with people who have disabilities, it is helpful to have this information at our fingertips for education, funding, and advocacy. The report is 350 pages long, but this column will summarize some of the key findings.

1. Over a billion people live with some form of disability. That is about 15 percent of the world's population. Between 110 and 190 million adults have very significant limitations in functioning (2 to 4 percent). Rates are increasing due to aging and a global increase in chronic health conditions.

2. Lower-income countries have a higher incidence of disability. Disability is more common among women, older people, children and adults who are poor.

3. Worldwide, one-third of non-disabled people cannot afford health care. However, one-half of people with disabilities are unable to afford this care. People with disabilities are more than twice as likely to find health care providers' skills inadequate, four times as likely to be treated poorly and three times as likely to be denied care.

4. Children with disabilities are less likely to attend school, particularly in poorer countries.

5. People with disabilities are less likely to be employed. Globally, employment rates are 53 percent for men with disabilities compared to 65 percent for men without disabilities and 20 percent for women with disabilities compared to 30 percent for women without disabilities. In more developed countries, the employment rate for people with disabilities was 44 percent, compared to 75 percent for people without disabilities.

6. People with disabilities are vulnerable to poverty because of extra costs including medical care, assistive devices and personal support in comparison with people without disabilities with similar incomes.

7. Rehabilitation services are inadequate in many countries. In four South African countries, only 26 to 55 percent of people received the medical rehabilitation needed and only 17 to 37 percent received the assistive devices they needed.

8. People with disabilities can live and participate in the community. In the United States, 70 percent of adults with disabilities rely on family and friends for assistance with daily activities. In high-income countries, 20 to 40 percent of people with disabilities do not have their needs met for assistance with everyday activities.

9. Per the World Report on Disability, governments can promote access to services; invest in specific programs; adopt a national strategy and plan of action; improve provider education, training and recruitment; provide adequate funding; increase public awareness and understanding; strengthen research and data collection; and ensure the involvement of people with disabilities in implementation of policies and procedures.

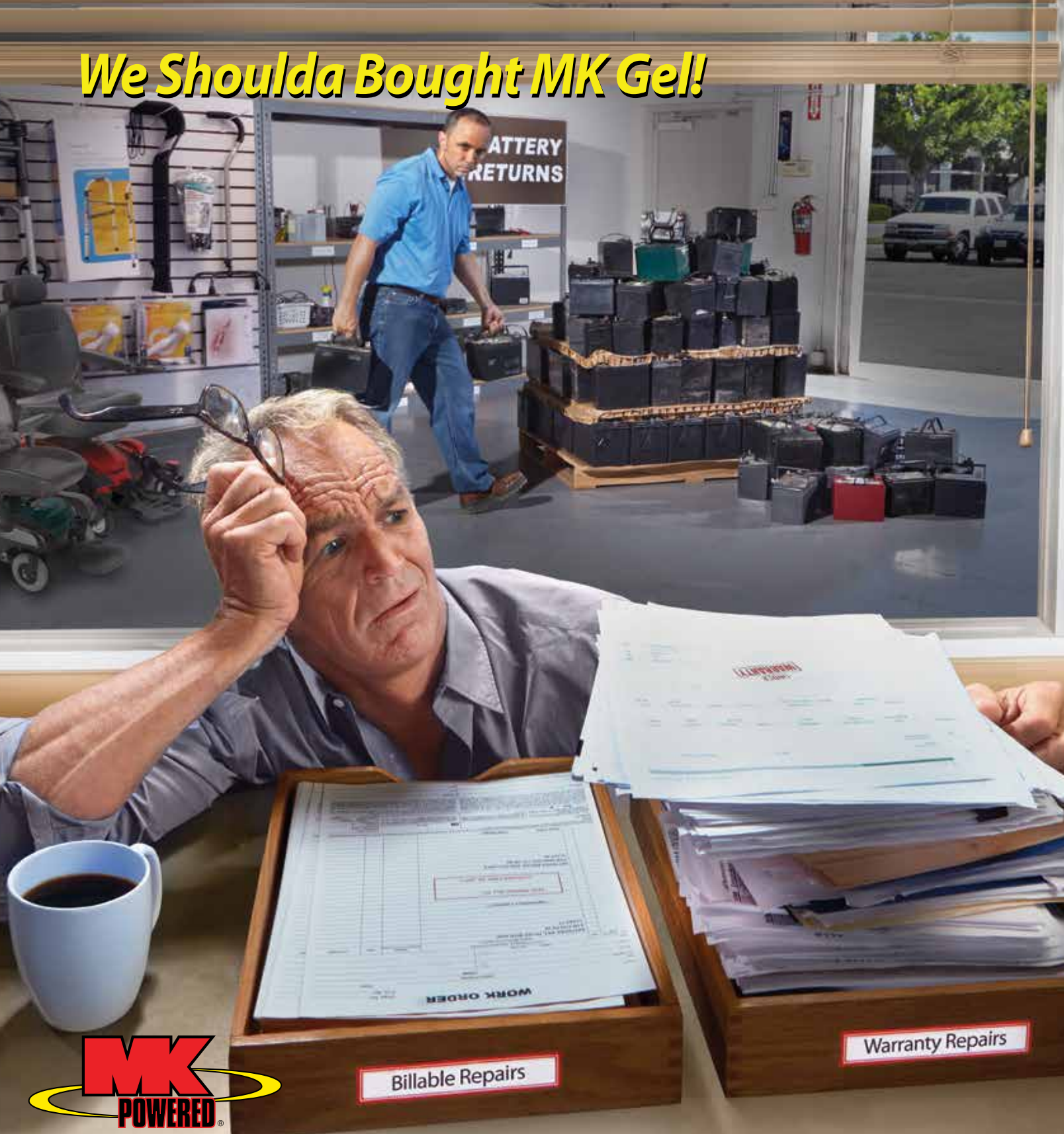
10. More than 150 countries and organizations have signed the Convention on the Rights of Persons with Disabilities (CRPD) and more than 130 have ratified it. The treaty was adopted December 13, 2006, by the United Nations and is based on the Americans with Disabilities Act. The United States signed this on July 30 2009, but has not yet ratified it.

CONTACT THE AUTHOR

Michelle may be reached at michellelange@msn.com.

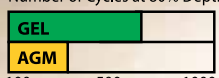
RESOURCES AND REFERENCES:
WORLD HEALTH ORGANIZATION WORLD REPORT ON DISABILITY HTTP://WWW.WHO.INT/DISABILITIES/WORLD_REPORT/2011/EN/

We Shoulda Bought MK Gel!



MK POWERED®

Number of Cycles at 80% Depth of Discharge



MK GEL vs AGM Technology*

Gel Cycle Life and AGM Cycle Life vs Depth of Discharge at +25°C (77°F) based on BCI 2-hour capacity

*When comparing MK Batteries with MK AGM Batteries at 80% depth of discharge

There's a lot more to purchasing batteries than just the price. When you weigh the true cost per cycle and the total cost of premature battery failure, the choice is clear. Only MK Gel Batteries deliver a cost-effective, worry-free power solution that will not compromise vital dependability for your customers.

Why MK Gel?

When consistent quality, reliability, service and reputation matter, accept no imitations.

Depend on the power of MK Battery.

(800) 372-9253 Fax: (714) 937-0818 *mkbattery.com*

PROVISION OF WHEELCHAIR SEATING AND MOBILITY IN JAMAICA

WRITTEN BY: DELIA "DEE DEE" FRENEY, OTR/L, ATP

In the fall of 2014, I was on a team of rehab professionals traveling to Jamaica to provide specialized custom seating to the residents of the Mustard Seed Communities (MSC)[1]. I returned in the spring of 2015 for another trip with a focus on evaluations for an upcoming distribution. Although I've been on many mission wheelchair trips, Jamaica is a very special place and MSC is a unique partner.

MSC began in 1978 in an impoverished community on the outskirts of Kingston, Jamaica, as a home for a handful of abandoned and disabled children. Today they serve more than 500 children, young adults and families who belong to the most vulnerable groups in Jamaican society. The population of their homes includes children and young adults with disabilities, children affected by HIV/AIDs and teen mothers along with their babies. MSC Jamaica also manages a number of community outreach programs to combat poverty and provide education to local populations. Their vision for each apostolate, residential cottages on MSC properties around Jamaica, is to create a loving and caring environment to aid in the physical, mental and spiritual development of their residents.

A majority of their programs focus on the care of children with disabilities. The residents of their homes have a wide range of physical challenges requiring wheelchairs including children with cerebral palsy, hydrocephalus, spina bifida, and developmental disabilities along with many other orthopedic and neurologic diagnoses (see Picture 1).

Our team leader from Atlanta, Georgia, is Liz Merrick, who coordinates teams of RTSes, OTs and other volunteers to travel to Jamaica. Merrick had a brother with special needs, so she has worked with the disabled population and quickly developed a passion for the residents in Jamaica. Her history with MSC began 13 years ago when she embarked on her first mission trip with her local church. She returns two to three times annually with a variety of volunteers including high school and college students, therapists and RTSes who embark on a rich experience and develop special relationships with this unique Jamaican population.

THE IMPORTANCE OF GOOD SEATING TO IMPROVE THE QUALITY OF LIFE FOR THESE RESIDENTS INCLUDING POSITIONING FOR SAFE FEEDING AND ATTENDING ACTIVITIES WHILE UPRIGHT AND IN MIDLINE, WAS READILY APPARENT.

Merrick soon discovered that Jamaica has limited resources due to their economic situation. She raised funds and in 2009 sent the first shipment of standard wheelchairs to Jamaica. MSC is the in-country partner – receiving, clearing customs and storing donated rehab equipment until the team of therapists and RTSes match and fit residents to their first wheelchairs.

Merrick saw many residents either confined to bed or sitting poorly in large, heavy, ill-fitting standard manual wheelchairs. The importance of good seating to improve the quality of life for these residents including positioning for safe feeding and attending activities while upright and in midline, was readily apparent (see Picture 2). She raised funds to buy custom manual wheelchairs and foam-in-place seating kits, as well as arranged shipping and needed experienced rehab professionals to complete seating fabrication to improve client support and address severe positioning needs. Due to the lack of medical and therapeutic intervention, many residents had fixed orthopedic limitations.

In 2013, Merrick coordinated with Wheels for Humanity to send a shipment of custom wheelchairs to Jamaica for the physically challenged residents in need of both seating and mobility. My first trip in 2014 focused on fabricating foam-in-place seating systems for the residents who were faced with extreme seating challenges. The ability to bring this technology to a developing country is a progressive way to meet those needs.

Our team met in Kingston where we were greeted by the friendly staff of MSC, including our driver and local

team leader for the entire trip around the beautiful Jamaican cities and countryside. In our 10-day trip we visited six apostolates with residents who needed manual wheelchairs and seating systems.

Once the team arrived in Kingston, we traveled to, and resided in, the dorms at Sophie's Place, where the younger children from infants to primary school-age children reside (see Picture 3). It was to be our "home base" while seeing residents in the southern part of Jamaica. A mix of both ambulatory and non-ambulatory children reside there and others are bused to school.

The largest MSC apostolate is Jerusalem where multiple programs are offered and more than 150 teen and adults reside. On many visits I saw older residents helping the younger ones by feeding them, assisting them as they participate in activities and pushing them in their wheelchairs around the eight-acre community.

PICTURE 1

A child with hydrocephalus

Local caregivers with a special interest in therapy were available in some locations and we partnered with them in gathering information during the evaluation. Many children had severe orthopedic asymmetries at a very young age secondary to relentless spasticity, although they had been positioned and received range of motion. As a result, these children needed to be accommodated in custom seating systems. Some of the initial wheelchairs provided had contoured and planar seating, including secondary supports, however the children were not well-supported (see Picture 4).

PICTURE 2

Although fragile, this resident is very happy to be in this custom manual wheelchair

PICTURE 3

Sophie's Place

Surprisingly, all the residents we saw had excellent skin condition with no pressure ulcers or any discoloration. The caregivers took very good care of the children's hygiene needs and repositioned them frequently. The humid climate results in supple skin.

Although many residents presented as potential candidates for foam-in-place seating and 12-14 kits were purchased, we only fabricated 10 foam-in-place seating systems. Some of the children who had active functional movements were kept in their original seating systems, as we did not want to sacrifice function for positioning by limiting movement (see Picture 5).

A young lady with cerebral palsy and extreme spasticity sat with pillows in a standard manual wheelchair. She had severe internal rotation of her hip, which resulted in her foot being outside the width of the wheelchair and being propped on pillows. The RTS mounted a lateral trunk support on the outside of the frame to support the foot. This increased the width of the wheelchair, however the staff found this manageable (see Pictures 6 and 7).

PICTURE 4

Adjusting fit of a young child in a stroller

A resident in the apostolate Jerusalem, nicknamed the "Mayor," arrived for his seating evaluation in a very recumbent position in his reclining wheelchair – the only wheelchair available at the time. However, once he received a tilt in space manual wheelchair with a custom seating system, he was able to sit more upright and with better support. His improved position provided better respiration and resulted in increased speech volume.

Most of the residents who were brought to the team due to concerns about the poor fit of the wheelchair were actually not properly positioned. The problem

(CONTINUED ON PAGE 38)

PROVISIONS OF WHEELCHAIR SEATING ...
(CONTINUED FROM PAGE 37)

was not an incorrect fit or the wrong type of wheelchair, but rather how the residents were placed into that wheelchair.

Resident's hips were brought back fully on the seat, pelvic positioning belts properly adjusted to maintain the


PICTURE 5


PICTURE 6

Picture 5: Sitting upright with the help of chest support

Picture 6: Before: Creative adaptive foot support but posturing in extension

Picture 7: After: sitting upright in the foam in place seating support with the team


PICTURE 7

position of the hips and anterior trunk supports positioned properly at mid-chest to reduce risk of choking. With these changes, the residents looked better in their wheelchairs and the staff agreed. Many therapists and staff were trained using these techniques and provided with instructional handouts and a training video to reinforce best practice to keep residents healthy and as safe as possible.

Education and training is as important internationally as it is stateside. We had many opportunities to meet with therapists, caregivers, staff and administration regarding wheelchair safety and proper positioning. The training video created will be shared with other apostolates for both present staff as well as incorporating this information in basic training for new staff. The RTS provided training on maintenance and repairs and donated tools as well as, extra hardware, cushions and other items such as anterior trunk supports and pelvic positioning belts for ongoing and future adjustments and modifications.

CONTACT THE AUTHOR

Dee Dee may be reached at DDFreney@aol.com.

REFERENCES:

1. MUSTARD SEED ALSO HAS COMMUNITY PROGRAMS IN NICARAGUA, DOMINICAN REPUBLIC AND ZIMBABWE.

REHAB CASE STUDY

JAMAICA

A CASE STUDY

WRITTEN BY: DELIA "DEE DEE" FRENEY

Claude is a 42-year-old Jamaican gentleman with a diagnosis of cerebral palsy. He is a resident of an apostolate[1] called Jerusalem, in the city of Spanish Town. The location is west of Kingston, the capitol of Jamaica.

Claude is a resident in the Mustard Seed Communities (MSC). MSC began in 1978 in an impoverished community on the outskirts of Kingston, Jamaica, as a home for a handful of abandoned and disabled children. Today MSC serves more than 500 children, young adults and families who belong to the most vulnerable groups in Jamaican society. The population of their homes includes children and young adults with disabilities, children affected by HIV/AIDs and teen mothers along with their babies.

How Claude came to live at MSC is a very similar story to many residents brought there. Born to a single mother with minimal finances and no financial support from the biological father, Claude was a special needs child that presented a greater challenge for his mother. In Jamaica, many special needs children are either abandoned or given to another family member.

IN JAMAICA, MANY SPECIAL NEEDS CHILDREN ARE EITHER ABANDONED OR GIVEN TO ANOTHER FAMILY MEMBER.

His maternal grandmother raised Claude, and he stayed with her until the age of 15 years when she was no longer able to care for him. He was brought to MSC where he lived in a dorm in the children's home with a variety of young residents with mental and physical disabilities. Claude had no formal education, but he is cognitively age appropriate. Physically, however, he is severely developmentally delayed and unable to achieve the basic skills of sitting, creeping or weight bearing for transfers.

Claude has a diagnosis of cerebral palsy quadriplegia with moderate to severe spasticity, and left untreated over his 42 years, he developed many joint contractures. Specifically, he developed a pelvic obliquity that led to scoliosis along with fixed hip and knee flexion contractures that prevent him from sitting independently.

Claude has minimal use of his right hand, but was placed in a fully reclined position where he lacked the strength to move his shoulders against gravity to use his upper extremities functionally. He was not able to use his hands for self-help skills such as grooming or feeding. He can, however, get his hand to his mouth for eating finger foods.

THE POPULATION OF THEIR HOMES INCLUDES CHILDREN AND YOUNG ADULTS WITH DISABILITIES, CHILDREN AFFECTED BY HIV/AIDS AND TEEN MOTHERS ALONG WITH THEIR BABIES.

Due to his lack of trunk support and poor sitting skills he had been placed in a reclined position for most of his life. This limited his visual field as well as increased risk for aspiration. His shallow breathing in this reclined position affected his vocalizations and over the years his voice became even softer. Claude is a very patient man, but he became more frustrated as others had difficulty understanding him despite his good expressive language.

Claude lived in the youth dorms for more than 20 years and is now older than most of the residents. We were told that other dorm residents who were mobile took his items until he was given a special locker to keep his personal items safe. He is aware of his environment, but his physical disabilities made it difficult for him to defend himself and eventually he

CLAUDE'S GENTLE SPIRIT AND STRONG FAITH EARNED HIM RESPECT FROM BOTH RESIDENTS AS WELL AS STAFF. HE WAS GIVEN THE NICKNAME "MAYOR."

was moved to the young adult dormitory. Claude's gentle spirit and strong faith earned him respect from both residents as well as staff. He was given the nickname "Mayor." He became an advocate for other residents and formed good relationships with staff. He's also taken a role as a spiritual counselor for residents and staff.

Liz Merrick, a volunteer and team leader for 13 years from Atlanta, Georgia, was able to arrange a day trip to the beach for Claude. The island of Jamaica has some of the most beautiful beaches in the world, but Claude had never experienced this. Merrick took him through the sand and into the water. The buoyancy of the water and the sensation of sand under his feet brought him joy and excitement, and he told Merrick he was thrilled to feel like he was walking.

SEATING

Claude's first seating support system was a lawn chair. The webbing accommodated some of his deformities, kept him contained and was low to the ground for safety. However, due to the lack of any padding on the lawn chair, Claude developed pressure ulcers on his support surfaces including on his feet. Towels were added to provide support, but his contractures in both flexion and trunk rotation made it difficult to position him well. The towels and other supports either migrated or ended up in other residents' wheelchairs.

In 2013, Claude received his first custom manual wheelchair with a seating system from Wheels for Humanity. This wheelchair allowed Claude to sit up for the first time, but he did not have adequate hip flexion to sit at a 90-degree seat-to-back angle. He slid forward and a seat extension was added to give him a platform to support his feet (see Picture 1).

A part time occupational therapist joined the MSC staff for a year. She suggested a reclining wheelchair with elevating leg rests. She discovered Claude liked to paint and began to provide him painting opportunities. However, the reclined position was still not functional and made it difficult to position him near a table.

In 2014, I met Claude for the first time in his reclined custom manual wheelchair. It was quite evident that his sliding was due to the lack of pelvic support and the elevating leg rests were in an upright position to keep him from sliding further off the wheelchair seat. Prior to this trip a shipment of custom wheelchairs had arrived, including tilt in space manual wheelchairs with seating systems.

My first step was to evaluate and determine how much hip flexion Claude had in order to sit in a more upright position, rather than assume he needed to be reclined. Lying in supine, he presented with limited hip range of motion,

(CONTINUED ON PAGE 42)

PICTURE 1

Liz and Claude in his first wheelchair

PICTURE 2

Claude in a manual reclining wheelchair

PICTURE 3

Liz and Claude in his final wheelchair

JAMAICA: A CASE STUDY
(CONTINUED FROM PAGE 41)

windswept legs, and a pelvic obliquity. Although hip flexion was limited, this would enable Claude to be more upright than the fully reclined position of his present wheelchair (see Picture 2).

Next, I recommended and was able to locate a tilt in space frame. We opened the seat to back angle to accommodate his limited hip flexion, which provided him a better upright sitting position. Finally, we were able to find the right tilt angle to give him the best position, keeping him upright, as well as offering a change of position throughout the day. To position him securely in the adapted contour seating system, we mounted a pelvic positioning belt positioned on his lap as well as a contoured back with lateral supports and an anterior trunk strap to keep his trunk upright and in midline. Due to severe distortions of his feet, I created a "foot hammock" made of fabric tied to the frame (see Picture 3).

CLAUDE IS NOW ABLE TO PULL UP TO A SINK FOR GROOMING WITH ASSISTANCE, AS WELL AS A TABLE FOR SELF-FEEDING AND TO PURSUE HIS LOVE FOR PAINTING.

This upright position provided Claude a better visual field for better eye contact, enabling him to be more social with peers and staff. The biggest difference we noticed immediately was his greatly improved speech. His lung capacity improved his respiration to produce more speech volume. Claude is now able to pull up to a sink for grooming with assistance, as well as a table for self-feeding and to pursue his love for painting.

I returned to Jamaica in 2015 to see Claude and how he continues to use

(CONTINUED ON PAGE 44)

DIRECTIONS

SUBSCRIBE TO DIRECTIONS AT
WWW.NRRTS.ORG/DIRECTIONS

REGISTER FOR 2016 WEBINARS AT
WWW.NRRTS.ORG/CONTINUING-EDUCATION

FOLLOW US ON
TWITTER
FACEBOOK
LINKEDIN

JAMAICA: A CASE STUDY
(CONTINUED FROM PAGE 42)

I RETURNED TO JAMAICA IN 2015 TO SEE CLAUDE AND HOW HE CONTINUES TO USE HIS WHEELCHAIR SUCCESSFULLY. HE EXPLAINED THE NEW WAYS AND PLACES HE USES HIS CHAIR, ESPECIALLY IN CHURCH.

his wheelchair successfully. He explained the new ways and places he uses his chair, especially in church. He presented with confidence and appreciation, requesting only a few adjustments to his seating and maintenance to his frame. The staff was instructed and trained on correct positioning, especially when first putting him in his wheelchair in the morning.

A two-minute "Safe Seating Training Video" was made on this last trip, which was distributed to the administration to use for staff and new employees to all the MSC.

CONTACT THE AUTHOR

Dee Dee may be reached at DDFreney@aol.com

REFERENCES:
1. APOSTOLATES ARE RESIDENTIAL COTTAGES ON MUSTARD SEED COMMUNITIES PROPERTIES AROUND JAMAICA.


ottobock.
3D image capture in the palm of your hand
New OBSS scanner for greater control
Intuitive controls make it easier to use with greater accuracy.
More editing options to quickly modify scans.
Quality for life
Versatile scanning range speeds up your work.
www.ottobockus.com
www.ottobock.ca

RESNA ATP EXAM FEE DISCOUNTED FOR A LIMITED PERIOD OF TIME

WRITTEN BY: ANDREA VAN HOOK

Candidates who take the new, updated ATP exam between July 1 and October 31, 2016, will receive a $100 discount off the regular $500 exam fee. The exam has been updated to reflect current assistive technology practice.

During the past two years, volunteer subject matter experts representing a variety of AT specialty areas, practice settings and different professional backgrounds have contributed their time and expertise as part of the rigorous process to update the exam. At every step of the way, efforts were taken to ensure the new exam reflects the broad diversity of current assistive technology practice. The exam was last updated in 2009.

The new ATP exam remains the same length and scope. There are 200 multiple-choice questions that test overall knowledge of the assistive technology service delivery process, including the application and evaluation of a variety of solutions, and the RESNA code of ethics. The exam covers the spectrum of assistive technology practice, including accessible transportation, activities of daily living, augmentative and alternative communication, cognitive aids, computer access, electronic aids to daily living, environmental aids, learning and study aids, recreation and leisure, seating, positioning, and mobility, sensory (hearing, vision, physical aids and accommodations), vocational aids and accommodations, and much more. In keeping with the growing internationalization of assistive technology practice, the new ATP exam no longer includes U.S.-centric funding questions. An updated exam outline is now posted on the RESNA website. Candidates will find the outline useful as they prepare for the exam.

The ATP certification recognizes professionals who have experience working directly with consumers who have demonstrated a broad knowledge of the interdisciplinary field assistive technology, and who agree to abide by RESNA's code of ethics and standards of practice. The ATP certification is accredited by the Institute for Credentialing Excellence (ICE), demonstrating the program's compliance with the highest quality standards in professional certification.

"We're grateful to all of the AT professionals from a wide variety of backgrounds who participated in the exam update. Hundreds of AT practitioners participated in the job validation survey alone," said Daniel Cochrane, MA, MS, ATP and chair of RESNA's Professional Standards Board. "Ensuring the exam is representative of the diversity of current AT practice is critical to maintaining the ATP certification program's high standards."

Candidates who take advantage of the discount will not receive their official scores until November or December, in order to accommodate analysis of the updated exam. In addition, candidates will not be able to schedule the exam starting November 1 through the end of the year. See the ATP section on the RESNA website for more information.

TIME TO REGISTER FOR CONFERENCE!

Registration is now open for RESNA/NCART 2016, in partnership with NRRTS, being held July 10-14, 2016, in Arlington, Virginia. This first-ever collaboration between all three organizations will provide an exciting and productive forum for education, advocacy and networking. The conference will feature the "best of the best" from RESNA, NCART and NRRTS, including:

- Interactive exhibits
- Workshops on best practices in assistive technology
- Research platforms and poster sessions
- Capitol Hill visits and briefings
- Pre-conference instructional courses, and RESNA's Fundamentals in Assistive Technology course
- Networking, student competitions, the Developer's Forum, and more.

NRRTS Registrants will be able to register at the RESNA member rate with a special discount code, distributed to members by the NRRTS office.

PRE-CONFERENCE INSTRUCTIONAL COURSES

In addition to RESNA's Fundamentals in Assistive Technology course (July 10 and 11), the conference will offer three full-day courses and one half-day course on Monday, July 11. A separate fee is required for all pre-conference sessions. NRRTS Registrants will be able to register at the RESNA member rate with a special discount code, distributed to members by the NRRTS office. Here is a description of the sessions:

• IC1: N=1 Studies; What Are They and How Do I Do One? N=1, or Single Subject Designs (SSD), and meta-analysis of multiple SSDs offer methods to AT researchers and practitioners to quantify outcomes. This full-day course will cover the history and current state of AT outcomes, including issues and possible solutions; discuss SSD methodologies and analyses, critique current SSD research articles, and discuss the importance of meta-analysis of SSD for evidence based practice.

• IC2: Power Wheelchair Driving Methods: This full-day course will present a variety of alternative proportional and digital driving methods with clinical indicators for each. Hands-on time with individual access methods and opportunities to program will be included.

• IC3: Access to Mobile Devices for Individuals with Physical Disabilities: This hands-on BYOD (Bring Your Own Device), full-day workshop will address a range of access issues for mobile devices (phones and tablets). The course will specifically address Android and Apple accessibility features to permit a greater range of access, including iOS Assistive Touch and Switch Control. Challenges with mounting and wheelchair integration will also be explored.

• IC4: Coding and Reimbursement for a Successful Seating Clinic: Correct coding and documentation for therapy reimbursement is critical to the success of any outpatient clinic or home health provider. This half-day course will provide information on Current Procedural Terminology (CPT) and how to use these codes for wheelchair seating and mobility services. Documentation of the evaluation and treatment intervention will be presented to demonstrate provision of skilled care and justify the need for the assistive technology recommended. For those patients on Medicare, the selection of G-codes and tools to select modifiers will be presented and discussed. In addition, ideas to keep your seating clinic viable will be shared.

Find out more at www.resna.org/conference16.

CONTACT THE AUTHOR

Andrea may be reached at avanhook@resna.org.

HOW DO WE HELP MAKE CRT ACCESSIBLE?

WRITTEN BY: JENN WOLFF AND ALEX BENNEWITH

Complex Rehab Technology (CRT) – for any of us in the wheelchair advocacy world, the meaning of CRT is understandable and infuriating, but to the typical wheelchair user is probably meaningless. So how do we bring awareness to a difficult concept which will inspire wheelchair users to speak up for their rights for the equipment that will keep them healthy and active? By bringing it to a level that everyone can understand.

Several Advocacy Alliance members have been working on this imagery, such as comparing complex rehab wheelchairs with shoes. For example, if you have the wrong-size shoe, one size too small, it seems ridiculous to expect you to wait five years before you can get a new pair of shoes, by then your feet will surely be very damaged and this may cause a lot of serious health issues related to walking and posture. There have also been analogies with buying a car or choosing a cell phone carrier. When we are considering investing in these things, we have a plethora of dealerships or companies to choose from and many different styles, sizes and options to select. We can test them out and return them if necessary. There may be nearby locations which can be easy to get to and communicate with. If you need repairs, they can usually get you a loaner car or fix your device or vehicle within a day or two. How does this compare with getting a wheelchair, which is just as valuable or useful as a car or communication device? The big difference being, of course, complex rehab technology is medically necessary!

Those of us who use wheelchairs now have limited access to CRT suppliers. This is due to companies going out of business and/or insurance carriers limiting who you can use as a supplier. Sometimes, people have to deal with a company which is more than two hours away and they may have limited transportation. Not only does this complicate getting the equipment but it complicates getting repairs done in a timely manner. Because of current policies, we are limited in our choice of wheelchairs and accessories – possibly not getting what would be best for our health and/or our mobility needs – because insurance only considers what we need in our homes. How many people these days do you know who stay at home? Many times, suppliers cannot afford to have loaner equipment or extra models for wheelchair users to trial, so when the equipment is delivered, we have no choice but to accept it, even if it is not what we expected.

Cell phones and cars are devices we use every day and are essential to our lives – just like a wheelchair is essential to a person with a mobility impairment. Our society values independence and choice. As a wheelchair user, as an occupational therapist, and as a person who became disabled in the age of the ADA, it has been very difficult to wrap my head around why these policies have not been updated. Work with me to help explain how these policies are affecting your patients/clients.

IF YOU HAVE THE WRONG-SIZE SHOE, ONE SIZE TOO SMALL, IT SEEMS RIDICULOUS TO EXPECT YOU TO WAIT FIVE YEARS BEFORE YOU CAN GET A NEW PAIR OF SHOES, BY THEN YOUR FEET WILL SURELY BE VERY DAMAGED AND THIS MAY CAUSE A LOT OF SERIOUS HEALTH ISSUES RELATED TO WALKING AND POSTURE.

Empower your clients to do something about it – tell them how to contact their Congressional representatives, join United Spinal – give them a voice – and a choice! http://www.unitedspinal.org/advocacy-alliance/advocacy-alliance-messages/, http://www.unitedspinal.org/join-united-spinal-association/.

CONTACT THE AUTHORS

Jenn may be reached at jwolff@unitedspinal.org.

Alex may be reached at abennewith@unitedspinal.org.


SOLID BACKUP.
WHENEVER.
WHEREVER.
ADI
ERGONOMICALLY DESIGNED
for you and your lifestyle, our seating system eases the strain on your lower back and is ideal for long days of great activity...on the court and off.
Mark Zupan
ADI
A Stealth Product
adirides.com | stealthproducts.com

SWING-AWAY HARDWARE = CAPPED RENTAL ... REALLY?

WRITTEN BY: CLAUDIA AMORTEGUI, PRESIDENT, THE ORION CONSULTING GROUP, INC.

In 2014, the durable medical equipment (DME) industry was informed that a good many items would fall under a different pricing category. Specific HCPCs would no longer be considered Iinexpensive and routinely purchased; they would now be capped rental items.

In April 2014, 50 DME HCPC codes were affected. Thirty-one of those codes were related to seating, positioning and mobility. This group of codes not only contained some wheelchair options and accessories, but also included the adult manual tilt-in-space wheelchair, the pediatric wheelchair codes, and many of the power seating options, such as the power tilt, power recline and power elevating leg rests. Of course many us in the complex rehab technology (CRT) industry fought to have many of the codes reversed back to their original pricing category. CMS came back to us with a "First Month Purchase Option" exception for the option codes that would be used on a CRT power wheelchair base (K0835-K0864), which included all Group 3 bases and Group 2 bases that required powered seating or alternative drive controls. Where CMS did not budge was in changing the actual base wheelchair codes that were affected – E1161 and E1232-E1238. As an industry, we should continue this fight.

During the past two years our industry continued to be affected by Medicare changes; some, Medicare has yet to get right. They are still not correctly paying for a multitude of repair claims and they continue to have issues properly processing many of the CRT claims. With all these things wreaking havoc, it appears most of us forgot that we have another round of codes that will go through a pricing category change, just like we did back in April 2014. This time around 14 codes will be affected; 11 of these are wheelchair option/accessory codes and two of them are codes for walkers. They include:

HCPC	CODE DESCRIPTION - WHEELCHAIR OPTIONS/ACCESSORIES
E0985	WC Accessory, Seat Lift Mechanism
E1020	Residual Limb Support System for WC, Any Type
E1028	WC Accessory, Manual Swingaway, Retractable or Removable Mounting Hardware for Joystick, Other Control Interface or Positioning Accessory
E2228	MWC Accessory, Wheel Braking System and Lock, Complete, Each
E2368	PWC Component, Drive Wheel Motor, Replacement Only
E2369	PWC Component Drive Wheel Gear Box Replacement Only
E2370	PWC Component, Integrated Drive Wheel Motor & Gear Box Combination, Replacement Only
E2375	PWC Accessory, Non-Expandable Controller, Including All Related Electronics & Mounting Hardware, Replacement Only
K0015	Detachable, Non-Adjustable Height Armrest, Each
K0070	Rear Wheel Assembly, Complete, with Pneumatic Tire, Spokes or Molded, Each
E0955	WC Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each

HCPC	CODE DESCRIPTION - WALKERS
E0140	Walker, with Trunk Support, Adjustable or Fixed Height, Any Type
E0149	Walker, Heavy Duty, Wheeled, Rigid or Folding, Any Type

When I review the codes above, it is my opinion that those marked in red are the ones that would most affect CRT providers, especially the motor/gear box codes, swing-away hardware, and the headrest code. In the world of Medicare, they have already stated that if any of the above wheelchair related codes are supplied for use with a CRT power wheelchair base, the "First Month Purchase Option" can be offered.

I CONSIDER MYSELF A PERSON WHO IS RATHER INTELLIGENT AND I HAVE THE ABILITY TO READ AND COMPREHEND INFORMATION. AS I READ THROUGH THE LATEST UPDATE – MLN8822 – I HAD TO STEP BACK AND REREAD IT SEVERAL TIMES JUST TO BE CERTAIN THAT I HAD ALL THE RIGHT INFORMATION, AND THAT IT WAS PROPERLY UNDERSTOOD.

So exactly when is this change happening? Of course this is not a straightforward answer. I consider myself a person who is rather intelligent and I have the ability to read and comprehend information. As I read through the latest update – MLN8822 – I had to step back and reread it several times just to be certain that I had all the right information, and that it was properly understood.

For most of you, this pricing category change is effective July 1 of this year. However, if you are part of the Competitive Bid Round 1 Re-compete, then your date is not until Jan 1, 2017. Yes, these are two different start dates for the same

(CONTINUED ON PAGE 52)

SWING-AWAY HARDWARE ...
(CONTINUED FROM PAGE 51)

change. Why did Medicare not just hold off and start on the same day for everyone? I certainly do not have the common sense answer. Therefore, just know where you fall for the transition date. Are you in the majority or the Round 1 Re-compete Group?

You need to be certain your funding, billing and collections staff is aware of the new policy, as this category change will cause different modifiers to be used for these codes. Capped Rental modifiers (i.e. RR KH) will be required when you transition. However, do not forget that the "First Month Purchase Option" can be offered for the above wheelchair related codes when they are being used on a CRT power wheelchair base. You need to be sure the item(s) are listed on a Purchase Option Letter and that it is reviewed, completed and signed by your client by the time of delivery. If the client chooses to rent, you are required to provide it as a rental, or you would need to refer the entire order to another provider who would accept the rental. You cannot pick and choose items from the order if the items are medically needed to make the wheelchair functional for the client. If you expect to be reimbursed by Medicare, the item must be medically necessary, so this should not be up for discussion. Providers also cannot just skip the rental and charge the client for the purchase. If you did this, a completely different article would need to be written.

NOW, I UNFORTUNATELY HAVE TO BE SURE THAT YOU NOTICED A BIG RED FLAG WAVING TO THE ENTIRE CRT COMMUNITY. MEDICARE DID PROVIDE THE "FIRST MONTH PURCHASE OPTION EXCEPTION" TO CRT, BUT ONLY ON POWER AND NOT MANUAL WHEELCHAIR BASES.

KEEP MAKING YOUR VOICES HEARD, DO NOT STOP FIGHTING THESE CHANGES. SOME OF THE CODES AFFECTED DO MAKE SENSE, BUT MANY OTHERS DO NOT. IN THE MEANTIME, BE SURE EVERYONE UNDERSTANDS THE CHANGES – THE MULTIPLE START DATES, MODIFIERS, AND EXCEPTIONS.

Be sure that everyone remembers that if the client does choose the purchase option, the claim lines must then use the appropriate pricing modifiers – NUBPKH, etc… (Just like the CRT power wheelchair bases). Again, the pricing category for these codes change for dates of service July 1 and forward for everyone except those providers in the Round 1 Re-compete. Both the provider staff and the actual front and back end systems need to recognize this change and what is required (i.e. purchase option letters will need to be generated for some orders). Everyone must understand the date of service/date of delivery and not claim submission date drive it.

Hopefully, the above information makes sense. Now, I unfortunately have to be sure that you noticed a big red flag waving to the entire CRT community. Medicare did provide the "First Month Purchase Option exception" to CRT, but only on power and not manual wheelchair bases. Therefore items such as the residual limb support (stump supports), the swing-away hardware, and the headrests can only be billed as Capped Rental items when used with any manual wheelchair. As most of you are aware, some of these items are commonly used on manual tilt-in-space wheelchairs and pediatric wheelchairs, but they can also be used on K0005 manual wheelchairs. In this case the base could be purchased up-front, but these codes would have to be rented. What makes this even worse is that many other funding sources will adopt this change and in some cases, will not even make the exception for the CRT power wheelchair options.

Keep making your voices heard, do not stop fighting these changes. Some of the codes affected do make sense, but many others do not. In the meantime, be sure everyone understands the changes – the multiple start dates, modifiers, and exceptions. Not only does the provider internal staff need to understand the new regulations, but so do the ATPs, the referrals and the end-users.

CONTACT THE AUTHOR

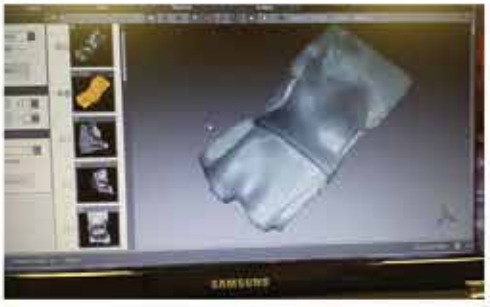
Claudia may be reached at info@orionreimbursement.net.

Prairie Seating Corporation

mobility management 2014 ATP & CLINICIAN BEST PICKS

Reflection®

Custom Contoured Cushions



Designer & Manufacturer of Patended PSS-97 Molding Frame
Plane and Simple PSS-98 Planar Simulator
Patended PSS-007 CLS Contour Scanner

Reflection Custom Contoured Cushions

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

CLINICIAN TASK FORCE 2015 ACCOMPLISHMENTS AND 2016 PRIORITIES

WRITTEN BY: LAURA COHEN PHD, PT, ATP/SMS

The Clinician Task Force (CTF) has begun its 12th year. We are a small and mighty group of 52 volunteer members. The majority of our members are practicing seating and wheeled mobility (SWM) clinicians representing reputable regional medical centers and rehabilitation facilities.

The CTF is the only independent clinical group focused on Complex Rehab Technology (CRT) issues and advocacy. We provide leadership and strategic planning, engaging and promoting CRT within other clinical and advocacy organizations such as the APTA, AOTA, RESNA, AACPDM, AAPMR, APA, and the Center for Medicare Advocacy. Given the numerous issues facing the CRT industry we expect no shortage of work or need for CTF in 2016 to broadcast the clinical message and obtain appropriate CRT access.

HIGHLIGHTS OF 2015 ACCOMPLISHMENTS

Last year was a busy year for CRT. The following are a few highlights of CTF accomplishments.

• Presented clinical perspective on CRT legislative and regulatory activities: Participated in key meetings with Congressional leads CMS officials and contractors to communicate clinical perspective.

GIVEN THE NUMEROUS ISSUES FACING THE CRT INDUSTRY WE EXPECT NO SHORTAGE OF WORK OR NEED FOR CTF IN 2016 TO BROADCAST THE CLINICAL MESSAGE AND OBTAIN APPROPRIATE CRT ACCESS.

• Secured sponsorship for CRT Legislation: CTF members have been instrumental in helping obtain members of Congress' support for our legislative initiatives.

• Submitted formal comments to CMS: CTF submitted formal comments on CMS proposals e.g. Bundled Payments, Utilization of Miscellaneous Codes, Expansion of NCB Fee Schedule to include CRT MWCs/Accessories, and Chronic Care Workgroup Options.

• Provided clinical support to state CRT legislative & regulatory activities: Provided testimony and participated in advocacy efforts with Medicaid programs in California and Illinois; worked with consumer advocates re: emerging model of care in CA managed Medicaid bypassing the CRT team process resulting in CRT access issues for consumers.

• Awarded Neilsen Foundation grant to develop entry level seating and wheeled mobility (SWM) curriculum for physical therapy and physical therapy assistant programs to increase entry level exposure to SWM content and decrease the variability between academic programs.

• Participated as a committed member to E Clinical Template Initiative with HHS and CMS serve as subject matter expert in activities providing input and comment related to CRT and PMD electronic documentation activities.

• Promoted CRT education, training and awareness: Attended and presented at numerous conferences e.g. APTA Combined Sections Meeting, CELA, ROCH, ISS, NRRTS.

• CRT and Post-Acute Care Reform: Participated and monitored Post-Acute Care Reform initiatives, presented considerations and the role of CRT in Alternative Payment Models to external stakeholder groups (CELA, PACCR, NASL).

• Led APTA & AOTA on CRT Issues

  o CTF members are using the platform of the AOTA to broaden our reach and lead efforts to impact CRT related practice issues. We are implementing a strategy to define SWM professional competencies, ratify the definition of CRT practice, and promote CRT legislative and regulatory activities.

CRT IN 2016

CRT stakeholders including consumers, clinicians, advocates, suppliers, CRT companies and manufacturers continue to team together to carry our message to policy makers and legislators to influence and effect change. Our numbers are small and work load vast. Involvement, whether it be via sweat equity or financial support, is particularly important in 2016 to see our CRT legislation successfully passed into law. Piecemeal solutions and band aid workarounds are simply unsustainable. All hands on deck are needed to ensure consumers retain access to high quality CRT services and devices!

What we have learned: "To succeed, one must be CREATIVE and PERSISTENT," John H. Johnson

The CTF has prioritized our 2016 Strategic Plan (Table 1). We believe the various initiatives we are focused on are critical to protecting and promoting access to CRT at the federal and state level.

The CTF has worked diligently over the past 12 years to keep our expenses to a minimum while accomplishing our strategic priorities. Financial support of our donors is critical to enable the CTF to continue its important work in support of activities aimed at protecting and improving access to CRT for people with disabilities.

Thank you to the CTF donors who continue to support our work! To join our supporters please contact Laura Cohen at the email and phone number below.

SEE CHART ON PAGE 56

CONTACT THE AUTHOR

Laura may be reached at laura@rehabtechconsultants.com.

(CONTINUED ON PAGE 56)

CLINICIAN TASK FORCE 2015 ACCOMPLISHMENTS & 2016 PRIORITIES
(CONTINUED FROM PAGE 55)

OBJECTIVES	IMPACT/SIGNIFICANCE	ACTIVITIES
Passage of CRT Legislation (HR1516, S1013 & HR 3229, S2196)	The independent voice of clinical stakeholders is critical and influential with policy makers to educate and advocate for consumer access to CRT. Continuous targeted CTF member activities are required with professional clinical organizations to obtain formal clinical stakeholder engagement and support.	1. Participate in CRT Steering Committee and Work Groups to facilitate passage and implementation of CRT legislation 2. Mobilize the clinical community to lobby for passage of CRT legislation 3. Build relationships with professional clinical organizations (e.g. AAPMR, APA, AACPDM, ACRM, PACCR, NASL) to inform about CRT issues and advocate for CRT access 4. Mobilize clinicians from diverse settings and locations to engage in CRT advocacy activities
Provide clinical guidance and perspective to regulatory and government agencies and contractors to ensure consumers have continued access to CRT products and services (HHS, CMS, GAO, OIG, DME MAC, State Medicaid Programs)	Clinical expertise is critical in interpreting the evidence, communicating best practice, and describing the clinical and consumer impact of proposed policies.	1. Utilize clinical subject matter expertise of CTF members to develop recommended implementation policies once CRT legislation is passed. 2. Respond to legislative and regulatory issues at the state and federal level that impact consumer access to CRT items and services
Build capacity of clinician workforce to provide skilled CRT clinical services	A critical mass of knowledgeable and skilled clinicians are needed to provide required CRT clinical services in a timely manner and generate adequate and defensible documentation to ensure consumer access to appropriate CRT.	1. Create seating and wheeled mobility training materials for pre and post service clinical training (PT/PTA, OT/OTA, Physician/PA/NP) a. Complete and deploy entry-level wheelchair service training 'plug and play' program for utilization by entry level PT and PTA academic programs. b. Develop dissemination method to reach broadest group of clinicians from diverse settings (e.g. acute care, inpatient rehab, SNF, assistive living, school, veteran's facilities, etc.) c. Develop and disseminate materials for prescribing physicians/PA/NP about DME and CRT policy and documentation requirements d. Submit and present SWM educational presentations at targeted clinical stakeholder professional conferences to reach the "masses" e. Seek external funding to develop a SWM Certificate program to assist practicing clinicians develop SWM expertise 2. Provide support to dedicated SWM clinics to justify existence
Participate in HHS Electronic Standards for Medical Documentation Initiative (esMD)	Standards and interoperability of electronic health records (EHRs) influences requirements for clinical and supplier documentation, transmission, prior authorization, claims processing, payment and pre/post payment review.	1. Continue to track and participate in esMD Standards and Interoperability Framework meetings providing clinical input in development of PMD electronic documentation templates 2. Support collaborative pilot projects with clinical and supplier stakeholder groups

Did you know you can view and read all articles online on any device?

*full articles can be printed, too

DIRECTIONS

VIEW THE ONLINE EDITIONS

WWW.NRRTS.ORG/DIRECTIONS

NEW NRRTS REGISTRANTS

Congratulations to the newest NRRTS Registrants. JAN. 30 THROUGH MARCH 23, 2016.

Christopher Boyd, ATP, RRTS®
Professional Respiratory & Rehab
3 Charter Court
Johnson City, TN 37604
Telephone: 423-282-1801
Fax: 423-282-1799
Registration Date: 2/16/2016

Mark Gil, RRTS®
Superior Mobility
1950 E 220th St, Suite 208
Carson, CA 90810
Telephone: 310-972-1923
Fax: 888-489-7521
Registration Date: 2/29/2016

Jason Smith, ATP, RRTS®
Rehab Medical Inc.
2866 Dauphin St., Ste.D
Mobile, AL 36606
Telephone: 850-530-6480
Fax: 866-701-8351
Registration Date: 3/21/2016

CRTS®

Congratulations to NRRTS Registrants recently awarded the CRTS® credential. A CRTS® receives a lapel pin signifying CRTS® or Certified Rehabilitation Technology Supplier® status and guidelines about the correct use of the credential.

NAMES LISTED ARE FROM NOV. 13, 2015 THROUGH JAN. 28, 2016.

Richard Evan Franklin, ATP, CRTS®
Mobility Central, Inc.
Vestavia Hills, AL

James Hearn, ATP, CRTS®
Broadway Medical Service & Supply
Eureka, CA

Carmelo Markray, ATP, CRTS®
Envision
Chino Hills, CA

FORMER NRRTS REGISTRANTS

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

NAMES INCLUDED ARE FROM JAN. 30 THROUGH MARCH 23, 2016.

For an up-to-date verification on Registrants, visit www.nrrts.org, updated daily.

Shawn Boyt, ATP, Traverse City, MI
Maury W. Cooke, Jr., ATP, Norfolk, VA
Jasmine Libarian, ATP, Pasadena, CA
Randy L. Morris, ATP, Reno, NV
Jamin Sprague, ATP, Anchorage, AK
Brent Zupan, ATP, Madison, MN

CURRENT NRRTS REGISTRANTS

The NRRTS board determined RRTS® and CRTS® should know who has maintained his/her registration in NRRTS, and who has not. The following individuals elected to maintain his/her registration in NRRTS.

NAMES INCLUDED ARE FROM JAN. 30 THROUGH MARCH 23, 2016.

For an up-to-date verification on Registrants, visit www.nrrts.org, updated daily.

Burton B Barmore III, M.D., ATP, CRTS® Augusta GA
Becky Bertoncino, ATP, CRTS® Webb City MO
James Randall Blackwell, ATP, CRTS® Chattanooga TN
Robert C. Bleil, ATP, CRTS® Pittsburgh PA
Josh Burton, ATP, CRTS® Norcross GA
David Butcher, ATP, CRTS® Houston TX
Jorge Cabrera, RRTS® Houston TX
William Cavender, ATP, CRTS® Midland TX
John Kevin Conley, ATP, CRTS® Tifton GA
Roger Dabbs, ATP, CRTS® Baltimore MD
James Dauber, OTR/L, ATP, CRTS® Omaha, NE
Justin M. Decker, ATP, CRTS® Sikeston MO
Peter Eastman, RPTA, ATP/SMS, CRTS® Franklin MA
Michael A. Edney, ATP, CRTS® Asheville NC
Gregory M. Fleming, ATP/SMS, CRTS® Flowood MS
Eric Franco, RRTS® Lubbock TX
Richard Evan Franklin, ATP, CRTS® Vestavia Hills AL
Laura Frey, ATP, CRTS® Tampa FL
Michele A. Froehlich, ATP, CRTS® Grandville MI
Paul Garner, ATP, CRTS® Alexandria VA
Brian Gough, ATP, CRTS® Vicksburg MS
Scott Grant, ATP, RRTS® Dunbar WV
Ken Green, ATP, CRTS® Lexington KY
Mark Grillo, ATP, CRTS® Sacramento CA
Johnothan Grimes, RRTS® Houston MS
Richard Gross, RRTS® Aberdeen SD
David Gurganus, ATP, CRTS® Hattiesburg MS
Chuck Harris, ATP, CRTS® Watkinsville GA
Xavier Harrison, ATP, CRTS® Worcester MA
Moshe Dave Hartman, ATP, CRTS® Lakewood NJ
Ronald D. Hejna, ATP/SMS, CRTS® Sioux Falls SD
Cheryl Henckel, OTR, ATP, CRTS® Green Bay WI
Justin Horn, ATP, CRTS® Springfield MO
Darryl Hosmanek, RRTS® Wauwatosa WI
Wayne M. Jones, RRTS® Jefferson LA
Joseph L. Kelley, ATP, CRTS® Ocean Springs MS
Ray Kent, ATP, CRTS® Fresno CA
Prak Kim, RRTS® Downey CA
Barbara L. King, ATP, CRTS® Little Rock AR
Perry Kohorn, ATP, CRTS® West Allis WI
Sarah Kubal, ATP, CRTS® Brooklynn Park MN
James Z. Leddy, RRTS® Abilene TX
Kenneth Livengood, ATP, RRTS® Springfield IL
Justin Look, ATP, CRTS® Bismark ND
Butley J. Mahler, Jr., ATP, CRTS® Baton Rouge LA
Randy Malcolm, ATP, CRTS® Troy MI
Leigh Ann Matthews, ATP, CRTS® Ft. Payne AL
Rick L. Mayes, ATP, CRTS® Evansville IN
Christopher P. McNulty, ATP, CRTS® Troy MI
Brian Metz, ATP, CRTS® Phoenix AZ
Derek Miller, ATP, CRTS® Chattanooga TN
Gregory Allan Moorhouse, ATP, CRTS® Flint MI
David T. Murray, ATP, CRTS® Pleasant Valley NY
Roxann Nasello, ATP, CRTS® Tulare CA
Dan Nederhood, ATP, CRTS® Grandville MI
Charles Edward Nichols, ATP, CRTS® Norcross GA
Dena Paxton, ATP, CRTS® Dunbar WV
Brian Peacock, ATP, CRTS® Waco TX
Brian Perkowski, PT, ATP, CRTS® Wall Township NJ
Michael Pisano, ATP, CRTS® New Port Richey FL
Mike Pitifer, Jr., ATP, CRTS® Lubbock TX
Dennis Ponczek, ATP, CRTS® Broadview IL
Sergio Ribeiro, PTA, ATP, CRTS® Plainview NY
Kenneth G. Riffel, ATP, CRTS® Temple TX
Jim Royan, RRTS® Fresno CA
Omar Rozo, RRTS® Pembroke Park FL
Eugene Salisbury, PTA, ATP, CRTS® Madison WI
Christopher Savoie, ATP/SMS, CRTS® Ann Arbor MI
Chad Schaffranek, ATP, CRTS® Ebensburg PA
Kurtis L. Schmidt, ATP, CRTS® Bismarck ND
Dewey L. Seagraves, ATP, CRTS® Athens GA
Brian McKenzie Shoemaker, ATP, CRTS® Laurel MS
David J. Simpson, ATP, CRTS® South Burlington VT
George Blaine Singleton, ATP, CRTS® Asheville NC
Daniel L Stephens IV, RRTS® Colton CA
Brian Thomas, ATP, CRTS® FLowood MS
Gerald Tisdale, RRTS® Saint Petersburg FL
Leslie Benjamin Todd, ATP/SMS, CRTS® Apex NC
Faith Uzebu, RRTS® Fayetteville GA
Randall D. White, ATP, CRTS® Oklahoma City OK
Pam Yates, ATP, CRTS® Chadron NE
John P. Zambotti, ATP, CRTS® Tarentum PA
Frank T. Zugovitz, ATP, CRTS® San Diego CA

FRIENDS OF NRRTS [FONS]

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

CHARTER CFONS

FREEDOM — Our kids are our passion.™
INVACARE — Yes, you can.
THE MEDGROUP — Connecting Partners, *Delivering Results*™
MK POWERED
NSM National Seating & Mobility
permobil
R82
ROHO
SUNRISE MEDICAL
U.S. REHAB®

CFONS

AEL
alber
Bodypoint®
Columbia MEDICAL — Solutions for Daily Living
COMFORT COMPANY
Convaid — ADVANCED SEATING & MOBILITY
EasyStand
Ki Mobility — Better by Design
METALCRAFT
Motion Concepts
numotion — Mobility starts here.
ottobock
Prairie Seating Corporation — Custom Contoured Cushions
PRIME ENGINEERING
PRM — THE POWER OF PRECISION
QUANTUM
Ride Designs
rifton — Products for life from people who care.™
Stealth Products
Therafin Corporation
Thomashilfen — North America
Ti
VARILITE

AFONS

Big Sky AMES
Children's
GAMES — Georgia Association of Medical Equipment Services
Midwest Association for Medical Equipment Services
NCART
NEMED
RESNA
TMEC
users FIRST
UCP Wheels for Humanity


permobil
THE POWER OF MOBILITY™
CLOSER TO THE ACTION
COME
THE F5 CORPUS®
FEATURING A/P TILT
Experience it at permobil.com
Jen Goodwin
Permobil user since 2013
See More
Anterior tilt must be clinically recommended by a licensed professional. Additional support features such as knee blocks and chest straps may need to be prescribed.

[NRRTS]

The National Registry of Rehabilitation Technology Suppliers

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

P > 800.976.7787 or 806.702.8265
F > 888.251.3234

www.nrrts.org

Smart Check™ by ROHO® Means *Confidence* For You and Your Clients.

We listened to what you wanted in the next generation of ROHO cushions, and developed **Smart Check** for maximum skin and soft tissue protection!

With Smart Check, clinicians set and save their recommended inflation setting for their clients' needs. Then clients check their cushion — whenever, where ever and as often as they like.

By recommending ROHO cushions with Smart Check, you'll have the confidence that your clients are following your treatment directions and getting the very most from their ROHO cushion.

Smart Check™ by ROHO®

CONFIDENCE, INDEPENDENCE & PEACE OF MIND:

89% of Smart Check users report they were more confident using their ROHO cushion with the addition of Smart Check.

A ROHO Cushion is so easy to set up with Smart Check, that **93%** of users successfully set up and maintain their cushion without clinical assistance.

88% said they trusted Smart Check to set them at the correct inflation level.

93% of Smart Check users report that they check their cushion more frequently now because checks are so much easier.

Contact ROHO today for more information on Smart Check

800-851-3449 | roho.com/smartcheck