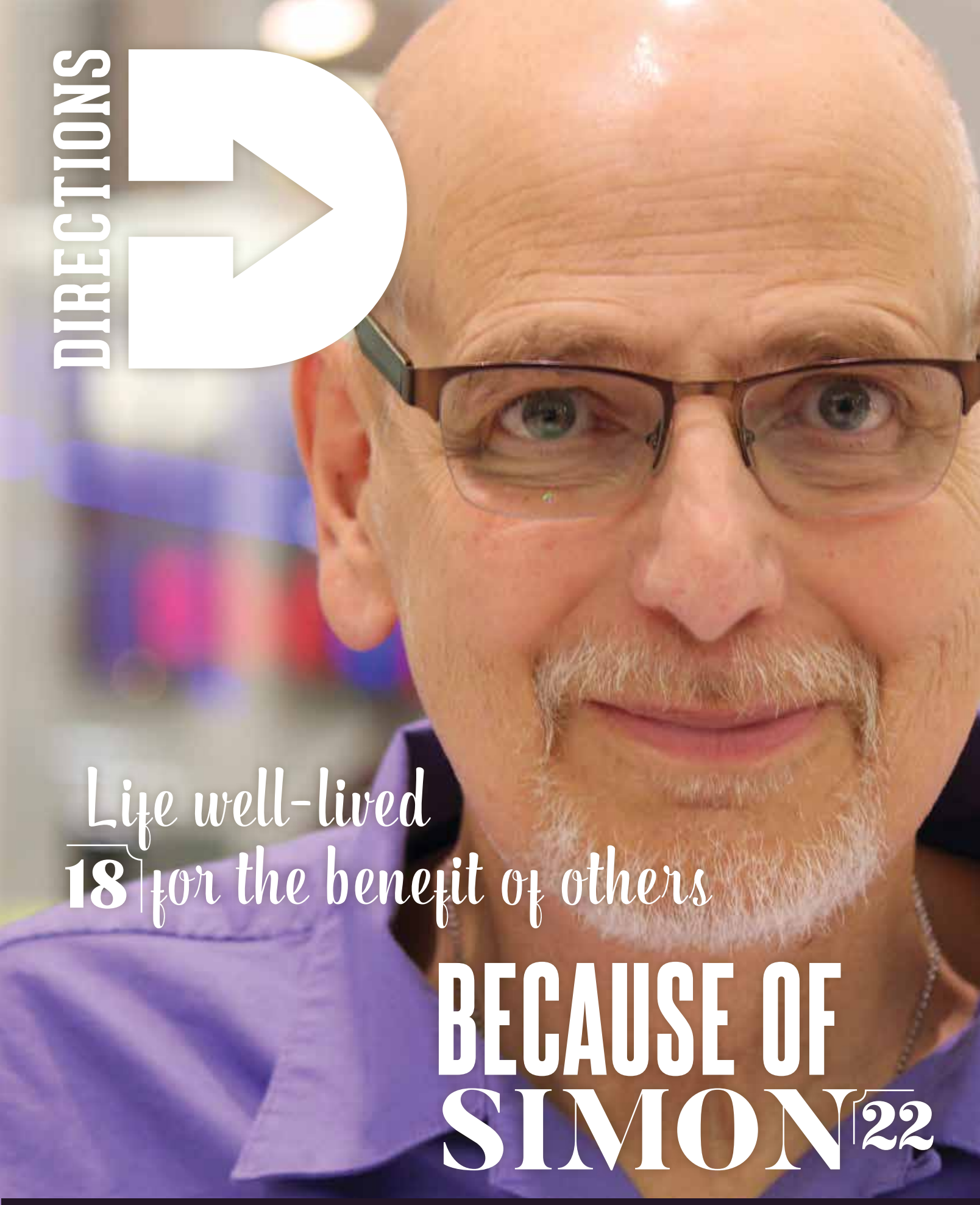

DIRECTIONS

Life well-lived for the benefit of others

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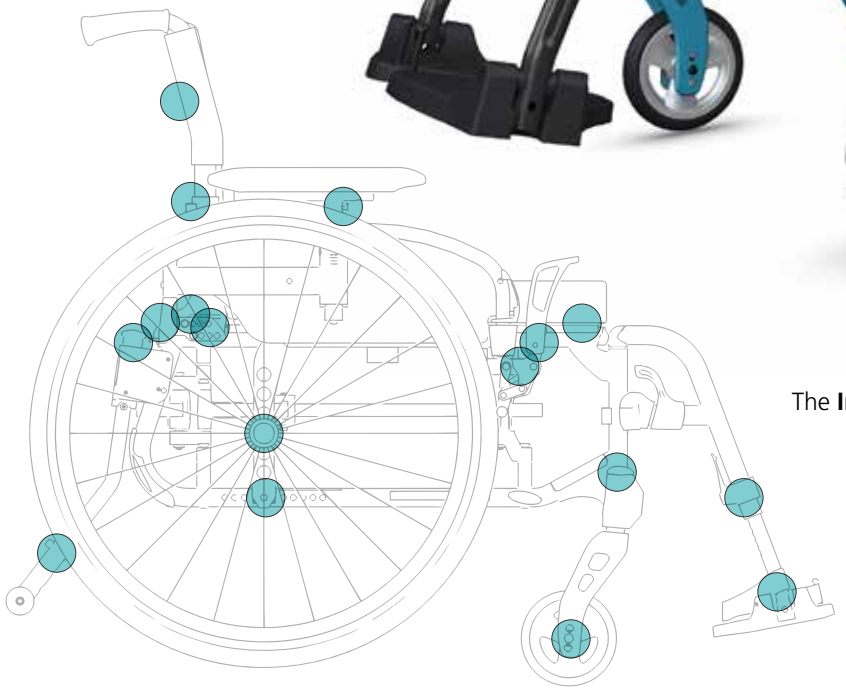

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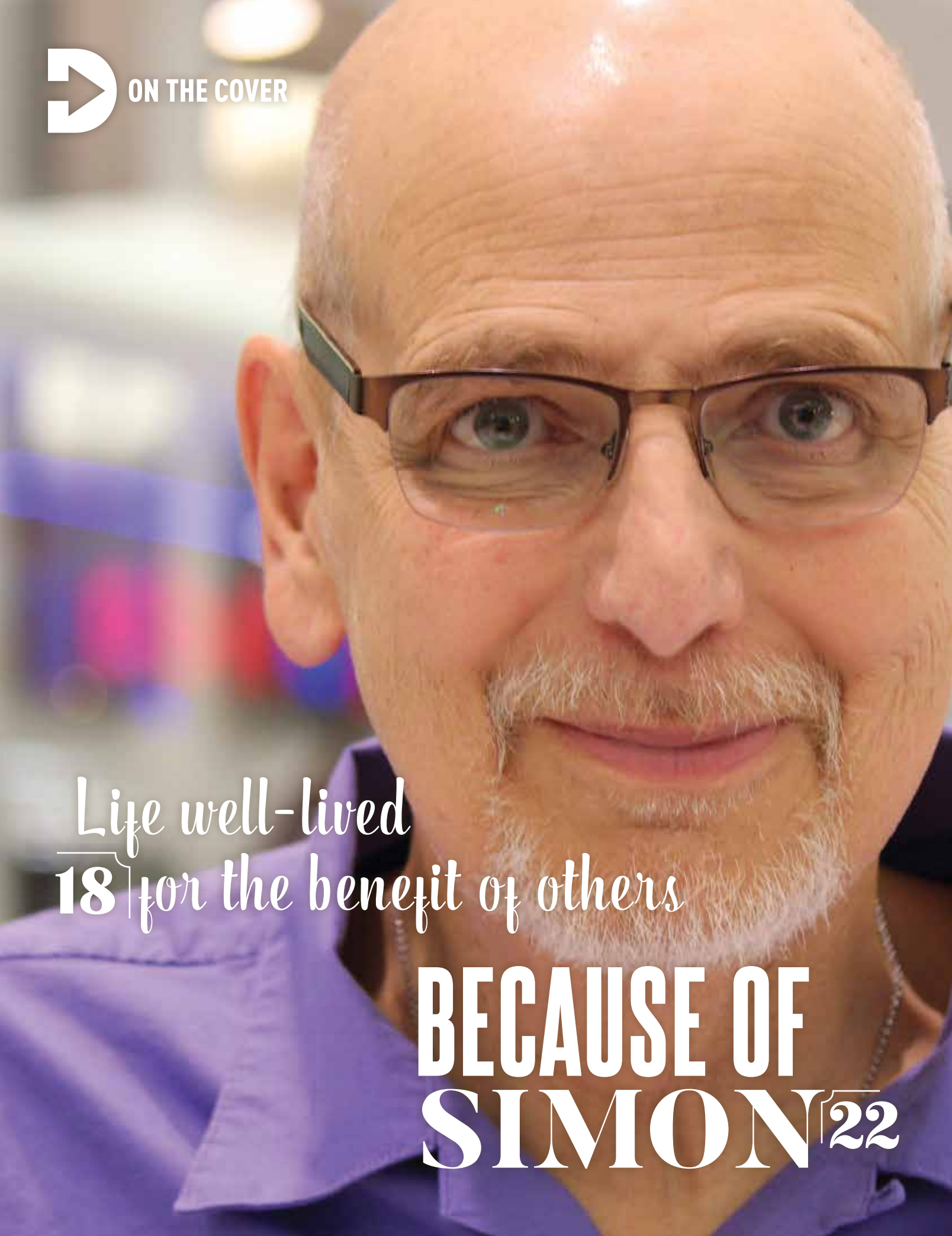

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NRRTS CONTINUING EDUCATION PROGRAM: WORTH THE INVESTMENT

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TUESDAY, OCTOBER 18, 2016 | 7PM - 8PM (ET)

Positioning the Head

BARBARA CRUME, PT, ATP, C/NDT

Determining an optimal support system to allow a person's head to be stable and functional is often one of the most difficult challenges for both clinicians and suppliers. This webinar will provide a brief overview of the key considerations for setting up the wheelchair frame and seating system to facilitate head control. Several case studies, including children and adults, will illustrate a variety of seating strategies for complex clients who require custom seating to maximize orientation of their head. A variety of product solutions will be included and a few of the case studies will include the effect of positioning over time.

Barbara Crume, PT, ATP, C/NDT, earned her Bachelor of Science in Physical Therapy from the Medical University of South Carolina in 1982. She became certified in Pediatric Neuro-Developmental Treatment in 1988 and RESNA certified as an Assistive Technology Professional in 1997. She has been employed with CarePartners Health Services in Asheville, North Carolina, since 1985. Crume has more than 30 years of experience providing evaluations, fittings and training for clients of all ages and all diagnoses to obtain manual and power wheelchairs with custom seating. She works closely with a variety of suppliers and consults with manufacturers on product development. She has presented courses at Medtrade, International Seating Symposium, RESNA Annual Conferences and APTA's Combined Section Meeting, in addition to teaching webinars for NRRTS. She is an active member of the Coalition to Modernize Medicare Coverage of Mobility Products Clinician Task Force.

THURSDAY, OCTOBER 20, 2016 | 7PM - 8PM (ET)

Seating Clients with Muscle Weakness: A series of Case Studies

SHARON SUTHERLAND, PT

Sitting is indeed a lot of work! My job, I believe, is to take the work out of sitting for my clients. Imagine now – sitting with muscle weakness. The workload just went up. Using case stories, this webinar will take us on a journey of exploring possibilities when we are seeking solutions for client's with muscle weakness. Each case story will present an introduction to the client, identify why we are seeing this person, identify and describe how the person presents in their existing equipment, summarize findings from the supine and sitting evaluation, discuss the findings in the language of "what does this mean to the clients sitting potential," and discuss two possible overall seating solutions.

Seating Solutions LLC offers a wide array of clinical rehab services as well as clinical education in the field of complex rehab, seating and mobility. Sutherland has specialized in the field of seating, positioning and mobility for the past 27 years. Graduating from Trinity College, Dublin, Ireland, as a physical therapist, Sutherland has experienced many aspects of the seating and mobility service delivery model. She offers clinical consultation to clients, clinicians and manufacturers worldwide. She has given more than 800 presentations on seating and mobility to audiences worldwide including physical and occupational therapists, engineers, physicians, attorneys, nurses and case managers. Known to many as a dynamic and highly energetic speaker, Sutherland's extensive knowledge and experience makes her a very skilled clinician and instructor.

TUESDAY, NOVEMBER 8, 2016 | 7PM - 8PM (ET)

Wheelchair Service Delivery Guide

CARMEN P. DIGIOVINE, PHD ATP/SMS RET

The RESNA Wheelchair Service Provision Guide (the Guide) was approved by the RESNA Board of Directors in 2011. The Guide describes the wheelchair service delivery process and places a focus on the individual who use a wheelchair. Funding sources are shifting from payment based on time and processes to payment based on outcomes and consumer satisfaction. The Guide provides a process for implementing best practices, thereby maximizing the likelihood of consumer satisfaction and successful outcomes. The purpose of this presentation is to describe the Guide, identify literature that supports the process and provide a case study.

DiGiovine is a rehabilitation engineer and program director for the Assistive Technology Center at The Ohio State University Wexner Medical Center. He is also a clinical associate professor in the Occupational Therapy Division and the Biomedical Engineering Department at The Ohio State University. His areas of interest include assistive technology, rehabilitation engineering, evidence-based practice, clinical guideline development and technology commercialization. He has more than 17 years of experience in the fields of assistive technology and rehabilitation engineering and is an active member of RESNA.

THURSDAY, NOVEMBER 10, 2016 | 7PM - 8PM (ET)

Seating Clients with High Tone: A Series of Case Studies

DELIA "DEE DEE" FRENEY, OTR/L, ATP

Wheelchair seating and positioning is challenging when working with clients who have high tone with spasticity and dystonia. This webinar will define high tone, and case studies will be presented to demonstrate these challenges. Many diagnoses such as cerebral palsy, multiple sclerosis, traumatic brain injury and spinal cord injury present with high tone that can compromise functional seating. Some severe involved clients may require medical interventions when the client has maximized the benefit of any wheelchair seating.

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 therapist 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, spinal cord injury, multiple sclerosis, muscular dystrophy and amyotrophic lateral sclerosis. Her primary interest has been as a pediatric therapist but presently her primary population consists of adults, frail elderly, geriatrics and bariatrics.

She has been a provider and a consultant developing clinical case studies for manufacturers as well as assisting with product development. Freney presented for many conferences such as the International Seating Symposium, European Seating Symposium, Canadian Seating and Mobility Conference and RESNA. Freney has been a team member and team leader for distributions with Wheels for Humanity. In 2005, she received the UCP Wheels for Humanity Volunteer of the Year award.

TUESDAY, DECEMBER 6, 2016 | 7PM - 8PM (ET)

Power Mobility – Interfacing Speech Generating Devices

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

A wide variety of assistive technology devices can be interfaced to power wheelchairs with complex rehab electronics. Interfacing streamlines access methods so that one access method can control more than one device, including speech generating devices, computers and electronic aids to daily living. For persons with limited access, interfacing can greatly increase independent control. This course will systematically explore how and when to interface assistive technology, specifically speech generating devices.

Lange is an occupational therapist with more than 25 years of experience and former clinical director of The Assistive Technology Clinics of The Children's Hospital of Denver. She is a well-respected lecturer, both nationally and internationally, and has authored six book chapters and nearly 200 articles. She is the editor of Fundamentals in Assistive Technology, 4th Ed. and clinical editor of NRRTS DIRECTIONS. Lange is on the teaching faculty of RESNA, a member of the Clinician Task Force and a Senior Disability Analyst of the ABDA.

THURSDAY, DECEMBER 8, 2016 | 7PM - 8PM (ET)

Duel Diagnoses: The Challenge and Opportunities of the Complex Client

ANDRINA SABET, PT, ATP

Assistive technology plays a critical role in the lives of clients with duel diagnoses. Mobility and seating choices for these individuals are typically complex. For example, individuals with spinal cord injury and traumatic brain injury or with cerebral palsy and autism present with a range of complexities that are greater than the sum of the individual diagnoses. These challenges present opportunities for creative problem solving that can truly elevate quality of life. This webinar will look beyond the diagnoses to create successful functional outcomes for these unique individuals and their families.

Sabet is a physical therapist at Cleveland Clinic Children's Hospital for Rehabilitation in Cleveland, Ohio. Her clinical practice includes infants in the NICU and toddlers through young adults in the Seating and Mobility Clinic. Sabet was a coauthor on the RESNA Position Paper for Pediatric Power Wheelchairs and is active within RESNA as chair of the Wheeled Mobility SIG. She has presented locally and nationally on positioning and mobility and frequently collaborates with manufacturers regarding product development.

TO REGISTER, VISIT www.nrrts.org/webinars

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DAVID ALLGOOD

Allgood is a consumer advocate from Louisville, Kentucky. SEE PAGE 14

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 62

MIKE 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

GINA BERTOCCI, PHD, PE

Bertocci is a professor in bioengineering and Endowed Chair of Biomechanics at the University of Louisville. She has conducted research in the field of wheelchair transportation safety for nearly 20 years and was previously the director of the RERC on Wheelchair Transportation Safety. SEE PAGE 48 & 54

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 graudated from Brandeis University and received her Master of Public Administration from American University. SEE PAGE 60

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 42

PATRICIA KARG, MSE

Karg is an assistant professor in the Department of Rehabilitation Science and Technology at the University of Pittsburgh. She has more than 20 years of experience in wheelchair transportation safety research, technology, standards development and education. SEE PAGE 48 & 54

ANGIE KIGER, M.ED., CTRS, ATP/SMS

Kiger is the marketing channel and education manager for Sunrise Medical. She is also a Friend of NRRTS. SEE PAGE 38

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 clinical editor for DIRECTIONS. SEE PAGE 46

RICK WEDDLE, ATP, CRTS®

Weddle is NRRTS Registrant from Kettering, Ohio. SEE PAGE 34

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FROM THE NRRTS OFFICE

VISIONARY

WRITTEN BY: MIKE BARNER

Adjective

1 (Especially of a person) thinking about or planning the future with imagination or wisdom:

'a visionary leader'

Visionary is a word naming an attribute that someone may possess, as defined above having the ability to think about or plan the future with imagination and wisdom. I can't think of a better way to describe our recently passed comrade Simon A. Margolis than as a visionary leader. Shalom, my friend.

I really have to reach back into the memory banks to recall the first time I ever met Margolis. I believe it was just before NRRTS began at a Medtrade conference in '90 or '91. He presented a session about the newly emerging industry of custom wheelchairs. I don't know if we were even referring to it as rehab at that time, but certainly not Complex Rehabilitation Technology (CRT) as we refer to it today. But Margolis was a visionary, and he saw something at that time no one else, or at least very few, could envision about this industry.

He believed this part of the DME industry was unique and required a specific set of knowledge, skills, talent and dedication to be administered correctly, and those willing to venture into this area should be recognized for that knowledge, skill, talent and dedication. His call was to those who could appreciate not only what it took to properly administer CRT, but also catch the vision of creating a profession that would require you, as an individual, to hone your skills and operate in a certain manner that would be guided by ethics and standards of practice – a Certified Rehabilitation Technology Supplier® (CRTS®).

As a young man 25 or so years ago trying to understand what I wanted to be, I was in with Margolis' eloquent way of describing his vision of this emerging industry and what a CRTS® should be and how different it was than DME, I wanted to be a part of that. At that time, I had just become a new branch manager at Abbey Home Healthcare, and it wasn't until sometime around 1995 that I left the management arena and went into CRT full time. I had never forgot that speech and applied to become a Registrant of NRRTS. And as they say, the rest is history.

I wonder if Margolis even really knew in the late '80s and early '90s the impact he was having on an industry and hundreds of individuals like me who followed in his footsteps. Because of that vision Margolis implanted in my brain, I was able to start a CRT business for Abbey and then Apria that covered the entire state of Michigan. And after several years, it led me to where I am now at the University of Michigan Health System working with some of the top CRT providers in our industry. It still amazes me to this day, and it all started with the vision Margolis spoke about.

And the industry – we are clearly recognized in the health care industry as a critical part of the health care continuum. We have certification on multiple levels for our providers, different bills currently in Congress, one of which further defines what CRT is and what it will be, and we also have CRT specific continuing education offered by multiple organizations including NRRTS. Most recently, and another one of Margolis' visions, NRRTS has received its IACET certification which allows us to continue to provide industry leading continuing education not only for the NRRTS Registrants at no cost, but Friends of NRRTS for a discounted cost and actually anyone who would like to hone their skills and receive CEUs.

I wonder if Simon truly saw how far reaching his vision would go. Knowing him as I did, I'll bet he saw it even further than it is now. In fact, I know he did. We had discussed at previous board retreats how he felt the CRTS® should be paid for his/her time just as any other clinician is. He also felt we as an industry should be moving toward a degreed curriculum specifically for CRT. He deeply wanted the CRT Industry to continue to improve and raise the bar on all levels of our practice and profession.

With all of that, I most fondly remember Simon from the board retreats and his amazing way he could keep a motley crew focused, entertained, cause us to think way beyond our capabilities, engage each other in a way that has caused lifelong friendships, and actually get some incredibly important work done.

Along with that, I would have to say I truly could listen to Margolis lecture about anything all the while knowing he would engage me, cause me to empathize, challenge me and of course totally piss me off, only to bring me back around to a level of understanding that no one else in my career has ever been able to do. He was the man, friend, leader, and a great visionary.

If you never had the privilege of hearing Margolis present, please follow this link to Margolis' keynote at ISS 2015 provided the University of Pittsburgh. It is well worth the time. http://bit.ly/2cW3xPs

Shalom, my friend. You will be missed! Until we meet again.

Mike B.

The following is the Mourners' Kaddish,

The Kaddish prayer is mostly Aramaic, not Hebrew, but the alphabet is the same. There are several forms of the Kaddish prayer recited at different times during religious services. This one is reserved specifically for mourners and is recited daily for 11 months after a parent's death, then annually on the anniversary of the parent's death on the Hebrew calendar.

Translation:

Glorified and sanctified be God's great name throughout the world which He has created according to His will.

May He establish His kingdom in your lifetime and during your days, and within the life of the entire House of Israel, speedily and soon; and say, Amen.

May His great name be blessed forever and to all eternity.

Blessed and praised, glorified and exalted, extolled and honored, adored and lauded be the name of the Holy One, blessed be He, beyond all the blessings and hymns, praises and consolations that are ever spoken in the world; and say, Amen.

May there be abundant peace from heaven and life for us and for all Isreal; and say, Amen.

He who creates peace in His celestial heights, may He create peace for us and for all Israel; and say, Amen.

CONTACT

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

DON'T LET THAT WHEELCHAIR STOP YOU!

WRITTEN BY: ROSA WALSTON LATIMER

"I want people with disabilities to be at the table to share their opinions and make sure that services provided to us have our perspective." These are words that David Allgood lives every day in his role as director of advocacy at the Center for Accessible Living in Louisville, Kentucky.

Allgood believes the single most important act of advocacy is something everyone can do. "People with disabilities are the largest minority in the country, and the most powerful thing we have is the power to vote." He believes that "if people with disabilities would become educated on issues that affect them and cast their vote, we could become the most powerful minority. But if we refuse to do this, we'll get the benefits and services that others hand us."

Allgood encourages those with disabilities, as well as their family and friends, to make it a priority to register to vote and learn how candidates stand on issues that could affect their lives. "If you don't have accessible transportation, take advantage of absentee voting. There's really no excuse not to cast your vote."

The biggest challenge in getting others with disabilities involved in advocacy efforts may be that they would rather avoid activities that draw attention, and Allgood understands this. "As someone with a disability I already felt that I stood out as being different, so I didn't want to draw attention to make people look at me more," he explained. Although it wasn't always easy, Allgood has certainly gotten past this feeling and strives to recruit others with disabilities to realize how important their voice is, even if it might bring unwelcome attention.

"I SAW THE POSSIBILITIES OF THINGS THAT I COULD DO AND HOW TO DO THEM THROUGH THE EXPERIENCES OF THESE OTHER STUDENTS. I REALIZED I HAD RIGHTS AS A PERSON WITH DISABILITIES."

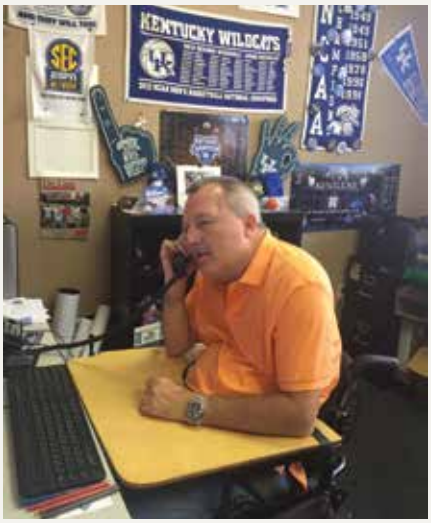
When Allgood was 16 years old, he was paralyzed after an accident and spent two months in a halo at a rehab hospital. After schooling at home for a time he eventually returned to high school. "I went back to high school in a wheelchair. Going back to a place where I was once an athlete was difficult … quite a change for me. Fortunately, I had an incredibly supportive family who helped me tremendously, or I wouldn't be where I am today," Allgood said. "My sister actually quit college for a while and came back to Louisville to help with my care. My two brothers were critical in my recovery and subsequent success."

Allgood's father and step-mother also provided steadfast support. "My father was a bedrock for me. After my injury I became an introvert and pretty much sat in our basement for several months," Allgood said. "My father had a talk with me one day and told me that he knew things were tough, but it was time for me to move on. He told me that things had changed, but I was going to be able to do the things I wanted to do but in a different way." his father finished by assuring him one thing that would never change is that his family would always be there to do whatever they needed to do. "He put a fire under me," Allgood said. "His words made me get out and try to be an average high school student."

David Allgood enjoys waterfront park, where numerous free concerts and festivals take place.

Allgood's friends who were with him the night of his accident continue to be supportive today. "When we were still in school they would put me in a car and take me places. They helped me do things like other high school students."

Another pivotal connection that provided needed support for Allgood was the Office of Vocational Rehabilitation in Kentucky. "They have a great program to assist people with disabilities to gain or return to employment," Allgood said. "My goal after high school was to get a degree, and with the help of this organization I received tuition and attendant care, as well as room and board.



Leaving a message for a state representative


Heading across the river on our pedestrian bridge for a concert.


David and Lisa, his wife, in Washington, D.C., for an advocacy conference.

They also paid for the modification of a van that I purchased so I could drive. Actually, I am now on my third adapted van."

When Allgood went to the University of Kentucky he transitioned from being in a high school with two students with disabilities to living with 12 others with disabilities, 10 of whom were wheelchair users. "I saw the possibilities of things that I could do and how to do them through the experiences of these other students. I realized I had rights as a person with disabilities." The seeds of advocacy began to develop.

Allgood began working with the Center for Accessible Living 19 years ago as a board member and soon transitioned into a part-time job that eventually led to full-time employment. One of his early responsibilities was working with the center's Rampbuilders program providing custom-designed home access ramps and railings to persons with disabilities. Whenever possible the ramps are provided at no cost to the recipient, allowing safe transitioning in and out of their homes. Allgood also worked in employment services before becoming Director of Advocacy.

"In this job I spend a lot of time advocating for individuals with disabilities," Allgood said. "I also help resolve complaints from those who have been discriminated against because of their disabilities."

Allgood is also often at the Kentucky state capitol talking to legislators. "Working for decisions and laws that will be beneficial to people with disabilities and also fighting against legislation that might have a negative effect is very important," Allgood said.

(CONTINUED ON PAGE 16)


David and wife, Lisa, taking a boat trip in Key West.

"IF YOU DON'T HAVE ACCESSIBLE TRANSPORTATION, TAKE ADVANTAGE OF ABSENTEE VOTING. THERE'S REALLY NO EXCUSE NOT TO CAST YOUR VOTE."

Heading out to the state capital

Using newly installed crosswalk

Checking out the curb ramp

Examining a pedestrian bridge at a local park

DON'T LET THAT WHEELCHAIR STOP YOU!
(CONTINUED FROM PAGE 15)

Allgood's credentials as an advocate are impressive. He graduated from the University of Kentucky with a master's degree in Vocational Rehabilitation Counseling. He has been appointed by the Governor of Kentucky to the Hart-State Supported Living Board (Chair) and KYNECT. Allgood also serves on the board of the Kentucky Spinal Cord and Head Injury Trust Fund.

"In Kentucky a portion of everyone's speeding ticket fine goes back into a large pot and this trust fund allocates between the University of Louisville and the University of Kentucky to help fund spinal cord and head injury research," he explained.

Allgood has also served on the statewide advisory council for Vocational Rehabilitation and the Commonwealth Council on Developmental Disabilities. In Louisville, Allgood was appointed by the mayor to serve on the Citizens Commission on Police Accountability and the Metro Human Relations Disability Advisory Committee. "My focus is on helping people with disabilities and my involvement with these organizations can help impact their lives in a positive way. However, in my vision we all benefit from good health care and affordable, accessible transportation. For example, many of these issues benefit both the disabled and the elderly."

Although Allgood is a strong, effective advocate he is very aware that many others must get involved. "If we want to change and improve the quality of life for people with disabilities, we can't expect to sit back and let it be done for us," he said. "There is no better voice to start the process of change than those individuals who are directly impacted and live with it every day. I've learned that our elected officials want to hear from their constituents – both positive and negative. It is up to us to make our voices heard."

Allgood encourages individuals with disabilities to contact legislators and establish a relationship. "Email is a very effective way to present your experiences and opinions relating to the work elected officials do," he said. "Be professional and authentic. When the lawmakers and their staffs get to know you and realize you are a reliable source they can trust, they actually begin to ask your opinion. They have hundreds of bills to consider and often need help understanding the issues."

Allgood has experienced this firsthand and knows it can make a difference in the way legislators vote. He encourages people with disabilities to attend local town hall meetings and meet their elected officials there. "These personal connections are very important." Allgood also emphasized the importance of thanking legislators who are helpful. "A written 'thank you' is best but even a sincere telephone message is appropriate."

Being an active volunteer is another type of effective advocacy that Allgood endorses. "There are many opportunities to help others with disabilities even if you are disabled. I often go to the local rehab

David and Lisa, his wife, at a WHO concert.

hospital and talk to newly injured patients about community-based services available to them," he said. "I remember how much I learned from other wheelchair users when I first started college and try to do that for others. Hopefully realizing that there are many things you can do – even travel – if you don't let that wheelchair stop you.

"With my wonderful wife of 15 years, I've had the opportunity to travel extensively, and I love to travel! I'm incredibly lucky to have Lisa to share these experiences," he said. "We've enjoyed cruises and have traveled to Key West, as well as 15 other states. We've learned how to rent accessible vans although it isn't good that they cost more than other vehicles." They also enjoy festivals, music events and trying new restaurants.

"When I was lying in bed after my accident if you had told me I would go to college, drive, get married, build my own home, work full time and be able to do all the things I can do, I would have said you were crazy," Allgood said with a chuckle. However, not only has he accomplished all of these things, Allgood also is devoting his life's work to helping others with disabilities reach their goals and realize their dreams can come true.

CONTACT

David may be reached at dallgood@calky.org.

Life well-lived for the benefit of others

BY DANETTE BAKER

"Family. Integrity. Passion — without these life doesn't amount to a hill of beans."

That was the summation Simon Margolis gave in a 2013 DIRECTIONS interview of all that's important in life.

Simple words lived boldly.

Margolis was a visionary who refused to stand on the sidelines waiting for someone else to take the lead. As such, he left an indelible mark on his profession. Margolis was the one, said Hymie Pogir, who changed the industry's self-perception from one that "sold wheelchairs" to one that "helped people who have mobility issues become independent.

"His entire being was about the mobility issue, and his work made a huge difference," said Pogir, product manager for Permobil. "Our profession would have been chaotic, disrespected and professional identity for the supplier would not exist if not for the standards and code of ethics he created through NRRTS."

After seven years of leading NRRTS as executive director, Margolis retired in August 2013, a premature exit due to health issues. He not only established NRRTS and NCART, two of the industry's leading organizations, Margolis also served key leadership roles in each, as well as in RESNA, bringing a level of professionalism and respect to an industry whose image had become tarnished by those only looking to turn a dime.

"With NRRTS, what Simon really did was level the playing field for everyone," said Pogir. He along with a handful of others in the industry, including Adrienne Bergen and Tom O'Donnell, met at Margolis' request in the late 1980s during an early Medtrade event in Atlanta, Georgia. "Simon could see what the future of our profession was becoming and had the foresight to realize something had to change."

Margolis also gave individuals with disabilities a face and a voice by personally introducing them to lawmakers through CELA's annual visits to Washington, D.C.

However, you didn't have to spend a lot of time with Margolis to realize who truly had his heart. "His No. 1 role was as Marcia's husband

(CONTINUED ON PAGE 20)

and Erica's father," said Amy Odom, director of marketing and operations for NRRTS. "When you were around them, they were their own little circle, but they would willingly welcome you into it."

Margolis often credited his wife and daughter for his success, as evidenced most recently by his presentation at the 2015 International Seating Symposium, which he billed as "presented by Marcia's Husband and Erica's Father."

That was just another example of how important family was to Margolis, said Mark Schmeler, assistant professor and director of the Continuing Education Program in the Department of Rehabilitation Science and Technology at the University of Pittsburgh. "In fact, I can't ever remember a time that I spoke to Simon that he didn't start a conversation by asking about my own children. Family, to him, was life."

Margolis also considered those in the rehab industry as his extended family taking many, including Schmeler, under his wing. "Simon's legacy, from my perspective, was his mentorship."

The two met in the mid-1990s when Margolis worked for Ottobock, Schmeler said. "They had just released the cloud cushion, which was revolutionary, and I had just started doing clinical seating and positioning. I was overwhelmed and impressed that he would come and spend time and work with us in the clinic."

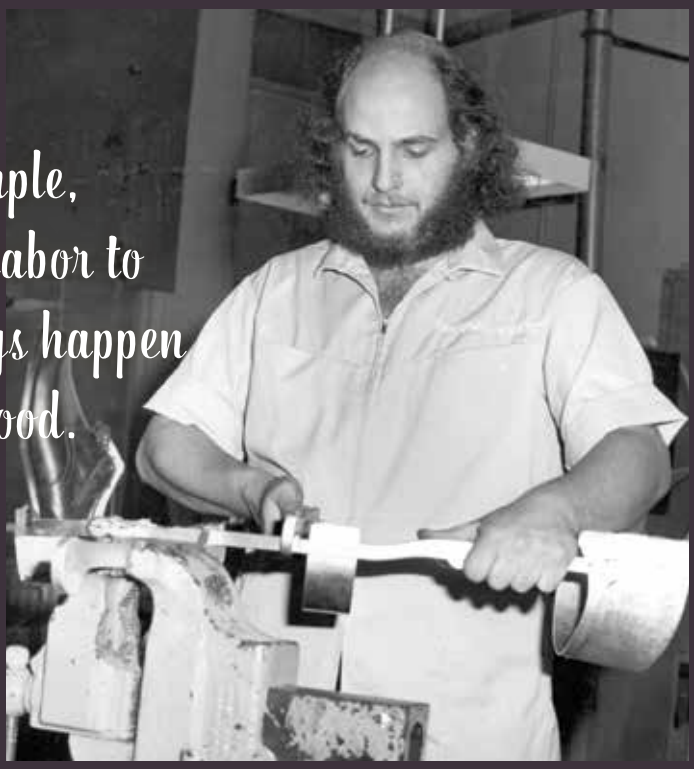
They later collaborated on continuing education for ATP professionals and introduced outcomes to the complex rehab industry.

"Probably the greatest lesson he taught me was to recognize there is a time to let nature take its course and a time to push the needle," Schmeler said.

Margolis' own journey in the rehabilitation technology industry began in the early 1970s, and was influenced by his mother's use of a prosthesis and then a wheelchair after losing her lower leg to an infection and complications from diabetes. He earned a degree in political science, which led to a five-year career as a taxi cab driver in his hometown of New York, before enrolling in the prosthetics post-graduate program at New York University Medical School. His work in orthotics and prosthetics eventually led to Margolis' career as an assistive technology professional, an industry leader and a change agent.

Passionate is how Weesie Walker recalls her first impression of Margolis. They met at one of the early seating symposiums held in Memphis, Tennessee. "His excitement and enthusiasm was contagious," said Walker, NRRTS executive director, about Margolis' concept of a professional organization to identify qualified individuals in seating and mobility.

Leading by example, he did the hard labor to make great things happen for the greater good.



"From that day forward, Simon became a mentor to me," Walker said. "Although I had no idea of how far reaching his vision was, I was a willing participant. Over the years, his roles at RESNA, National Seating and Mobility, and NRRTS, he guided us and pushed us to be the best we could be."

And his passion never waned. Margolis told the 2013 ISS audience, "There is no charity for what you get paid to do. Instead, spend your time, efforts and resources to be an agent for change."

Leading by example, he did the hard labor to make great things happen for the greater good.

"Simon was the one who came up with the idea to 'raise the bar' on the NRRTS webinar series and then asked me to coordinate those efforts," said Michelle L. Lange, OTR/L, ABDA, ATP/SMS, owner of Access to Independence Inc. "He chose to again 'raise the bar' on NRRTS DIRECTIONS magazine and the next thing I knew, I was editing clinical articles."

Margolis had the insight, Pogir said, NRRTS had to be a "living, breathing organization."

"If we could have gotten into his head, I think he knew all along that meant to compete and provide value to compete with other professions we had to keep upping the game. We all knew it, but Simon was the one willing to step forward and say we can make this happen."

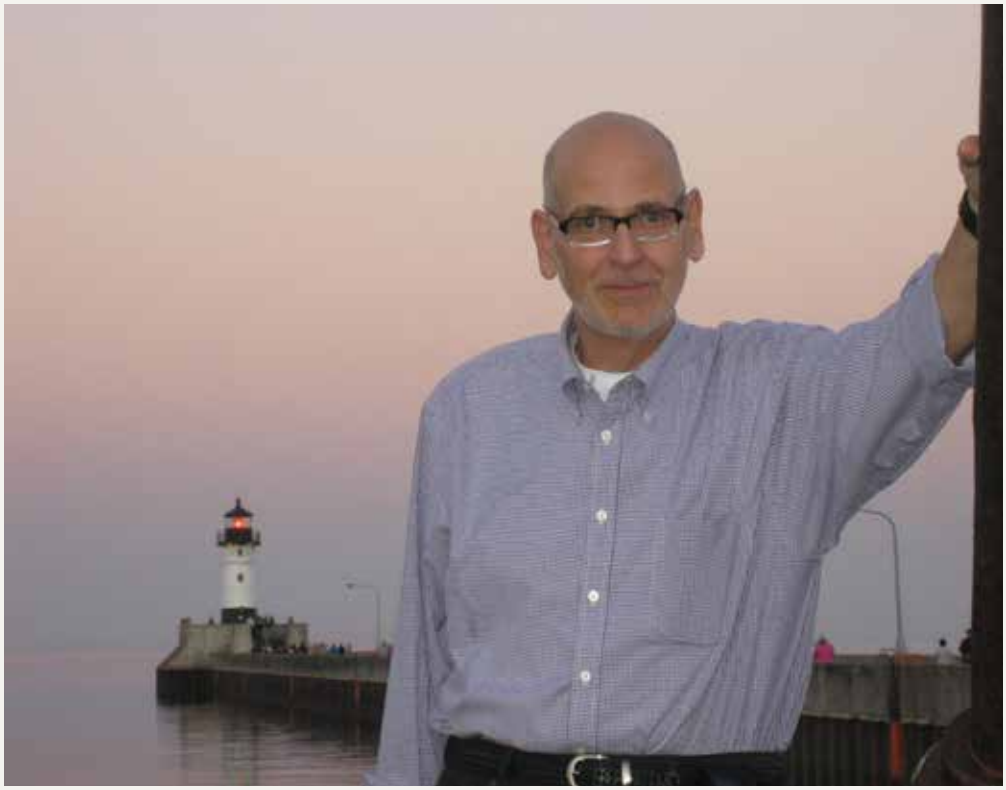
And Margolis had a way of working that was, well, uniquely Simon. He took his work seriously, but never himself, and would go to unconventional lengths to make a point.

In the midst of his ISS presentation, talking about allocating resources for the future and comparative justice versus distributive justice, Margolis paused for an almost uncomfortable moment on a photo of a kitten titled "gratuitous cute picture" before moving on to address the technology knowledge gap. And he never missed a beat.

There were a few chuckles from the audience. "It's gratuitous. That's why I didn't say anything else about it," Margolis' then commented, which brought hearty laughs from the audience.

On July 25, the complex rehab industry lost its champion, but the work Simon Margolis began, even as a New York taxi cab driver by giving individuals with disabilities a lift when others turned their heads, will continue as his legacy because of the passion he instilled in those he considered more than just his colleagues; you were his family.

BECAUSE OF



SIMON

NRRTS
RESNA CERTIFICATION PROGRAM
NCART
DIRECTIONS MAGAZINE
CELA
NRRTS EDUCATION PROGRAM

Simon Margolis left an indelible mark on the field of Assistive Technology without a doubt.

The list to the left is by no means complete.

It was his vision to create a Registry so seating and mobility suppliers would be held to standards that would protect consumers.

He provided much needed financial support so RESNA could move forward and create the ATP/ATS credential.

He helped create NCART to provide a method of lobbying for legislation to finally give the Complex Rehab Technology (CRT) industry an identity and protection for consumers.

In 2008, Margolis produced the first "CELA" (Continuing Education and Legislative Action) that has grown and developed over the past eight years. His concept provided a means to bring CRT consumers to the Hill because they have the strongest voice. He made that happen. It wasn't easy, but he made that happen.

NRRTS News became DIRECTIONS in 2008. This magazine represents all the CRT stakeholders: suppliers, manufacturers, clinicians and consumers. This publication is highly regarded for its content and commitment to demonstrating that Assistive Technology is a team effort. We are all in this together.

In 2011, Simon developed the NRRTS Education Program. He knew the importance of continuing education for suppliers and clinicians. His vision was a program that offered high quality content and was cost effective. Consumers could expect better outcomes by working with knowledgeable suppliers and clinicians.

As so, for this issue of DIRECTIONS, we celebrate Simon Margolis and the legacy he has left.

Not only in our hearts, but in our profession.

Weesie Walker, ATP/SMS, Executive Director, NRRTS

PS: Simon had a policy that no one's picture would be ever be on the cover of DIRECTIONS.

Well, we are ignoring that policy!

(CONTINUED ON PAGE 24)

First person I ever saw conduct an in-service was Simon Margolis. I was fresh out of college and attending a class on wheelchair positioning, knowing nothing about the subject. Simon was working for OttoBock and he was so engaging, so knowledgeable and had so much fun. I thought, "Boy, this is pretty cool.' Little did I know that Simon would play such a large role in my professional life moving forward. He was there as I grew and took on new challenges, always with ready advice and a willingness to listen. We all owe a debt to Simon. Our industry is better for his passion and persistence. He will be missed by those of us who knew him, as well as those who will benefit from his hard work and vision for years to come."

Bradford C. Peterson, Vice President of Professional Affairs and Clinical Education (P.A.C.E.), The Invacare Corporation

I never had the opportunity to meet Simon, but like many in this industry I felt like I knew him. He worked hard so I could continue to do this important work. His opinions carried great weight with me. I was saddened at his passing. My thoughts and prayers to his family and friends, may they soon find peace.

Sincerely,

Joe Hill, ATP, CRTS®

I did not know Simon Margolis personally, but I knew of him. Over the past 33 years or so I stumbled across Simon periodically, and I could tell in his actions and his ways that he wanted to improve the industry. He will be missed.

Sincerely,

Wayne Van Brocklin, ATP/SMS, CRTS®

I am so, so sad to hear of Simon's passing. Being an "outsider," as an occupational therapist advocating in Washington, and being on the shy side as well, I was always struck by how approachable, friendly and down to earth Simon was. He was such an icon and leader for the industry. I am sure he has touched so many with his enthusiastic and dedicated spirit that his mission to advance the field will live on, in and because of his honor.

With heartfelt sympathy to his family, friends and professional affiliates,

Paula Dziurda, OT

Yes, it saddens me that I heard of his passing and I only met him on the two CELA conferences that I attended, but on those outings we would be texting back and forth on what to say to the representatives and how we were doing.

Always the professional, and I'm sure touched many lives. I will miss him.

Jeff Decker ATP/SMS,CRTS®, CPST

Years ago, presenting to the NSM RTSs at their annual symposium was a rite of passage for a manufacturer, and Simon knew my nerves were getting to me. It's a big and well-educated audience. I am fairly sure Simon was concerned the microphone attached to my shirt would either electrocute me because of the sweat pouring down my neck, or the sound of my heart thumping would be picked up by the microphone and drown out the presentation. Simon gently said to me while attaching the microphone to my shirt "Ming, you're going to do fine, and you know most of the people in here. Go out there and do a good job." I thanked him two years ago for that moment, and it has become an indelible memory.

Thank you Simon for teaching us to fight for those with the smallest voices.

Ming Chang

Simon was a friend and a great guy. Everyone seems to say that when someone passes, but it is certainly true of him. He was also a good family man who respected fatherhood and marriage. Simon was the political force needed to get NRRTS going and to help it keep going. He could see many problems before they happened, which helped grease the skids to make things succeed.

We will all miss him.

Jim Fiss

Simon was my friend and soul brother. We grew up expecting to die by nuclear suicide … When fixing the world was our mission, our passion … And Simon's passion never failed him … or you. He gave to all of us and expected us to do the same. The world is a much better place having experienced that rascal and a much harder place to live in without him.

Bill Noelting

Simon continues to inspire me to be the best that I can for myself, as well as those I serve. He was a leader, mentor and advocate for all those he worked with. He proved that a small group of people can make the world a better place. Simon's work will continue through

"I THOUGHT, "BOY, THIS IS PRETTY COOL.' LITTLE DID I KNOW THAT SIMON WOULD PLAY SUCH A LARGE ROLE IN MY PROFESSIONAL LIFE MOVING FORWARD.HE WAS THERE AS I GREW AND TOOK ON NEW CHALLENGES, ALWAYS WITH READY ADVICE AND A WILLINGNESS TO LISTEN. WE ALL OWE A DEBT TO SIMON."

increasing access, supplier standards and advocacy for individuals needing seating and mobility equipment.

Thank you, Simon

Carey Britton, ATP/SMS, CRTS®

It is always sad to hear of the passing of a colleague, and hearing that Simon passed made me think of all those whose life he had touched. If we could come up with a way to tabulate that number, I know we would all be amazed at just what an impact he made during his tenure here on earth. Simon was a dedicated advocate for the industry constantly working to improve the lives of individuals with disabilities. Simon helped to advance the practice of rehab technology and can be credited with many advancements as a leader in the field. I first met Simon when he was the executive director of NRRTS, an organization he helped to create. I will remember him as a passionate and kind person. It was always a pleasure to see and work with him. His presence will be missed.

Denise M. Leard, Board Certified, Health Law, Texas Board of Legal Specialization, Brown & Fortunato, P.C.

I was not a personal friend, but felt I "knew" Simon. My comments come from a point of immense respect for the man and for the rehab advocate that he was:

To me, Simon Margolis always spoke with authority, conviction and passion! He appeared to live that way, too.

He exemplified everything a rehab professional should be and made all of us in the field strive to do better and do more for our clients. He earned the respect of an entire industry in his lifetime and has left an immense legacy.

We can honor him and his work best by working to ensure that the CRT separate benefit legislation is enacted.

Georgie Blackburn, Vice President, Government Relations and Legislative Affairs, BLACKBURN'S

It is hard to put into words the type of man Simon Margolis was. He was a stand-up human being and an incredible leader and advocate for the CRT (Complex Rehab Technology) and disability community. He led by example with his selflessness, passion, professionalism, humor, utter kindness and grace. I have looked up to him, so high, since my first CELA conference, always wanting to be even a fraction of the human he was. I know I am not alone when I say I was always in awe of his presence. I remember getting introduced to him for the first time with my heart racing and hands shaking, as if I were meeting a true celebrity. He IS a celebrity of our industry! He dedicated so much of his life and heart to us. His contributions are immeasurable and will never be forgotten.

The world has suffered an incredible loss. Rest in peace, dear Simon. Prayers to your family. We will continue to fight the good fight in your honor.

Love, Erin Michael, PT, DPT, Kennedy Krieger

It is hard to put into words what Simon meant to me and to our industry. I love that Simon liked to challenge the status quo and poke our industry with a stick. I didn't know I was going to be the stick one year during the early days of CELA, but after the initial shock, I was glad to do it. He always spoke the truth, and he knew we could be doing this better. The fact that he did it while remaining calm in the face of any adversity always impressed me. Knowing Simon just made you want to be better. I'm sad for the people who come into our industry who will not know him. I'm just hoping that others rise up to poke us with a stick and fight for our industry the way that he did.

Lauren E Rosen, PT, MPT, MSMS, ATP/SMS

Simon was an inspiration to so many, one of the true pioneers and leaders in our industry. We will miss him.

Judy Rowley, Vice President, Seating and Positioning, The Invacare Corporation

Simon was one of the rare, dedicated individuals who saw the opportunity to improve the CRT industry and differentiate it by improving and differentiating the individuals who served in it. He always had time and energy for people and their needs. He always took time to be uplifting with critical thinking for each individual he met and in his advocacy of the industry as a whole. Simon had vision, and we should be grateful for his efforts and energies.

I only had the privilege of meeting and working with him through industry functions at Medtrade and DAC meetings or at ISS, but

(CONTINUED ON PAGE 26)

we have fought for funding, better credentials, good education and better outcomes for all people with disabilities.

I, along with many others, will miss him and send blessings to his family and friends around with world.

Robert J. (Joe) McKnight, ATP/SMS, CRTS®

If a measure of a man is whether he gave more than he took then Simon was superman. Simon was smart, opinionated, funny and sometimes stubborn, but when you knew him you understood that all of these traits came from an unwavering love for protecting consumers' access to the proper complex rehab equipment. He will be missed by many people, but we will keep up the fight in his remembrance.

Wayne Grau, Vice President, Legislative Affairs
Managed Health Care Associates Inc.

I fondly remember and treasure every opportunity I had to witness Simon teaching, advocating, debating, performing (what a great and compassionate humorist), leading, directing and consulting — but never ignoring ANY issue, regardless of its source or relevance, regarding the advancement of CRT (Complex Rehab Technology). I shudder to imagine the state of our industry had it not been for Simon's stewardship.

He clearly was a wonderful father and husband, as reflected in the supportive presence of Marcia and Erica. I'll never forget witnessing Simon tape Erica's 8-year-old butt cheeks together to demonstrate a shape capturing technique for custom molded seating, in front of what must have been at least a thousand people. Or Erica, as an adult, sitting down with my 8-year-old, Elizabeth, at CELA years ago and sharing her stories of growing up with a rehab Dad.

Simon, simply put, was willing to do the hard labor at home and work to make great things happen for the greater good.

Tom Hetzel, PT, ATP, CEO, Ride Designs

I will miss Simon terribly. I served with Simon on the RESNA board of directors for a number of years, including while he was president. Simon was the one who came up with the idea to "raise the bar" on the NRRTS webinar series and asked me to coordinate those efforts. He next chose to again "raise the bar" on NRRTS DIRECTIONS magazine, and the next thing I knew, I was editing clinical articles. Simon was always thinking of the next step and seemed rarely satisfied with the status quo. I loved that. As much as it was great to do some work with Simon, I really felt I knew him mostly as a friend. Ours was a rather informal relationship. I suspect many of his relationships were. Oh, I'm sure he could be professional if he wanted to be, but that wasn't his style. He was passionate about our field and his passion spilled into his relationships. I am honored to have known him. I am also honored to have known his wonderful wife – thanks for putting up with Simon, Marcia.

Michelle L. Lange, OTR/L, ABDA, ATP/SMS

To know Simon was to know greatness.

Danielle Pirkle, National Seating & Mobility

For many of us in the RTS/RESNA community, Simon was a leader, a mentor and a friend. His dedication to improving the quality of services for people with significant physical impairments was tireless. I can remember many a late night meeting discussing how to make the rehab industry and NRRTS more consumer focused and quality driven. At the time it wasn't always fun, but looking back it was the most important thing that many of us had ever done. Simon's ability to communicate to an individual or an entire room full of people was remarkable. He could analyze a complex issue and explain it eloquently, but in easily understandable terms. He did not always agree with you, but he always respected and listened to your position. I still have a photo of Simon and several of NRRTS' founding leaders hanging on my office wall. It always reminds me of what we do and why our work is so important.

Dan Lipka, M.Ed, OT/L

It was with great sadness that I received the news of Simon's passing from our midst. He was truly a friend, mentor and companion that I will miss going forward. When you were with Simon, his very presence somehow encouraged and uplifted you and gave you confidence. His knowledge of the industry has benefited so many people, and he will certainly be missed.

Richard Johnson, International Sales Manager, Rifton Products

"I'LL NEVER FORGET WITNESSING SIMON TAPE ERICA'S 8-YEAR-OLD BUTT CHEEKS TOGETHER TO DEMONSTRATE A SHAPE CAPTURING TECHNIQUE FOR CUSTOM MOLDED SEATING, IN FRONT OF WHAT MUST HAVE BEEN AT LEAST A THOUSAND PEOPLE. OR ERICA, AS AN ADULT, SITTING DOWN WITH MY 8-YEAR-OLD, ELIZABETH, AT CELA YEARS AGO AND SHARING HER STORIES OF GROWING UP WITH A REHAB DAD."




Reflections about Simon

Writing is cathartic for me, and this is no exception. I loved (always will) Simon Margolis … what was there not to love? Simon was an exceptional human being.

I first met Simon while working on an initiative to obtain appropriate coding and coverage for wheelchair seating. Without pulling out the folder, I will date that initiative in the late '80s or early '90s … a lifetime ago. What I observed in Simon at that time was impressive knowledge about products and how they did or did not perform, firm opinions and convictions that required tremendous evidence to change, but he was open minded to facts and evidence. Moreover, Simon possessed a rare level of integrity. I witnessed some tenacious discussions during meetings and conference calls; Simon was never disrespectful, but he also never conceded on important positions until all the facts had been vetted well and the group had reached an agreement. Simon became someone I watched closely, learned from; he was always patient when I asked him over and over to explain things to me, and I enjoyed all of my opportunities to work with him.

Over the years I worked with Simon on a vast number of initiatives, in many work groups and at multiple associations and coalitions. In every case, Simon was engaged, focused and contributed incredible knowledge and insight. He was all in; he never did anything half-heartedly.

Over time I had the privilege to get to know Simon on a personal basis. We talked about our families and life in general. What I noticed was that Simon had a strong commitment to his family, friends and his morals and values. His integrity did not waiver in any area of his life, and he expected more of himself than he expected of others; he held himself to a very high standard.

When Simon spoke about his wife, Marcia, and his daughter, Erica, his priorities were evident, his love for them endless and he cherished them. I imagine Simon lived his life exactly the way he wanted; the way he chose. Simon was a great leader, he left huge footprints that will be impossible to fill. Simon also allowed others to lead, he allowed others to speak and share their thoughts. He listened to understand, not just waiting for his turn to speak. Simon Margolis was one of a kind! Like everyone who loved Simon – probably everyone who knew Simon – he will be missed, but he will never be forgotten. We will cherish our time spent with him, we may even imagine things he would say if he were in our presence, and we will never stop loving him and hopefully we will continue to learn through our memories of him.

Rita Stanley, Vice President, Government Relations, Sunrise Medical

I started my career in seating and mobility when I joined Whitmyer Biomechnix in 1992. Jody was a firm believer in advanced education and back then you had to attend conferences to get it. That year I attended the annual RESNA conference in Toronto. There were not many other seating venues at the time so all of the gurus in our industry presented there. This was my first chance to see Simon speak, and I was immediately a fan. On my return, Jody asked my opinion of the speakers, and I singled out Simon as one of my favorites. He said that one day I would be making presentations like Simon had. Now I can share that the last thing I ever thought I would do was to speak publicly. But Jody said that the first couple conferences would be on him and after that I would have to present and work the booth on order to go.

A few years later we had a local conference for our treating therapists. Jody invited Simon to speak the first day, and I was slated with Scott Pickett for the second. There had been some in-services and a couple poster sessions for practice over those years so I was nervous, but felt up to the challenge. Simon did his full-length ethics course and had the audience eating out of the palm of his hand. I hope those of you reading this had an opportunity to see him in action, because he was really that good. That night we went out to celebrate our first day, and I got to see Simon let his hair down. Also, not sure if anyone reading this had the opportunity to hang with the Whit gang back in the day. A cool thing about this industry is we care hard, work hard and then are known to party pretty hard when the work is done. It was one of those epic nights, and Simon was right there with us partaking of a few shots along the way. My appreciation grew even more when I learned that he was just one of us. The next day we were on. After the first five minutes, jitters were gone. I was feeling pretty good and scanned the crowd to see who was engaged. It was a group of about 50 and most were busy taking notes. Then my eyes fell on Simon who was napping peacefully near the back row. Total devastation! I managed to make it through the rest of the talk but was quite sure it would be my last. At least until Simon found me at the end of the class and assured me that it was not the contents of my presentation, but the contents of the shot glass the night before that had caused his slumber. He gave praise and made me promise I would continue speaking.

Fast forward to 2010, and I had somehow landed as president-elect of NRRTS, and Simon the executive director. The call for papers had come out, and Simon asked if I would present with him at ISS 2011. I was honored by the invitation and agreed. Well, maybe the words "invitation" and "agreed" are too strong. Maybe he said that NRRTS would pay my way to the conference if I would present and work the booth, to which I said, "Yep sounds familiar, count

(CONTINUED ON PAGE 28)

me in." John Zona, the acting president, joined the two of us in presenting a course on advocacy. Now I still do not consider myself to be a prolific speaker like Simon, but I am passionate about what I do and we were all in with regard to the current CRT (Complex Rehab Technology) legislation. Standing at the same podium motivated me to swing for the fence, and according to the reviews we knocked it out of the park. All participants were wide awake!

Speaking with Simon was one of the highlights of my career, but there are many other Simon stories. NRRTS retreats, phone calls, board meetings. He was so giving of himself and his time toward our cause. I will miss him and most certainly our industry has a void that cannot be filled by his absence. Thank you, Simon, for all your contributions and may your legacy carry on.

Michele Gunn, ATP, CRTS®

We often celebrate those who perform the glamorous and rewarding elements of our industry, but rarely do we celebrate and remember those who performed the grinding and often unenviable work. Simon was one of those great people who did what most of us hate to do, can't do, or simply avoid. Simon performed the difficult and numbing duties that are required to establish the structure, bylaws and policies of organizations like NCART, NRRTS and others, along with providing the overall strategy and direction. He was able to stay focused and work through all the mundane and technocratic steps necessary to build great organizations while putting up with the Monday morning quarterbacking from the rest of us. He did it because he had such passion for the complex rehab industry and because so few others were willing to do it. For these reasons alone Simon should be celebrated.

"SIMON WAS A GREAT ADVOCATE FOR OUR INDUSTRY. HIS IMPACT IS AN INSPIRATION, EVEN TO THOSE WHO DIDN'T KNOW HIM PERSONALLY. SIMON WAS PASSIONATE ABOUT OUR INDUSTRY AND ALWAYS WILLING TO BE A RESOURCE AND PROVIDE ADVICE."

But he should be celebrated for much more than being a taskmaster and an organizer. He was a believer in our industry, a clinical resource for many of us, a mentor to more than a few, and a friend to hundreds. He never waivered in his vision for the industry, and he knew what needed to be done to achieve that vision.

I'm not sure Simon is replaceable, but more of us need to step up and take up the fight and try to fill that void. He left us with the tools our industry needs to be recognized for what we do. Now it is up to us to keep it going. Simon you are a winner, and you will be missed.

Mark Sullivan

Simon taught me a lot about CRT and the industry. We would talk once a week, and he was always willing to offer solutions to any problems I may have had. He brought me on board with NRRTS as the advocacy and consumer relations person and for that I will be forever grateful.

Andrew Davis

Changemakers are often described as people with passion operating on the fringe of the existing system. Simon Margolis was a changemaker who ended up creating a whole new profession, that of the Rehab Technology Supplier.

Simon was bold in his practice, champion of the 'bi-angular" back, and seeker of new and better ways of providing improved seating for the clients he saw in his earliest days as a practitioner. Later he would channel that passion into the professionalism he fought to establish for suppliers in our industry. He was the voice of us - "the people in the field."

In the earliest days of gatherings around the topic of ehab engineering and assistive technology, lots of work was being done at universities and in grant-funded research centers. Simon knew there was also great work being done in local supplier's shops and in individual clinics, being run on passion and not grant dollars. Simon may not have had a Ph.D. after his name, but he spoke truth to power and gave many of us in the field a representative who earned a place at the table.

In the early days of RESNA, the election of officers and board members was done as part of the annual business meeting. There was a definite air of excitement, much like the old political conventions of the '50s and '60s – lots of politicking in the bar in the days and nights before the business meeting. One year, Simon stood up in the meeting and asked the powerful question: "Why are those who are not able to come to the conference, not able to vote for their representation on the board?" The room was silent. In that one question, Simon cracked open the whole voting process for the RESNA officers and board members, allowing many of us without Ph.D.s after our names a chance to serve and shape our professional association in the years to come – including under Simon's own presidency of RESNA.

Not satisfied with changing the representation of members within the RESNA governance structure, Simon went on to create a whole new professional home for Rehab Technology Suppliers – the now well known – National Registry of Rehab Technology Suppliers (NRRTS). Under Simon's vision and stewardship, Simon shepherded the plan for NRRTS to provide to RESNA the needed seed money to create the credentialing exam, which has served as the foundation of the Certified Rehab Technology Supplier® – CRTS®. Please note

the ® after the CRTS® designation and thank Simon, every time you see it. He created and protected the designation that provided a professional identity to so many who meet the needs of persons with a disability on a daily basis.

Simon was a pioneer and a champion for all of us who practice in the field of rehab and assistive technology. He helped bring our voice to Capitol Hill and the halls of CMS. Simon's legacy is in the field every day when a new chair is delivered, a person with a disability is comfortable and mobile, and a clinician and supplier each go home with a sense of purpose of "doing well by doing good."

Thank you Simon for your spirit, passion, guidance and stewardship of our profession. We are all benefiting from your efforts. You were truly successful in creating our profession.

Jean Minkel, PT, ATP

Simon was amazing. He was really my first true mentor in the

CRT (Complex Rehab Technology) industry back in 1998 when he worked for The MED Group. I took his three-day crash course prior to the six-month education course to help prepare for the ATP exam. Basically, he laid the groundwork for the entire knowledge base. The six-month Re/hab (that's how we used to write it to distinguish ourselves) prep course was anchored on his three-day course. It was easy to get on board with him because he was so passionate about the young industry, and he saw where it could go.

Then when I came to work for NSM in 2004, he was working for us. I had to make a significant job change to come to NSM, but knowing that he was here at the time made me more comfortable than anything because if Simon was behind it, it had to be legit.

I managed to stay in contact with him after he left NSM. He was always a friend first, followed by a mentor – a comforting and wise voice in the industry.

He will be missed.

David Pietrzak, ATP, Vice President, Supply Chain and Vendor Management, National Seating & Mobility

I find it difficult to find words to express my sadness with this loss to our industry. I had the opportunity to work with Simon often in my 25 years as a complex rehab supplier and a member of the NRRTS board. I am sure there are many others who can make the same claim or post even longer associations in even more diverse relationships. For me, it was his tireless energy focused on raising the bar for our industry and improving the lives of the individuals we serve that demanded my respect. Thank you Simon for being a friend and for your leadership skills that touched my life and made me work a little harder each day with joy and purpose.

Leslie Rigg, MS

Simon was a great advocate for our industry. His impact is an inspiration, even to those who didn't know him personally. Simon was passionate about our industry and always willing to be a resource and provide advice.

Comfort Company Staff

It was with immense sadness that we learned of Simon's passing. It's humbling as I process how to express just how much one person has meant to an entire community of people. I am filled with deep gratitude and fondness as I reflect on the impact that Simon had on my life and career. For 32 years, I have known him as my mentor, advisor, and most importantly, my friend.

Simon was committed to raising the bar in how seating and mobility/Complex Rehab Technology services are provided. A leader … pioneer … visionary. There are many that have had leadership roles in our industry, but none other who, with maverick ideas and personality, pushed the envelopes and stretched us, as human beings, in the remarkable and forever memorable way of Simon Margolis. He pushed and stretched me right out of my comfort zones and directly into opportunities. He pushed and stretched our industry in mighty ways, propelling us to think out of the box, going toe-to-toe so that we never settle for status quo. His passion was unrelenting, as was his kindness and compassion.

Simon taught me a thing or two about empowerment – not only for the clients we serve, but for myself by placing a drill in my hand (literally) and pointing the way, until I stood my ground in what many presumed to be a "man's world." He was also good at thumbing his nose at "the establishment" and calling out bullsh★t when everyone else in the room pretended not to see the elephant standing in our midst. Simon: brilliant ideologist, and at the same time, realist, accepted each of us as we are, and championed our efforts on behalf of our consumers. NRRTS wouldn't be where we are today were it not for Simon's earliest visions of raising the bar and enhancing the role of the RTS. For this, I am thankful.

I am forever grateful to have walked the earth with someone who has left such an indelible, extraordinary legacy. "Lives of Great Men all remind us, we can make our lives sublime. And departing, leave behind us, footprints in the sands of time." Henry Wadsworth Longfellow

(CONTINUED ON PAGE 30)

What a tremendous loss; Simon's passing leaves us with a gaping hole. As I listened again to a recording of his talk at 2015 International Seating Symposium, it becomes obvious that it's incumbent upon us to now honor him in how we step forward off this "precipice," and continue the journey of improving our industry, and the lives of those we serve. In this talk, he challenged us, once again, to lead with visionary foresight, hindsight and insight. He said, "Seeing the future - where our profession fits – is the chief responsibilities of leaders. And leadership is not a position, but an activity."

My hope today is that we will live up to his call to lead continuing his "sublime legacy."

Denise Harmon, ATP, CRTS®

When I attended my first International Seating Symposium in Memphis in 1991, the name Simon Margolis was spoken with such reverence in our little rehab industry. I knew so little back then, and he knew so much. I never really felt like I was worthy of his companionship at events or shows until one day at an airport, when we both were stranded. We visited for a couple of hours, and I walked away feeling like a little kid after getting an autograph from a sports legend. Later in 2013, when DIRECTIONS (NRRTS publication) did one of their "Industry Leaders" pieces on me, and I called and asked them who recommended me for the piece and they said Simon, I was both flattered and grateful, but most of all, surprised. He was a true gentleman and had such a big heart. He will be missed by many, many people.

John Morgan, National Accounts Manager and Business Development, The Invacare Corporation

I have known Simon for many, many years. We were one of the "firsts" (we are old) doing CRT (Complex Rehab Technology). However, we became very close during my years as president of NRRTS and Simon as director.

Simon taught me so much about leadership. I would call someone a dope, and Simon would tell me it was just a different viewpoint from my own. He opened my eyes to how different people are, yet still, everyone has something valuable to contribute. He loved NRRTS and thought NRRTS should have more of a leadership role in our industry. We were the ones on the ground doing the work to make those with disabilities lives better. He loved speaking for us and did a wonderful job. I will miss Simon, and our whole industry has lost a great human being.

John Zona ATP, CRTS®

On July 25, 2016, the entire complex rehab community was shocked and saddened as the news of the death of our friend Simon Margolis spread.

On July 26, the same community wept along with Marcia, Erica and Tyler as they laid our friend to rest. To me, Simon was a friend, mentor, confidant and, at times, verbal sparring partner. Even the most heated debates ended with a "good talking to you," from both of us.

Debates were about work. Our friendship transcended our disagreements.

"ALWAYS FRIENDLY AND APPROACHABLE, HE KEPT A POSITIVE ATTITUDE TOWARD THIS GOAL. I CANNOT THINK ON ANY OTHER PERSON WHO HAS CONTRIBUTED MORE TO OUR INDUSTRY OF ANY LEVEL."

He had a passion for our profession, a passion for consumers and a passion to change the "system" that causes those consumers so much harm.

Simon's larger than life presence remains in our memory, his absence in our silent grief.

May God bless you my friend and keep you in his care, until we meet again.

Hamakom yenachem etchem b'toch she'ar avelai Tziyon Vi'yerushalayim.

"May God comfort you among the other mourners of Zion and Jerusalem."

Gerry Dickerson, ATP, CRTS®

We are grateful to Simon for his many years of leadership in the wheelchair industry, for his dedication to wheelchair technicians, suppliers and manufacturers, and his commitment to doing the right thing for consumers. Our very best wishes go out to the Margolis family at this difficult time.

United Spinal Association

My memories of Simon Margolis might be a little different than many, but the lessons I learned from him are too important not to share. You see, I always had respect and admiration for Simon, but we never worked together on the same team. Simon and I were on opposing sides for most of my career, but what he taught me were some incredibly valuable lessons about perseverance in relationships through tenuous situations and the importance of really understanding strongly opposing opinions from your own.

When I got to know Simon for the first time it was 2004. He was an executive at National Seating & Mobility, and I had just moved my family to Pennsylvania to try and make my mark at Quantum Rehab. At the time, Dan Meuser was the vice president of sales at

Pride and his relationship with Mike Ballard forged the beginning of Quantum's business opportunities with NSM at the leadership-level. Mike would send Simon and others to visit and despite trying our best to impress them with all the cool things we thought we were doing, in short order he would point out everything we were doing wrong and what we should do to make it better. I can still remember the enthusiastic conversations in the wake of their visits to Pennsylvania, but that's how we improved, and eventually Quantum Rehab became a top-tier manufacturer for NSM.

In the years to come, Simon moved on to become the executive director at NRRTS, and we found ourselves in even more tense, high-level conversations as Quantum Rehab (still a relatively new kid on the block) navigated a rapidly changing complex rehab business environment. While Quantum was attempting to be the "good citizens" of the industry in the face of such challenges as CMS's new power wheelchair codes, the ATP-credential requirement of 2008, the explosion of Complex Rehab Technology in e-commerce, as well as the The Scooter Store and the short-lived, but meteoric-rise of Alliance Seating & Mobility, Simon had strong opinions on all of these topics.

When I last saw Simon, it had been a few years and he purposely came over to talk to me about ROVI, and I'll never forget what he said to me. After my short rundown, he looked at me and he looked at the product with his signature skeptical-brow and he gave me one of the nicest compliments of our relationship. He said, "Well, Cody, you of all people certainly understand the challenges of making the leap successfully into complex rehab, and if you built this thing with the consumers in mind first, it should be a great success. Good luck!" I'll never forget that moment, because it was all those difficult conversations of our past that had helped get me to where I am today, and I am truly thankful and grateful to have known him.

Cody Verrett, ATP President, ROVI

Simon was a true professional who was well-respected throughout our industry. He was dedicated to the development of what each of us is today. Always friendly and approachable, he kept a positive attitude toward this goal. I cannot think on any other person who has contributed more to our industry of any level.

Dale Huffman, ATP, CRTS®

I met Simon 25 or more years ago in a Days Inn hallway in Kansas City. He was having a social event discussing products like the RDI headrest. I thought he was a knowledgeable and passionate person for our industry. Over the years, we crossed paths through trade shows and symposiums. We would always speak and discuss current issues. Simon always made time to listen to me and give advice. What a great leader! I always thought of him as a mentor for me.

Chip Fiske, ATP, CRTS®

"HE OPENED MY EYES TO HOW DIFFERENT PEOPLE ARE, YET STILL, EVERYONE HAS SOMETHING VALUABLE TO CONTRIBUTE."

Simon was one of the first people I met when I became interested in wheelchairs and seating in the early 1980s. We met at a RESNA meeting and decided to organize a Midwest SIG 09 special interest group so we could meet a few times a year. We would hold two-day meetings in Illinois, Iowa, Ohio, and Wisconsin (where Simon worked in Madison). The meetings were informational and fun. We had great food and always found a place to dance. Simon and I served on various committees and butted heads with our opinions several times. Cathy Bazata, Kerry Jones and I made up a song called "Simon Says." It teased him about the sub-asis bar and we sang it loud and often. He, in turn, teased me when I worked for Mike Silverman and Pin Dot - Contour-U, calling it Contour-Who.

We were deeply involved in discussions with Adrienne Bergen and many others about professionalizing suppliers and credentialing. We met at various venues and took part in hours of phone conferences to write the vision and mission statements and work with professionals across the United States in an attempt to develop a professional organization for suppliers. Simon listened well and used consensus to come up with the

(CONTINUED ON PAGE 32)

term "rehabilitation technology suppliers," making a huge move away from "dealers." NRRTS was formed and Simon talked me into being the first secretary. Simon continued his energy, always combining purposeful activities with fun. He chose his vocational and volunteer activities well, inspiring many and leading our profession and NRRTS toward greatness. Simon's plenary session at ISS 2015 was typical of his authentic leadership skills combined with humor. His opinions challenged the status quo. I revisited his presentation on Youtube and feel that it deserves our attention. Simon's vision back in the 1980s and his revised vision of 2015 demonstrate his forward thinking linked with his passion to serve people who use wheelchairs. I will miss him greatly and am grateful that NRRTS has given me this opportunity to honor him.

Jessica Presperin Pedersen OTR/L, ATP/SMS, Rehabilitation Institute of Chicago

Simon was an extraordinary person who I will remember for his loyalty and passion for the complex rehab industry. Because he cared, we are better. Shalom, Simon.

Katie Roberts, MS, ATP, CRTS®

In every industry, there are those iconic figures that change it forever. When at their best, such iconic figures not only change industries, but individual lives, uplifting all in the process. Simon Margolis was one of those iconic figures.

Simon excelled in many esteemed roles – practitioner, innovator and provider, to name a few. However, the role he was best known for was one that ultimately changed the lives of countless individuals with disabilities: Simon was the heart of complex rehab. Simon understood not just the value of CRT, but more so the value of each individual who relies on it. And, in that way, Simon's legacy continues in the lives of all who rely on CRT (Complex Rehab Technology), where because of his dedication, the bridge between disability and full social inclusion is notably more complete.

IN EVERY INDUSTRY, THERE ARE THOSE ICONIC FIGURES THAT CHANGE IT FOREVER. WHEN AT THEIR BEST, SUCH ICONIC FIGURES NOT ONLY CHANGE INDUSTRIES, BUT INDIVIDUAL LIVES, UPLIFTING ALL IN THE PROCESS. SIMON MARGOLIS WAS ONE OF THOSE ICONIC FIGURES.

For those of us at Quantum Rehab who personally knew Simon, he was our friend, peer and mentor. To be in an industry with such leadership and passion as Simon's has been a true privilege. None of us can reach his stature, but through his leading by example, we are each better CRT professionals and people because of him.

Simon will be deeply missed in our industry. However, Simon's unprecedented legacy literally rolls on in the liberated lives of countless individuals with disabilities who thrive through the use of CRT.

Quantum Rehab

I met Simon in his early days at Ottobock. At the time I was a local (Minneapolis) supplier who was interested in providing a custom molded seating system for a very involved young man. I was excited, educated and amazed to see the outcome of our partnership for this client. This meeting with Simon sparked a friendship/mentorship that has lasted for more than 20 years.

Whether it was setting up a study group for the first ATS/ATP exam, providing education on seating and mobility, or participation in local/national advocacy, Simon was always at the forefront of this industry we call CRT. He spoke to suppliers and manufactures alike, reminding us that the consumer is who we are working and creating systems for, but we also must remain a viable business and not give away our services.

Simon was encouraging, educating, at times reprimanding, inspirational and always thought provoking.

He made us want to be all that we could be – for the CRT industry and the consumers we serve.

Goodbye, my friend and mentor; your spirit will live on in all the lives you've touched.

Nancy Perlich, EasyStand

I knew and worked with Simon very closely in different capacities for over 30 years. He was a great guy to have leading an initiative or as a member of your team.

When it came to CRT, Simon was all in. His many contributions to promoting access to the technology and services that improve the lives of people with disabilities are far too numerous to list.

It is amazing when you look at all the various roles and organizations Simon had a significant and positive influence on. During his career he was part of the leadership of all three major AT/CRT organizations (NRRTS, NCART, RESNA). In all these positions, Simon's passion and dedication

"HE HAD A DEFINITE OPINION, AND THAT OPINION WAS DRIVEN BY THE PASSION HE HAD TO HELP SOLVE ISSUES IN OUR INDUSTRY ... HIS LEADERSHIP STYLE WAS QUITE HELPFUL IN CONTROVERSIAL ISSUES.

had a common goal: protecting and improving access to high quality individually configured equipment that people with disabilities rely on and ensuring it was provided by qualified professionals and organizations.

Some people say when they die they'd like their legacy to be that "I left the world a little better than it was when I came into it." Simon can rest in peace knowing his dedicated contributions left the world much better for people with disabilities and for those of us who knew and worked with him.

Donald E. Clayback, Executive Director, NCART

I heard the news about Simon Margolis a short time after he passed away. I was so disappointed in his passing as I really wanted to finish the fight for the Separate Benefit Category before we lost Simon. He was such a big part of our industry, and he was very passionate about this industry. He also had that sense of reason from his lifelong accomplishments in the rehab arena. Simon was a great mentor to many in this field, and he was always open to speak with you about what was on your mind.

He had a definite opinion, and that opinion was driven by the passion he had to help solve issues in our industry. I had the opportunity to be on a few committees with Simon. His leadership style was quite helpful in controversial issues. Simon was able to bring calm to the storm and work to get something done from a group who may not have been going in the same direction.

The CRT (Complex Rehab Technology) industry will miss Simon a lot, and as we reflect on his accomplishments and guidance to this industry, we will always remember his great passion for doing what was in the best interest of our client base. Simon, my friend, we will all miss you, and some of us will miss your words of wisdom more than others.

Greg Packer, President, U.S. Rehab

Simon was a great encourager – he always had time to say hello, answer a question, or brainstorm a solution no matter which role he was filling at the time. Over the 27 years that I have spent in this field, he was one of the constants that helped keep me grounded and renewed. Whenever the road seemed too long or the obstacle too great, he could and would provide that steadying hand on the shoulder or succinct advice in an email or on the phone that helped others to pick up that tool bag and keep on going.

Laura McAliley

I first met Simon in 1998 when we both worked for The MED Group. He was Director of the National Rehab Network and invited me to attend several Abilities Expos in Chicago, Washington, D.C., Anaheim, etc. on behalf of The MED Rehab Network. Talk about a life experience … a small West Texas girl going to big cities! Ha! He and Marcia took me under their wings and showed me big town stuff! I loved every minute of the experiences and loved that they were so full of life. Simon and Marcia both had that same compassion for our industry.

When the NRRTS board hired Simon as executive director, I was thrilled to work with him again. Simon always listened, and even if we didn't always agree, we respected one another. Simon had a great gift of listening and providing sound advice.

Simon's favorite job, and his number one priority, was being Marcia's husband and Erica's father. My heart hurts for both Marcia and Erica as they are now living without their husband and father. Please know you'll both continue to be in our prayers as you seek to find a new normal.

Rest in peace, dear friend and mentor.

Amy Odom, Director of Marketing and Operations, NRRTS

The family has requested memorials be made to its synagogue:
Bet Shalom Congregation
13613 Orchard Road
Minnetonka, MN 55305-4048

WHETHER TEACHING, FIREFIGHTING OR HELPING CLIENTS, SERVING OTHERS IS WEDDLE'S CALLING

WRITTEN BY: JULIE BARNETT

Rick Weddle is no stranger to coming to people's aid, whether it's as a teacher, a firefighter or determining the best medical equipment for a client.

Though his first career was as a high school science teacher, he began in the DME business in 1985 and hasn't looked back.

"I guess it sounds a little cliché, but like most of my fellow NRRTS Registrants, I wanted to work in a career in which I felt that I was helping people," he said. "I originally started in secondary education as a biology/chemistry teacher, which I did enjoy. Although I loved teaching, at the time it was difficult finding a full-time position, so I applied to a DME company. I thought 'Well, I will still be in a job that I can be helping people.'"

He began his career in the DME business in management with Hook's Convalescent Aids, a division of Hook Drugs Inc.

"Although I was in management, I always found myself modifying, customizing and redesigning my customer's equipment to be better suited for them and help them to achieve their daily activities," he said. "At that time, I didn't know what custom rehab was, but I always had a knack for coming up with solutions. I was even selling, fitting and modifying AFO braces until my regional manager bluntly told me 'Stop doing that. You are not licensed to do that!'"

"WHEN YOU HAVE THAT PERSON WHO HAS BEEN TRYING FOR YEARS TO FIGURE OUT A WAY TO BE MORE INDEPENDENT, BUT COULDN'T, AND THEN YOU PROVIDE A SOLUTION THAT WORKS, THERE IS NOTHING LIKE IT. OR, THE TIME WHEN YOU SET UP A CHILD'S FIRST SYSTEM AND THEY ARE ABLE TO MOVE ON THEIR OWN.

In 1990, he was transferred to Columbus, Ohio, to manage the custom rehab location there, and in 1991 he switched from management to custom rehab sales. It was then that he suddenly felt his calling. "This is what I was looking for," he said. "I felt like I was finally where I was supposed to be."

Although enjoying what he was doing, Weddle remembers how much it bothered him to be called a "salesman."

In 1998, Weddle left Hooks and started his own DME and rehab company that specialized in custom wheelchairs and seating systems.

Weddle also spent 10 years as a member of the City of Vandalia Fire Department in Vandalia, Ohio, working nights and weekends as a firefighter and EMT. Some of his accolades included being named EMS Person of the Year in 1997, Best of the Best Firefighter in 2000, president of the Firefighter's Association in 2001 and Vandalia Firefighter's Medal of Honor in 2004. He rose to the rank of lieutenant before leaving in 2004 due to company demands on his time.

In 2007, he closed his company and joined it with Advanced Medical Equipment in Kettering, Ohio, where he's been ever since. He also works evenings and weekends as a certified CPR and first aid instructor for Lifeline CRP and First Aid in Troy, Ohio.

It comes as no surprise that aiding others is what Weddle enjoys most about his work.

"What I have enjoyed most about my job is twofold. First of all, like everyone in this field, I love making a difference," he said. "When you have that person who has been trying for years to figure out a way to be more independent, but couldn't, and then you provide a

(CONTINUED ON PAGE 36)

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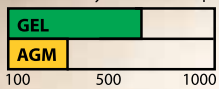

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WHETHER TEACHING, FIREFIGHTING, OR ...
(CONTINUED FROM PAGE 34)

solution that works, there is nothing like it. Or, the time when you set up a child's first system, and they are able to move on their own. There is nothing like seeing parents cry with joy at the sight of their child taking their proverbial 'first steps' in their life."

He continued, "The other part that I have always enjoyed are the many relationships and friendships that I have formed with 'customers' over the years. They truly have become friends, and I have always tried to go above and beyond for them whenever I could. Unfortunately, sometimes this is also the saddest part of the job, as I have had to see many of my friends leave us over the years as either age or diagnosis takes them.

"Or when I have to look into my friend's eyes and explain why the change in their insurance has made it impossible for me to help them."

Weddle, since about 2002, has developed and conducted state board-approved CEU courses for OT, PT, nursing, DD staff and social work that has included seating and positioning, wheelchair selection and molded seating, as well as funding, documentation and justification writing.

He's also done his share of learning, for which he is grateful.

"I will say that I have attended numerous seminars over the years and I have always been a very good listener, and I try to put into practice all of those techniques and methods that the 'true innovators' in the field have developed," he said. "I truly thank them all for their time, research and willingness to share their discovery and cutting-edge technology with all of us who would never have access to it otherwise.

"THE OTHER PART THAT I HAVE ALWAYS ENJOYED ARE THE MANY RELATIONSHIPS AND FRIENDSHIPS THAT I HAVE FORMED WITH 'CUSTOMERS' OVER THE YEARS. THEY TRULY HAVE BECOME FRIENDS, AND I HAVE ALWAYS TRIED TO GO ABOVE AND BEYOND FOR THEM WHENEVER I COULD. UNFORTUNATELY, SOMETIMES THIS IS ALSO THE SADDEST PART OF THE JOB, AS I HAVE HAD TO SEE MANY OF MY FRIENDS LEAVE US OVER THE YEARS AS EITHER AGE OR DIAGNOSIS TAKES THEM."

"It is one thing to tell Congress or a funding source, 'Well, I know it works because I have tried it multiple times and it does work,' but it is completely different when we can now offer research-based evidence to actually show them, 'See, here is the proof that it does work.' For that, I thank you all."

Weddle joined NRRTS in approximately 2000 and believes the organization truly makes a difference.

"I remember years ago attending the Medtrade shows and stopping at the NRRTS booths as they were recruiting Registrants and explaining all the benefits and advantages of being part of a larger whole," he recalled. "Once I started my own company in 1998, I remember talking to people who explained how important it was to not only provide some level of industry self-regulation, but more so a means of developing standards that could be taken to the major funding agencies so as to cast the evaluation and delivery of custom rehab equipment in the same light as any other legitimate medical service.

"Since joining, I have absolutely taken advantage of the many services that NRRTS offers from the continuous chatter on the Listserv to the free webinar education series, to the representation to all those outside our industry," he said.

Along with funding challenges, he sees a continual need to help educate the multitude of physicians, nurse practitioners and therapists in exactly how detailed documentation needs to be.

"The dialog is a continuous explanation of 'Yes, it has to be that detailed,' 'Yes, you really have to put that in your documentation,' and finally 'I understand that it doesn't make sense, but if you want your patient to have it, it must be this way,'" he said.

Weddle says faith and family are key for him and he tries to spend lots of time with his family, which is not always an easy task.

"I do admit, it is easy to become a bit of a workaholic in this business," he said.

CONTACT

Rick may be reached at RWeddle@advancedmedequipment.com.

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EVALUATE FOR POTENTIAL NOT A DEVICE

WRITTEN BY: ROSA WALSTON LATIMER

At the age of 14, Angie Kiger realized that her life's work would somehow include helping individuals with disabilities. "My older cousin has cerebral palsy, as well as an intellectual disability, and when I was 14 I began volunteering at a day camp she attended. My first year at the camp, I worked with older campers who had significant physical impairments and were more cognitively challenged, and most of whom were non-verbal." Kiger was especially influenced by a special education teacher who was also working with this group of campers. "I was impressed by how the campers engaged with her even though they couldn't speak. She had no problem transferring them out of their wheelchairs to help them participate in adaptive activities on a mat or knowing exactly what the campers needed even if they were not able to verbally express themselves. I wanted to be able to do what that teacher was doing for those campers."

Thinking she would become a special education teacher or major in business like her older siblings, Kiger attended freshman orientation at Longwood University in Farmville, Virginia, where she reconnected with an older friend from high school. "She was talking about her major in therapeutic recreation and after listening to her I realized that major would go hand-in-hand with my passion for leading an active life and my desire to help others do the same."

After earning a Bachelor of Science in Therapeutic Recreation from Longwood, Kiger moved to northern Virginia to work at the HSC Pediatric Center (HSC) in Washington, D.C. "I thought I would be in the D.C. Metro Area for two years, and I still live here 16 years later."

She continued to work at HSC for 12 years and became very passionate about helping children with complex needs. "Many of the children couldn't go on community outings. When I first began at HSC, I was this crazy new grad who was always asking 'Why not?' and sometimes it might require adapting a red wagon, but we would do whatever we could just so a client could leave her room. We would brainstorm during our lunch breaks about how to make things better for our clients."

This experience and the advice of co-workers led Kiger to consider an assistive technology track. "When I began investigating the Assistive Technology Professional (ATP) certification I realized that a therapeutic recreation degree was not one of the clinical backgrounds that would qualify someone to take the ATP," Kiger said. "I wrote an appeal and got approval to try for the ATP certification and was successful in completing the requirements." Not long after this experience, the guidelines were changed to consider those with a therapeutic recreation background for the ATP.

"So now I had my ATP certification, but was unsure what I would do with it," Kiger said. "I had declared that if I were to go back go grad school for a master's degree the school would have to offer an assistive technology degree, it would have to be located in Virginia so I could pay in-state tuition and I would have to be able to continue working at HSC." In addition to these strict guidelines that seemed almost impossible, Kiger was very concerned about taking the GRE to get into grad school. "I am not good at taking tests."

Soon Kiger learned that George Mason University in Fairfax, Virginia, met all of her qualifications and she would not be required to take the GRE. "I said, 'OK, God! I get it. I'm supposed to go to grad school.'" Kiger received a Master of Education in Assistive Technology from George Mason University and continued her responsibilities at HSC.

After 12 years at HSC, Kiger felt she had reached her maximum potential and began to explore the possibility of a job change. "I had been speaking at some conferences and was an adjunct instructor at George Mason University, but was unsure of what I might do next," she said. "My former colleague at HSC and friend, Ginny Paleg, came into the clinic with an outpatient and I talked with her about my dilemma. She suggested I consider being an educator for one of the equipment manufacturers.

"I took Ginny's advice and soon found myself moving from running an assistive technology clinic to working with Sunrise as a Clinical Education Specialist."

After four years with Sunrise, Kiger now has the new title of clinical strategy and education manager.

Angie Kiger with her older brother at a University of Virginia football game

Angie with her nephew and the University of Virginia mascot, "Cavman."

Angie, second from right, with her family.

Former client, Mimi, with Angie at HSC Adaptive Adventure Day

Sunrise at Topsail Island, NC - Angie's favorite place to be. "The beach is where I find my calm."

Angie at the NSM meeting, 2016.

Angie with good friend, Kaci, at the National Mall in Washington, D.C.

"From the beginning, my responsibilities at Sunrise gave me a much broader reach than my job at HSC, and I've enjoyed that," Kiger said. "Now I write curriculum for continuing education; contribute to the design of products and work with clinicians to get their input on product design and development. We make every effort to be sure we are meeting the needs of the end user and helping make clinicians' lives easier."

During her time at HSC, Kiger established a reputation of always putting her clients first and in her interaction with other clinicians Kiger emphasizes the importance of personal, hands-on experience. "Productivity is important, but as a clinician you are there for your clients."

Kiger's responsibilities with Sunrise offer her the opportunity to travel and learn the different challenges and opportunities for clinicians in various regions of the country. "My experience had been primarily in Washington, D.C. Now I learned very quickly that a therapist who works in a rural county won't have access to services that I had at HSC," Kiger explained. "I have a much broader perspective."

Kiger describes herself as a "work-oriented person" and as it is with many of her colleagues she is happiest when she is helping others. "Volunteering and working with people with disabilities is very important to me," Kiger said. "I'm very active in my church. Actually, I think when I'm not traveling I'm a very low maintenance person."

During her personal time for several years Kiger ran an all-volunteer non-profit organization that held camps for children and families who were impacted by HIV, and she volunteers with the adaptive adventure program at HSC each year. But this girl knows how to have fun, too. "I'm a huge Washington Redskins fan, and I enjoy attending University of Virginia football games with my brother. I always look forward to football season."

Kiger has also found an effective way to relieve the stress of her demanding career. "When I'm not traveling I enjoy Muay Thai," she said. "It is Thai kick boxing and technically a combat sport, but I have no desire to get into a cage and spar with anyone."

This challenging sport requires mental and physical discipline and is often referred to as the art of eight limbs because of the combined use of fists, elbows, knees and shins. "Learning the many different moves of Muay Thai really makes me focus," Kiger said. "Since I'm usually engrossed in my work this is a great departure. The sport requires 100 percent of my attention. It is a great stress reliever."

Another stress reliever for Kiger is spending time at the beach – particularly Topsail Island, North Carolina, "My family always went to Myrtle Beach, South Carolina, for vacation. I actually learned how to walk while on vacation many, many years ago in Myrtle Beach," she said. "About 15 years ago our family was invited to Topsail Island and since then, around 40 members of our

(CONTINUED ON PAGE 40)

EVALUATE FOR POTENTIAL NOT A DEVICE
(CONTINUED FROM PAGE 39)

extended family go there every summer. It is a very quiet beach with boating and fishing and there's no pressure to go on tours or participate in planned activities. We just hang out. To my family, 'vacation' means sitting on the beach."

These idyllic beach vacations offer a nice respite for Kiger, but her desire to learn and teach others about serving those with disabilities is the driving force of her life. She recently learned that a friend from her hometown of Lynchburg, Virginia, was seeking help for her niece who had been diagnosed with spinal muscular atrophy type 1. "I felt as though life had come full circle," Kiger said. "I had been around the country and abroad. Now someone from my hometown needed resources and I could help them."

Kiger is quick to admit, "I certainly don't know everything about each situation with a client or clinician. I realize that while I may be the instructor I am also a student. My advice to others is, 'Don't live on an island.' If you find something that works, share it with others."

When first beginning to work with individuals with disabilities Kiger says she learned to "always check your ego at the door when you do evaluations. By clearing your mind of specific devices, you and the team have the opportunity to truly look at the client's skills and needs first. Then you can match those skills and needs with appropriate solutions."

Kiger's advice is spot on and her dedication to her work is an outstanding example of how fulfilling serving others can be.

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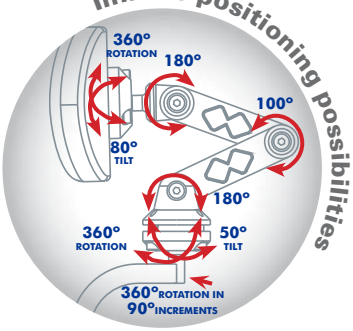

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CRT UPDATE

WRITTEN BY: DON CLAYBACK

It's been a hot and dry summer for most of the country, but that has not stopped activities from taking place regarding our continued work to educate and advocate for access to Complex Rehab Technology (CRT) at the federal level. Here's some important information for CRT stakeholders.

MEDICARE DATA SHOWS NATIONWIDE DROP IN CRT PROVIDERS

One of the talking points in educating Congress and others about CRT and the related access issues is the continued decline in the number of CRT companies that are providing these specialized products and services. In order to identify the decrease in Medicare CRT providers, NCART obtained Medicare utilization information through the Freedom of Information Act for the years 2011 through 2014.

The analysis of this national data showed a 40 percent decline in the total number of CRT providers and a 30 percent decline in the number of physical CRT locations across the country. These results underscore the fragile network of qualified CRT providers and the related negative consequences to access.

In performing the study, NCART focused on the top five CRT wheelchair codes. These were: (a) E1161 Tilt-In-Space Manual Wheelchair, (b) K0005 Ultralight Manual Wheelchair, (c) K0848 Group 3 Power Wheelchair with no power options, (d) K0856 Group 3 Power Wheelchair with single power option, and (e) K0861 Group 3 Power Wheelchair with multiple power options. The claims data obtained included: (a) the names of individual legal entities (companies) and (b) the addresses of all providing locations for those entities.

The following table summarizes the results identifying the individual one year decreases and the cumulative three year decreases in CRT companies and CRT locations:

See chart below.

As stated above, this new information identifies the significant decrease in the number of companies (40 percent) and locations (30 percent) providing CRT to Medicare beneficiaries and the number of companies (only 804) still providing CRT at December 31, 2014. Bear in mind this information was only through 2014. In light of the continued funding and operating challenges, it is predicted that the provider decline continued through 2015 and into 2016.

The significant drop of 30 percent to 40 percent reinforces the need for Congressional intervention to stop dangerous policies that undermine access for Medicare beneficiaries with disabilities who depend on these CRT

(CONTINUED ON PAGE 44)

CRT PROVIDER DECREASES 2011 THROUGH 2014						
YEAR	# OF COMPANIES	# OF LOCATIONS	COMPANY DECREASE		LOCATION DECREASE	
IN 2011	1,340	1,741	NA	NA	NA	NA
IN 2012	1,212	1,622	128	10%	119	7%
IN 2013	1,036	1,451	176	15%	171	11%
IN 2014	804	1,219	232	22%	232	16%
CUMULATIVE			536	40%	522	30%

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CRT UPDATE
(CONTINUED FROM PAGE 42)

products to live independent lives and to reduce their health care treatments and costs. The decline also presents negative consequences of decreased access for children and adults enrolled in Medicaid programs and private insurance plans.

INCREASED SUPPORT FOR WHEELCHAIR ACCESSORIES LEGISLATION

But let's move on to some more positive news.

On Aug. 30, Rep. Lee Zeldin, R-New York, the House sponsor of our complex wheelchair accessories bill HR 3229, held a press conference at The Children's Center at United Cerebral Palsy (UCP) of Long Island. The purpose of the press conference was to call for Congress to pass HR 3229, legislation that he labeled as a "must pass bill" to protect access for people with disabilities.

Other CRT stakeholders in attendance also spoke in support. These included Stephen Friedman, president and CEO of UCP of Long Island; Rolf Walter, a 50-year client of UCP who uses a CRT power wheelchair; and Linda Bollinger-Lunger, a physical therapist with Long Island Select Healthcare who has been delivering CRT seating and mobility for 17 years.

All three did a very good job in emphasizing the critical need to protect access to CRT and for Congress to pass this bill.

The press conference was well-attended and Zeldin was joined by local elected officials, staff of UCP of Long Island, residents from UCP of Long Island's 31 homes, advocates for individuals with disabilities, and members of the community. You can find a link to view the 20-minute press conference and to download the related press release at www.access2crt.org.

On Aug. 30, Rep. Lee Zeldin, R-New York, was joined by local elected officials, staff of United Cerebral Palsy (UCP) of Long Island, residents from UCP of Long Island's 31 homes, advocates for individuals with disabilities, and members of the community at The Children's Center at United Cerebral Palsy (UCP) of Long Island to call for Congressional passage of his must pass bill to protect individuals with disabilities by ensuring they have access to vital equipment (HR 3229).

And there's even more good news. In addition to the press conference, national consumer, patient and clinician organizations have once again weighed in with Congress urging passage of HR 3229 and S. 2196.

The Consortium for Citizens with Disabilities sent a supporting letter signed by 26 national organizations to Congress on Aug. 18. The ITEM Coalition followed up with a similar letter signed by 37 national organizations on Aug. 25. Those letters can be found and downloaded at www.access2crt.org to share with your members.

We sincerely thank Zeldin and the members of Consortium for Citizens with Disabilities and the ITEM Coalition for their continued leadership and support.

ACTION NEEDED WITH CONGRESS BACK IN SESSION

These positive developments come at an excellent time and emphasize to Congress that this legislation must be passed this year. The above information can be shared as part of your follow-up with the offices of your representatives and senators. We need all three of your members signed on as co-sponsors to build on this momentum.

Congress is back in session for most of September, and this is the ideal time for follow-up. Use the resources at www.access2crt.org to see if your members are signed on and to make additional outreach as needed. Your contact can make a difference! Thanks for staying engaged.

CONTACT THE AUTHOR

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MEDICAL FOCUS

CAR SEATS: CURRENT TRANSPORTATION GUIDELINES

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

Car seat guidelines change periodically, and it is important to stay up to date with the current regulations. Many of our pediatric clients are not yet being transported in their mobility base due to age, weight or lack of accessible transportation.

Motor vehicle injuries are a leading cause of death among children in the United States. Car seat use reduces the risk of death to infants under 12 months by 71 percent and to toddlers aged 1 to 4 years by 54 percent in passenger vehicles. Booster seats reduce risk of serious injury by 45 percent for children aged 4 to 8 years. An estimated 46 percent of car and booster seats are misused, included being installed incorrectly. Car seats should always be placed in the rear seat and, if possible, in the middle.

Car seat recommendations are based on the age and size of the child.

• Rear-facing only and rear-facing convertible car seats are recommended for infants and toddlers until 2 years of age or until the child reaches the height or weight limit of that specific car seat (these limits vary by manufacturer). If an infant is too small, often collapsing within the seat, blanket rolls can be placed on either side of the trunk and a small diaper or blanket can be placed between the crotch strap and infant to provide more support. Premies can often ride in a rear-facing only seat, as this is semi-reclined. If a baby needs to lie flat, car beds are available.

• Convertible or forward-facing with a harness car seats are recommended after rear-facing car seats have been outgrown. The American Academy of Pediatrics recommends children use a forward facing seat with a harness for as long as possible, up to the height and weight limit, regardless of age, though at least until 4 years of age.

• Booster seats are recommended for children who have outgrown a forward facing car seat in weight or height and should be used until the vehicle seat belt fits properly, typically at a height of 4'9" and between 8 and 12 years of age. Children younger than age 13 should ride in the back seat.

• Travel vests can be worn by children between 20 and 68 pounds and may be used instead of a traditional forward-facing car seat. This can be helpful if the vehicle only has lap belts in the rear seat, for children with special needs or children who have reached the weight limit for a forward-facing car seat.

Car seats are installed with the vehicle's seat belt or LATCH system (lower anchors and tethers for children). The LATCH system may be used until the child reaches a weight of 65 pounds, including the car seat. Car seats should not be used after a moderate or severe crash, if the car seat is cracked or otherwise damaged, or if it is too old. The car seat should be labeled with the date it was made and the manufacturer has recommended length of use guidelines available.

Many children with special needs can use standard car seats. Some convertible seats that rear face have higher weight limits to support a child who is very small, has brittle bones, low tone or poor trunk and head control. Rear-facing places the child in a semi-reclined position. Some forward-facing seats are available with weight limits as high as 90 pounds and provide five-point harness support, when required. Some of these seats have lower or shallow sides which may accommodate hip casts. Forward-facing car seats may have a semi-reclined option for children who have limited trunk and head control as well as additional padding and positional inserts to increase support. Specialized car seats are available to meet specific needs not addressed by standard car seats.

It is important to be aware of standard car seat options and regulations to provide the safest transportation to pediatric clients using mobility bases. Standard or specialized car seats often provide better protection during transport for children with special needs than the mobility base and seating system.

CONTACT THE AUTHOR

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RESOURCES:

HEALTHYCHILDREN.ORG FROM THE AMERICAN ACADEMY OF PEDIATRICS
CAR SEATS: INFORMATION FOR FAMILIES

CENTERS FOR DISEASE CONTROL AND PREVENTION
INJURY PREVENTION AND CONTROL: MOTOR VEHICLE SAFETY CHILD PASSENGER SAFETY

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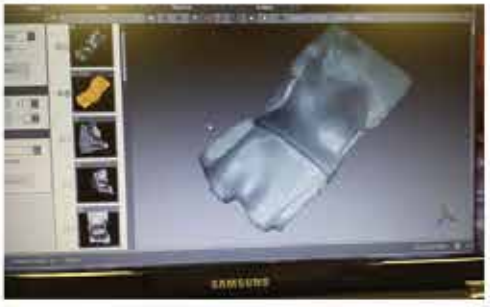

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CLINICAL CORNER

MOBILITY DEVICE TRANSPORTATION SAFETY: WHAT DO I NEED TO KNOW?

WRITTEN BY: TRICIA KARG, MS AND GINA BERTOCCI, PHD PE

Motor vehicle transportation is essential to access jobs, education, health care and leisure activities, as well as other activities and services. Motor vehicles are designed to transport passengers from one location to another, and to transport them safely. Vehicles are manufactured with a variety of safety features, designed specifically to transport passengers and drivers seated in vehicle seats. Safety is more complicated for those who choose to remain seated in their mobility device rather than transfer to the vehicle seat. For the occupant to travel safely, the mobility device must become part of the vehicle safety system, provide a crashworthy seat and remain securely anchored to the vehicle. The Americans with Disabilities Act (ADA) and Individuals with Disabilities Education Act (IDEA) require access to public and school transportation and the provision of wheelchair securement stations with occupant safety belts on the vehicles. The missing link in the safety system is most often a wheelchair that has been designed and tested for use as a seat during transportation. RESNA recognized this problem and issued a white paper[1] stating its position that prescribed wheelchairs that will serve as a seat in a motor vehicle should: "(1) demonstrate that they can be effectively secured and provide effective occupant support under the same frontal-impact conditions used to test occupant-restraint systems and seats in passenger cars, and child safety seats used by children; (2) facilitate the proper placement of vehicle-anchored belt restraints; and (3) have design features that reduce user error in securing the wheelchair by four-point, strap-type tie-downs. When seating systems from a second manufacturer are needed, the seating system (i.e., seat, back support and attachment hardware) should also demonstrate the ability to provide effective occupant support during frontal crashes and should not interfere with proper use of belt restraints."

THE MISSING LINK IN THE SAFETY SYSTEM IS MOST OFTEN A WHEELCHAIR THAT HAS BEEN DESIGNED AND TESTED FOR USE AS A SEAT DURING TRANSPORTATION.

MOBILITY DEVICE EVALUATION: ADDRESSING TRANSPORTATION

Individuals should transfer out of their mobility device to the vehicle seat if possible, provided they have adequate postural stability while seated in a moving motor vehicle. Those who cannot transfer to a vehicle seat or choose not to due to medical reasons should be provided guidance in identifying a mobility device that meets their functional needs and is compliant with the voluntary standard, RESNA WC-19 Wheelchairs Used as Seats in Motor Vehicles.[2] Suppliers and therapists can facilitate the process of getting a crash-tested wheelchair funded through documentation and justification of need. Injury prevention and wellness, avoiding expensive transportation-related injuries, along with the increased durability of crash-tested wheelchairs make a strong case to justify the additional cost. Suggested wording for letters of justification for medical necessity can be found at: http://bit.ly/2cVV3rK

The Assistive Technology (AT) team can begin a conversation about transportation by asking their clients how they plan to use their mobility device outside the home. Questions should focus on travel in both private and public vehicles. Even those who typically transfer to a vehicle seat when traveling in a private vehicle may remain seated in their wheelchairs when using paratransit or public transportation. Therefore, questions should cover what type of motor vehicles the person may be transported in, the possible locations the individual will sit during travel in a motor vehicle, and what mobility device securement and safety belts will be used in the vehicles. Additional questions may focus on the client's current transportation solutions, if applicable. A suggested script for this discussion can be found under Prescriber Resources-Clinical Tools at: http://bit.ly/2d05ab3.

CRASH-TESTED MOBILITY DEVICES

Crashworthiness is evaluated by subjecting a mobility device to a simulated impact event in a laboratory

setting using a sled mounted on a test track. Mobility devices that are WC19 compliant have survived 30 mph, 20 G's frontal impact sled testing and have demonstrated structural integrity. These mobility devices have four crash-tested securement points labeled and easily identified by a hook symbol (see Figures 1 and 2). These devices also provide improved stability during normal travel and reduce potential injury-producing sharp edges. Power wheelchair models use gel-cell batteries and offer improved battery retention. Frames are rated for ease of properly positioning a vehicle-anchored lap and shoulder belt restraint system on the wheelchair-seated occupant, so that belts make proper contact with the skeletal structures of the shoulder, torso and pelvis, and must receive an "acceptable" rating for accommodation of lap and shoulder belts.

A WC19-compliant device must also offer a wheelchair-anchored pelvic safety belt that meets crashworthiness criteria, or must provide a five-point restraint harness and head support if intended for children under 50 pounds. A list of compliant mobility devices can be found at: http://bit.ly/2cwF4eW.

This list includes manual, power and stroller-type wheelchair models for both adults and children. Some WC19-compliant models include tilt-in-space, recline and folding frames. With this information, clients and the AT team can identify a mobility device that satisfies goals for function, fit and features, as well as improving safety during transportation.

WC19-compliant devices are not necessarily heavier than their noncompliant counterparts. For example, even a lightweight stroller-type wheelchair model complies.

No transportation standards have been developed for the design and/or use of postural support devices (PSDs) on wheelchairs, such as headrests,

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MOBILITY DEVICE TRANSPORTATION SAFETY
(CONTINUED FROM PAGE 49)

FIGURE 1

Crash tested securement point labeled with hook symbol

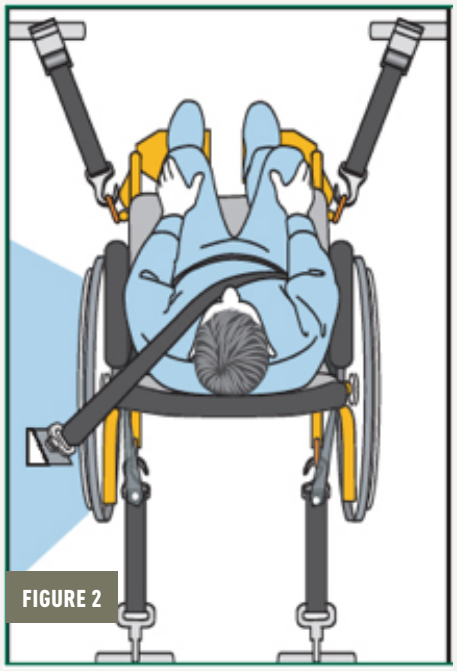


FIGURE 2

4 strap tie down system, attached to securement points

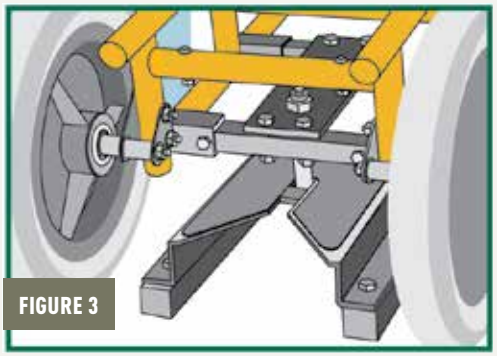


FIGURE 3

wheelchair docking system

lateral supports or chest harnesses. However, a paper on Guidelines for Use of Secondary Postural Support Devices by Wheelchair Users during Travel in Motor Vehicle provides information on how to use PSDs safely and effectively during transportation.[3]

In general, PSDs should and can be used during transportation since these help the wheelchair occupant to maintain a seated posture, thereby enhancing the effectiveness of crashworthy belt restraint. PSDs should not, however, be relied on to provide restraint for wheelchair-seated occupants in crash situations and these should be positioned so that no interference occurs with the proper positioning of lap/shoulder belt restraint systems.

MOBILITY DEVICE SECUREMENT AND OCCUPANT RESTRAINT IN THE VEHICLE

As part of the AT team, you should be aware and educate others about transportation safety. Transportation safety requires a systems approach involving effective wheelchair securement to the vehicle and effective occupant restraint with a three-point (lap/shoulder) or, in the case of a child under 50 pounds, a five-point harness. The following instruction should be provided:

1. Always secure the mobility device to the vehicle facing forward with a crash-tested securement system. Even in large buses, wheelchair securement is needed. During an accident or evasive driving maneuver, an unsecured wheelchair can become an unstable, moving object causing danger to the user and other passengers. In addition, a passenger seated in a secured wheelchair will have improved seating stability during normal vehicle operation. Many injuries happen because unsecured wheelchairs tip over or passengers slide out of the seat.

2. Secure the mobility device using either a four-strap tie-down system or a wheelchair docking system (see Figures 2 and 3). Systems should be compliant with RESNA WC18, Wheelchair Tie-down and Occupant Restraint Systems for Use in Motor Vehicles. The docking method is used in private vehicles since it requires an adaptor on the frame to engage with the docking device. Docking securement devices allow the rider to secure and release independently. If using a docking system, select a docking system that is compatible and has been successfully crash tested with the mobility device model when possible.

3. Ensure that the securement and occupant restraint systems are installed by an entity knowledgeable and experienced in proper installation of the equipment in accordance with manufacturer instructions, such as a NMEDA-certified supplier (http://www.nmeda.org).

4. Always use a crash-tested occupant restraint compliant with RESNA WC18. Being ejected from a vehicle seat is one of the most common causes of death and severe injury to occupants in motor vehicle crashes, occurring even in non-crash events, such as sudden vehicle braking. Pelvic positioning belts are not crash-tested and should not be relied upon for motor-vehicle safety.

5. Improperly positioned occupant restraint belts pose an injury risk in severe crashes. Investigation of crashes involving wheelchair-seated occupants found

improper use of safety belts in the majority of cases. Proper positioning of the pelvic portion of the occupant restraints is low on the pelvis near the upper thighs. The pelvic belt should not be placed over the soft tissue of the abdomen. The shoulder portion of the restraint should cross the middle of the region between the neck and shoulder, cross the center of the chest, and then connect to the pelvic belt near the hip of the occupant. It should remain in good contact with the shoulder and chest during travel (see Figure 4).

BEST PRACTICES AND SAFETY STANDARDS

General information on best practices for wheelchair transportation safety can be found in the Ride Safe Brochure available at http://bit.ly/2cI70zq. This consumer education brochure outlines a three-step process for effective wheelchair transportation safety, including choosing the right equipment, securing the wheelchair,and protecting the rider. Safety tips for those driving while seated in a wheelchair can be found at the same site under the Drive Safe Poster link. Another resource is Guidelines for Use of Secondary Postural Support Devices by Wheelchair Users During Travel in Motor Vehicles.3 The first section reviews the basic principles for wheelchair transportation safety, and the second offers specific recommendations for using postural support devices during travel in motor vehicles (e.g., pelvic positioning belts, chest harnesses, headrests, anterior head supports and lateral supports).

RESNA voluntary industry standards related to wheelchairs and transportation are available and demand for products meeting these standards will drive product compliance. The standards are published in RESNA Wheelchair Standards, Volume 4: Wheelchairs and Transportation (2012). Products that comply with the transportation safety standards will display the symbol depicted in Figure 5. A list of compliant mobility products can be found at: http://bit.ly/2dbw2Iz.

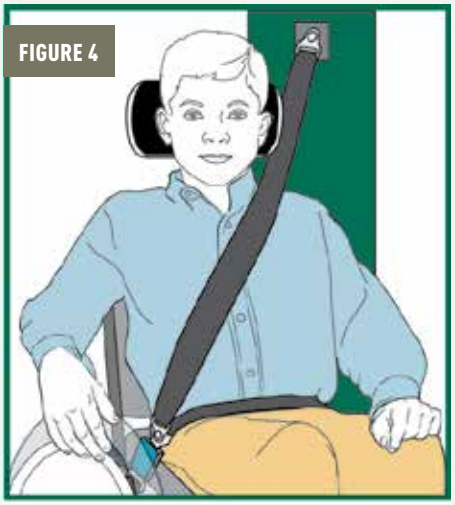
• WC18: Wheelchair tie-down and occupant restraint systems for use in motor vehicles, which is the update of SAE Recommended Practice J2249 Wheelchair Tie-downs and Occupant Restraint Systems for Use in Motor Vehicles, establishes design and performance requirements for securement and occupant restraints, including procedures for crash testing equipment.

• WC19: Wheelchairs for use in motor vehicles, establishes design and performance requirements for mobility devices, including manual and power wheelchairs and scooters, and procedures for crash testing these devices.

• WC20: Wheelchair seating systems for use in motor vehicles is a newer standard that establishes design and performance requirements and associated test methods for evaluating wheelchair seating systems (i.e., seats, back supports, and attachment hardware) independent of the commercial base frames on which they may be installed, thereby allowing for combining a seating system from one manufacturer with a base frame from another manufacturer to create a safe wheelchair for use as a motor vehicle seat.

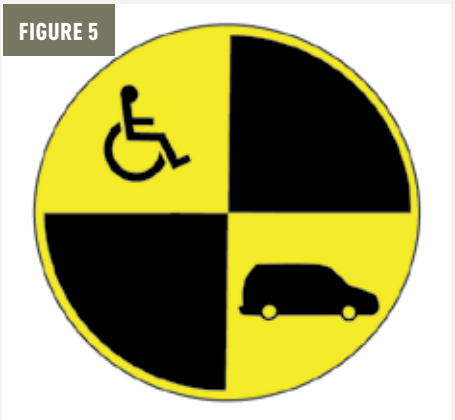
(CONTINUED ON PAGE 52)

FIGURE 4



Properly positioned occupant restraint belts

FIGURE 5



WTS symbol, demonstrating compliance with the transportation safety standards

WHEELCHAIR TRANSPORTATION SAFETY CAN BE INCORPORATED INTO THE WHEELCHAIR PRESCRIPTION PROCESS WITHOUT COMPROMISING POSITIONING OR FUNCTIONAL NEEDS. THE AT TEAM CAN HELP AVOID TRANSPORTATION MISCONCEPTIONS AND PROVIDE BASIC INFORMATION FOR SAFE TRAVEL.

(CONTINUED FROM PAGE 51)

SUMMARY

A crash-tested WC19-compliant wheelchair with a crash-tested WC18-compliant securement and occupant restraint offers the best protection for individuals who travel in motor vehicles while remaining seated in their mobility devices. The AT team, including the supplier, often provides the first line of information for these individuals. Wheelchair transportation safety can be incorporated into the wheelchair prescription process without compromising positioning or functional needs. The AT team can help avoid transportation misconceptions and provide basic information for safe travel.

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2. ANSI/RESNA. RESNA WHEELCHAIR STANDARDS/VOLUME 4, SECTION 19: WHEELCHAIRS FOR USE AS SEATS IN MOTOR VEHICLES, AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI)/REHABILITATION ENGINEERING SOCIETY OF NORTH AMERICA (RESNA), ARLINGTON, VA, 2012.
3. KARG P, COTZIN C, MANARY M, FUHRMAN SI. GUIDELINES FOR USE OF WHEELCHAIR POSTURAL SUPPORT DEVICES DURING TRAVEL IN MOTOR VEHICLES. J PED REHAB MED. 4 (2011); 251–7. DOI: 10.3233/PRM-2011-0182

RESOURCES:

WHEELCHAIR TRANSPORTATION SAFETY, UNIVERSITY OF MICHIGAN TRANSPORTATION RESEARCH INSTITUTE: HTTP://WC-TRANSPORTATION-SAFETY.UMTRI.UMICH.EDU
LISTS OF CRASH-TESTED PRODUCTS: WC-TRANSPORTATION-SAFETY.UMTRI.UMICH.EDU/CRASH-TESTED-PRODUCT-LISTS
RIDE SAFE EDUCATION BROCHURE: HTTP://WC-TRANSPORTATION-SAFETY.UMTRI.UMICH.EDU/RIDESAFE-BROCHURE
SAFETY TIPS FOR DRIVING WHILE SEATED IN A MOBILITY DEVICE: HTTP://WC-TRANSPORTATION-SAFETY.UMTRI.UMICH.EDU/DRIVE-SAFE-POSTER
SUGGESTED LANGUAGE FOR LETTERS OF JUSTIFICATION FOR MEDICAL NECESSITY: HTTP://WC-TRANSPORTATION-SAFETY.UMTRI.UMICH.EDU/CONSUMERS/JUSTIFY-PAYING-FOR-WC19-WHEELCHAIRS-AND-SEATING
PRESCRIBER RESOURCES: HTTP://WC-TRANSPORTATION-SAFETY.UMTRI.UMICH.EDU/PRESCRIBER-RESOURCES

ACKNOWLEDGEMENT:

THE UNIVERSITY OF MICHIGAN TRANSPORTATION RESEARCH INSTITUTE PROVIDED THE FIGURES FOR THIS ARTICLE AND MAINTAINS THE WHEELCHAIR TRANSPORTATION SAFETY WEB RESOURCES CITED.

[NRRTS]

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REHAB CASE STUDY

POWER WHEELCHAIR TRANSPORTATION CONSIDERATIONS

A CASE STUDY

WRITTEN BY: GINA BERTOCCI, PHD PE AND PATRICIA KARG, MS

CLIENT HISTORY

John is a 60-year-old male university professor with C5 tetraplegia. He sustained his injury in a water skiing accident. He would like to return to his job, which includes teaching and research. He will purchase a personal vehicle (van or SUV) for travel to and from work, but will also use public transportation when traveling outside of his home city. John currently uses a power wheelchair and lives with his significant other.

CLIENT TRANSPORTATION-RELATED GOALS

John would like to independently drive a personal vehicle and independently use public transportation so he can return to work, do daily errands and socialize with his friends. He understands that he must undergo driver training and earn his certification to drive a van using hand controls and steering aids. Public buses in his city are accessible, equipped with a ramp for wheelchair boarding/alighting and have designated spaces provided for forward-facing securement of wheelchairs using four-point strap type tie-downs. Each wheelchair station is also equipped with vehicle-mounted lap and shoulder belts to restrain the wheelchair user.

CLIENT CLINICAL OVERVIEW

- Motor assessment - C5 ASIA A
- Skin is intact, sensory intact to C5
- Upper extremity passive and active range of motion is within normal limits
- Assistance required for transfers between level surfaces
- Independent pressure relieving maneuvers
- Independent power wheelchair mobility
- Dependent in bowel and bladder care
- Assistance required for upper body dressing
- Dependent in lower body dressing

CLIENT ASSISTIVE TECHNOLOGY AND WHEELCHAIR TRANSPORTATION NEEDS

1. Consultation on a power wheelchair that is appropriate for use during transportation.

2. Consultation on appropriate adaptive vehicle equipped with driving aids, wheelchair securement system, occupant restraints and wheelchair lift or ramp.

3. Consultation on training program for drivers with disabilities.

4. Instruction regarding transportation safety and the proper use of occupant restraints and wheelchair securement in vehicles.

5. Instruction regarding appropriate and safe use of a wheelchair lift or ramp.

ASSISTIVE TECHNOLOGY (AT) TEAM APPROACH

1. Provide the client with power wheelchair options that meet his clinical needs and that are compliant with the RESNA WC-19 Wheelchairs Used as Seats in Motor Vehicles standard. When wheelchair users are unable to transfer to a vehicle seat and do not have adequate postural stability, they must travel seated in the wheelchair. Wheelchairs that are

Bus operator securing wheelchair to the vehicle by attaching tiedown straps to the designated wheelchair securement points. Four tiedown straps are needed to secure the wheelchair and the occupant must be restrained using lap and shoulder belts.

compliant with WC-19 are safe for use as a motor vehicle seat in personal smaller vehicles, as well as in larger public buses. These wheelchairs have been sled impact tested (crash tested) and are equipped with securement points that interface with four-point strap type tie-down systems and are rated for their ability to accommodate proper lap and shoulder belt fit. A list of RESNA WC-19 certified wheelchairs can be found at: http://bit.ly/2dbw2Iz

2. Interface with a National Mobility Equipment Dealers Association (NMEDA)-certified van modifier to identify potential personal vehicles and necessary vehicle adaptations for driving, access to the vehicle (ramp or lift), wheelchair securement and occupant restraint. A list of NMEDA-certified vehicle modifiers can be found at: www.nmeda.com.

3. Assure that the WC-19 power wheelchair has the proper adaptor to interface with the van securement system. While buses are typically equipped with four-point strap type tie-down systems to secure wheelchairs, vans are often equipped with automated docking systems to allow for independent securement. These docking systems must be crash tested in accordance with RESNA WC-18 Wheelchair Tie-downs and Occupant Restraint Systems for Use in Motor Vehicles. It is important to consult the manufacturer of the docking system to assure that the chosen power wheelchair is compatible with the docking system and that an associated wheelchair-mounted interface adaptor is available for the wheelchair. If possible, select a docking system that has been successfully crash tested with the chosen power wheelchair model. Some power wheelchair manufacturers offer their own wheelchair-specific crash-tested docking system. In this case, one should utilize the specially manufactured compatible docking system.

4. Interface with an Association for Driver Rehabilitation Specialist-certified program for drivers with disabilities to arrange for written and behind-the-wheel education. The instructor providing driver education must be a Certified Driver Rehabilitation Specialist. A directory of certified driver rehabilitation specialists can be found at: www.aded.net. Driver training will enable John to try various types of adaptive equipment to determine which equipment best suits his capabilities and preferences.

JOHN WOULD LIKE TO INDEPENDENTLY DRIVE A PERSONAL VEHICLE AND INDEPENDENTLY USE PUBLIC TRANSPORTATION SO HE CAN RETURN TO WORK, DO DAILY ERRANDS AND SOCIALIZE WITH HIS FRIENDS.

5. Ensure that the Certified Driver Rehabilitation Specialist interfaces with a National Mobility Equipment Dealers Association (NMEDA)-certified van modifier to identify potential personal vehicles and necessary vehicle adaptations for driving, access to the vehicle (ramp or lift), wheelchair securement and occupant restraint. A list of NMEDA-certified vehicle modifiers can be found at: www.nmeda.com.

6. Ensure that the client is capable of independent use of wheelchair lifts or ramps to enter/exit his van and board/alight a public bus. This will require directed and supervised use of the van and public bus lift or ramp. Research has shown that most wheelchair-related incidents occur when boarding/alighting from buses, not when the vehicle is in motion.[1] Many transit agencies provide opportunities to practice boarding/alighting from buses – contact the local transit agency community liaison for more information.

7. Instruct client on safety related to use of occupant restraints and wheelchair securement system. An excellent resource for providing wheelchair transportation safety education is the Ride Safe brochure, which can be downloaded from http://bit.ly/2dbw2Iz

8. Instruct client's significant other regarding proper usage of wheelchair lift or ramp, as well as occupant restraints and wheelchair securement system.

(CONTINUED ON PAGE 56)

POWER WHEELCHAIR TRANSPORATION ...
(CONTINUED FROM PAGE 55)

9. To ensure the client is able to independently access and safely use the public transportation system – including lift/ramp, occupant restraint system and securement system – supervised travel in the community should be conducted. A member of the AT team should ride the bus with John to assure that he is capable of safe boarding/alighting using the lift/ramp and is able to instruct the bus operator if he/she fails to properly use occupant restraints and tie-downs. It is important to note that research has shown bus operators may not always use four tie-downs and may not always use both lap and shoulder belts.[2] Thus, the AT team must reinforce to wheelchair users that they must take a proactive role when traveling on a bus or paratransit vehicle to ensure their safety.

IT IS IMPORTANT TO NOTE THAT RESEARCH HAS SHOWN BUS OPERATORS MAY NOT ALWAYS USE FOUR TIE-DOWNS AND MAY NOT ALWAYS USE BOTH LAP AND SHOULDER BELTS.

10. Conduct one-month client follow-up visit to discuss questions and challenges regarding usage of transportation safety equipment in the personal vehicle and during use of public transportation. Ensure that a one-month follow-up is also conducted by the Certified Driver Rehabilitation Specialist to address any challenges or concerns related to driving.

OUTCOME

The AT team introduced John to wheelchair transportation safety using the Ride Safe brochure, which he was able to take home. Together with his AT team, John chose an Invacare Storm power wheelchair (crash tested WC-19 compliant wheelchair) to meet his clinical and transportation needs. John chose a Chrysler Town & Country van that was modified by a NMEDA-certified dealer to include hand controls, a wheelchair ramp and a Q'Straint QLK-150 wheelchair docking system installed in the driver's position. Additionally, a special bracket

(CONTINUED ON PAGE 58)

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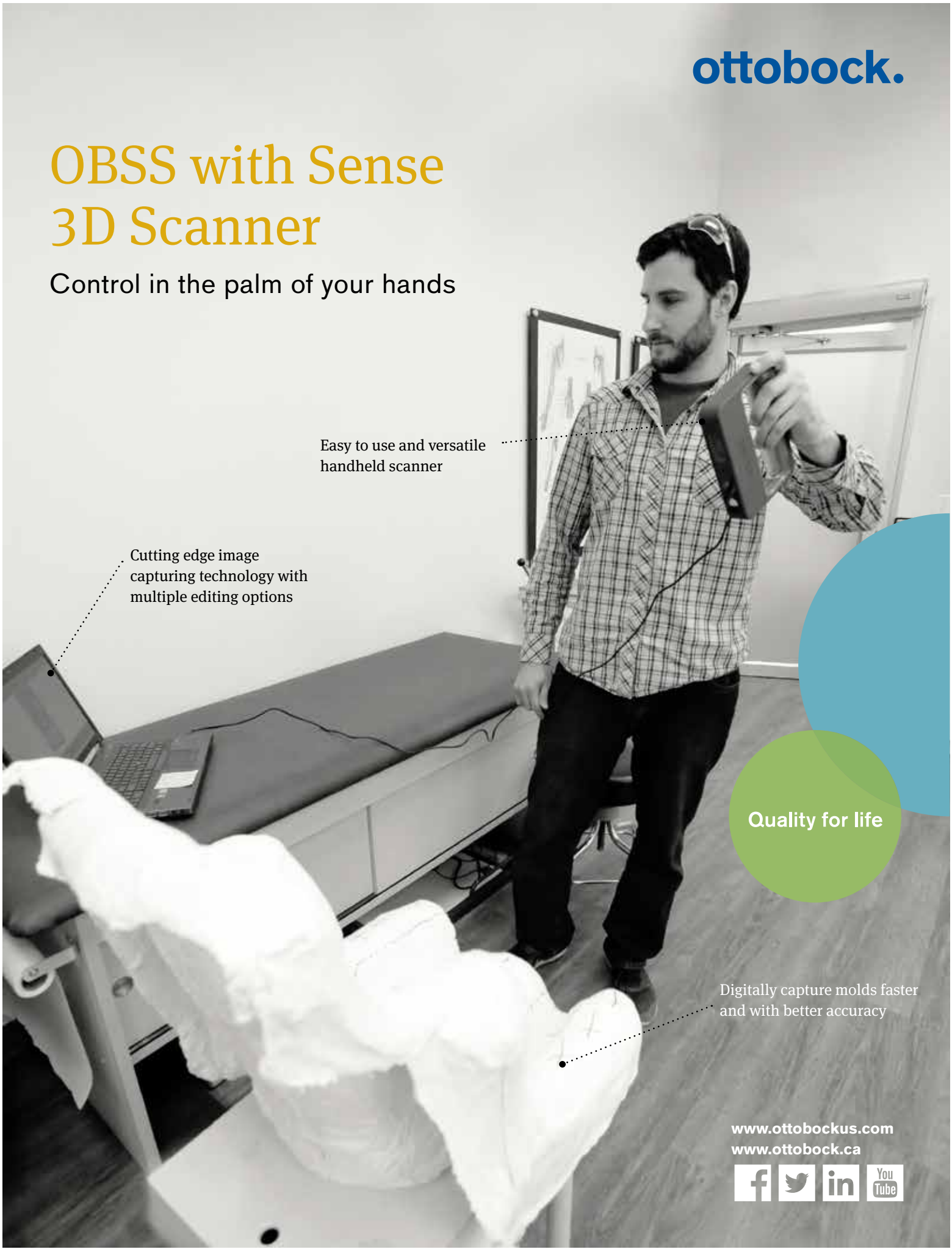

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POWER WHEELCHAIR TRANSPORATION ...
(CONTINUED FROM PAGE 56)

supplied by Q'Straint was mounted on his power wheelchair; this bracket serves as the interface between his wheelchair and the docking system. To be able to drive his van, John enrolled in a driver's program taught by a Certified Driver Rehabilitation Specialist that included in-classroom and behind-the-wheel training. To enable safe use of public transportation, John visited his local transit agency where he practiced supervised boarding and alighting from a public bus, and experienced the wheelchair securement and occupant restraint process, of which he was knowledgeable given his exposure to the Ride Safe brochure (in a public bus setting, John's job is to ensure that bus operators use the designated securement points on his wheelchair when attaching all tie-down straps, and that both lap and shoulder belts be used for restraint). Once John was comfortable with the public bus environment, a member of the AT team then accompanied John on a public bus trip to assure he was capable of safely

THE COMPREHENSIVE ASSISTIVE TECHNOLOGY TEAM APPROACH DESCRIBED PREPARED JOHN FOR SAFE AND INDEPENDENT TRANSPORTATION USING BOTH PERSONAL AND PUBLIC TRANSPORTATION. EDUCATING WHEELCHAIRS USERS ABOUT TRANSPORTATION SAFETY IS AN OFTEN OVERLOOKED BUT CRITICAL ELEMENT IN AT SERVICE DELIVERY.

accessing the bus and managing his wheelchair securement and occupant restraint process.

The comprehensive AT team approach described prepared John for safe and independent transportation using both personal and public transportation. Educating wheelchairs users about transportation safety is an often overlooked but critical element in AT service delivery.

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IT'S JUST A WHEELCHAIR

WRITTEN BY: ALEX BENNEWITH

So here we are during the Congressional recess of 2016. For grassroots advocacy and lobbying, the work never stops and this year, as every year, time doesn't stop, wheels don't stop turning, advocacy continues.

United Spinal has been a longtime advocate at the RESNA/NCART 2016 conference and was happy to be one of the presenters this time around on consumer advocacy. This year, RESNA/NCART advocated on HR 3229/S. 2196, the Complex Rehab Technology (CRT) components bill and HR 1516/S. 1013, the CRT separate benefit bill, as well as state assistive technology funding on the very last day Congress was in session, July 14, before members adjourned for the two national conventions and the August recess.

Any time Congress hears from a large group of advocates, wheelchair users, wheelchair manufacturers and providers, and wheelchair technicians and clinicians alike, we all seem to make great progress with increased momentum and bill supporters from both parties. Case in point, from United Spinal's Roll on Capitol Hill at the end of June until now, the end of August (at the time of this writing), there are currently 136 cosponsors on HR 3229, 24 on S 2196 with 169 sponsors on HR 1516 and 18 on S 1013. That's an increase of 12 representatives on HR 3229, six senators on S 2196, six representatives on HR 1516 and four senators on S. 1013 and those numbers are sure to increase once Congress is back in session after Labor Day weekend.

United Spinal was also lead along with the National Multiple Sclerosis Society and NCART in getting letters in support of HR 3229/S 2196 to the Hill throughout the August recess from the following coalitions: the Consortium of Citizens with Disabilities, a coalition of more than 100 consumer advocacy groups in the consumer and provider space with 26 signatories, and the ITEM Coalition, a coalition of more than 70 consumer and provider groups with 37 signatories.

Our joint call is to ensure both manual and power CRT and related critical components (what Medicare calls "accessories") be permanently exempted from competitive bidding pricing – not just the one year temporary extension to competitive bidding for power CRT wheelchairs that expires at the end of this year. This is because United Spinal's members and the broader disability community we represent, as well as your customers and clients, deserve to have customized chairs and features available to them just as any other product customization on the market, from cars to phones to houses. It is wrong and potentially harmful for Medicare to be discriminatory to beneficiaries as it relates to competitive bidding pricing and the availability and access of medically necessary CRT equipment and components, whether manual or power CRT, just because people happen to live with different disabilities and conditions.

And of course, it's not just a wheelchair, and yes, the wheels must keep turning … until the finish line. Thank you for all your commitment and dedication to the manufacture and provision of wheelchairs for the spinal cord injury and broader disability community. Please share United Spinal's Advocacy Alliance sign-up page with your customers and clients if they would like to receive policy and legislative updates and advocacy alerts from United Spinal Association: http://bit.ly/2cIt37t

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NEWSFLASH: REPLACEMENT PARTS ON CRT WHEELCHAIRS ARE NOT CRT

WRITTEN BY: CLAUDIA AMORTEGUI

Did some choice words come out of your mouth when you read the title of this article? Did you crinkle your forehead wondering if the author had lost her mind? Trust me, I did both when I was told that this is essentially how claims would be processed by the Medicare contractors for many replacement parts that were being used on Complex Rehab Technology (CRT) wheelchairs.

How did we get to this point? In my last article, I mentioned that the industry was still missing key information when it came to the reimbursement of repair/replacement parts for CRT wheelchairs; specifically, for those parts being used on Group 3 power wheelchairs. Less than three months after writing that article, we are being told that payments for these parts would be at a lower rate – the competitive bid single payment amount (SPA).

I honestly have sat back, scratched my head and thought, none of this makes sense. Of course, if you have been in the industry long enough you know that this is, and has been, our normal. What needs to be understood is that if nothing is said, there is no chance for a change. As I look back through several years of articles, I am amazed at how often repairs and proper reimbursement has been an issue.

Problems began in July 2013, when Round 2 of Competitive Bidding started. At first Medicare was not paying most of the options on CRT correctly. When it came down to it, it simply seemed like a processing issue. The Medicare systems were not appropriately set-up to handle the differing payments for the same codes. A modifier had been provided to denote the difference, however the system was still paying these items at the competitive bid single payment amount. It took a year and a half for CMS to provide the contractors with instructions on how to fix the problem; however it wasn't fixed 100 percent. The claims for repair/replacement parts still were not being reimbursed at the correct rate. The "fix" provided was only working on the options/accessory codes billed within new wheelchair orders. At that point we got the same response to fix the repair claims … "We are waiting for instructions from CMS."

I HONESTLY HAVE SAT BACK, SCRATCHED MY HEAD AND THOUGHT, NONE OF THIS MAKES SENSE. OF COURSE, IF YOU HAVE BEEN IN THE INDUSTRY LONG ENOUGH YOU KNOW THAT THIS IS, AND HAS BEEN, OUR NORMAL. WHAT NEEDS TO BE UNDERSTOOD IS THAT IF NOTHING IS SAID, THERE IS NO CHANCE FOR A CHANGE.

Fast forward to July 2016 … CMS finally sent out instructions. The problem is that what they published was not good news, and in my eyes, they just passed the buck to the contractors and turned a blind eye to the issue. In essence, CMS gave the contractors the choice on how to pay these claims. The instructions state:

> *When making payment determinations for parts described by HCPCS codes for competitive bidding items furnished for use in repairing base equipment that are not competitive bid items, MACS have discretion to use the single payment amounts for the items in establishing the Medicare allowed amount for the repair part.*

It does not take a rocket scientist to know what choice the contractors would make. Even if you put the dollars to the side, just think of the amount of work the contractors would have to do to correct claims back to July 2013, or even any date that is more than a couple of months old. Add to this the fact that the four jurisdictions are now handled by two contractors, and their work has just increased by an incredible amount.

As a reminder, this ruling is not for all codes, but it is for all the codes that fall under competitive bidding, which are many. How is it that even today when Group 3 power wheelchairs are carved out of

competitive bidding, the options are not once they are provided as replacements? In other words, Medicare will "carve-out" these specific options when provided with the initial wheelchair, but not when they need replacement.

At a recent meeting a contractor informed us that Medicare did not recognize replacement parts as part of the exclusion from the competitive bid program. I have to say, I did not realize these parts became less complex as replacements than when they were first placed on the equipment. Even more so, I do not believe the clients experience some miraculous change in their condition to make a person with specialized experience not needed to properly fit the repaired wheelchair.

HOWEVER, HERE IS THE PROBLEM: IN THE SAME MLN ARTICLE, THE "DISCRETION" STATEMENT NOTED ABOVE WAS MADE AS WAS THE STATEMENT THAT THE MODIFIER COMBINATION OF RB AND KY WOULD NO LONGER BE VALID AND WOULD BE RETURNED TO THE PROVIDER.

With all this information, providers cannot just sit quietly and accept this decision. The CRT industry as whole, must look at all the facts, the regulations and the even congress' intention. You should also throw in some common sense … how would a repair or modification on such a system require less of a product or expertise than at initial issue?

(CONTINUED ON PAGE 64)

NEWSFLASH ... REPLACEMENT PARTS
(CONTINUED FROM PAGE 63)

In the CMS MLN Matters Article #MM9579 a clarification was provided on July 20, 2016, that stated the following:

> *"Payments will be allowed at the fee schedule amount for accessory purchase items (modifier NU) submitted with modifier KY by non-contract suppliers that are furnished for use with non-bid wheelchair bases …"*

Even my simple mind can read the above instructions and see that repair/replacement parts are not excluded, that there is no statement regarding initial full wheelchair orders only, and that claims for such accessories for use on non-bid wheelchair bases (CRT qualifies) are to be paid at the fee schedule (not the competitive bid single payment amount). However, here is the problem: In the same MLN article, the "discretion" statement noted above was made as was the statement that the modifier combination of RB and KY would no longer be valid and would be returned to the provider.

It is once again time to pick up the phone and/or make a visit to your local elected officials. Many of them are aware of the issues within CRT and Medicare; this is something that will also not make sense to them and needs to be known. Be sure to also inform the end-users and your referrals. This problem needs to be fixed. We do not want anyone to think that CRT is not complex at certain times.

CONTACT THE AUTHOR
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Telephone: 706-854-7911 x.1008
Fax: 706-854-7721
Registration Date: 8/31/2016

Luis Inzunza, RRTS®
Aerobility
1001 Weir Canyon Rd
Anaheim, CA 92807
Telephone: 714-835-1000
Fax: 714-973-8387
Registration Date: 7/17/2016

Josh Lyon, RRTS®
Rehabilitation Equipment Professionals, Inc.
5130 Duke St, Ste 12
Alexandria,VA 22304-2955
Telephone: 703-370-2100 x.4017
Fax: 703-370-7985
Registration Date: 7/22/2016

Coleman R Mansfield, ATP/SMS, RRTS®
Numotion
5903 Hampton Parkway
Tampa, FL 33610
Telephone: 813-626-8476
Fax: 813-626-8450
Registration Date: 8/11/2016

Cole Walking Eagle, ATP, RRTS®
Senior Mobility Aids
2588 Progress St
Suite 2
Vista, CA 92081
Telephone: 760-599-8800
Fax: 855-728-2525
Registration Date: 8/17/2016

Joe Wood, RRTS®
Aero Mobility
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Anaheim, CA 92807
Telephone: 714-835-1000
Fax: 714-973-8387
Registration Date: 7/17/2016

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A&A Medical Supply
Chagrin Falls, OH

Stacy Lewis, ATP, CRTS®
Merchant Home Medical Services, LLC
Valdosta, GA

FORMER NRRTS REGISTRANTS

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

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

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David Duarte, Sr., ATP, San Antonio, TX
Daniel L. Mullins, ATP, Phoenix, AZ
Ines Roberto Reyes, ATP, Uvalde, TX
Christopher Martin Schang, Anaheim, CA
Dwaine A. Smith, ATP, LaCrosse, WI
Donald Wrye, Valdosta, GA

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 JULY 7 THROUGH SEPT. 8, 2016
(Please note if you renewed AFTER September 8, your name will not be listed until the next issue of DIRECTIONS)
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David Adcox, ATP, CRTS® Easley SC
Albert Alvarado, ATP, CRTS® Hudson NH
Bryan Benton, ATP, RRTS® Lyons GA
Jason Berges, ATP, CRTS® Peoria AZ
Alex Biello, ATP, CRTS® Norcross GA
James Blair, ATP, CRTS® Lynn Haven FL
James C. Bond, ATP, CRTS® South Bend IN
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