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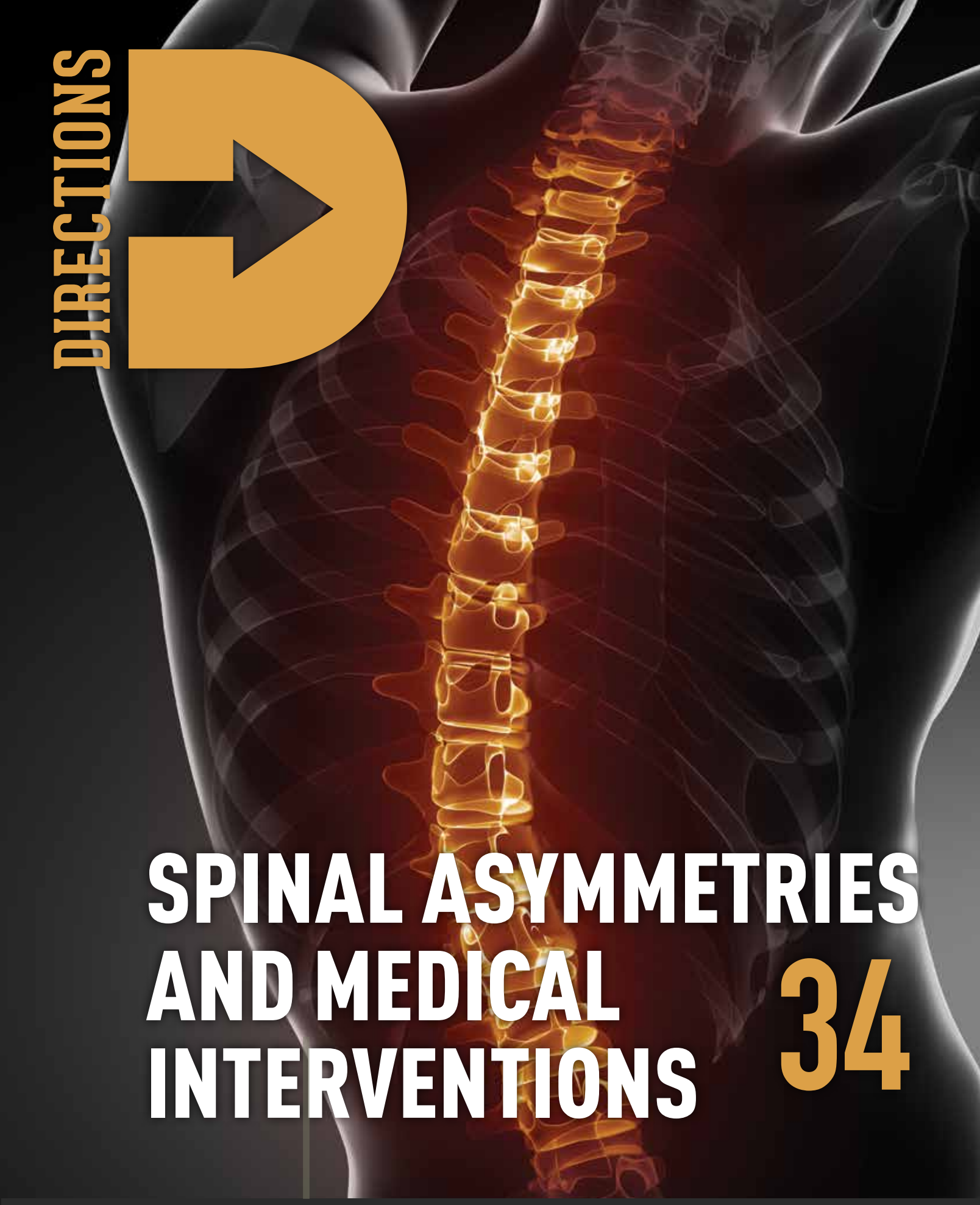

SPINAL ASYMMETRIES AND MEDICAL INTERVENTIONS

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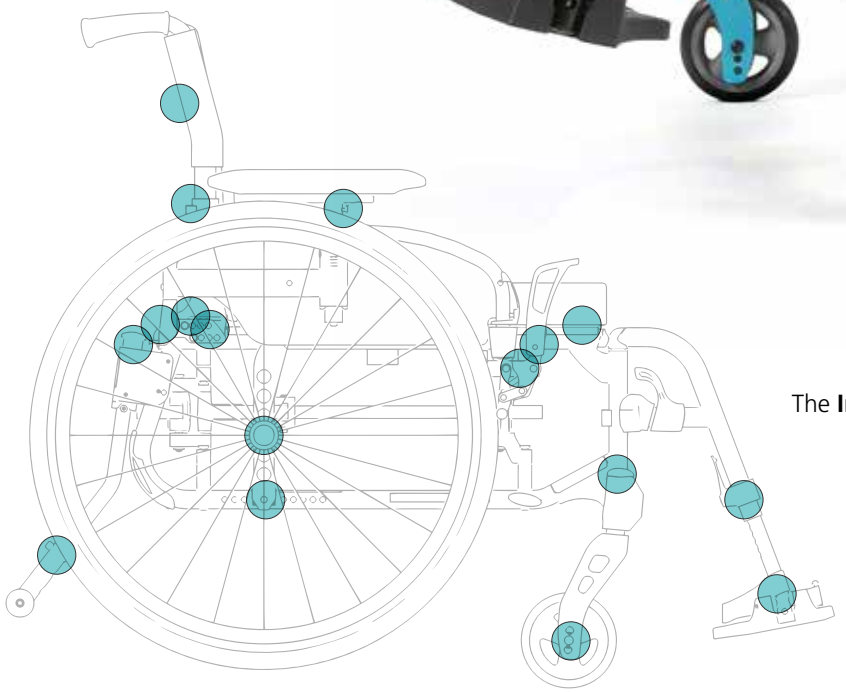

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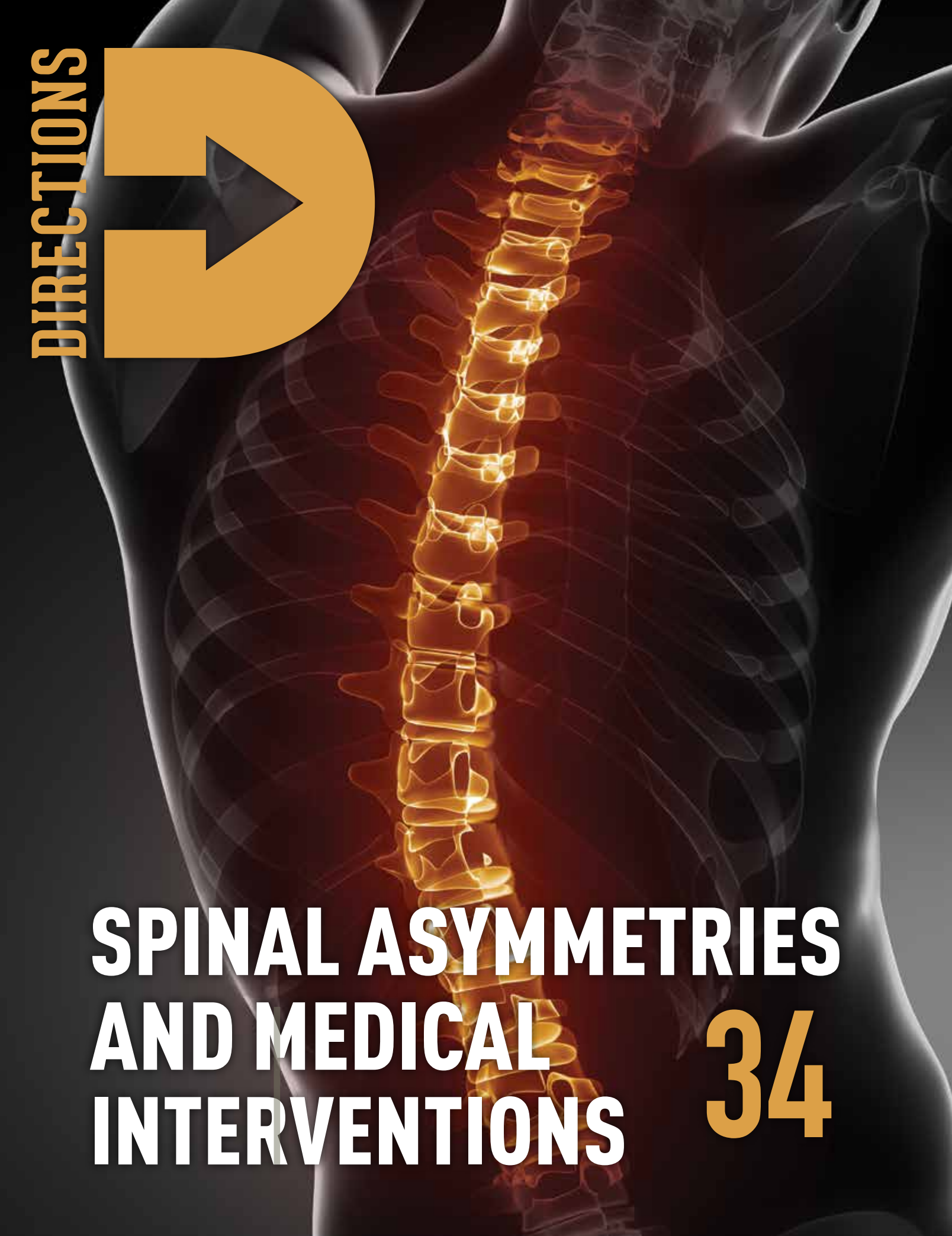

SPINAL ASYMMETRIES AND MEDICAL INTERVENTIONS

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Congress Must STOP MEDICARE CUTS to Complex Rehab Technology Accessories Critical to PEOPLE WITH DISABILITIES

Unless Congress takes action BEFORE YEAR-END, Medicare will make major payment cuts on January 1 to critical components/accessories used with Complex Rehab wheelchair systems. These accessories are needed by people with significant disabilities such as ALS, spinal cord injury, multiple sclerosis, muscular dystrophy, cerebral palsy and traumatic brain injury.

This small population of people rely on these essential wheelchair components (coined "accessories") to maximize their function and independence and to minimize their healthcare treatments and cost. Complex Rehab wheelchair accessories include such critical items as pressure relieving cushions, head support systems, positioning devices, sip and puff interfaces, and tilt-and-recline systems.

These cuts will take away access to the important equipment that people with disabilities rely on. Congress must take action BEFORE YEAR-END to stop these January 1 Medicare cuts to Complex Rehab wheelchair accessories and protect people with disabilities.

Visit
www.protectmymobility.org
to take action TODAY!

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 48

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 10

ALEXANDRA (ALEX) BENNEWITH

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

DON CLAYBACK

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

MAY CLAIRE HETZEL, PT

Hetzel has been working with Aspen Seating and Ride Designs in various capacities since 2000. A practicing physical therapist for over 30 years, Hetzel performs client seating evaluations for Aspen Seating. She is also a company representative at nearby Craig Hospital, supporting existing clients and new client referrals. SEE PAGE 36

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

Lange is an occupational therapist with 30 years of experience and has been in private practice, Access to Independence, for 10 years. She is a well-respected lecturer, both nationally and internationally and has authored six book chapters and over 200 articles. She is the editor of "Fundamentals in Assistive Technology, Fourth Edition" and Clinical Editor of NRRTS DIRECTIONS magazine. Lange is on the teaching faculty of RESNA and is a member of the Clinician Task Force. She is a certified ATP, certified SMS and is a Senior Disability Analyst of the ABDA. SEE PAGES 34 & 40

LUKE SIEGEL

Siegel is a consumer based in Lubbock, Texas. SEE PAGE 12

MIKE SWINFORD

Swinford is CEO of Numotion. SEE PAGE 16

COLE WALKING EAGLE, ATP, RRTS®

Walking Eagle is a NRRTS Registrant from Vista, Calif. SEE PAGE 20

GINGER WALLS, PT, MS, NCS, APT/SMS

Walls a regional clinical education manager for The Permobil Group. She has 26 years of experience as a physical therapist in the area of neuro rehab and wheelchair seating/mobility. Previously, she directed the Outpatient Therapy Clinics and the Seating/Mobility Program at Medstar National Rehabilitation Hospital in Washington, D.C. Additionally, Walls has provided a variety of continuing education courses, articles and lectures in the area of seating/mobility for many years. SEE PAGE 26

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FROM THE NRRTS OFFICE

HAVE YOU LOOKED AT YOUR NUMBERS LATELY?

WRITTEN BY: MIKE BARNER

After attending a monthly finance meeting where our department reports current activity in the revenue cycle process and forecasting considerations, I can't seem to get out of my mind the date Jan. 1, 2017. No, I'm not just talking about the new year and all the fun that brings with it, but I'm fairly concerned about the end of our protection in Complex Rehab Technology (CRT) from the Medicare cuts imposed by the application of competitive bid rates to CRT products. Have you all really looked at your numbers and what this will do to the bottom line? I know some of you have, but I'm seriously concerned that the majority either has not, or we have a serious case of denial going on in our industry.

If you haven't already, please take a look at all of your numbers comparing January 2016 through June 2016 to the same period last year, and pay specific attention to the Medicare business. This is the time period that we (CRT) had the competitive bid rate partial reduction applied to our products. (Remember, you can go back and re-adjudicate your claims for full payment, and if you don't are you saying that rate is okay?) You should begin to see the impact that the competitive bid rates will have on your business and will continue to have after January if our bills HR 3229 and S 2196 are not passed to stop it. And if not stopped I seriously doubt it will stay with just Medicare. I have already heard from several that third party and state programs have or are looking at implementing the new rates or even lower. Now what would be the impact to your business? For me, a huge challenge … Better yet if you really want to see what the impact will be, try running your year-to-date numbers and apply the competitive bid rates to everything and all payer types. Maybe this will get you fired up.

I KNOW I'M PREACHING TO THE CHOIR, BUT WHY DON'T WE HAVE A SIGNIFICANT AMOUNT OF CO-SPONSORS ON OUR BILLS? NOT ENOUGH PEOPLE ARE HOLLERING ABOUT IT!

One of the reasons that this is so impactful to a CRT business and is vastly different than most other businesses in DME is the labor cost – the non-reimbursed labor cost to provide services properly to the patient/customers that need this level of technology. Now I do think that even group 2 type of products require the upfront investment of evaluation and proper product selection versus just giving someone something off the showroom floor, but they don't typically require the same level of labor investment as does CRT equipment/services. I only mention this as I'm trying to understand why the outcry and level of urgency doesn't seem to be at a level equivalent to what is about to happen with reimbursement if the bills don't pass. We, as an industry, can't keep cost shifting the loss on components to the ever shrinking margin made on the base equipment or push everyone to do more with less. There is a breaking point, and I think as an industry we are getting close to that line.

So what is one to do about this? Advocate!!!

Ladies and gentlemen, colleagues, friends and even enemies, now, and I mean right now, is the time we must pull together and get Congress to understand how important it is for our patients and consumers to have access to the level of product and services that we provide. We are such a small part of health care that even if they doubled our rates I doubt it would even show up on the overall budget, and yet we are attacked viciously, and I believe ignorantly, because those making the decisions just do know what they don't know. And what they don't know is the impact to those who require this equipment, the difference between a very functional accessory or the cheapest thing you can buy, and the amount of (non-reimbursed) labor that is required to provide these product and services properly. I know I'm preaching to the choir, but why don't we have a significant amount of co-sponsors on our bills? Not enough people are hollering about it!

NRRTS and NCART are ready and willing to help you in any way possible that you need to engage your congressional members. Every one must be in contact with your members of Congress for our bills to have a fighting chance. One thing that we just did and will do again just before the "lame duck" session of Congress is over is hold a town hall meeting. At this meeting you will hear of the latest developments, what needs to be done, how to do it and war stories of success to help guide

I'M SURE YOU'RE FEELING THE WEIGHT OF THE LOAD. SO LET'S ALL GIRD OUR LOINS AND GET IN THE BATTLE FLOODING CONGRESS WITH PHONE CALLS, EMAILS AND IN PERSON VISITS PRIOR TO THE END OF THE CONGRESSIONAL SESSION.

and motivate you. Please take one hour and attend the next Town Hall meeting/webinar. It seems to be very telling to me if we only have congressional percent of the NRRTS Registrants or NCART members attending these town hall meetings why we are struggling to have significant outcry and outreach to the policymakers. I mean why did you become a NRRTS Registrant in the first place if you're not willing to defend it?

Now I don't want to overshadow the incredible work that has been done by many of you. And it is important to have a lot doing a little, because if you're one of those that has pounded the phone lines, emails and in person visits to successfully get senators, congressmen and congresswomen to sign on I'm sure you're feeling the weight of the load. So let's all gird our loins and get in the battle flooding Congress with phone calls, emails and in person visits prior to the end of the congressional session.

Don Clayback reported to us at the town hall meeting that we are close and really have a fighting chance at getting the accessory bill passed and the cuts to CRT power and manual stopped, or at least another year to continue the fight with another delay to the cuts. So PLEASE make the call, send the email or fly out to D.C. and insist that your members sign on or clearly tell you why they will not protect the disabled citizens of this country.

Go to www.protectmymobility.org, and let your voice be heard. And as always, please contact your NRRTS office and let us know how we can help you.

Crunching the numbers and digging in deep,

Michael B.

CONTACT

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

PUT ONE FOOT IN FRONT OF THE OTHER

WRITTEN BY: ROSA WALSTON LATIMER

"Every time I see a clock, and it's 2 o'clock, I think about the time I received that phone call," Tim Siegel said. "Our family hasn't been the same since that moment on July 28, 2015." Siegel is referring to the kind of telephone call every parent dreads; a call notifying him that his 9-year-old son, Luke, had been critically injured in an accident. In the blink of an eye, the Siegel family was changed forever.

Luke Siegel suffered head trauma and skull fractures when the golf cart he and a friend were riding in overturned. After spending over a month at UMC Health System Hospital in Lubbock, Texas, Luke was transferred to Cook Children's Medical Center in Fort Worth, Texas, for rehabilitation services. After four months at Cook, Luke and his family returned home to continue daily therapy. In recent months, Luke spent two weeks in therapy at the Cerebrum Health Center in Fort Worth, and soon he will spend time at the Neurological Recovery Center also in Fort Worth where he will have the benefit of a treadmill-type machine that replicates walking motion as well as other therapies.

"I MISS BEING ABLE TO COMMUNICATE WITH HIM BUT THAT'S COMING TOO. I'M INVOLVED WITH THE THERAPY SESSIONS AS MUCH AS POSSIBLE. I'M THERE TO BE HIS COACH AND HIS DAD."

The Siegel family was told soon after the accident that based on an MRI Luke would never use his voice, open his eyes or use his limbs. "After Luke was taken to the hospital following the accident he was in cardiac arrest and for the first three days we didn't know if he was going to make it," Luke's father said. "From day one Luke has proven how he can fight. In an hour therapy session it might take 50 minutes, but Luke will always try to do what we ask." Luke continues with daily therapy that includes speech, physical therapy and occupational therapy and is showing improvement. "We've had wonderful therapists who work so hard for him. Luke has improved head control and movement of his arms and legs on command. Where we've seem improvement is that now Luke can swallow very small amounts of crushed frozen lemonade and popsicles. I miss being able to communicate with him but that's coming too. I'm involved with the therapy sessions as much as possible. I'm there to be his coach and his dad."

Luke's family continues to involve him in the things he loves. "Luke always had a 'never give up' attitude. He is a fighter and very competitive," his father said. "He loved the New Orleans Saints football team. We have attended several Saints games, and we will keep going." Recently the Siegel family traveled to New Orleans to attend a Saints' practice and watch their favorite team play the Seattle Seahawks. The Saints' quarterback, Drew Brees, spoke with Luke at the practice encouraging him and telling Luke that one day he would throw a pass to him. The inspirational meeting was covered by New Orleans Fox News, and in the interview Luke's father expressed

"MY WIFE, JENNY, IS A NURSE PRACTITIONER. SHE HAS BEEN THE ROCK OF THE FAMILY! OUR ENTIRE FAMILY IS WORKING ON THIS TOGETHER AS A TEAM."

the importance of the connection. "He [Brees] is such a great person, such a role model, we're so blessed to have someone like that lead our team and lead our community. Luke just idolizes him; he's his hero," Siegel said. "Outside of therapists and doctors, he's been the most important person for us, in the healing." The Saints quarterback sent a video message to Luke last year. "I play Drew's video to Luke, and I believe it keeps him going," Siegel said. "We shared a passion for the Saints and that won't change. Before, we played catch every day – football or baseball. We don't get to do that anymore, but now I take Luke for a walk around the neighborhood every night. I talk to him about sports, and I play his music for him."

Serving as the head men's tennis coach at Texas Tech University in Lubbock for 23 years, Siegel retired from his

"LUKE ALWAYS HAD A 'NEVER GIVE UP' ATTITUDE. HE IS A FIGHTER AND VERY COMPETITIVE."

Luke and his mother, Jenny Siegel.

Luke and his father, Tim Siegel.

Luke and Elvis Andrus, shortstop for the Texas Rangers.

Daily walks have replaced daily games of catch between Luke and his father.

responsibilities at the university just 20 days before his son's accident. "I loved everything about Texas Tech and my job there, but I wanted to spend more time with my family and not have to travel." Little did he know the significance of this decision. The coach is now the middle school and high school tennis coach at Lubbock-Cooper ISD. "The school district has been incredibly supportive," Siegel said. "Although Luke should be attending fifth grade [in elementary school], he now attends Laura Bush Middle School in the mornings where I am coaching tennis and two of our daughters, Kate and Ellie, attend school. Our oldest daughter, Alex, who is a nurse, is with Luke while he's at school so our family is together," Siegel said. "My wife, Jenny, is a nurse practitioner. She has been the rock of the family! Our entire family is working on this together as a team."

The family recently announced the formation of the Team Luke Foundation with a mission to bring awareness and provide critical support and assistance to families of children who have suffered traumatic brain injuries. "We're close to putting together the board of directors and should have everything in place by the end of the year," Siegel said. "I want to help other families emotionally, as well as financially, now that I realize how much emotional support you need to get through something like this. It is difficult to know how we can survive even though I know in my heart we will. I feel I have to do this to help others but also to help me get through this experience. I want to make a difference in lives while I'm helping Luke."

Siegel is also reaching out to help other young people by speaking to youth groups such as high school football teams and Fellowship of Christian Athletes. "After Luke's accident I experienced anger and depression and shut people out," he said.

(CONTINUED ON PAGE 14)

Ellie, Alex, Kate and Luke with New Orleans Saints quarterback, Drew Brees.

BEFORE, WE PLAYED CATCH EVERY DAY – FOOTBALL OR BASEBALL. WE DON'T GET TO DO THAT ANYMORE, BUT NOW I TAKE LUKE FOR A WALK AROUND THE NEIGHBORHOOD EVERY NIGHT. I TALK TO HIM ABOUT SPORTS, AND I PLAY HIS MUSIC FOR HIM."

PUT ONE FOOT IN FRONT OF THE OTHER
(CONTINUED FROM PAGE 13)

"I really didn't know how I could keep things together. One day I was driving to the grocery store and someone that I've never met lowered his car window and said, 'I'm praying for you. Put one foot in front of the other.'" This experience had a tremendous impact on Siegel, and he began to realize that he might be able to help others during this very difficult time.

FIND YOUR PASSION. I LOST MY PASSION BUT AM REGAINING IT THROUGH MY WORK WITH THE TEAM LUKE FOUNDATION.

"'Put one foot in front of the other' became my motto," Siegel said. "I've always enjoyed speaking and realized that I wanted to be able to impact young people in addition to my role as a coach." He put together a message that applied to his own experiences with the intention of helping others as well. "I have five points that help keep me going:

• Find your passion. I lost my passion but am regaining it through my work with the Team Luke Foundation.

• Don't ever quit. I have a son who works hard, and he's living this message.

• Lean on your friends, family, teachers and God. I stopped doing this, but have started again and it is making a difference.

• Make good choices. Be careful. Everyone assumes that bad things won't happen to them.

DON'T EVER QUIT. I HAVE A SON WHO WORKS HARD, AND HE'S LIVING THIS MESSAGE.

"TOMORROW WE WILL GET UP EARLY. 8 A.M. THERAPY BEGINS. I AM PRAYING AND PRAYING AND PRAYING FOR PROGRESS. ONE THING IS CERTAIN – LUKE WILL WORK AS HARD AS HE CAN."

Luke in therapy.

A younger Luke attending a New Orleans Saints football game.

Luke with his father, mother and sisters Alex, Ellie and Kate.

• Have faith. My faith is tested every day.

Luke's story has captured the attention of thousands in his hometown as well as throughout the United States. This support helps Luke's family cope with the many challenges they face. Many local businesses have raised money to help with medical expenses. Siegel shares regularly on the Pray for Luke Facebook page and at @Luke.Siegel on Instagram. More than 70,000 viewed a recent video on Facebook showing Luke moving his arm with the encouragement of his father who described the video as "my favorite over the last 15 months."

Another Facebook message from Siegel describes the father's thoughts while Luke was in Dallas for a week of therapy at the Cerebrum Health Center. "Tomorrow we will get up early. 8 a.m. therapy begins. I am praying and praying and praying for progress. One thing is certain – Luke will work as hard as he can." Another thing that is certain – the Siegel family along with many friends and people they have never met will be surrounding Luke with love and encouragement every step of the way. His father and coach said it best, "You know, no one's ever going to give up on Luke."

CONTACT

Tim may be reached at tim3siegel@gmail.com

HE'S GOT A LEADERSHIP STYLE BUILT ON LESSONS FROM LIFE

WRITTEN BY: DANETTE BAKER

Because of Trickett Wendler and others like her, Mike Swinford doesn't just go to work. Yes, he's CEO of Numotion, a rapidly growing national mobility company, but in a people-centric industry, Swinford says, work is much more than punching a time clock and earning a paycheck.

In the words of the Chinese philosopher Confucius, "Choose a job you love, and you will never have to work a day in your life."

In July 2014, Swinford left a 22-year career with GE to join Numotion. Although he had worked in and around health care for the entirety of his career, Swinford said he knew little about the complex rehab industry. He was ready for an opportunity to manage a stand-alone business, particularly one in health care, and Numotion presented such an option.

Formed in early 2013 following a merger with ATG Rehab and United Seating & Mobility, Numotion provides mobility solutions for individuals with complex medical limitations. Its corporate culture and opportunity for growth were what attracted Swinford. Through the interview process, he was encouraged by how well his skills and passion aligned with that of Numotion and the industry as a whole.

"Like so many others who find their way into this industry, I can't imagine working anywhere else," Swinford said. "What I do is much more than a job; it's more of a purpose and calling."

THERE HAVE BEEN OTHER INFLUENCES ON SWINFORD'S CAREER — CHARLEY, FRANCES, IVAN AND JEAN — YOU MIGHT RECOGNIZE THEM MORE WITH THEIR SURNAME "HURRICANE." THESE WERE FOUR MAJOR HURRICANES THAT HIT SOUTH FLORIDA THE YEAR BEFORE KATRINA, AND SWINFORD WEATHERED ALL OF THEM.

Swinford recalls a conversation shortly after joining Numotion among his long-time high school and college friends and colleagues where they were talking about their jobs and what they had a passion for. His lined up one and the same.

His first week at Numotion solidified that when Swinford had his first customer encounter. Trickett Wendler, who had worked for Swinford at GE Healthcare, now used a wheelchair. They met when Swinford, who was back home in Milwaukee after his first week with Numotion, went to a fundraiser to help Wendler purchase a speech device.

Wendler was diagnosed in the summer of 2013 with Lou Gehrig's, also called amyotrophic lateral sclerosis, or ALS. It's a disease that attacks the cells that control muscles. In one year's time, Wendler had lost mobility and was using a wheelchair. The disease progressed as the seasons changed. By winter, she was dependent on a machine for each breath and a feeding tube for nutrition, and by early spring 2015, she could no longer speak.

Throughout her illness, Wendler fought battles for which she would never see a victory. She allowed Fox News to film a documentary to show what ALS does in hopes of raising more money for research, to find treatments and ultimately a cure — for others. She also fought for the right of individuals with a terminal illness to have access to experimental drugs, which resulted in the Trickett Wendler Right to Try Act of 2016.

Wendler died in March 2015. But Swinford was inspired to create an award in her honor to annually recognize those within Numotion who exemplify her grace and compassion through their activism. He presented the first award to Amy Cunniffe, Numotion's Government Relations Leader, in February 2016 at the company's annual leadership conference in San Antonio.

There have been other influences on Swinford's career — Charley, Frances, Ivan and Jean — you might recognize them more with their surname "Hurricane." These were four major hurricanes that hit South Florida the year before Katrina, and Swinford weathered all of them.

"WE'RE ALL ON THE SAME TEAM WORKING TO MAKE SURE THOSE WE SERVE HAVE ACCESS TO THE TECHNOLOGY THAT GIVES THEM THEIR DESERVED INDEPENDENCE."

"OUR GREATEST CHALLENGE IS ACCESS, SO WE HAVE TO MAKE SURE WE ARE DOING EVERYTHING AS A COMPANY AND AS AN INDUSTRY — FROM DEVELOPING THE RIGHT TECHNOLOGY TO ENSURING THE PRODUCTS GET TO THE USER."

Talk about a challenge, he said. Water and energy resources were scarce or none. Some individuals and many businesses were without electricity and water for a month. But health care needs can't be put on hold because of circumstances. Through those storms, Swinford learned more than ever how to take care of business by taking care of people.

"What I witnessed was a culture of care across the state, even beyond," he said. "The greatest being that as you cared for those closest to you, the ripple effect reached far more people than you could have individually.

"That was pivotal for me regarding running a business. We had our best financial performance of the year that September. And yes, in business you have to be concerned about the bottom line. But those storms proved when you are concerned about the people; business will take care of itself.

"That's the thing about this industry," Swinford said, "There is passion in what we do that permeates the normal workday. We don't just go to work to do a job; we go to work to change lives, and that's something you can't put into a 9 to 5 job."

In fact, the night before this interview, Swinford, his wife and their two teenage sons were at MDA Nashville's Second Annual Muscle Team Gala. The family will also be actively involved in the 2016 USA Hockey Sled Classic in November. Numotion is a corporate sponsor of the four-day tournament, which supports individuals with disabilities who want to continue competing in the game they love.

"Hockey is a big deal in Nashville," Swinford said, including for his family as his youngest son plays in a youth hockey league. "When you can provide an opportunity for people to serve others through a sport you enjoy and at the same time spend time with those they serve, it's very rewarding."

MDA and ALS are just two of the advocacy organizations Numotion has been involved with for many years. Swinford has also worked closely on industry initiatives with NCART and United Spinal on separate category benefits for complex rehab technology.

"It's important," Swinford said. "We're all on the same team working to make sure those we serve have access to the technology that gives them their deserved independence."

Swinford understands teamwork. He said some of the best preparation for the workforce came from playing college football at Missouri University of Science and Technology, where he earned a degree in engineering. Playing at the college level helped him develop relationship tools that he draws on today for team building.

In fact, Swinford said, his interest in complex rehab is a culmination of his life goals. As a child, he dreamed of becoming an astronaut. "I was always that math and science geek," he added.

As he matured, he felt a calling to a career of service, influenced by the respect Swinford had for his father, an FBI agent. "I was impressed with his service to his country, and his dedication to always doing what was right."

The leadership position with Numotion, Swinford said, has provided an opportunity to merge those interests and now he's building teams to serve others in an industry focused on advancements in technology and science.

The past two years have brought some of the greatest challenges and greatest rewards in a very short time, Swinford said. He led Numotion into the industry battle for regulatory reimbursement and says that's where the industry should keep fighting.

"Our greatest challenge is access," he said. "So we have to make sure we are doing everything as a company and as an industry — from developing the right technology to ensuring the products get to the user. That includes working with payers, CMS and legislators — to ensure they understand not only the social but also the economic benefits of Complex Rehab Technology.

"We've got to document how it drives down pressure ulcers and pain and use of depression medications and how it improves and allows the person using it to contribute to society and pay taxes and participate in life to the fullest."

There is drive and determination — a passion — in Swinford that's evident whether he's playing basketball in the driveway with his kids or persuading Congress to pass legislation for CRT.

Not surprising, one of Swinford's greatest career accomplishments was about change — influencing a culture change during his global work with GE Healthcare that lived on after he left that focused on people and caring for customers.

(CONTINUED ON PAGE 18)

HE'S GOT A LEADERSHIP STYLE ...
(CONTINUED FROM PAGE 17)

"IT'S GREATER THAN I EVER ANTICIPATED, THE PASSION OF EMPLOYEES, THE PURPOSEFUL NATURE OF THE BUSINESS ... I MEAN HOW COULD YOU ENCOUNTER SOMEONE LIKE TRICKETT AND NOT BE MOVED TO MAKE A DIFFERENCE?"

His concept of people-first translates into his goals for Numotion — see a person first as an individual, then as an employee, consumer or customer. "I can't begin to know what it's like to be one of our customers," Swinford said.

"But I can get to know that customer as a person and understand what their needs are. It's about listening, observing and learning. Then doing. That's where you make the greatest impact."

Swinford says that while everything Numotion does is built around better serving customers, they still have much work to do in that area. "I'm excited about the progress we've made over the past couple years but we are nowhere near where we want or need to be. We will continue to work every day to take better care of our customers."

He is surprised on a daily basis the impact this industry makes in people's lives. "It's greater than I ever anticipated," Swinford said. "The passion of employees, the purposeful nature of the business ... I mean how could you encounter someone like Trickett and not be moved to make a difference?"

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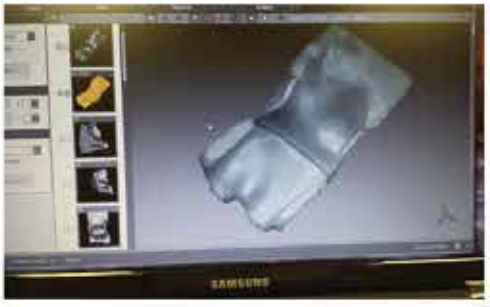

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BACK INJURY LEADS ATP TO 'TRIFECTA OF INTERESTS' IN ONE CAREER

WRITTEN BY: JULIE BARNETT

For Cole Walking Eagle ATP, RRTS®, an injury on the job led to his ideal career.

Walking Eagle, who now works at Senior Mobility Aids Inc. in Vista, California, was working in a fast-paced tire center when he injured his back a few years ago. "After going through a workman's comp-style rehab with no success, I knew there had to be a better form of rehab out there," he said.

Returning to the labor force was not an option due to his injury. "I became interested in ways to heal, mobilize and improve the function of the body due to the issues I experienced because of my injuries," he said. "I got into the Cal State San Marcos Kinesiology program, where I learned about biomechanics, robotics and the way the study of movement enriched people's lives. The biomechanics side of the human body just 'clicked' with the way my mind works. The mechanics of equipment that improved the lives of others continues to fascinate me."

Indeed, Walking Eagle has had a longtime interest in engineering and medicine.

"I have always been interested in the nature of engineering and how things work," he said. "Along with engineering, I have also been interested in the logic of law, how a string of statements can determine an answer, and the nuances of medicine, how a certain condition could be suggestive of a bigger issue. In complex rehab technologies, I have found a trifecta of my interests in one career."

"SOME OF THE BIG OPPORTUNITIES FOR MAJOR ADVANCEMENTS IN THE INDUSTRY ARE THE EMERGING TECHNOLOGIES WHEN IT COMES TO MAPPING THE BODY AND EACH INDIVIDUAL'S ANATOMY AND FINDING EQUIPMENT THAT IS COMPLETELY CUSTOMIZED TO THEM."

He says one of the most rewarding things about working as an ATP has been helping people that have been unable to acquire equipment they need for many years, equipment that others have struggled to get approved.

"One woman had osteogenesis imperfecta, which is something that no one else seemed to have taken into account that could be a factor in helping her acquire the wheelchair she desperately needed," Walking Eagle said.

"This woman had broken her finger by flipping a light switch; she had broken her leg by turning too quickly to grab a book from a bookshelf. This woman knows suffering and bodily struggle more than most, yet no one had considered the fact that the specific health issues she struggled with could help her get the equipment she needed, if they were taken into account and reported as they should be."

He saw becoming a NRRTS Registrant as a key way to get more involved and educated on how to improve the quality of care to have a better impact on clients' lives and well-being. Indeed, he feels the desire to serve others proves essential as an ATP.

"This industry offers a variety of niches, ranging from simpler equipment such as belts and knee braces to the most complex of wheelchairs and prosthetics," he said. "However, the biggest opportunity this industry offers by far is the opportunity to help enrich people's lives through mobility."

Walking Eagle sees customization as another opportunity within the Complex Rehab Technology (CRT) industry.

"Some of the big opportunities for major advancements in the industry are the emerging technologies when it comes to mapping the body

(CONTINUED ON PAGE 22)

The Battery Matters

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BACK INJURY LEADS ATP TO ...
(CONTINUED FROM PAGE 20)

and each individual's anatomy and finding equipment that is completely customized to them," he said.

He believes a challenging aspect of this industry is reporting. He notes that accurate, thorough and in-depth reports are key to getting clients what they need.

"Having a big-picture mentality when it comes to clients' health is crucial; as ATPs, we cannot only focus on the most apparent health issues," he said. "We must take into account all aspects of their health, not only to ensure accuracy, but to increase their chances of acquiring the equipment they need. Crafting reports is more of an art than an exact science. It takes a certain level of discernment to know what to put in a report."

Walking Eagle makes time in his schedule for causes close to his heart, including cleaning up the environment, acting as volunteer safety for his church, and sharing his knowledge of health and wellness with those who need guidance. In his free time, he is interested in racing cars, stocks and trying to keep fit and healthy with activities like hiking.

He says his back is much better these days. "I learned some really effective techniques that have helped me mitigate what was three days of back spasms and pain down to a three-minute rehab session, and poof, I'm back to normal," he said.

He knows firsthand what a precious thing health is. "I'm not taking for granted the health I have that many of my clients don't," he said.

CONTACT

Cole may be reached at
colewalkingeagleatp@gmail.com

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7 – 8 PM EASTERN TIME
Reporting Violations While Not Violating HIPAA
Joe McKnight, ATP/SMS, CRTS®

THURSDAY, JANUARY 26, 2017
7 – 8 PM EASTERN TIME
Effective Advocacy: Educating Your Members of Congress
Weesie Walker, ATP/SMS

TUESDAY, FEBRUARY 7, 2017
7 – 8 PM EASTERN TIME
Ultralight Manual Wheelchair Configuration for Joint Preservation
Lauren E Rosen, PT, MPT, MSMS, ATP/SMS

WEDNESDAY, FEBRUARY 8, 2017
11 AM –NOON EASTERN TIME
Wheelchair Seating Pressure Mapping
Jo-Anne Chisholm, MSc. OT

THURSDAY, FEBRUARY 9, 2017
7 – 8 PM EASTERN TIME
The Mat Assessment
Sharon Sutherland, PT

TUESDAY, MARCH 21, 2017
7 – 8 PM EASTERN TIME
Methodologies in Custom Molded Seating: How to Choose the Right System for Your Client
Cindi Petito, OTR/L, ATP/CAPS

WEDNESDAY, MARCH 22, 2017
11 AM –NOON EASTERN TIME
Fitting/Measurements of Client in Wheelchair
Angie Kiger, M.Ed., CTRS, ATP/SMS

THURSDAY, MARCH 23, 2017
7 – 8 PM EASTERN TIME
Switch Assessment for Power Wheelchair Access
Michelle L. Lange, OTR/L, ABDA, ATP/SMS

TUESDAY, APRIL 25, 2017
7 -8 PM EASTERN TIME
Wheelchair Seating Assessment: A Step by Step Process
Barbara Crane, PHD, PT, ATP/SMS

THURSDAY, APRIL 27, 2017
7 – 8 PM EASTERN TIME
Transition From Manual to Power Wheelchairs due to Age and Condition
Barbara Crume, PT, ATP

TUESDAY, MAY 16, 2017
7 – 8 PM EASTERN TIME
Power Wheelchairs: Integrating Bluetooth and Alternative Access
Michele Bishop, AT, ATP, BS, Special Education, Graduate Certificate Rehab Engineering

WEDNESDAY, MAY 17, 2017
11 AM – NOON EASTERN TIME
Power Mobility Evaluation: From Documentation to Driving
Jennith Bernstein, PT, DPT, ATP

THURSDAY, MAY 18, 2017
7 – 8 PM EASTERN TIME
Tilt: Understanding All of the Angles
Karen "Missy" Ball, PT, MT, ATP

TUESDAY, JUNE 13, 2017
7 – 8 PM EASTERN TIME
Adaptive Strollers
Delia "Dee Dee" Freney. OTR/L, ATP

THURSDAY, JUNE 15, 2017
7 – 8 PM EASTERN TIME
Funding
Claudia Amortegui, MBA

TUESDAY, JULY 18, 2017
7 – 8 PM EASTERN TIME
Bariatric Manual Wheelchairs
Cindy Duff, PT, ATP

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THURSDAY, JULY 20, 2017
7 – 8 PM EASTERN TIME
Understanding, Evaluating and Justifying Power Assist Technology
Lois Brown, MPT, ATP/SMS

TUESDAY, AUGUST 22, 2017
7 – 8 PM EASTERN TIME
Empowering Individuals who use Wheelchairs to Ensure Safe and Dignified Transportation
Danielle Morris, PT, DPT, PCS, CPST, C/NDT

WEDNESDAY, AUGUST 23, 2017
11 AM – NOON EASTERN TIME
The Right Technology at the Right Time: Considerations for Aging with SCI/D
Ginger Walls, PT, MS, NCS, ATP/SMS

THURSDAY, AUGUST 24, 2017
7 – 8 PM EASTERN TIME
Random ALS Issues That Affect Seating and Wheeled Mobility
Amber Ward, MS, OTR/L, BCPR, ATP/SMS

TUESDAY, SEPTEMBER 12, 2017
7 – 8 PM EASTERN TIME
Traumatic Brain Injuries: Considerations for Mobility Needs
Jill Sparacio, OTR/L, ATP/SMS, ABDA

WEDNESDAY, SEPTEMBER 13, 2017
11 AM – NOON EASTERN TIME
Policy Changes
Rita Stanley

THURSDAY, SEPTEMBER 14, 2017
7 – 8 PM EASTERN TIME
Cushion and Back Comparison: What's New?
Erin Michael, PT, DPT

TUESDAY, OCTOBER 10, 2017
7 – 8 PM EASTERN TIME
1 in 6,000 to 1 in 10,000- but 100% to CRT- SMA - Mobility Challenges and Solutions
Kay Koch, OTR/L, ATP

WEDNESDAY, OCTOBER 11, 2017
11 AM – NOON EASTERN TIME
Power Wheelchair Programming
Jay Doherty, OTR, ATP/SMS

THURSDAY, OCTOBER 12, 2017
7 – 8 PM EASTERN TIME
Dynamic Seating to Provide Vestibular Input
Suzanne Eason, OT/L

TUESDAY, NOVEMBER 7, 2017
7 – 8 PM EASTERN TIME
Wheelchair Seating in a Skilled Nursing Facility
Deborah A. Jones, PT, DPT, CEEAA, ATP

WEDNESDAY, NOVEMBER 8, 2017
11 AM – NOON EASTERN TIME
Lying and Sleep Posture
Lee Ann Hoffman, B. Occ., Msc., P.G

THURSDAY, NOVEMBER 9, 2017
7 – 8 PM EASTERN TIME
Optimizing Head Control and Positioning in a Wheelchair Seating System
Kelly Waugh, PT, MAPT, ATP

TUESDAY, DECEMBER 5, 2017
7 – 8 PM EASTERN TIME
Low Tone Seating – Preventing Orthopedic
Tamara Kittelson-Aldred, MS, OTR/L, ATP/SMS, PCT

TUESDAY, DECEMBER 5, 2017
7 – 8 PM EASTERN TIME
Speaker TBD

SPIRIT. MIND. BODY.

A GOOD WAY TO LIVE!

WRITTEN BY: ROSA WALSTON LATIMER

The lessons Ginger Walls learned beyond the classroom during her college years continues to affect her approach to work and life today. "I attended Springfield College in Springfield, Massachusetts, and graduated in 1989. While there, I learned how to have a balance in life. This experience shaped what I do today," she said. "The philosophy at Springfield is the education of the whole person - in spirit, mind and body - for leadership in service to others." While at Springfield, Ginger competed on the cross country indoor and outdoor track teams. "Having the opportunity to be fully engaged in college allowed me to make great friends, discipline myself and work hard. Spirit, mind and body – this is a good way to live!"

Walls' experience playing sports led to her interest in physical therapy. "I was interested in helping people recover from injuries and saw therapy from the perspective of sports medicine," she said. "I thought that was what I would do as a physical therapist."

However, a summer job in 1987 as a physical therapy tech at the National Rehabilitation Hospital in Washington, D. C., set Walls on a different path. "I was exposed to spinal cord injuries, strokes and neurological rehab for the first time. The population was interesting and fascinating and these were people who really needed my help."

She began full-time employment in the spinal cord and brain injury unit at the hospital in 1989 and continued working in its Outpatient Network the majority of the time, until 2015 when she accepted a position with Permobil.

"AS I'VE GONE THROUGH MY CAREER AS A THERAPIST AND AS AN EDUCATOR I SEE OUR HEALTH CARE SYSTEM OFTEN BECOME A BARRIER TO GOOD HEALTH AND BEST OUTCOMES."

"At NRH (National Rehabilitation Hospital) we treated a large variety of outpatients. We always said, 'If we don't treat it, you don't have it!'"

As Walls grew as a clinician, she received her Neurological Clinical Certification from ABPTS, as well as the RESNA ATP and SMS certifications, and learned more about assistive technology, seating and mobility. "That became my greatest passion as a clinician because I saw what a difference it could make in my patients' lives," she said. "Then one day I realized that I was the oldest person in our department. I had been director of Outpatient Services and the Seating/Mobility Program for more than a dozen years with the responsibilities of hiring and training staff. As staff changed and our clinic grew I had more people to train. I began to appreciate the learning curve it took to get a PT or OT geared up to be independent with complex evaluations and the clinical application of that. We don't learn very much about complex equipment and its application in PT school."

'EVERY PERSON WITH A DISABILITY HAS THE RIGHT TO HAVE HIS OR HER NEEDS COMPENSATED AS FAR AS POSSIBLE WITH AIDS WITH THE SAME TECHNICAL STANDARD AS THOSE WE ALL USE IN OUR EVERYDAY LIVES.'

Now as regional clinical education manager for Permobil, Walls supports the company's representatives in the eastern part of the United States by helping them educate clinicians and dealers. "I enjoyed working with clients and teaching other therapists how to use complex rehab equipment in my job at NRH; however, that was only about 30 percent of my job. Now this is what I do 100 percent of the time," she said. "I get to do what I love to do full time!"

Walls feels that her responsibilities with Permobil are a good fit for other reasons as well. "This is a great opportunity for me. The mission of the company was established by Permobil's founder, Dr. Per Udden, in the 1960s: "Every disabled person has the right to have his or her handicap compensated as far as possible by aids with the same technical standards as those we all use in our everyday lives"

-The company's founder Dr. Per Uddén 1967

My responsibility is to help therapists realize the opportunities they have to help their clients."

As with many who work in health care, Walls is well aware of the challenge presented by our current system. "As I've gone through my career as a therapist and as an educator, I see our health care system often become a barrier to good health and best outcomes," she said. "I believe the best therapists and providers are those who are passionate and believe they can make a difference in their patients' lives. That's why we do what we do – because we think it is important. If you believe in what you do then you should do what you believe." For Walls this call to action extends to finding a way for clients to have access to the life-changing equipment that is available today.

"Technology is going up, up, up and the health care system is staying in place," Walls continued. "If we want our clients to have access to today's technology we need to be courageous and explain to clients what will help them and why. Then we need to inform clients what their insurance will pay and what will be out-of-pocket expense. Unfortunately, because of the challenge of funding for equipment many therapists and providers get into a pattern of providing what's easy or what they've always provided. I believe we are obligated by our licenses and certifications to make people aware of the technology that is available and help them make good decisions."

Committed to this responsibility Walls has provided numerous continuing education courses and lectures and has presented at many industry conferences including ISS, RESNA and the PVA Summit.

Ginger has also attended the NRRTS conference annually for many years and has participated in advocacy efforts to impact funding issues for Complex Rehab Technology (CRT). "Since I live only 36 miles from Washington, D.C., I can easily be available to go to the Hill as well as other fairs and open house events," she said. "I am also active with the D.C. chapter of the United Spinal Association." This group is dedicated to enhancing the quality of life of all people living with a spinal cord injury or disease. The D.C. Chapter of United Spinal has its headquarters at the National Rehabilitation Hospital where Ginger previously worked. She is also a member of the Advocacy and Consumer Affairs Committee of the Academy of Neurological Physical Therapy in association with APTA.

"Our advocacy efforts are very important. It is true that the squeaky wheel gets the attention," Walls said.

(CONTINUED ON PAGE 28)

Ginger hunting. Can you see her?

Ginger (center in Freedom t-shirt) at Rolling Thunder at the Pentagon, Arlington, VA

Ginger speaking at the Helen Hayes Rehab in New York.

Ginger with her Harley Davidson Softail Slim at Keuka Lake, NY.

Ginger riding her Harley.

"IF WE WANT OUR CLIENTS TO HAVE ACCESS TO TODAY'S TECHNOLOGY WE NEED TO BE COURAGEOUS AND EXPLAIN TO CLIENTS WHAT WILL HELP THEM AND WHY. THEN WE NEED TO INFORM CLIENTS WHAT THEIR INSURANCE WILL PAY AND WHAT WILL BE OUT-OF-POCKET EXPENSE."

SPIRIT. MIND. BODY.
(CONTINUED FROM PAGE 27)

"I believe that awareness about rehab technology has increased on the Hill the past couple of years. It is great to see CRT in the media recently as it makes people aware of the technology who may not realize the core problem of accessing CRT. This can make it easier to open a dialogue about funding."

Indeed CRT is playing a prominent role in a recent movie and a new television sitcom. The teenager with cerebral palsy who is a central character in the ABC sitcom "Speechless" uses a Permobil M300 power wheelchair and the main character in the 2016 movie "Me Before You" uses a Permobil F5. The real star in the latest Jaguar F-Pace SUV automobile television commercial is world-renown physicist Stephen Hawking in his Permobil F3 playing a British villain.

"The more people are aware of the importance of this technology to the people who use it the better chance there is of making it more accessible," Walls said. "This leads to the discussion of how different this equipment is from the drug store or airport wheelchairs and how important it is to legislate differently about it so clients who need the technology the most have access to it."

Walls continues to apply the philosophy of balancing life's experiences – spirit, mind and body – that she learned at Springfield College. She and her husband, Mike, who teaches in the schools of nursing at the College of Southern Maryland and the University of Maryland, both enjoy being outdoors and enjoying their surroundings in Annapolis, Maryland. "In our spare time, we do whatever we can outdoors," Walls said. "We live on the Chesapeake Bay in an area we jokingly refer to as the Southern Maryland Redneck Riviera. For many years we had a boat that truly gave us a boat load of fun! Then we bought motorcycles." Now the couple enjoys riding their Harleys to other scenic areas such as the Shenandoah Valley area in Virginia. "We also like deer hunting. It is another way to enjoy the outdoors and it keeps the freezer full." Ginger is a dedicated Washington Redskins fan. "I don't get to many games, but I watch faithfully on television whenever possible and read articles all week leading up to a game. I've always liked being part of a team and love cheering the Redskins.

Mike and Ginger Walls with their sons and daughter-in-law before a Red Sox game in Boston, MA.

Ginger with her brother, Navy Captain Andrew Stewart.

Mike and Ginger Walls Redskins versus Packers playoff game.

Ginger and Permobil teammates refurbishing wheelchairs for charity.

The Walls are also committed to volunteer work at their church. They have taken groups of kids out to the Appalachia Service Project, which is a structured service opportunity that brings volunteers to rural Central Appalachia to repair homes for low-income families. "Our mission is to help families with their houses and help make them warmer, safer and drier," Walls said. "We also do similar work locally helping people who can't afford to pay someone to do home repairs. This also helps them know that someone understands their needs and can help them. I love doing this kind of volunteer work because it is so different from the other stuff I do every day. It is good physical therapy for the therapist."

CONTACT

Ginger may be reached at Ginger.Walls@permobil.com.

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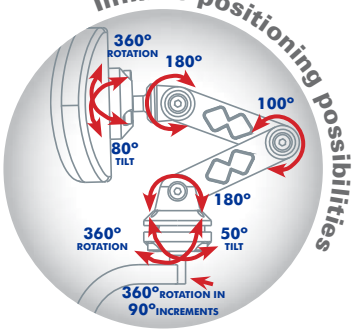

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CRT UPDATE

CRT YEAR-END UPDATE

WRITTEN BY: DON CLAYBACK

ACTIVE INVOLVEMENT PROTECTS ACCESS

In this writing we want to provide information on two important Complex Rebab Technology (CRT) matters:

• First, the year-end deadline we are facing to stop major Jan. 1 Medicare cuts to CRT wheelchair accessories and the actions stakeholders need to be taking with Congress.

• Second, the National Medicaid Survey being conducted to identify CRT coverage and payment policies in each state to assist in CRT access advocacy efforts.

YEAR-END DEADLINE FOR ACCESSORIES LEGISLATION

The CRT access question of the day is: Can the Jan. 1 major Medicare payment cuts to CRT wheelchair accessories be stopped? The ultimate answer to this question will determine the preservation of current access levels to the CRT wheelchair systems that people with disabilities depend on.

The good news is Yes, they can be stopped. But the only way to stop them rests with Congress taking legislative action before year-end. So the clock is ticking and stakeholders need to be re-connecting with their members of Congress now to get them to include this fix in their year-end session.

By the time this update is published, Congress will have returned for the "lame-duck" session. This year-end session will be a hectic time given all the post-election dynamics and the need to make decisions on what legislative action gets done in 2016 and what will be pushed into next year or abandoned.

This lame-duck session is the opportunity for passage of House bill HR 3229 and companion Senate bill S 2196 which will stop the Jan. 1 Medicare cuts to CRT wheelchair accessories. But we need Congressional action this year, not next year.

The good news is we have solid Congressional awareness and support. They provided a temporary one-year delay in 2015 for cuts to accessories used with Group 3 Power Wheelchairs. And yes, we need to be sure whatever action they take this year must also include protection for accessories used with CRT manual wheelchairs.

We have built up a very solid base of bipartisan support with 145 representatives on HR 3229 and 25 senators on S 2196. You can find the co-sponsor list by state at www.protectmymobility.org to see which of your representatives and senators have signed on to date. (Reminder: Even if they have signed on, you need to still reconnect and emphasize that the legislation must be passed this year.)

IN THE HARSH WORLD OF CONGRESSIONAL LEGISLATION, GETTING SIGNIFICANT SUPPORT IS NOT THE SAME AS GETTING A BILL PASSED. WE NEED TO LEVERAGE OUR PROGRESS AND RECONNECT WITH CONGRESS WITH THE MESSAGE THEY MUST PASS THIS LEGISLATION BEFORE THEY ADJOURN IN DECEMBER, AND THE TIME FOR CRT STAKEHOLDERS TO DELIVER THAT MESSAGE IS TODAY.

The legislation has also received written support from more than 100 national consumer/patient/clinician groups through coalition letters to Congress. These coalitions include the ITEM Coalition, the Consortium for Citizens with Disabilities, and the National Disability Leadership Alliance. Sincere thanks goes to them for their support.

(CONTINUED ON PAGE 32)

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CRT YEAR END UPDATE
(CONTINUED FROM PAGE 30)

But here is the most important message. In the harsh world of Congressional legislation, getting significant support is not the same as getting a bill passed. We need to leverage our progress and reconnect with Congress with the message they must pass this legislation before they adjourn in December, and the time for CRT stakeholders to deliver that message is today.

To make that happen, members of Congress must hear from their constituents now as they discuss priorities for year-end action. The message to them is these major and inappropriate cuts must be stopped and that the CRT accessories bill is "must pass" legislation.

With that in mind, please reconnect with your members using the email and phone call links at www.protectmymobility.org. If your members are already co-sponsors, thank them and emphasize the need to pass the legislation this year. If they are not signed on, make that request and stress the need for passage before they adjourn.

There's a great deal at stake and time is running out. People with disabilities continued access to needed CRT wheelchairs and accessories depends on Congress passing HR 3229 and S 2196 this year. It's up to us to help Congress do the right thing.

NATIONAL MEDICAID CRT SURVEY

State Medicaid policies and funding play a critical role in providing an environment that allows people with disabilities to obtain the critical CRT equipment and services they depend on.

As we do advocacy work at the state level, we must have accurate information on what each state is doing when it comes to CRT coverage and payment. With that in mind NCART is conducting a National Medicaid CRT Survey in order to gather current information from each state.

The survey is currently open and can be completed online. It is designed to enable CRT providers to supply answers to a variety of CRT specific questions relating to their state.

To yield the important information needed, the survey questions are detailed. The good news is the time that is invested to complete it accurately will produce a critical database of information to use in our efforts to protect access to CRT within Medicaid programs.

If you are a CRT provider and would like more details on participating, please email me or use info@ncart.us to make that request. In appreciation of the time invested, all participating organizations will receive a copy of the National Survey Report at no charge.

Thanks in advance to CRT providers for helping to gather this important data so we can better understand coverage and payment for CRT in your state and identify areas requiring advocacy action.

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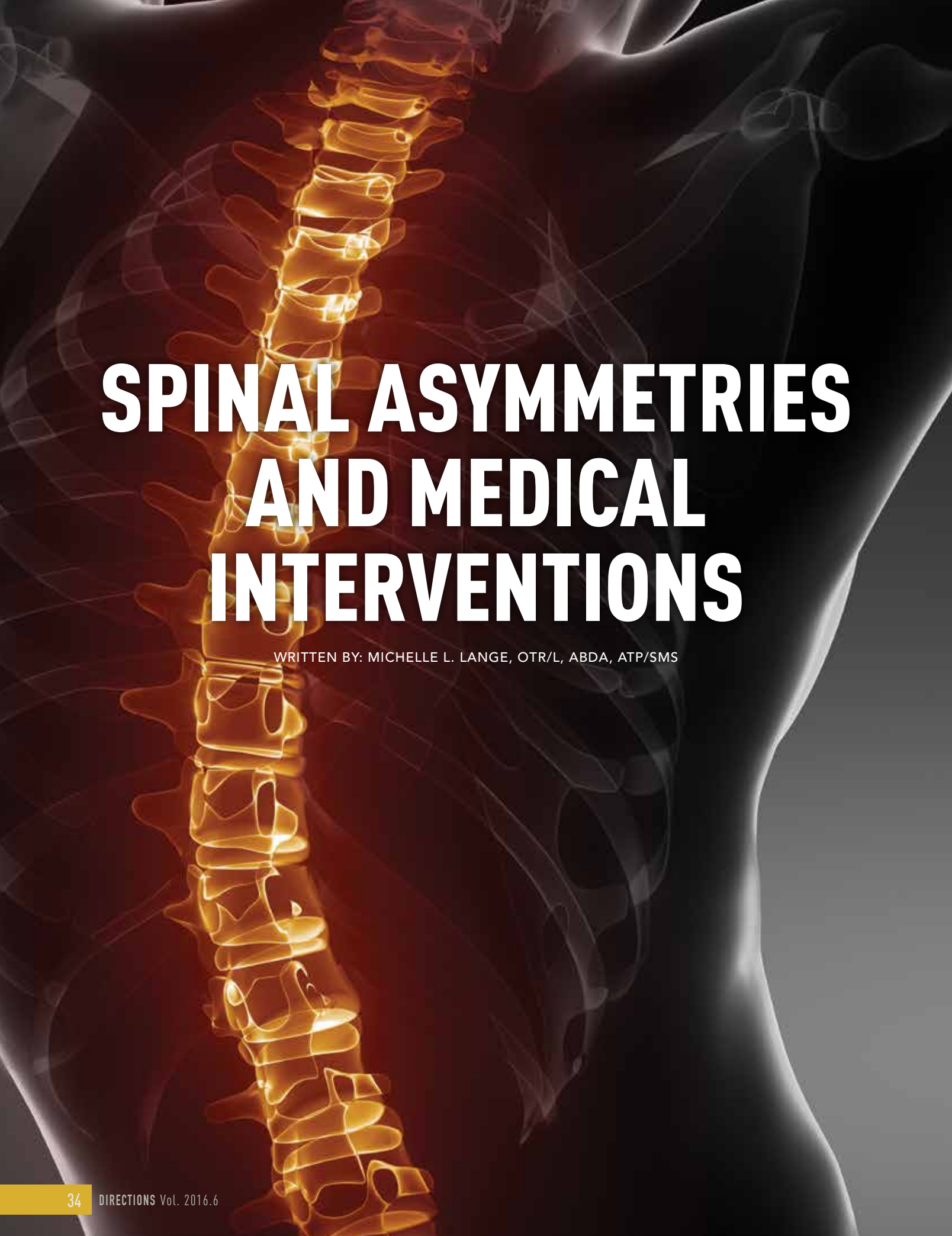

SPINAL ASYMMETRIES AND MEDICAL INTERVENTIONS

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

SPINAL ASYMMETRIES INCLUDE SCOLIOSIS, KYPHOSIS AND LORDOSIS. THESE CONDITIONS LEAD TO THE VERTEBRAE OF THE SPINE MOVING OUT OF TYPICAL ALIGNMENT AND ARE OFTEN REFERRED TO AS SPINAL CURVATURES.

Spinal asymmetries include scoliosis, kyphosis and lordosis. These conditions lead to the vertebrae of the spine moving out of typical alignment and are often referred to as spinal curvatures. The ribs are attached to the spine and so any curvature of the spine impacts the shape of the ribcage as well. Certain medical conditions can lead to spinal asymmetries, including conditions where an imbalance of muscle tone or strength occurs on either side of the spine or where low tone, muscle weakness or paralysis leads to a collapse of the spine. Changes to the spine can happen rapidly during growth in children. If an asymmetry continues to worsen, particularly a lateral scoliosis, internal organs can be compressed and breathing may become difficult.

A client with spinal asymmetries may be followed by an orthopedic surgeon and rehabilitation physiatrist. X-rays are used to measure the degree of curvature and to monitor changes in the curve. For many clients, it is difficult to get an accurate x-ray from a seated posture due to either an inability to sit upright without postural supports or due to the effects of gravity on the spine.

Treatment options vary by the amount of curvature present and the impact on functioning. In milder spinal asymmetries, therapeutic interventions to stretch shortened musculature and strengthen weakened muscles can be effective. Chiropractic manipulation may restore mobility between vertebrae and reduce curvature. Alternative positioning, including nighttime positioning, can be effective in providing a long time period of a corrected (or as much as possible to correct) position, often in supine to minimize the impact of gravity on the spine. Orthotics, such as a TLSO (Thoracic Lumbar Sacral Orthosis), may also be used to align the spine as much as possible. These can be worn throughout much of the day and night, including within a wheelchair seating system. Orthotics are used more in the pediatric population and are often discontinued after the child stops growing. Certainly wheelchair seating is designed to minimize the progression of spinal asymmetries. Molded seating systems, in particular, can provide pressure distribution and postural support to an asymmetrical spine and ribcage. This intimate contact may also help minimize further progression of these asymmetries.

CHANGES TO THE SPINE CAN HAPPEN RAPIDLY DURING GROWTH IN CHILDREN. IF AN ASYMMETRY CONTINUES TO WORSEN, PARTICULARLY A LATERAL SCOLIOSIS, INTERNAL ORGANS CAN BE COMPRESSED AND BREATHING MAY BECOME DIFFICULT.

In more severe curvatures, surgical intervention may be required. One option is growth rods. This procedure is sometimes used in children who are still growing in order to delay when a spinal fusion may be required, allowing further growth of the trunk in the meanwhile. These growth rods are manipulated by a minor surgical procedure or by use of magnetically controlled rods that can be manipulated externally. Growing spine rods attach to the top and bottom sections of the spinal curvature and are adjusted as needed to accommodate growth, often every six months. Spinal fusion is often recommended when the spinal curvature is greater than 45 degrees. In a spinal fusion, two or more of the vertebrae are connected to achieve alignment and prevent further movement. Pieces of bone or bone-like material are placed between the vertebrae. Metal rods are often used to hold the spine in as corrected a position as possible as the old and new bone heals. People with severe spinal curvatures may have most of their vertebrae fused and the rods may attach to the pelvis.

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REFERENCES:

SCOLIOSIS. OVERVIEW AND TREATMENT. MAYO CLINIC.

HTTP://WWW.MAYOCLINIC.ORG/DISEASES-CONDITIONS/SCOLIOSIS/HOME/OVC-20193685

HTTP://WWW.MAYOCLINIC.ORG/DISEASES-CONDITIONS/SCOLIOSIS/DIAGNOSIS-TREATMENT/TREATMENT/TXC-20193777

CLINICAL CORNER

IS CUSTOM MOLDED SEATING APPROPRIATE IN PEDIATRICS?

WRITTEN BY: MAY CLAIRE HETZEL, PT

Not only is custom molded seating an appropriate intervention in pediatrics, it is frequently the key intervention that provides a seated environment which promotes optimal physiological, psychological and functional benefits. As we are the first generation of caregivers providing care to people with significant disabilities who have the potential to live as long as us, we have a responsibility to provide effective intervention that will help prevent postural and functional deterioration over time. It is essential that we take a proactive approach and provide early intervention to those with neuromuscular disabilities (See Picture 1).

When providing seating for the pediatric population, the paramount objective must be optimally fit. A wheelchair seating system's mechanism for growth is only valid if that mechanism does not compromise efficacy over time. As the majority of growth in the pediatric population occurs distally in the long bones, the mechanism for growing a seating system should reflect this. A sliding mechanism of back support relative to seat for growth alters the contours and fit proximally in an attempt to address growth distally. Planar seating systems are often selected for their ability to "grow" in this fashion. This can result in a less than optimal fit at initial delivery and further compromise over time. A potentially more responsible seating intervention is a custom molded seating system that has the ability to be grown distally, to provide and maintain optimal proximal stability, while adapting for the client's growth over time.

IT IS ESSENTIAL THAT WE TAKE A PROACTIVE APPROACH AND PROVIDE EARLY INTERVENTION TO THOSE WITH NEUROMUSCULAR DISABILITIES.

An end result of normal child development is the use of asymmetry for function and stability. We use asymmetrical postures at rest for stability, and we need asymmetrical postures for stability, control and power for function. Pathological asymmetry occurs when function and stability is sought in the absence of the ability to transition in and out of different postures. A child may get "stuck" in a certain posture due to abnormal tone or reflexes, for example an ATNR (asymmetric tonic neck reflex), or as an outcome of a postural habit or strategy that results in prolonged static asymmetrical postures. Wolff's Law states that the body grows and remodels in response to the forces that are placed upon it (Wolff, 1986). Placing specific stress in specific directions to the body can help it remodel. Fulford and Brown (1976) state that when an individual spends many hours without moving easily and often into different positions, soft tissues shorten, ligaments stretch and gravity affects the person's body, so that slowly and gradually it becomes distorted. Eventually, the body changes shape and no longer bounces back to where it started. They state that any person with movement impairment is at risk. Hill and Goldsmith (2010) state the body is a mobile structure that is vulnerable to distortion, but also susceptible to restoration, as long as the correct biomechanical forces are applied.

So if a child spends the majority of time throughout a 24-hour period in a posture that does not promote balanced growth and development, that child will experience chronic postural deterioration, and as Kittleson-Aldred and Russell (2017) state, biomechanical forces are at the root of these body shape distortions that complicate wheelchair seating for many people. The inability to move or be moved into different positions leads to a multitude of complications, which include further immobility, increased asymmetries, skin breakdown, as well as asymmetries dysfunction. These secondary complications can ultimately result in premature death in this fragile population with complex health care needs. Fortunately, accurate seating and body orientation can harness the forces of gravity to promote symmetry and stability in sitting. Planar support surfaces, even generically contoured seating, often lack the accuracy and intimacy of fit, and the ability to create precise body orientations (in all planes) to counter destructive postural tendencies. Custom molded seating may prove to be the best first intervention, rather than the avenue of last intervention.

EFFECTIVE CUSTOM MOLDED SEATING CAN HELP PREVENT THE PROGRESSION OF SCOLIOSIS, OR AT THE VERY LEAST, SLOW THE DETERIORATION, ALLOWING A CHILD TO REACH AN AGE WHERE THEY ARE NEARLY FULL GROWN, HEALTHY, STRONGER AND MORE CAPABLE OF RECOVERING SUCCESSFULLY FROM A SPINAL FUSION.

Persson-Bunke, Måns et al. (2012) state that children with cerebral palsy have an increased risk of developing scoliosis. The reported prevalence varies between 15 percent and 80 percent depending on the client's age and the severity of the cerebral palsy. Scoliosis has been associated with problems in sitting, pressure injuries, cardiopulmonary and gastrointestinal dysfunction, and pain. It has also been shown to be associated with pelvic obliquity, windswept tendency, and hip dislocation. In children with cerebral palsy, a spinal brace may slow the rate of progression of the curve magnitude, but most curves with a Cobb angle exceeding 40 degrees will progress, also in adulthood, if not treated surgically (Persson-Bunke, Mans, et al, 2012). This speaks to the importance of early intervention to slow or prevent postural deterioration, thereby hopefully avoiding the need for spinal surgery. Effective custom molded seating can help prevent the progression of scoliosis, or at the very least, slow the deterioration, allowing a child to reach an age where they are nearly full grown, healthy, stronger and more capable of recovering successfully from a spinal fusion.

Should spinal fusion surgery eventually be indicated, it is essential to provide

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IS CUSTOM MOLDED SEATING ...
(CONTINUED FROM PAGE 37)

responsible post surgical seating. A spinal fusion typically results in a reasonable degree of postural correction, but it does not necessarily resolve the intrinsic forces that led to the scoliosis in the first place. The abnormal forces acting upon the client's spine will likely continue to be present postoperatively. It is essential to provide optimal postural support and protection to prevent failure of, or complications from, the spinal fusion. Additionally, a spinal fusion typically results in a less mobile sitter, and thus creates an elevated pressure injury risk profile. When done correctly, custom molded seating can provide the intimate protection and application of forces to protect the fusion and support good skin health.

Custom molded seating has clear advantages for the growing and developing child who presents with consistent and persistent destructive postural tendencies that cannot be controlled by lesser planar and generic contoured seating. Justification for any custom seating must include objective information regarding the inability of lesser technologies to control those tendencies. In addition to an objective postural assessment, further assessment of functional skills relative to seating options should also be completed.

Optimal seated posture in a classroom setting is essential to maximize the learning experience. Costigan and Light's study (2010) on the effect of the seated position on upper-extremity access to augmentative communication for children with cerebral palsy provides evidence of the positive effects of functional seating. Success with augmentative communication devices is often key for social interaction, inclusion and a feeling of success and well-being. Consistent alignment and proximal stability is also key for children with neuromuscular disorders who are using head switch access or an eye-gaze mechanism for communication, mobility or other functions and activities (See Picture 2). Without the benefit of optimal control, alignment and stability provided by effective custom-molded seating, these tasks may become too challenging and assistive technology is often abandoned, preventing children from achieving their highest potential for independence. How many times will a child swing a bat when all they get are bad pitches?

Custom molded seating is too frequently a last-ditch effort to seat individuals with rapidly deteriorating

4-year-old Spencer before and after custom molded seating intervention.

9-year-old Spencer sitting nicely and utilizing switches at the head for communication.

13-year-old Spencer in custom molded side-lying.

posture. When the intervention is delayed, non-reversible postural deterioration and its severe sequelae may have already occurred. Historically, custom molded seating was too heavy, bulky, difficult to keep clean, unable to manage heat and moisture, and had no mechanism to adjust for growth and change over time. Now, with advanced design and materials influenced by orthotic and prosthetic science, options for custom molded seating are readily available that are low in profile, adjustable for growth and change, easy to sanitize and efficient at managing heat and moisture. By addressing the shortcomings of traditional design, these new designs make custom molded seating an appropriate choice for the growing and developing child.

Prevention of postural deterioration is most effectively accomplished by concurrently addressing both lying (night-time postural care) and sitting postures (Kittleson-Aldred & Russell, 2017). Children with mobility impairments are especially vulnerable to the force of gravity because their variety of positions and movement is significantly limited. Children are at special risk during growth spurts. Poor alignment in sleeping positions, when much of the growth takes place, can also contribute to long-term musculoskeletal complications such as scoliosis and joint dislocations.

As an adjunct to custom molded seating, a 24-hour postural care plan is recommended as a gentle, non-invasive, cost-effective way to promote health and quality of life for people with motor impairments. Postural care can help protect the shape of a person's body, balance muscle tone, reduce pain, ease physical care, improve sitting posture and tolerance, and increase the quality of sleep. Too often seating professionals will make alterations to seating systems over time to accommodate deterioration, rather than look outside of the seating system for other factors contributing to the problem at hand. Complex and rapidly deteriorating postural and functional conditions cannot be treated effectively through seating alone. Thoughtful and accurate in-and out-of-wheelchair postural care may be the key combination of interventions for maintaining a person's ability to sit long-term (see picture 3).

In summary, well-designed custom molded seating is an excellent intervention for the pediatric population. Again, early intervention is key for a good outcome. Fit should always be the primary goal, and growth should not hinder performance throughout the useful life of the product. The capability of precise fit, coupled with a biomechanically sound mechanism for growth, creates a no-compromise custom molded seating option for the pediatric population. Responsible custom molded seating is extremely beneficial to the well-being and overall development of children with significant mobility impairment (see Picture 4).

19-year-old Spencer learning to drive with switch access.

POOR ALIGNMENT IN SLEEPING POSITIONS, WHEN MUCH OF THE GROWTH TAKES PLACE, CAN ALSO CONTRIBUTE TO LONG-TERM MUSCULOSKELETAL COMPLICATIONS SUCH AS SCOLIOSIS AND JOINT DISLOCATIONS.

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REFERENCES:

1. COSTIGAN, F., LIGHT, J (2010) EFFECT OF SEATED POSITION ON UPPER-EXTREMITY ACCESS TO AUGMENTATIVE COMMUNICATION FOR CHILDREN WITH CEREBRAL PALSY: PRELIMINARY INVESTIGATION.

2. FULFORD, G.E. AND BROWN, J.K. (1976) "POSITION AS A CAUSE OF DEFORMITY IN CEREBRAL PALSY." DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY, VOL. 18, PAGES 305-314.

3. HILL, S.; GOLDSMITH, J. (2010) BIOMECHANICS AND PREVENTION OF BODY SHAPE DISTORTION.

4. KITTLESON-ALDRED AND RUSSELL. THE LINK BETWEEN LYING AND SITTING: IMPLICATIONS FOR PRACTICE (ABSTRACT FOR 2017 INTERNATIONAL SEATING SYMPOSIUM).

5. PERSSON-BUNKE, MÅNS, ET AL.(2012) SCOLIOSIS IN A TOTAL POPULATION OF CHILDREN WITH CEREBRAL PALSY.

6. WOLFF J. "THE LAW OF BONE REMODELING". BERLIN HEIDELBERG NEW YORK: SPRINGER, 1986

REHAB CASE STUDY

PEDIATRIC MOLDED SEATING

A CASE STUDY

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

Children who require wheelchair seating are often placed in linear seating systems that have flat or generically contoured surfaces. Linear seating systems come in a wide range of sizes, are easily grown and seating angles can be readily changed as needed. Some children require additional support from a molded seating system. These systems provide intimate contact with the child for increased postural support, alignment and stability. By molding the seating system to the child, orthopedic asymmetries can be accommodated with good pressure distribution and support. This degree of postural control may slow the progression of spinal curvatures, control excessive muscle tone and improve stability and support for function. Molded seating systems do not "grow" as readily as linear systems and are more costly. Documentation must include why a less costly category of seating system will not meet the child's needs.

Taylor is 8 years old and has cerebral palsy. He has significant extensor tone in his extremities and low tone in his trunk and neck. He has a tilt in space manual wheelchair and a linear seating system. He is unable to self-propel a manual wheelchair and is non-verbal. He was evaluated for positioning, access to a speech generating device and power mobility.

THIS DEGREE OF POSTURAL CONTROL MAY SLOW THE PROGRESSION OF SPINAL CURVATURES, CONTROL EXCESSIVE MUSCLE TONE AND IMPROVE STABILITY AND SUPPORT FOR FUNCTION. MOLDED SEATING SYSTEMS DO NOT "GROW" AS READILY AS LINEAR SYSTEMS AND ARE MORE COSTLY. DOCUMENTATION MUST INCLUDE WHY A LESS COSTLY CATEGORY OF SEATING SYSTEM WILL NOT MEET THE CHILD'S NEEDS.

Taylor is small for his age and, hopefully, has some significant growth ahead of him. He may be receiving a gastrostomy tube in the near future, which could lead to some much needed weight gain. He does not have any orthopedic surgeries planned, though his rehabilitation physician would like to place a Baclofen pump in the future once Taylor has grown. Each of these factors could certainly change his seating requirements.

In his current linear seating system, Taylor tends to sit in a posterior pelvic tilt, lateral trunk flexion to his left and forward head flexion (See Picture 1). He frequently extends with significant force. He does not appear comfortable in this seat, though does not indicate discomfort when asked. The pelvic belt was mounted at 45 degrees. This was changed to 60 degrees in an attempt to better limit the rotation of his pelvis into a posterior tilt. Taylor sits on an anti-thrust cushion, but this was quite deep, unweighting his pelvis. The "well" behind the anti-thrust curb was filled in a bit to match his anatomical needs. Taylor could be positioned in a neutral pelvic tilt in this seating system, however, despite these changes, he continues to extend into a posterior pelvic tilt and exerts so much force that he was developing redness and obvious discomfort below the ASIS (See Picture 2).

ALTHOUGH TAYLOR HAS NOT YET DEVELOPED ANY FIXED SCOLIOSIS, HE IS AT HIGH RISK. WHEN EXAMINED IN SUPINE ON THE MAT TABLE, HE HAS ALMOST NO LATERAL TRUNK FLEXION TO HIS RIGHT AND EXHIBITS EXCESSIVE LATERAL FLEXION TO THE LEFT.

The position of the lateral trunk supports were adjusted to better control his lateral trunk flexion, however even three-point control was inadequate to maintain his spine in alignment. Although Taylor has not yet developed any fixed scoliosis, he is at high risk. When examined in supine on the mat table, he has almost no lateral trunk flexion to his right and exhibits excessive lateral flexion to the left. This asymmetry in range is a strong indicator of the direction in which a future curve will develop.

Taylor was using a fairly generic head support. He was better able to hold his head upright when provided with a head support which included suboccipital and lateral support, however, his head position was greatly impacted by his position within the seating system and his overall extension patterns. More than a different head support was required.

After trying a number of modifications to the current linear seating system with minimal postural improvement, we decided to try a molded seating system. We were concerned that the modified linear system was not providing adequate postural support, alignment or stability. Taylor was not very functional in this system, and I hoped that increasing his support and stability would allow him to access a

TAYLOR WILL HAVE MORE LINEAR GROWTH THAN IN WIDTH AND THE BACK HEIGHT AND SEAT DEPTH CAN BE GROWN IN THIS MOLDED SEATING SYSTEM. IF HE COMPLETELY OUTGROWS

speech-generating device and power wheelchair. We were concerned that Taylor was at high risk for developing a spinal curvature and believed that a molded back would provide the best spinal alignment.

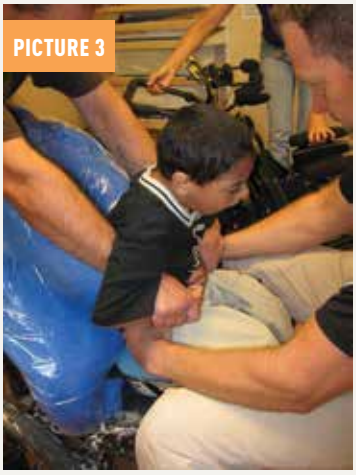
I met Taylor at Aspen Seating for an appointment. There, we re-evaluated his positioning needs and did a shape capture (See Picture 3). The shape capture process was challenging. Taylor has some sensory issues and the thin plastic covering the shape capture bag didn't feel good to him. Fortunately, Mom had brought a longsleeve

(CONTINUED ON PAGE 42)

PEDIATRIC MOLDED SEATING ...
(CONTINUED FROM PAGE 41)

Posterior pelvic tilt, lateral trunk flexion, head flexion in LSS

Continued posterior pelvic tilt despite several changes



Aspen Seating Shape Capture with Eric Harja and Noel Mojar

Taylor's Aspen Seating Orthosis

An unhappy, but aligned, Taylor (He is usually a happy guy)

HE WAS BETTER ABLE TO HOLD HIS HEAD UPRIGHT WHEN PROVIDED WITH A HEAD SUPPORT WHICH INCLUDED SUBOCCIPITAL AND LATERAL SUPPORT, HOWEVER, HIS HEAD POSITION WAS GREATLY IMPACTED BY HIS POSITION WITHIN THE SEATING SYSTEM AND HIS OVERALL EXTENSION PATTERNS.

TAYLOR WILL HAVE MORE LINEAR GROWTH THAN IN WIDTH AND THE BACK HEIGHT AND SEAT DEPTH CAN BE GROWN IN THIS MOLDED SEATING SYSTEM. IF HE COMPLETELY OUTGROWS THIS WITHIN THREE YEARS OF DELIVERY, THE ENTIRE SEATING SYSTEM WILL BE REPLACED UNDER WARRANTY.

sweatshirt and hood and he tolerated the process well while wearing this. Despite his small size, Eric Harja and Noel Mojar of Aspen Seating had to keep a firm hold of Taylor and maintain him in a flexed posture to successfully capture his shape.

Documentation was completed and funding approval was obtained on the first submission. Documentation included pictures of Taylor in the current linear seating system and in the molding bags to support our recommendations and illustrate what we were trying to accomplish. The fitting process takes some time, as Taylor had to sit in the new Aspen Seating Orthosis (ASO) for long periods of time to ensure that he did not develop any redness or other issues. Taylor tolerated the new seating system very well (See Picture 4).

This system maintains Taylor in postural alignment. His extension is well controlled, with the exception of his upper extremities (See Picture 5). With so much support and stability, Taylor was able to access a switch placed at the right side of his head to control – a speech-generating device. After giving him time to learn how to use his speech-generating device, he was also

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PEDIATRIC MOLDED SEATING ...
(CONTINUED FROM PAGE 43)

evaluated for power mobility. The ASO was placed into a demonstration power wheelchair and Taylor was able to drive using a head array.

Growth is a definite concern. One of the reasons we recommended the ASO is that it can be grown. Taylor will have more linear growth than in width and the back height and seat depth can be grown in this molded seating system. If he completely outgrows this within three years of delivery, the entire seating system will be replaced under warranty.

Taylor is symmetrical at this time and has significant growth ahead of him. However, standard cushions and backs or a linear seating system were not able to address his needs. Taylor required intimate contact to maintain his postural alignment, control his extension tone and minimize risk of future spinal curvatures secondary to an imbalance of muscle tone on either side of the spine.

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ottobock.

Kids come first

Nurmi Neo posterior walker

GROUNDHOG DAY

WRITTEN BY: ALEX BENNEWITH

It's that time of year again. Everyone needs all hands on deck through the end of the year, and I know we can do it. For all of us, it may feel like the film, "Groundhog Day" (1993), directed by Harold Ramis, where Bill Murray's character, Phil, relives the same day over and over again. But fans of the film will tell you that although Phil is stuck in the same day multiple times, each day is not exactly the same since he learns from his mistakes. He makes behavior changes and achieves slightly different results and reactions from the other characters. Just as in the film, even though we are working on the same issue every year, Complex Rehab Technology (CRT), in order to achieve better coverage and reimbursement for our members, users and clients, we are moving forward. We are learning from what works well and what doesn't work well with policymakers, and we have made great progress with legislator support and their comprehension of our issue, including the one-year delay of exempting power CRT and related components (accessories) introduced last year. In that respect and due to the momentum we have created, we have been successful.

AT THE TIME OF THIS WRITING, UNITED SPINAL CONTINUES TO WORK HARD IN ADVOCATING FOR IMPROVED QUALITY OF LIFE AND BETTER ACCESS TO CRT FOR OUR MEMBERS AND THE BROADER DISABILITY COMMUNITY.

Sponsorship numbers for the accessories bills are 145 for HR 3229 and 25 for S 2196. Bill support is bipartisan including Congressional leadership and support from administration personnel. Until a few years ago, we all had to talk to Congress about what CRT is – CRT 101. Throughout the last couple of years, our focus has moved to clarifying the distinction between CRT manual and CRT power and that is our focus now through the end of year. I think we have made some significant headway on that distinction with Congress and the administration but of course our work is not done.

Yes, it's that time of year again, but we are in a different place so let's keep moving forward. At the time of this writing, United Spinal continues to work hard in advocating for improved quality of life and better access to CRT for our members and the broader disability community. The action to United Spinal's advocates for now through the end of the year is to urge Congress to implement HR 3229/S 2196. If that fails, second choice is to extend the delay of exempting CRT from competitive bidding pricing – the delay currently applies only to power CRT (which all of us were successful in passing last year) – with the addition of manual CRT. The third choice is another delay like the current delay exempting CRT power from competitive bidding pricing.

Please urge your clients and customers to keep calling their members of Congress for the benefit of providers, clinicians and users. And as always, 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 so they may receive policy and legislative updates and advocacy alerts from United Spinal Association: http://www.unitedspinal.org/advocacy-alliance/advocacy-alliance-messages/.

As an homage to "Groundhog Day," yes, it's that time of year again. Everyone needs all hands on deck through the end of the year, and I know we can do it!

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User-Inspired Design

1 **CARBON FIBER BACK**

Eases strain on the lower back

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THE REPAIR TOPIC … AGAIN. A CHANGE IN MODIFIERS … I THINK.

WRITTEN BY: CLAUDIA AMORTEGUI

I cannot believe that several years have passed, and I continue to write about repairs and replacement parts for Medicare orders. I would like to say this is the last time, but unfortunately I know it is not.

In my last article we discussed how Medicare has decided that replacement parts on Complex Rehab Technology (CRT) wheelchairs would not be considered CRT – meaning they would pay such parts at the competitive bid rate (single payment amount) when provided in a competitive bid area, no matter the wheelchair base the part would be placed on. This stemmed from instructions provided in CR9579 (CMS MLN Matters Article #MM9579). This same article did provide one small piece of good news: Effective Oct. 1, 2016, Medicare would pay replacement parts as a lump sum, up-front purchase, even if the item fell under the Capped Rental pricing category. An example of such an item is code E1028 (WC Accessory, Manual Swingaway, Retractable or Removable Mounting Hardware for Joystick, Other Control Interface or Positioning Accessory).

UNFORTUNATELY, SOME OF THE INSTRUCTIONS WERE INCORRECT AND AS OF THIS WRITING, WE ARE NOT ABSOLUTELY 100 PERCENT POSITIVE. AT THIS POINT, IT APPEARS THAT PROVIDERS SHOULD DO THE FOLLOWING WHEN BILLING FOR REPLACEMENT PARTS ON WHEELCHAIRS (OR ANY DME REPLACEMENT PART).

Some guidance was provided on how to bill, and even more so, when specific questions were asked. Unfortunately, some of the instructions were incorrect and as of this writing, we are not absolutely 100 percent positive. At this point, it appears that providers should do the following when billing for replacement parts on wheelchairs (or any DME replacement part).

• When billing a replacement part that falls under the capped rental category, the following modifiers should be used: NU KH RB plus any other appropriate modifier such as RT or LT, KX, and GA (if applicable). If the item is not considered a capped rental, then the modifiers would be the same with the exception of the KH (this modifier would not be used at all).

Initially a specific question was asked on what modifiers should be billed, and we were told to use NU RB plus the appropriate modifiers – not the KH. As of the writing of this article, it appears that the addition of the KH is correct, however the Medicare contractors were looking to retest the scenario just to be certain.

• If you had already been billing a replacement part as a capped rental prior to Oct. 1, you will bill the remaining dollar amount owed on or after Oct. 1. You will still use the KH modifier – even if you technically had been billing it as a rental for nine months. When billing the replacement parts do not ever use KI or KJ.

• The combination of RR RB will be denied and will not be processed.

• If the repair part was not a new item when originally provided, then the UE (used equipment) modifier would be used instead of the NU.

• The KU modifier is not to be used on repair parts since Medicare decided they will pay for all repair parts at the same rate. Medicare did not carve out these parts for special pricing as even when used with a CRT manual or power wheelchair.

The above are the basic guidelines on billing replacement parts on beneficiary owned wheelchairs. Keep in mind if the wheelchair base is a capped rental and it is still in the rental period, the provider is responsible for maintenance and servicing at no extra charge. Once the wheelchair base caps, the end-user

YOU ALSO NEED TO VERIFY THAT ANY SUCH CLAIMS BILLED FOR SERVICES DELIVERED ON OR AFTER OCT. 1, ARE REVIEWED FOR PROPER PAYMENT. IF YOUR COMPANY FOLLOWED THE INITIAL EXPECTED RULES, THE CLAIMS HAVE LIKELY BEEN DENIED.

is considered the owner and then repairs/replacements will be considered for payment.

You need to be certain that your company is billing these repair/replacement claims appropriately, or you are just going to be faced with a lot of unnecessary denials.You also need to verify that any such claims billed for services delivered on or after Oct. 1, are reviewed for proper payment. If your company followed the initial expected rules, the claims have likely been denied. Based on the type of denial received, you will either have to go through the appeals process or resubmit the claim.

Stay tuned for the high likelihood of additional, changed and/or removed modifier instructions used on initial issue full wheelchair orders as we enter the new year.

CONTACT THE AUTHOR
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Andrew Robinson, ATP/SMS, CRTS®
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