52 a tribute to industry superstar SIMON MARGOLIS

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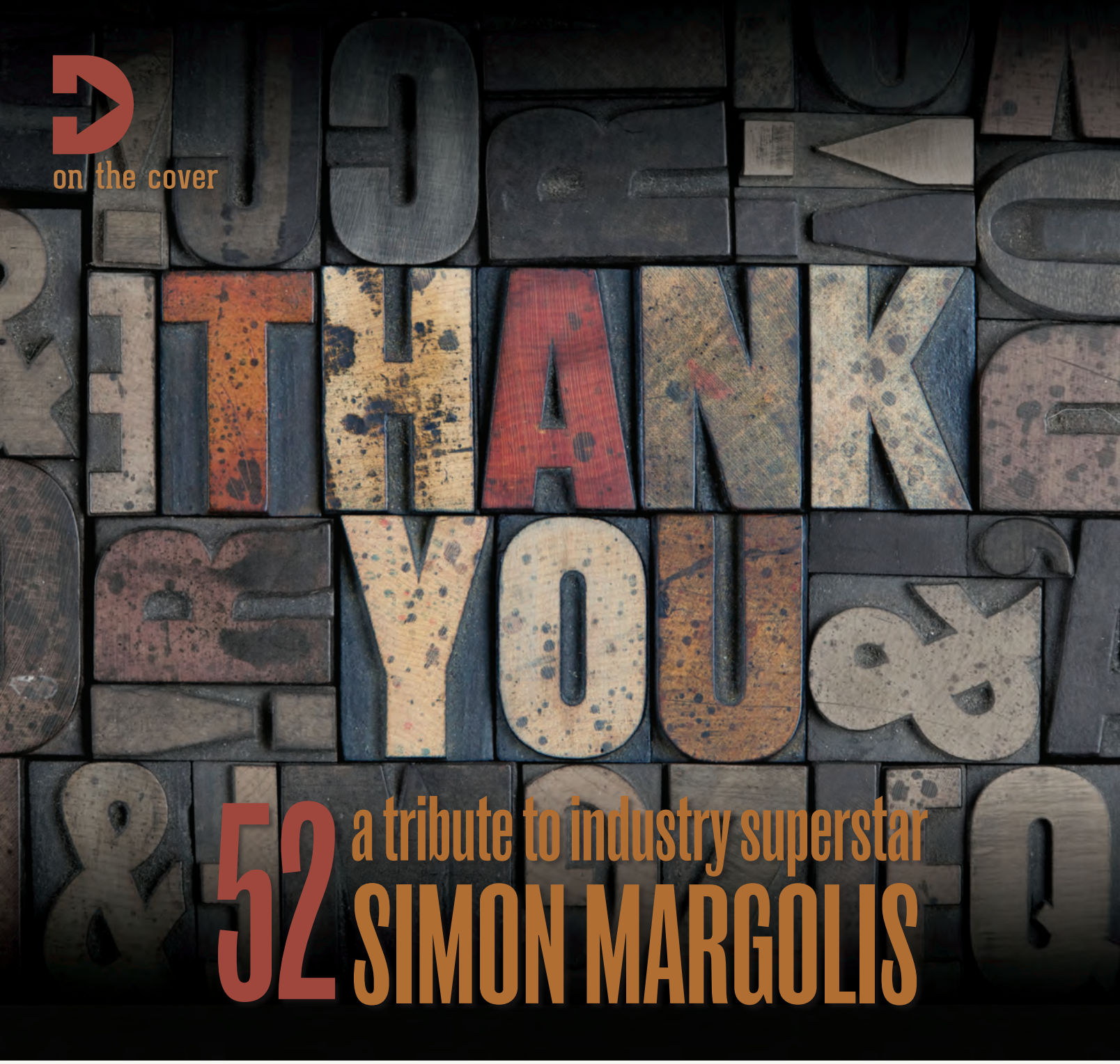

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ALEXANDRA (ALEX) BENNEWITH

Bennewith is vice president of Government Relations, United Spinal Association. Bennewith advocates for legislation and regulations regarding disability and health policy at both the federal and state level and works closely with a range of stakeholders in the durable medical equipment and supplies, prescription drug, public health and disability communities. She graduated from Brandeis University and received her Master of Public Administration from American University. SEE PAGE 70.

DON CLAYBACK

Clayback is executive director of the National Coalition for Assistive and Rehab Technology (NCART). Clayback has more than 23 years of experience in the Complex Rehab Technology and Home Medical Equipment industries as a provider, consultant and advocate. He is actively involved in industry issues and a frequent speaker at state and national conferences. SEE PAGE 34.

LAURA COHEN, PHD, PT, ATP

Cohen is the principal for Rehabilitation & Technology Consultants in Arlington, Va. She is the executive director of the Clinician Task Force (CTF), a national group of seating and mobility clinicians working to influence Medicare and Medicaid coding, coverage, and payment policies for complex rehab and assistive technology devices. The CTF provides clinically relevant information about seating and wheeled mobility device assessment and decision making to policy makers to ensure appropriate access for individuals with disabilities. SEE PAGE 38.

JAY DOHERTY, OTR, ATP/SMS

Doherty, is the clinical education manager for Quantum Rehab. Doherty oversees the development of complex rehab education programs and speaks to rehab facilities and equipment providers about Quantum Rehab's Products from a clinical perspective. SEE PAGE 48.

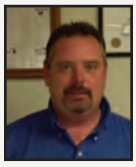
ANN EUBANK, LMSW, OTR/L, ATP

Eubank is vice president of Community Initiatives for UsersFirst, a program of United Spinal Association. SEE PAGE 70.

WAYNE GRAU

Grau is vice president of sales for The MED Group. He has served on the board of directors or as a committee member for many of the state associations and is presently on the Ohio Association of Medical Equipment Services board of directors. Grau presents on various topics including business leadership, sales strategies, government affairs, and retail sales. He is a graduate of the University of North Texas with a Bachelor of Business Administration in Marketing. SEE PAGE 26.

RANDY MALCOLM ATP, CRTS®



Malcolm was exposed to wheelchairs when he was a toddler and had the misfortune of having two spinal cord injuries in his family. Because of the early exposure, he has always been interested in the medical field and has worked in it since the age of 16. Malcolum has a nursing and computer networking back ground but found his true calling in complex rehab. He prefers to work on the most difficult of cases, which require high customization and challenge to provide the most optimal result. Malcolm currently works with all diagnoses and all age populations. He is always looking to educate himself and try everything new. His next plans include obtaining the SMS credential and CAPS certification. SEE PAGE 30.

TODD A. MOODY, ESQ.

Moody is a health care attorney with Brown & Fortunato, P.C., a law firm based in Amarillo, Texas. Brown & Fortunato's Health Care Group represents home medical equipment companies, pharmacies and other health care providers throughout the United States. SEE PAGE 20.

MICHELLE REEDER, PT, ATP

Reeder is a neurological physical therapist who has been in practice for 17 years, the last five with an ATP certification. She works with the multidisciplinary team at the Wake Forest Baptist Health's ALS Certified Center providing care to those affected by ALS. **SEE PAGE 42**.

DOMINIC RUSSO

Russo is president of the United States Power Soccer Association. Russo first got involved in power soccer in 2003 by coaching Sudden Impact. He has coached two National Championship teams and was the assistant coach of the 2007 squad that won the inaugural World Cup. He helped start a team at Ball State University, which became the first college-registered team. He continues coaching the RHI Indy Inferno and serves as the director of operations for Power Soccer of Indy. He was the founding president of the USPSA from 2006 until June 2012. He lives in Carmel, Ind., with his wife, Karen, and has two children, Natalie and JC. **SEE PAGE 66**.

BRITTNEY THOELE

Thoele is a consumer advocate who attended the National CRT Conference in that capacity. **SEE PAGE 16**.

WEESIE WALKER, ATP/SMS

Walker is Executive Director of NRRTS. **SEE PAGE 14**.

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TUESDAY, JANUARY 21, 2014
5:00PM TO 7:00PM PACIFIC

Positioning the Pelvis

ALLEN SIEKMAN

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WEDNESDAY, JANUARY 22, 2014
9:00AM TO 11:00AM CENTRAL

Positioning the Trunk

Where do we start and what's important?

SHARON SUTHERLAND [PRATT], PT

THURSDAY, JANUARY 23, 2014
5:00PM TO 7:00PM EASTERN

Positioning the Head

LESLIE FITZSIMMONS, PT, ATP

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TUESDAY, FEBRUARY 18, 2014
5:00PM TO 7:00PM PACIFIC

Positioning the Upper Extremities

JARROD ROWLES, ATP/SMS, CRTS®

WEDNESDAY, FEBRUARY 19, 2013
9:00AM TO 11:00AM CENTRAL

Positioning the Lower Extremities

STEPHANIE TANGUAY, OTR/L, ATP

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THURSDAY, FEBRUARY 20, 2014
5:00PM TO 7:00PM EASTERN

Aging with a Disability

SUSAN JOHNSON TAYLOR, OT/L

TUESDAY, MARCH 11, 2014
5:00PM TO 7:00PM PACIFIC

Using the Science of Materials to Compare Wheelchair Seating Support Surfaces

W. DARREN HAMMOND, MPT, CWS

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THURSDAY, MARCH 13, 2014
5:00PM TO 7:00PM EASTERN

POVs vs. PWCs

Clinical Indicators for the Power Mobility Spectrum

STEVE BOUCHER OTR/L, ATP

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TUESDAY, APRIL 22, 2014
5:00PM TO 7:00PM PACIFIC

Ethics for All

SIMON MARGOLIS, CO, ATP/SMS

THURSDAY, APRIL 24, 2014
5:00PM TO 7:00PM EASTERN

Advanced Positioning

Pressure Issues and the Latest Research and How This Impacts Our Recommendations

SHARON SONENBLUM, PH.D. AND TERESA CONNER-KERR, PT, PH. D., CSW, CLT

TUESDAY, MAY 20, 2014
5:00PM TO 7:00PM PACIFIC

Clinically Speaking

A Practical Guide to Evaluation and Documentation for Mobility Assistive Equipment

JULIE PIRIANO, PT, ATP/SMS

THIS COURSE IS SPONSORED BY PRIDE MOBILITY

WEDNESDAY, MAY 21, 2014
9:00AM TO 11:00AM CENTRAL

Seating Considerations for Clients with SCI

JILL MONGER, PT, MS, ATP

THURSDAY, MAY 22, 2014
5:00PM TO 7:00PM EASTERN

Optimizing Manual Wheelchair Propulsion

in Pediatrics, Product and Configuration Clinical Indicators

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

TUESDAY, JUNE 17, 2014
5:00PM TO 7:00PM PACIFIC

Business Practices

Shaping the Future of CRT and the Professional RTS

WEESIE WALKER, ATP, SMS

THURSDAY, JUNE 19, 2014
5:00PM TO 7:00PM EASTERN

Restraints and Wheelchair Seating and Positioning

BARB CRANE, PH.D., PT, ATP/SMS

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TUESDAY, JULY 15, 2014
5:00PM TO 7:00PM PACIFIC

Dealing with Difficult Clients and the Tools You Need to be Successful!

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

WEDNESDAY, JULY 16, 2014
9:00AM TO 11:00AM CENTRAL

Positioning out of the Box

Kinesio® Taping in Seating

KATHERINE L. CLARK, MOT, OTR/L, ERIN M. POPE, PT, MPT

THURSDAY, JULY 17, 2014
5:00PM TO 7:00PM EASTERN

Advanced Power Mobility

Emerging Technologies

LISA ROTELLI

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TUESDAY, AUGUST 19, 2014
5:00PM TO 7:00PM PACIFIC

Posture and How it Develops

Standing and Sitting Considerations for the Young Child

SHARON SUTHERLAND [PRATT], PT

2014 NRRTS WEBINARS

THURSDAY, AUGUST 21, 2014
5:00PM TO 7:00PM EASTERN

Power Mobility Options

For Clients with Muscle Weakness

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

TUESDAY, SEPTEMBER 16, 2014
5:00PM TO 7:00PM PACIFIC

Self-Advocacy

Where to Start and, by the way, I Don't Have Time!

GERRY DICKERSON, ATP, CRTS®

WEDNESDAY, SEPTEMBER 17, 2014
9:00AM TO 11:00AM CENTRAL

Dynamic Seating

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

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THURSDAY, SEPTEMBER 18, 2014
5:00PM TO 7:00PM EASTERN

"Traffic School"

Tips for Creating a Power Mobility Training Program

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

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TUESDAY, OCTOBER 8, 2014
5:00PM TO 7:00PM PACIFIC

Pediatric Power Mobility

Earlier Intervention

AMY MORGAN, PT, ATP

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THURSDAY, OCTOBER 9, 2014
5:00PM TO 7:00PM EASTERN

The relationship of Vision, Posture and Mobility

Implications for seating and mobility for neurologically involved clients

TERESA PLUMMER, PHD, OTR, ATP, CEAS, CAPS

TUESDAY, NOVEMBER 11, 2014
5:00PM TO 7:00PM PACIFIC

Back it Up!

Basics of Back Supports

BRENLEE MOGUL-ROTMAN, OT REG.[ONT.], ATP/SMS

WEDNESDAY, NOVEMBER 12, 2014
9:00AM TO 11:00AM CENTRAL

Complex Rehab Mobility

Medicare Reimbursement Requirements and Documentation Strategies

ELIZABETH COLE, MSPT, ATP

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THURSDAY, NOVEMBER 13, 2014
5:00PM TO 7:00PM EASTERN

Choosing the Best Therapeutic Support Surface

LINDA NORTON, OT REG.[ONT], MSCCH

TUESDAY, DECEMBER 16, 2014
5:00PM TO 7:00PM PACIFIC

WHO Training Materials

An Overview and Usage Suggestions

JAMIE NOON

THURSDAY, DECEMBER 18, 2014
5:00PM TO 7:00PM EASTERN

It's More Than Just Physical

Considering All the Needs of Complex Clients in Seating and Mobility

TAMARA KITTELSON-ALDRED

2014 NRRTS WEBINARS

INVEST IN THE FUTURE OF CRT

If you're with a company that provides or manufactures Complex Rehab Technology (CRT) you know coverage and payment challenges continue to mount at the federal, state, and private payer levels. It's a real battle out there.

To protect the interests of your customers and your business, we invite you to invest in the future of CRT by joining the National Coalition for Assistive and Rehab Technology. NCART works with policy makers, legislators and others to establish and maintain appropriate coverage and funding in order to protect and improve access. But NCART needs additional companies to join the fight.

We're asking you to join other committed CRT providers and manufacturers in supporting efforts to protect access to CRT by becoming an NCART member. Companies can submit an online membership application by going to the NCART website at www.ncart.us and visiting the Membership area.

For questions or additional information contact Don Clayback, NCART Executive Director, at 716-839-9728 or dclayback@ncart.us. Thanks for your support!

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JOIN TODAY!

NCART was established to provide the leading advocacy voice on CRT issues. Our mission is to ensure individuals with significant disabilities and chronic medical conditions have adequate access to needed CRT products and services.

The resources and activities of NCART are focused on three primary priorities:

-- Securing a Separate Benefit Category (H.R. 942 and S. 948) to provide formal recognition of the specialized nature of CRT and improve coverage policies and safeguards.

-- Addressing Medicaid CRT problems by providing strategic advice and advocacy on CRT coverage and funding issues.

-- Building relations with Consumer and Clinician organizations through joint advocacy among all CRT stakeholders.

NCART brings together dedicated CRT providers and manufacturers to make a positive difference. Join NCART today to fight for CRT so people in your community can access the specialized equipment and services they require and depend on.

'TIS THE SEASON

WRITTEN BY: WEESIE WALKER, ATP/SMS

NRRTS is working on several different projects for 2014.

On-Demand Webinars will be an exciting addition for the website. New applicants and Registrants can use this valuable resource to earn CEUs. Webinars can be viewed on your own schedule. This will be a selection of courses that are relevant and timely. The list will be updated on a regular basis. There is more to come on this.

Another enhancement to the NRRTS website will be the option to renew your registry online. This will eliminate mailing and faxing documents.

NRRTS will co-host the Annual CRT Conference in Washington, D.C., with NCART. The dates for this very important industry event are April 28 to May 1. Mark your calendars now. This will be the seventh year for Complex Rehab Technology (CRT) stakeholders to come together for education, networking and visits to Capitol Hill. The bill to Ensure Access to Quality Complex Rehabilitation Technology Act is vital to our industry. By working together, we can make this happen!

She led the organization with a calming style. In these challenging times she never lost her vision of the purpose and mission of NRRTS. Because of that, NRRTS continues to grow stronger and form deeper commitments to the Professional RTSs.

Michelle Lange has put together an outstanding line up of Webinars for 2014. These presentations are on a wide range of topics offering intermediate to advanced-level courses. As a NRRTS Registrant, all these webinars are offered at no charge.

To Everything (Turn, Turn, Turn)
There is a season (Turn, Turn, Turn)
Remember that song from the Byrds?

This past year has been one of significant changes for NRRTS.

We must say, "Job well done," to Michele Gunn for her leadership as president of the board for the past two years. She led the organization with a calming style. In these challenging times she never lost her vision of the purpose and mission of NRRTS. Because of that, NRRTS continues to grow stronger and form deeper commitments to the Professional RTSs.

We must say, "Welcome," to Mike Osborn. By no means is Osborn new as he has served seven years on the board of directors. Now, he is assumes his new role as president of the board. He brings an understanding of the CRT industry as a business owner. He is committed to the advancement of our profession.

The most significant change is Simon Margolis' retirement. NRRTS was his idea. He brought the organization into this world. He nurtured, guided and molded a standard of practice and code of ethics. This is his legacy. There is not one aspect of NRRTS that does not bear his mark. For that we are all extremely grateful. Thank you for your dedication to the CRT industry.

CONTACT THE AUTHOR
Weesie may be reached at wwalker@nrrts.org.

He brought the organization into this world. He nurtured, guided and molded a standard of practice and code of ethics. This is his legacy. There is not one aspect of NRRTS that does not bear his mark.

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THE ANIMATED LIFE OF BRITTNEY THOELE

WRITTEN BY: RANDY CHRISTIAN

Regardless of age, we've all watched our fair share of cartoons. Whether it's the old Looney-Tunes starring Bugs, Elmer, Daffy and the rest of the gang or the never-ending odd and often bizarre cast of characters seen daily on the Cartoon Network, they all magically come alive thanks to the talent and skills of animation artists. Once pen and paper were standard tools-of-the-trade for cartoon creators, but now using high-powered computers and sophisticated software, today's animators lean on this cutting-edge technology to make most anything come to life. Whether it's a corny cowboy named Woody, a sponge who lives in a pineapple under the sea, or muscle cars that become heroic Autobots and evil Decepticons, animation wizardry makes the impossible possible. Making things run, jump, leap and even fly is masterfully accomplished when loads of time and tons of technology is generously applied. If only the same animation magic could somehow be used to help the thousands of men, women and children who, for numerous reasons, have lost their ability to run, jump, leap or just stand up tall, straight and without assistance. Their real world is void of the freedom cartoon super heroes take for granted in their unreal world. Ironically, Brittney Thoele, who has relied on her wheelchair since age 5 to navigate her world is headed to Savannah College of Art and Design in Savannah, Ga., to further her career as an animation artist. From her wheelchair, she has learned to make characters and things of all shapes and sizes do what she cannot.

I doubt many of us have sat around the dinner table and chatted about motor neurons. But, if spinal muscular atrophy (SMA) affects the life of someone you love, you know exactly what these tiny little cells do when working properly and what happens when they don't. They are critically important cells that are responsible for supplying electrical and chemical messages to muscle cells. For people with SMA something has gone haywire genetically, and the cells fail to transmit sufficient power to the muscle cells. The results are inferior muscle cells that become smaller or atrophied and intolerably weak.

> It wasn't until Thoele and her family moved from Florida to Michigan that another physician saw clear signs that her mother was neither overprotective nor abusive. Something was definitely wrong with little Thoele and an appointment was made with a neurologist.

TOP RIGHT: BRITTNEY AND BAMBAM AFTER SHE APPLIED TO SCAD SUMMER 2012.
BOTTOM RIGHT: BRITTNEY AND MASON AFTER THEIR CERTIFICATION TEST OCTOBER 2013.

Brittney Thoele was diagnosed with SMA III at 5 years old. At first, her parents were not sure what was wrong with their baby girl. It wasn't until she consistently had trouble pulling herself up off the floor and attempting to stand up and walk that they realized something was seriously awry. Try as she might, Thoele fell over again and again.

"My mom told my doctor I was falling over all the time and thought something was wrong. He just thought she was overprotective," Thoele said.

Thoele's constant falls, of course, took its toll on her tiny body in the form of lots of bumps and bruises. After one visit to the same doctor, the doctor and staff refused to allow her mother to take Thoele and her sister home, fearing the two were being abused. Obviously, abuse wasn't the case, and SMA continued to take its toll on Thoele's body as well as her family. It wasn't until Thoele and her family moved from Florida to Michigan that another physician saw clear signs that her mother was neither overprotective nor abusive. Something was definitely wrong with little Thoele, and an appointment was made with a neurologist. After simply observing Thoele's struggle to lift herself off the floor, the neurologist immediately scheduled a series of tests. They were to be administered at the world-renowned Mayo Clinic in Rochester, Minn. Fortunately, it was not terribly far from their home in Michigan.

"I wasn't a big fan of needles after the testing. They did a lot of blood work and took a muscle biopsy. They sent electrical signals to certain muscles to see if you felt it and how you'd react. It was painful and not a very fun time," Thoele said.

It wasn't until several months later that Thoele received an official diagnosis.

(CONTINUED ON PAGE 18)

THE ANIMATED LIFE OF BRITTNEY THOELE *(CONTINUED FROM PAGE 17)*

At that moment she and her family began to learn exactly why this horrid disease chose to invade her body. What she and her family discovered was that, like many other diseases, it was a case of genetic Russian Roulette.

"Both my parents carry what is called the 'missing gene.' Each time you have a child, there's a one in four chance of that child having SMA. I just happened to be the child who got SMA. My sister could have gotten it," Thoele said.

Even before she received the official word a manual wheelchair had already entered her life. SMA continually zapped her energy causing her to welcome the comfort and support of her wheelchair. According to Thoele, it was in early 1999 that she opted to use a wheelchair full time.

Her schools days were filled with equal parts of fun and frustration. When she was younger, things were relatively bright and enjoyable. Most of the kids thought it was cool their classmate was in a wheelchair. It actually brought positive attention to Thoele and helped build a bit of self-worth that would come in handy in later years. She'd often let some of the kids hop on her wheelchair and go for a ride. They thought it was a lot of fun, but things changed when she entered middle school.

Yes, Thoele did have obvious physical limitations, but her brain was more than willing to make up the difference. But as she explains, often in certain public school settings, people with physical disabilities are automatically lumped-in with people with intellectual disabilities. This was certainly the case 20 years ago.

"In seventh grade, I should have been in advanced English class. They put me in a regular English class even though my test scores showed I should be in the advanced class," Thoele said.

Things got more difficult for Thoele in high school. Neither the teachers nor the administration had ever dealt with a student who was physically, but not mentally challenged.

Consequently, Thoele was forced to intensify her self-advocacy. It was doubly hard for her because the leadership in her school had never experienced anyone – much less a kid in a wheelchair – telling them what they thought was best for one of their students. What followed, to put it mildly, were lots of disagreements. As Thoele said, "They were not good listeners."

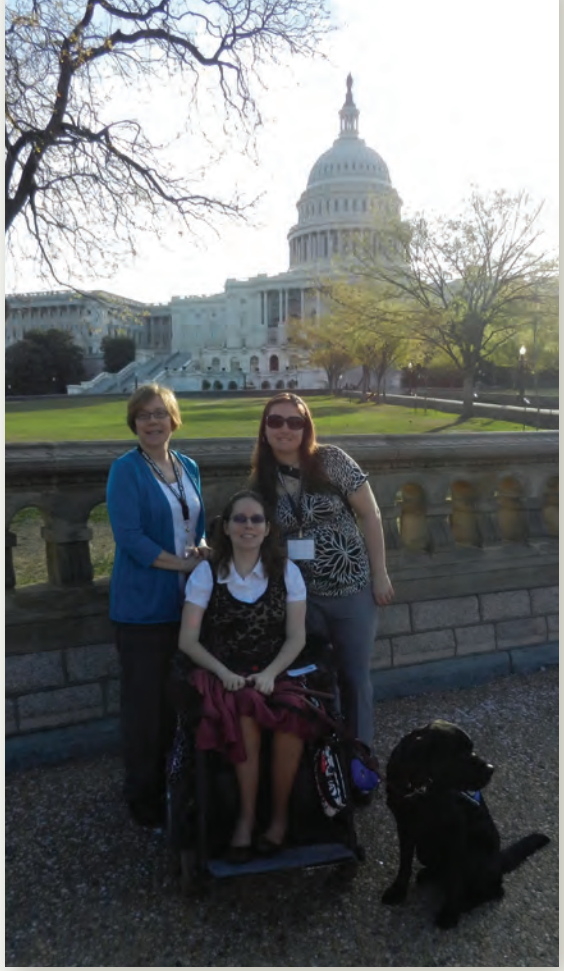
CHRIS AND BRIAN WAITING WITH MICHELE, BRITTNEY AND BAMBAM FOR THEIR NEXT CONGRESSIONAL MEETING CELA 2013.

Eventually, things worked out, sort of. Thoele capitulated to most of the administration's flawed wisdom, but that did not stop her from participating in many fun and beneficial activities after school that she dearly loved.

"Had I known what I do today, things might have been different, but I didn't. Now, I tell parents of disabled students who are having difficulty in school who to talk to," Thoele said.

Life and learning are much different for Thoele today. She has found her career passion – animation. After honing her art skills at Kalamazoo Valley Community College she transferred in 2010 to the College for Creative Studies. Now, she is packing her bags and moving to the Savannah College of Art and Design in Savannah, Ga. Yes, she is leaving the sub-zero winters of Michigan for the Old South charm and Indian summers of Savannah. The art and design school started in 1978 with five trustees, four staff members, seven faculty members, and 71 students. Now, the college has more than 10,000 students with campuses in Atlanta and Savannah, Ga,; Lacoste, France; and Hong Kong. It would seem Thoele is headed to a place with a wonderful reputation worldwide.

In her limited spare time, Thoele has joined rehab technicians at the University of Michigan in advocating for legislative change regarding complex rehabilitation. She is also in the end stages of training her second service dog. She even journeyed to Washington, D.C., for the National CRT Conference in April 2013, an experience she will not soon forget. Not only did Thoele have the opportunity to meet others with disabilities, but also several congressional leaders and their assistants. She would share the horror of people purchasing wheelchairs that were completely wrong for their needs



MICHELE MYERS (MOTHER), HEATHER DUKE (SISTER), AND BRITTNEY THOELE WITH BAMBAM READY TO START THEIR DAY OF CONGRESSIONAL MEETINGS AT CELA 2013.

resulting in pain and discomfort. On more than one occasion, jaws dropped and eyes snapped wide open as Thoele replayed the many trials and tribulations she experienced in her lifetime. Will she go back to the hill with her new National CRT Conference friends? Absolutely. Savannah is much closer to D.C. than Michigan!

Spinal muscular atrophy has without question limited Thoele's life in a variety of ways. What it didn't do is rob her of that special seed planted deep inside every human being that craves freedom, independence and purpose. It seems she battled and won her freedom from those in charge of high schools who refused to recognize individual differences of people with disabilities. She has gained her independence by working hard and achieving goals and continuing to chase her dreams. So, what is her purpose? Doing what the Walt Disneys and the George Lucases have been doing for many, many years. Some call it animation, but kids of all ages call it amazing. Wow, Thoele, how much fun – making all kinds of things run, jump and even fly forever and ever and ever.

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ARE YOUR LEADS INFECTED?

What DME Suppliers Need to Know About Purchasing and Calling Leads

WRITTEN BY: TODD A. MOODY, ESQ

Lead generation companies ("LGCs") have been around for years in the non-health care space. However, in the last several years, LGCs have come into the health care market in droves. Unfortunately, most lead companies that have been successful in the widget market are clueless regarding the multiple federal anti-fraud laws in the health care market, such as the Medicare anti-kickback statute and the telephone solicitation statute. Equally as unfortunate, there are too many durable medical equipment (DME) companies that do not understand these laws either. What is legal in the widget market may very well not be legal in the home medical equipment (HME) market.

The following examples illustrate the government's perception as to what is going on in the DME industry:

Medicare beneficiaries are being called by LGCs under the guise of a "survey" in which the LGC asks the beneficiary about her refrigerator, her dog food and her laundry detergent. Then the caller says "By the way, does anyone in your house have or need a wheelchair?" When the beneficiary says, "I do," the caller asks for permission for a wheelchair company to call her. When the beneficiary says "yes," then the wheelchair company calls the beneficiary, and then pays money to the LGC for the lead on a "per lead" basis. In short, the LGC is calling the beneficiary to get permission for a DME company to later call her. This is a sham. It is a violation of the telephone solicitation statute, it is a violation of Supplier Standard 11, and the wheelchair company is liable. This is also likely a violation of the Medicare anti-kickback statute.

A "final expense life insurance company" sells $7,500 life insurance policies to individuals to cover the cost of burial. The company compiles a list of policy-holders. The company knows what each policy-holder's medical condition is. The life insurance company calls its policy holders and asks them if they would like to talk to a DME company about wheelchairs. The policy holder says, "Yes," and the life insurance company transmits the information to a wheelchair supplier. The wheelchair supplier then calls the policy-holder in order to sell her a wheelchair or related supplies. The wheelchair company pays the life insurance company for the lead on a "per lead" basis. This is a sham. It is a violation of the telephone solicitation statute; it is a violation of Supplier Standard 11; and the wheelchair company is liable. This is also likely a violation of the Medicare anti-kickback statute.

A television or magazine ad says nothing about DME. The ad generally talks about "lifestyle." The beneficiary calls the toll-free number contained in the ad. Over the phone, the LGC asks the beneficiary if anyone in her home has or needs a wheelchair. If the beneficiary says, "Yes," then the LGC asks the beneficiary if a wheelchair company can call her. The beneficiary says "yes" and the wheelchair supplier calls her. The wheelchair supplier pays the LGC on a "per lead" basis. This is a violation of the telephone solicitation statute; it is a violation of Supplier Standard 11, and the wheelchair company is liable. This is also likely a violation of the Medicare anti-kickback statute.

An Internet ad says nothing about DME. The ad generally talks about "lifestyle." The beneficiary checks a box consenting to be called. In response to this electronic "consent-to-be-called," the LGC calls the beneficiary and asks her if anyone in her home has or needs a wheelchair. If the beneficiary agrees, then the LGC asks the beneficiary if a wheelchair company can call her. The beneficiary says "yes" and the wheelchair supplier calls her. The wheelchair supplier pays the LGC on a "per lead" basis. This is a violation of the telephone solicitation statute; it is a violation of Supplier Standard 11, and the wheelchair company is liable. This is also likely a violation of the Medicare anti-kickback statute.

Often, the Medicare beneficiary is sick and elderly. The beneficiary may have consented (over the phone) to have a number of DME companies send items or supplies to her. This consent may have arisen from confusion on the beneficiary's part. The government is finding that many beneficiaries are receiving supplies from multiple companies. The government is finding that many beneficiaries have a closet full of boxes of unused DME and supplies.

Often, a DME company will obtain

the physician's name from the beneficiary and fax an order to the physician. The physician will sign the order and send it back to the DME company without even talking to the beneficiary. Alternatively, the physician will not sign the order because the physician has not seen the beneficiary in a long time or the physician does not believe that the beneficiary needs the equipment described in the order.

While some of these examples may be more common with respect to certain items or supplies, they apply to all types of DME.

Governmental agencies and contractors are aggressively looking at relationships between LGCs and DME companies. For example, either as part of an unannounced site visit, or pursuant to a letter inquiry, the NSC is asking DME companies about how they are obtaining new customers. In particular, the NSC is asking the DME company whether it is purchasing leads. If the NSC concludes the telephone solicitation statute and/or Supplier Standard 11 is being violated, then the NSC will suspend the DME company's supplier number. Accrediting Organizations ("AOs") are asking the same questions of their clients. If the AO believes the DME company's marketing activities are violating the telephone solicitation statute and/or Supplier Standard 11, then the AO will threaten to revoke the accreditation unless the DME company takes corrective steps. The ZPICs are extremely aggressive. Until recently, the ZPIC would only examine the DME company's patient files and not ask additional questions. This is no longer the case. ZPICs are asking for the names and contact information of the DME company's marketing reps. They are interviewing (in person and/or over the phone)

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the DME company's patients and the physicians whose names are on the orders, and they are drilling down on whether the DME company is purchasing leads. If the ZPIC concludes the DME company is violating the telephone solicitation statute and/or Supplier Standard 11, then the ZPIC may instruct all four DME MACs to suspend payments to the DME company. This brings us to the Department of Justice ("DOJ"). We are now seeing the DOJ investigate lead purchase arrangements. The DOJ's focus is not on the telephone solicitation statute/Supplier Standard 11, but rather the focus is on whether the arrangement violates the Medicare anti-kickback statute (which is a criminal statute). And, claims arising out of violations of the Medicare anti-kickback statute are false claims for purposes of the False Claims Act. In short, DME companies that purchase leads are living in a glass house. There are multiple "camels' noses under the tent flap."

So what exactly is the law as it pertains to purchasing leads?

medicare anti-kickback statute

When a DME company signs a lead generation agreement ("LGA") with an LGC, the first main legal issue that must be addressed involves the Medicare anti-kickback statute. This statute provides criminal penalties for any person or company that solicits, receives, offers or pays any remuneration to a person or company to induce the person/company to refer an individual for Medicare-covered items or services, or to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any Medicare-covered items or services, subject to certain exceptions. It is acceptable to purchase a lead, however, it is a violation of the anti-kickback statute to pay for referral. The line between the two can be blurry. According to analysis in one OIG Advisory Opinion, there is a distinction between (i) a "raw" or "unqualified" lead and (ii) a "qualified" lead. It is acceptable for an LGC to obtain basic information from a lead (name, address and telephone number) and sell this "raw" lead to a DME company. The DME company can, in turn, pay the LGC on a per lead basis. If, however, the LGC obtains "qualifying" information on the lead (e.g., Medicare number, other insurance information, medical condition, physician's name, products currently

being used, etc.) and sells the qualified lead to the DME company which, in turn, pays for the lead on a per lead basis, then it is likely the government will take the position that the DME company is not buying a lead, but that the DME company is paying for a referral… .and paying for a referral violates the anti-kickback statute.

As stated earlier, the line between a "raw" lead and a "qualified" lead is blurry. The following exercise may be helpful: Picture a continuum. On the left side of the continuum is what amounts to a clearly "raw" lead (name, address, and phone number). On the right side of the continuum is what amounts to a clearly "qualified" lead (diagnosis, medical condition, products currently being used, physician's name, Medicare/insurance information). The chances of the raw lead ending up being a paying customer are low, similar to when a person calls the DME company in response to a newspaper ad. On the other hand, the chances of a qualified lead ending up being a paying customer are appreciably higher, similar to a referral from a physician or a hospital. Purchasing a raw lead is acceptable as it is not paying for a referral. Purchasing a qualified lead (where the compensation is on a per lead basis) is tantamount to paying for a referral, and that implicates the Medicare anti-kickback statute. As the lead moves along the continuum from the left to the right, there is a line that is crossed where the lead transforms from a raw lead to a qualified lead. Unfortunately, where that line is located is not clear. If in addition to name, address and phone number the LGC collects one additional piece of information (e.g., insurance information), then the lead starts moving from the left to the right. However, is this one piece of additional information sufficient to move the lead from the raw to the qualified category? No, probably not. But what about two pieces of additional information? Or three pieces of additional information?

Again, it is acceptable for a DME company to purchase a raw lead on a "per lead" basis. It is not acceptable to purchase a qualified lead on a per lead basis. The only possible way for a DME company to acquire qualified leads is for the agreement with the LGC to fall within, or substantially fall within, the Personal Services and Management Contracts safe harbor to the Medicare anti-kickback statute. Among other requirements, the agreement must have at least a one year term, the compensation must be fixed one year in advance (e.g., $48,000 over the next 12 months), and the compensation must be the fair market value equivalent of the services rendered by the LGC.

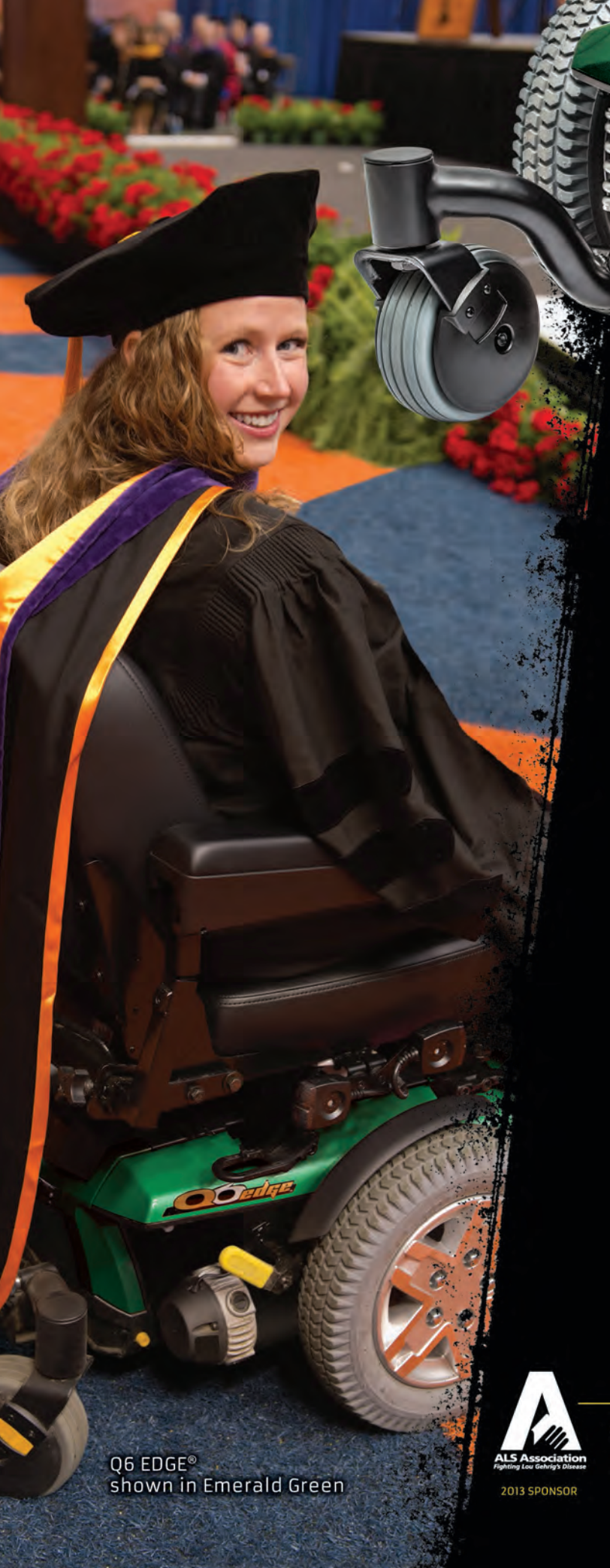
One more thing: When it comes to determining if an arrangement violates a federal anti-fraud statute, it is "substance over form." If it looks like a duck, walks like a duck, sounds like a duck……..you get the picture. The following is not acceptable: (i) the LGC obtains qualifying information on the beneficiary; (ii) the LGC only gives the beneficiary's name, address and phone number to the DME company; and (iii) the DME pays for the lead on a per lead basis. In reality, the LGC is selling a qualified lead to the DME company. In order for the lead to be raw or unqualified, the information obtained by the LGC must be limited to name, address and phone number.

telephone solicitation statute

Now, let us turn our attention to the telephone solicitation statute and Supplier Standard 11. They essentially say the same thing. The statute/standard says a DME company (or a person or company on behalf of the DME company) may not call a prospective customer (who is a Medicare beneficiary) unless the beneficiary has first given his written permission to be called. In addition to the "blue ink" signature of the beneficiary, the Federal Electronic Signature Act states the written permission can be "electronic." An electronic signature will include the beneficiary calling the LGC or DME company in response to an ad. It also entails a beneficiary clicking a "consent-to-be-called" box on a web page. In order for the electronic signature to satisfy the "written permission" requirement of the statute/standard, it must comply with the nuances set out in the E-Sign Act.

Remember, "If it looks like a duck, walks like a duck……" This analogy applies to the telephone solicitation statute/Supplier Standard 11 the same way it applies to the Medicare anti-kickback statute. Picture Mrs. Smith, a 70 year old Medicare beneficiary sitting in her living room watching television. Her telephone may not ring…..period. The only time her phone may ring is if Mrs. Smith has first taken an affirmative act such as (i) calling a toll-free number in response to a television ad, newspaper ad, or brochure she receives in the mail, or (ii) checking a "consent-to-be-called" box on a web page. A DME company should not purchase leads from anyone (e.g., LGC, a call center, a DME company) who calls Mrs. Smith for an unrelated reason (taking a survey about her refrigerator, dog food and laundry detergent) and

(CONTINUED ON PAGE 25)



My Edge

"There is nothing more fulfilling than fighting to ensure people with disabilities are treated equally. I show others that we not only have the same rights as everyone else, but that we can be pretty spectacular, too. That's my Edge."

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then asks her about her DME needs. If the beneficiary calls a toll-free number in response to a television or magazine ad, or in response to a brochure, then the ad must describe the DME to which the beneficiary will respond. In addition, CMS has stated the ad must specifically give the name of the DME company that wishes to sell the DME to the beneficiary. The "consent-to-be called" box on a web page must be equally specific. The box must clearly say something like the following: "I consent to be called by ABC Medical, Inc. about wheelchairs and related supplies." The consent box cannot obliquely state the beneficiary agrees to the privacy policy found in another link (with the consent buried in the middle of the privacy policy). Further, the NSC has stated only one company can be shown on a web page. For example, the web page (on which the "consent-to-be called" box is located) can only include ABC Medical, Inc. It cannot also include XYZ Medical, Inc. and DEF Medical, Inc. The NSC has further stated that when the marketing company/lead generation company/call center calls the lead, the call must be on behalf of the DME company.

> By requiring the LGC to accumulate its lead in-house [e.g., by managing its own web landing sites], then the LGC can insure quality control. It can ensure the leads are being obtained in a way the telephone solicitation statute and Supplier Standard 11 are not being violated.

Here are some practical steps a DME company can take as it enters into an arrangement with an LGC:

Require that the LGC accumulate its leads "organically." In other words, the LGC cannot purchase leads from a "lead broker" and then resell them to the DME company. By requiring the LGC to accumulate its lead in-house (e.g., by managing its own web landing sites), then the LGC can insure quality control. It can ensure the leads are being obtained in a way the telephone solicitation statute and Supplier Standard 11 are not being violated. If the LGC purchases leads from Lead Broker A, which purchased the leads from Lead Broker B, and so on and so forth, then there is no way for the DME company to be sure the leads were correctly accumulated in the first place.

If the LGC is receiving phone calls from leads or is calling leads in response to affirmative actions taken by the beneficiaries, then the DME company should require such phone calls to be recorded and the DME company should have access to the recordings. The DME company should have the right to help draft the telephone scripts to be followed by the LGC employees. The DME company should have the right to audit the LGC's operations.

The DME company should ask the LGC for a list of references.

The DME company should ask the LGC if it is represented by an experienced health care attorney and if the attorney has given the LGC a formal opinion letter regarding the LGC's operations. The DME company should ask for a copy of the opinion letter.

Hopefully these tips can help you in navigating the potential minefield of purchasing leads. Every DME company wants leads. Leads become new customers, and new customers are the lifeblood of any business. But, you must be careful that the lifeblood of your business is not infected, and claims arising from illegally obtained or illegally called leads are just that – infected.

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MIXING POLITICS WITH PASSION, PURPOSE

Grau discovers you can return to the place[s] you love

INTERVIEW BY: DANETTE BAKER

Early in his career, Wayne Grau gained an appreciation for and understanding of the legislative process and how it impacts the health care industry, particularly when it comes to Complex Rehab Technology. His 22 years in the industry has made a significant impact on providers and their patients, as well as increased awareness among those in positions to effect positive changes.

DIRECTIONS recently had the opportunity to visit with Grau about his work in the rehab/HME industry and his position as vice president of sales for The MED Group, a group purchasing/business solutions organization that serves home medical equipment providers.

What are your main responsibilities as vice president of sales for The MED Group?

I coordinate the efforts of our sales teams and network directors to ensure that The MED Group continues to develop and improve our value proposition for our members. With all of the cuts our members are facing, our main focus right now is on developing more revenue programs and opportunities for our members to diversify their businesses.

How did you become interested in the rehab industry?

I worked for a mobility company many years ago, and we were getting calls from patients who asked if we could help them with repairs on their complex rehab products. An ATP moved into my area, and we got together. He worked for the company as we expanded into the rehab industry. I then went to work for Pride Mobility Products, which had just started their Quantum Rehab division. I worked in New England with some great rehab companies and great people, and I felt like I had found my niche.

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

I started my career with Pride Healthcare in 1991 in sales and continued to move up as the company expanded. While there, I worked with the New England Medical Equipment Dealers Association (NEMED) and helped develop their legislative committee. Scott Meuser, CEO of Pride Mobility Products, asked me to work in the government affairs division with providers to start lobbying against competitive bidding. I then worked for Pride Mobility as the director of Rehab Industry Affairs, and I got to work with great people such as the Curley family, Paul Bergantino, Doug

> I have learned so much from our members, and not just in rehab. When Managed Health Care Associates Inc. [MHA] took over, it gave me the opportunity to focus on the entire health care industry and not just durable medical equipment [DME]. MHA has opened so many doors for The MED Group and our members, and we could not be prouder to be associated with such a great group of people.

Westerdahl, Gary Gilberti, Bob Gouy, Simon Margolis, and many other rehab providers. I left Pride Mobility in 2007 to work for Dan Meuser, former president of Pride USA, when he ran for Congress. That was a great learning experience and one of the proudest moments of my career. Unfortunately, we lost the election, but it gave me the opportunity to move back to Texas and start a new chapter in my career – working for The MED Group. I have learned so much from our members, and not just in rehab. When Managed Health Care Associates Inc. (MHA) took over, it gave me the opportunity to focus on the entire health care industry and not just durable medical equipment (DME). MHA has opened so many doors for The MED Group and our members, and we could not be prouder to be associated with such a great group of people.

As we started to educate our members of Congress about competitive bidding, it opened up more ways to help educate legislators about other issues, such as Complex Rehab Technology and how different rehab products are from just standard DME. Then, I left Pride to work for Dan Meuser when he ran for Congress.

Who has been instrumental in your successes?

Two of the most instrumental people were the two gentlemen who gave me my start in the home medical equipment (HME) industry: Scott Meuser, CEO of Pride Mobility Products, and Dan Meuser, former president of Pride USA. When I started, I was just out of college and did not know much about business, let alone the HME or rehab industries. Scott and Dan taught me about business and how to make sure you are delivering superior value to the customer and the end user of the products. They also were instrumental in giving me the opportunity to begin working in governmental affairs with the Pride Rehab customers. While they taught me a lot, I learned more about the rehab business from Pride's rehab customers and The MED Group's rehab members. The willingness of the rehab providers to share their concerns and teach me about the business has been instrumental in helping The MED Group and myself keep focused on programs we can develop to help them.

You have a strong background in the industry, what has kept you working so diligently for its success?

The rehab providers and the patients they serve. The rehab providers are some of the most passionate patient advocates I have ever met. They want to take care of their patients and ensure they get the products they need to remain independent within their home and community. Every time I finish meeting with one of our members I leave more determined to make sure we (The MED Group) are doing everything we can to help them.

How did you become interested in politics related to the industry?

The interest has been there from the time I began at Pride Mobility Products, and I helped develop their legislative team. I also served on the NEMED board and learned more about competitive bidding and knew this was going to be a game changer in how our members were going to be able to take care of their patients. I suggested to the board we put together a legislative committee and they asked me to serve as the chairman. As we started to educate our members of Congress about competitive bidding, it opened up more ways to help educate legislators about other issues, such as Complex Rehab Technology and how different rehab products are from just standard DME. Then, I left Pride to work for Dan Meuser when he ran for Congress.

What factors influenced your decision to leave the political arena and return to the rehab industry?

Unfortunately, Meuser was not successful in his bid for Congress. After the election, I was burned out and needed some time to think and rest. As I was contemplating my next career choice, I realized I really loved this industry and the people I worked with in it. I have made so many friends over the years and even thought I knew the road was going to be rough. I could not think about doing anything else.

(CONTINUED ON PAGE 29)


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MIXING POLITICS...
(CONTINUED FROM PAGE 27)

What's on the horizon for The MED Group?

We are looking to ensure we continue to bring value-added programs and services to our members, so they can control how they want to run their business. We are focusing on revenue programs right now – programs including retail sales training, education based sales training for patients, and expanding our insurance contracts for our members. We want to try and provide services that allow our members to control their businesses and make sure that no matter what the rehab environment looks like, MED members will be able to not only survive, but also to thrive.

What challenges are on the horizon for The MED Group and the industry as a whole?

Working through all the changes brought about by competitive bidding and the new environment that will be created for all providers is our most immediate issue. Competitive bidding is affecting all parts of our industry including rehab. Nobody will be excluded. We will have to become better business people and try to find that balance between taking care of our patients while maintaining the financial viability of our companies. A number of companies are doing that now, and they are good examples for others to follow.

What changes need to be made so that the industry remains viable?

The industry needs to remain vigilant in educating policymakers about the value we bring to patients and the health care system. Policymakers and legislators have a profound effect on our businesses, either directly or indirectly. With increased pressure to reduce costs, we can either help educate the policymakers, including legislators, or we will be subject to the unintended consequences that their decisions have on our patients and ultimately our businesses.

You've served as a member of MAMES (Midwest Association of Medical Equipment Suppliers), a chairperson for NEMED's legislative affairs committee as well as a board member of NCART, NHSCIA (New Hampshire Spinal Cord Injury Association). Are there other positions you have held in the medical equipment/complex rehab industries (boards, association memberships, etc.)?

I presently serve on the board of directors for the Ohio Association of Medical Equipment Services, a non-profit trade organization to advocate the interests of home medical equipment providers throughout Ohio.

What does a typical workweek look like for you?

I am an early riser so I am usually in the office very early while it is quiet, and I can think. I spend a lot of time in meetings and conference calls with our people and our members. I also travel a lot, so I am typically out of the office at least three out of every four weeks either meeting with our members or speaking/presenting at different industry meetings. I enjoy the people I work with at MHA and The MED Group, and I enjoy working with our members so it doesn't really feel like work.

What's life outside of the 9 to 5 like for Wayne Grau?

The normal life, I have a lot of friends, and now that most of my nieces and nephews are getting older I try to see them as much as possible.

Where do you see yourself in 5 to 10 years?

I have been very lucky. I have gotten the chance to work with people I really like. I started working with my two of my closest friends, and I have been blessed with making many more friends within this industry. I love spending time with people and learning from them and trying to figure out ways our company can assist them to make their businesses better. This is what I like to do and as long as it remains fun and I can work with great people, I can't see myself doing anything else.

We will have to become better business people and try to find that balance between taking care of our patients while maintaining the financial viability of our companies. A number of companies are doing that now, and they are good examples for others to follow.

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FRUSTRATING FUNDING ENVIRONMENT MEANS UPHILL BATTLE IN MEETING PATIENTS' EQUIPMENT NEEDS

WRITTEN BY: JULIE BARNETT

From the beginnings of Medicare and Medicaid to a modern funding environment that can oftentimes be frustrating, the company Randy Malcolm works for has seen numerous changes in the past 90 years.

Saginaw Medical Service originally started as a physician supply company based in Saginaw and Midland, Mich., and is a company with great history, said Malcolm, noting that the business was started in 1923. The company has since evolved into four companies under one umbrella – Saginaw Medical Service, which provides durable medical equipment (DME) and supplies; Saginaw Rehabilitation Supply, which provides complex rehab, access construction and design; and the most recent installment, an access mobility center providing accessible vehicle options.

"The current owner, Wayne McDonald, has been running the company since before Medicare and Medicaid were instituted," Malcolm said. "He's weathered it all. And right now, he will tell you, is the strangest and most bizarre funding environment he's been through."

Malcolm, an assistive technology professional (ATP) with Saginaw, says the funding situation in the state of Michigan is dire, to say the least.

I hope it leads to more involvement with advocacy groups across the state so they can become well-informed and can get involvement from the end users.

"In the past two years we have only had a handful of new power chairs approved," he said. "We have 50-year-old clients who we can't get paid for new chairs. Now, nearly everyone we put through seems to be denied, and we have only had one successful prior authorization approved. Along with that, the newest thing we are experiencing is that Medicare won't pay for repairs on a current chair if the chair is not yet five years old and that includes things such as batteries, wheel replacements and basic maintenance."

Malcolm believes there is a lot of misunderstanding amongst those who determine funding.

"Someone is obviously misinterpreting the criteria when determining funding," he said. "There have been lots of meetings, but nothing changes."

"Folks in other parts of the country actually offered to pay for the chair of a gentleman who was recently featured on the news," he said, noting that while the sentiment was nice, it certainly wasn't a long-term solution for Michigan's funding woes.

At time of this interview, Malcolm was hopeful about an upcoming meeting with the Michigan Disability Rights Coalition at which he was invited to speak. The coalition manages the assistive technology fund and has ties to many disability rights organizations.

"I hope it leads to more involvement with advocacy groups across the state so they can become well-informed and can get involvement from the end users. Once the end users become informed, they can then be empowered to speak out to other organizations and politicians to let their voices be heard," Malcolm said. "My boss and I both feel that real change will come when we get enough consumers who are being denied access to speak out. Folks need to be aware of what we're facing."

"We have made so many improvements to access with the ADA and disability rights organizations only to have those changes be pointless if people can't get proper chairs or repairs to access those very laws that were instituted."

(CONTINUED ON PAGE 33)

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FRUSTRATING FUNDING...
(CONTINUED FROM PAGE 30)

Malcolm says the role of NRRTS is extremely important, not only as a unified voice but in terms of providing the highest quality service.

"In addition to the symposiums, CELA and Capitol Hill trips, my concern as an ATP, and a concern of many of my counterparts in the business, is that so many in the field don't choose to uphold the ethical standards NRRTS employs," he said. "I've been in the medical field since I was 16 years old and have seen a lot. Many people can take the test but then don't hold themselves to higher standards. NRRTS is a great organization because of those high standards."

"In addition to the symposiums, CELA and Capitol Hill trips, my concern as an ATP, and a concern of many of my counterparts in the business, is that so many in the field don't choose to uphold the ethical standards NRRTS employs," he said. "I've been in the medical field since I was 16 years old and have seen a lot. Many people can take the test but then don't hold themselves to higher standards. NRRTS is a great organization because of those high standards."

He also thinks many do not go above and beyond to improve themselves, he continued.

"We are a stronger organization, and have a stronger voice if we find some way to build registration, and find a way to integrate ATP requirements into becoming a CRTS®. Currently, many don't see the additional benefit because the ATP requirement is all you need to provide complex rehab. When I joined NRRTS long before the ATP requirement was around, it was because I wanted to be a part of an organization that allowed me to be a notch above my counterparts. But now, with only needing the ATP certification to provide complex rehab, I don't feel others will be as willing or feel the need to elevate themselves to the CRTS® status, which is a shame," he said.

Malcolm's reasons for becoming involved in the medical field from such a young age are very personal.

"I got into this field because of two spinal injuries in my family," he said, noting his uncle, who he grew up with from age 4, was injured in an automobile accident. "We wanted him to be as active as possible so we got creative and rigged everything from boats to dune buggies," he said. "Of course, this was back when one wheelchair company was it, and way before all the technology of today."

Malcolm's older brother also was in an automobile accident suffering a C0 spinal cord injury.

"We tried all the technology out there, modified everything possible, all to keep life as normal as possible for him," he said.

Malcolm served as his brother's primary caregiver and entered nursing school. He was in his first year of clinicals when his brother passed away from heart failure, a result of the trauma of the accident.

After that, he became more mechanically focused, he said, transitioning into his current field.

"I went from a driver to a warehouse manager to a rehab tech, working my way up like so many in this business do," he said.

Despite the frequent frustrations that come with an unstable funding environment, Malcolm says helping clients makes it all worthwhile.

"This field, to me, is one of the most rewarding anyone could hope to work in. Helping people become independent and knowing you just provided them with a little bit of hope and dignity, no matter how tough the road ahead for them may be, is truly inspiring.

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LET'S GET OVER THE 100 MARK AND ALSO CONVERT YOUR SENATORS

WRITTEN BY: DON CLAYBACK

November 2013

Our nation's health care system is certainly getting a great deal of attention. The implementation of the Affordable Care Act and the related real and political issues are dominating the congressional landscape. Our challenge is to keep our CRT legislation moving down the legislative path in spite of this national turmoil. To help in that regard, here's an analysis of where we are and what we need to be doing.

in the house

H.R. 942 continues to gain additional co-sponsors. Through the work of dedicated CRT advocates we have 85 House members signed on. In addition, we're maintaining good bipartisan support with 57 democrats and 28 republicans on board. We also have strong key committee support with 13 members on the Ways & Means Committee and nine members on the Energy & Commerce Committee. These are all very positive signs in terms of the progress our legislation.

As we have seen, it's not a secret as to what it takes to get your members signed on. It takes persistent communication from you to him or her or their staff. Have you circled back with your member or the staff lately? Now is a good time to reconnect with them via email.

While 85 members signed on is a good showing, we need to work on getting to at least the 100 member co-sponsor mark. That's the request we have gotten from our House sponsors, representatives Joseph Crowley, D-N.Y., and Jim Sensenbrenner, R-Wis., . So how do we get that done?

As we have seen, it's not a secret as to what it takes to get your members signed on. It takes persistent communication from you to him or her or their staff. Have you circled back with your member or the staff lately? Now is a good time to reconnect with them via email.

You can start with the message that you wanted to update them on the progress of the legislation. Share the list of current co-sponsors *(at http://www.access2crt.org)* and tell them we are encouraged by the progress being made. Then, close with a restatement of the importance of the legislation to you and your community and request they sign on now.

in the senate

Our Senate bill, S. 948, is in need of attention. Since the bill was introduced by Charles Schumer, D-N.Y., and Thad Cochran, R-Miss., it stands today with only six senators signed on. We need to increase our Senate outreach and build on the substantive positives we have.

We have a solid foundation to work from. Our bill was introduced by two of the most senior senators. We have bipartisan support with four democrats and two republicans. We also have good committee representation with two members on the Finance Committee and one member on the Health, Education, Labor and Pension (HELP) Committee. So while we may not have quantity right now, we do have quality.

Now, it can be more difficult to get a senator to sign on as compared to a member of the House of Representatives. But we have several things that should make this easier. Most importantly, we have a high quality base of support to start. Other senators will be interested in that.

(CONTINUED ON PAGE 37)

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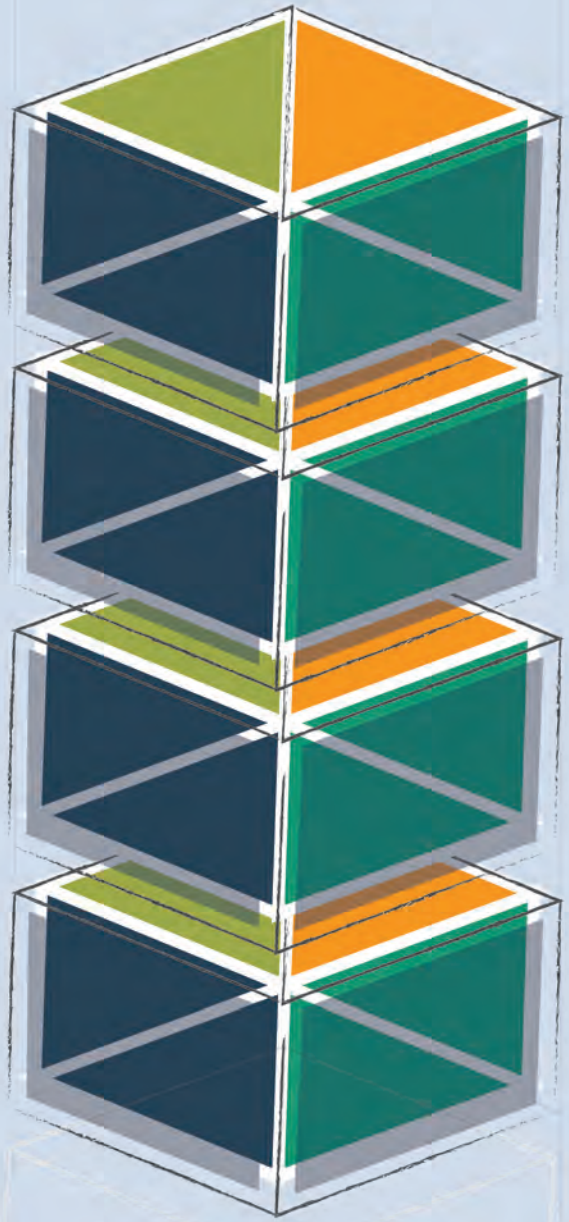

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In addition, to help generate co-sponsors Schumer and Cochran have sent out a "Dear Colleague" letter to their fellow senators. This letter promotes the basis and need for passage of S. 948 and encourages fellow senators to sign on. It can be a very powerful tool for increasing support. A copy of this is available at *http://www.access2crt.org.* This letter should be very helpful, but will only be effective if these senators are also hearing from you and their other constituents.

Now is the perfect time to reach out to your senators via email. Open with a statement that you want to share with them a copy of the letter from Sen. Schumer and Cochran and attach it to your email. Update them on the progress of our legislation and share the list of current co-sponsors [at www.access2crt.org]. Then, close with a restatement of the importance of the bill to you and your community and request they sign on now.

So, now is the perfect time to reach out to your senators via email. Open with a statement that you want to share with them a copy of the letter from Schumer and Cochran and attach it to your email. Update them on the progress of our legislation and share the list of current co-sponsors *(at http://www.access2crt.org).* Then, close with a restatement of the importance of the bill to you and your community and request they sign on now.

what lies ahead

The road to getting any congressional legislation passed is long and arduous. We have made solid progress to date and as we look ahead there are three things we need to focus on to position our bill for passage.

First, we need to continue to secure more co-sponsors in both the House and Senate. We've already discussed this in detail above.

Second, we need to get the time and attention of the staff of the key congressional committees. Direct discussions with them will involve further review and analysis designed to get their "sign-off" on our language. The approval of these committees is required for the bill to be released and for it to become eligible for a House and Senate vote. As we have discussed, our bill will not be voted on individually, but will likely be attached to a larger piece of health care legislation.

Third, we need to get a financial score from the Congressional Budget Office (CBO). A formal request for this has been made by Crowley. But the CBO is a very busy place and how quickly they look at our legislation is directly dependent on how successful we are with the first and second activities mentioned above.

what to be doing

As we have seen time and time again, persistence is the key to getting members of Congress to sign on. Sharing the need for our legislation and providing an update on our progress will pay off. Your next call or email could be the tipping point that gets your members on board.

So, please find the time to reach out as outlined. Remember, *http://www.access2crt.org* has all the information you need to tell the CRT story. This includes the "CRT Legislation Information Pack" that contains the key information and documents relating to our bill.

Thanks for the continued support and advocacy to ensure people with disabilities can access the CRT they require.

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PMD ELECTRONIC CLINICAL TEMPLATE MOVING FORWARD

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

In an ongoing effort to improve medical documentation for power mobility device (PMD) claims the Centers for Medicare and Medicaid Services (CMS) has been working on developing a PMD Electronic Clinical Template to assist physicians and others with data collection during the PMD face to face examination. This template, designed for Medicare purposes and possible nationwide use, is proposed to be used to facilitate the electronic submission and processing of medical documentation. Since the launch of this work, the Clinician Task Force has been actively participating in this ongoing initiative providing subject matter expertise related to PMD evaluation and documentation practices. Without the support of our donors, the CTF would not be able to participate in this time intensive (4 hours/week) esMD Initiative to provide clinical input and perspective of CRT stakeholders.

For many reading this article you may think why does the PMD Electronic Clinical Template matter to me? The answer is because once finalized it will be used to set standards and implement electronic health records that will be used for data collection, transmission, claims processing (review/audit) and payment. Now is the time to influence the system to ensure it works for the needs of physicians, clinicians, CRT companies, ATPs, and the individuals that require PMDs. Throughout this article are a series of hyperlinks leading you to source documents for closer review.

Background: In 2012 CMS, in conjunction with the Office of the National Coordinator for Health Information Technology (ONC), hosted a series of Special Open Door Forums (ODF) to provide an opportunity for stakeholders (suppliers, clinicians and physicians) to provide feedback during the development of a draft PMD Electronic Clinical Template.

In November 2012, CMS posted the Final Draft v9.8 PMC Electronic Clinical Template (11/2/2012) and delivered the proposed PMD data elements to the ONC for consideration and inclusion in the ONC's development process of electronic medical documentation.

In January 2013, CMS and the ONC announced a new workgroup within the Electronic Standards for Medical Documentation (esMD) Initiative called the Electronic Documentation of Coverage (eDoC) Workgroup. The work of the esMD Initiative is broad to encompass the development of standards for all medical documentation not only power mobility devices. The timeline and scope of work is clearly defined and progressing rapidly. The intention is that recommendations from the eDoC workgroup will be submitted to HL7, the international health care informatics interoperability standards making body, for ratification in early 2014.

Initiative participants include stakeholders from the private and public sectors such as representatives from CMS, ONC, CMS contractors, health information handlers and electronic health record vendors. To date, participation from stakeholders such as suppliers, manufacturers, physicians and clinicians has been minimal. In fact, the CTF is the only clinical group providing input into this workgroup.

Purpose: The purpose of the eDoC workgroup is to define data sets, templates and standards in providing "auto processing" with decision support. This will enable providers to capture required structured documentation, and securely exchange it for benefit determination based on Health Plan/Payer's coverage and payment rules. This eDoC workgroup has concurrent sub-workgroups to fulfill specific requirements for various use cases across Structured Data, Documentation Templates and Decision Support.

Charge: The eDoC workgroup is tasked with providing consensus-based use cases, functional requirements, standards references and implementation specifications/guidance representing combined input from a broad range of stakeholders, including CMS, commercial health plans, payers, providers. This will promote a nationally standardized approach to medical document request letters, claims attachments, and the proof of validity and authorship of medical documentation.

(CONTINUED ON PAGE 41)

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...MOVING FORWARD
(CONTINUED FROM PAGE 38)

Progress to Date: The eDoC workgroup first developed a "generic use case" defining a general work flow, data set requirements, templates, structured data capture and decision support needs. The first selected use case to be developed was the PMD Use Case finalized in October. The workgroup is finalizing the second use case for Lower Limb Prosthetics now.

PMD Use Case Work Underway: The subgroups are actively working on the PMD Use Case now with plans to finalize prior to year's end. Work is underway to define electronic health record data capture requirements to enable auto-processing of claims review. In October, the eDoC workgroup announced the launch of the pilot program to test the interoperability of data transmission and are seeking volunteer stakeholder participants such as DME/suppliers, providers (physicians, clinicians), payers, health information service providers and others to sign up to participate as part of a test team.

In Closing: Electronic Health Records are here to stay with real potential to streamline and improve documentation processes. Work to develop and formalize international standards that will be required for electronic health record proprietary products to enable interoperability and transmission between health care providers is quickly progressing. It is important that industry stakeholders are engaged during this time of development to ensure the process and standards will indeed work with your electronic health record systems. Now is the time to get engaged to influence the system to meet the needs of your practices! To get involved visit the S&I Framework esMD wiki to view the meeting schedule, join the esMD initiative to follow along, read esMD PMD User Story materials and artifacts, or register for an esMD Pilot.

The Clinician Task Force will continue to participate as a committed member of the eDoC Workgroup and keep industry stakeholders updated. Thank you to the Clinician Task Force donors who continue to support our work and enable us to participate in important issues like this that have significant implications to the CRT industry and the people with disabilities it serves.

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ALS: ONGOING INTERVENTION

WRITTEN BY: MICHELLE REEDER, PT, ATP

Amyotrophic Lateral Sclerosis (ALS) is a progressive neurodegenerative disease that affects nerve cells in the brain and spinal cord. Voluntary muscle action deteriorates due to death of motor neurons. The incidence of ALS is two per 100,000 people, and it is estimated that as many as 30,000 Americans may have the disease at any given time. The life expectancy of a person with ALS averages about two to five years from the time of diagnosis, but this is widely variable. Most people who develop ALS are between the ages of 40 and 70, but younger people can also be affected. Symptoms of ALS may include muscle weakness in the upper and/or lower extremities, decreased ability to speak, swallow or breathe, and twitching and cramping of muscles. In addition, there has been recent increasing awareness of the combination of Frontal Temporal Lobe Dementia (FTLD) with ALS. Studies suggest that five to 15 percent of ALS patients may have FTLD, and as many as half may have mild-to-moderate cognitive or behavioral abnormalities. This can result in personality changes, language difficulties, and decreased judgment and insight. These deficits may not be apparent when talking to a patient with ALS, but it is important to realize that, if present, impaired judgment and lack of insight can affect wheeled mobility skills.

Wake Forest Baptist Health provides care to ALS patients utilizing a multidisciplinary team approach. The clinic is held for two days each month and is staffed by neurologists, nurses, a clinical social worker, dietitian, occupational therapist (OT), physical therapist (PT), assistive technologist, respiratory therapist, speech language pathologist, research coordinator, neuropsychologist, durable medical equipment (DME) provider, and representative of the North Carolina ALS Association. Newly diagnosed patients are encouraged to see all disciplines during their visit. Returning patients see the clinicians who are appropriate for their individual needs. Patients typically spend two to four hours at the clinic, and return to the clinic every three months. I serve as the physical therapist for the regular outpatient wheelchair seating clinic as well as for the ALS clinic, and I have found ALS patients benefit from a separate model for seating and mobility needs.

When seating a person with ALS there are unique challenges. The need for a chair may arise quickly, making longer equipment trials impossible. Many patients are walking some when they are evaluated for a wheelchair, but a fall, foot drop or increasing fatigue may lead to the suggestion that a person use a wheelchair for mobility. The patient may not have considered their options about equipment, and thus they typically rely heavily on the recommendations of the physical therapist and the DME provider. As significant as mobility choices are, it is important to note that these patients and their families are often called upon to render many other possibly life altering decisions regarding respiratory support, feeding support, communication needs and end of life decisions during the same clinic visit. In addition, fatigue can be a significant part of the ALS disease process. This clinic serves a very specific population and draws patients from locations quite a distance away (even from neighboring states), impacting delivery. To get the equipment as quickly as possible, patients usually elect to make all choices for their equipment during their regular ALS clinic visit.

People with ALS may have frequently changing needs, thus it is helpful to think long-term when setting up the chair. As people with ALS become weaker throughout their trunk, there is a tendency to sacral sit. We plan for this eventuality by making certain the seat is long enough to accommodate sacral seating. This is coupled with a pressure relieving, positioning cushion in order to try and prevent pressure issues. Many of our patients stay in the chair most of the day as they weaken and transfers become more difficult. It is imperative their cushion

and back support are comfortable, distribute pressure adequately, and are durable. We have found multiple seat functions, including tilt, recline and power operated legrests are essential in helping patients obtain a balance between trunk support, comfort and breathing ability. A seat elevator can either help maintain independence with transfers or make assisted transfers easier, but funding limitations can be an obstacle. We work with the multidisciplinary team to coordinate funding options through insurance, loaner equipment and grants.

During the first visit to the ALS clinic, patients are informed that if they have wheelchair and mobility needs in the future, they should utilize only the clinic to get those needs met. Patients see others at the clinic using mobility devices and have the opportunity to ask questions and explore possible future equipment needs. At this early stage, patients are still adapting to the diagnosis. Many do not want further information regarding wheeled mobility. At some point, the patient, physician or therapist recommends going forward with a wheelchair. The occupational or physical therapist, patient, caregivers and DME provider meet during the clinic visit. The patient sees the physician the same day, and the face-to-face visit and need for power mobility are documented. The therapist completes the written evaluation and the documentation required for insurance funding. Patients are given the option to try multiple bases both in the clinic and in their home environment, but most choose to limit trials.

During the first visit to the ALS clinic, patients are informed that if they have wheelchair and mobility needs in the future, they should utilize only the clinic to get those needs met. Patients see others at the clinic using mobility devices and have the opportunity to ask questions and explore possible future equipment needs.

In addition, patients are educated that they are free to choose any DME provider they wish. In the past we have had multiple providers at the clinic, but because of the number of choices each patient must make in regard to the chair, as well as other aspects of care, we now have one DME provider at the clinic who takes care of the majority of our ALS patient's equipment needs. This provider is also present at future clinics to provide adjustments, maintenance and recommendations as needs change. In addition, this provider is contracted through the state ALS Association to deliver and pick up loaner equipment. This coordination has worked best in our clinic. During the clinic visit, patients try seats and bases to determine best fit and function. From measurements and trial with the recommended equipment, an order form is completed with collaboration between the DME provider and therapist, along with the patient and family. The DME provider obtains a copy of the PT or OT equipment evaluation with embedded letter of medical necessity, the physician notes from the visit, and a completed detailed prescription within two to three days of the clinic. Unless prior authorization is required from the insurance company, the equipment is ordered at this time. In addition, a loaner power wheelchair as close to the patient's prescribed equipment is provided if appropriate and requested. The DME provider typically delivers the equipment within three weeks from the clinic date. The therapist and provider then see the patient during their next clinic visit for adjustments and changes. This allows the patient to receive the equipment as soon as possible thus allowing them to take full advantage of the equipment and hopefully prevent falls. The DME provider is also available to make adjustments in the patients' homes on an ongoing basis, especially if the patient is no longer able to travel to clinic appointments.

Mr. S. is a 62-year-old male, who lives in a one level home with his wife and 19-year-old developmentally disabled son. He had symptoms of weakness in his right hand and voice difficulties beginning in 2009, and he was diagnosed with ALS in June 2010. He has been seen approximately every three months in ALS clinic since that time. I saw him mainly to check in during clinic visits and he reported hiking up to four miles, playing racquetball with his left hand, and exercising at the YMCA. In June of 2012, he developed mild right foot drop and was prescribed an ankle foot orthosis. In September 2012, he reported a fall and was prescribed a rollator walker. At this time he had very limited grip in his right hand, but was able to place his hand on the walker and maintain contact. OT noted increasing weakness in his left hand and upper extremity.

(CONTINUED ON PAGE 44)

ALS: ONGOING INTERVENTION
(CONTINUED FROM PAGE 43)

He returned to the clinic in November 2012 with an increased number of falls, and his right hand tied onto the walker. In addition, the patient had very limited communication. He had received an iPad for communication, but used it very little and did not wish to explore other options. He and his family requested an evaluation for a power wheelchair.

The wheelchair evaluation during clinic was fairly straightforward *(Figure 1)*. The patient, his wife and several out of town family members were present, as well as the DME provider. We offered Mr. S. the opportunity to try different bases at his home, but after trying the Permobil M300 in the clinic he elected to forgo further trials. The team did not anticipate any issues with accessibility in his single level home. Mr. S was able to position his left hand on a standard joystick and demonstrated safe driving *(Figure 2)*. We considered starting with alternative controls, but decided to stay with the simpler joystick set-up, knowing changes may be made if necessary.

Expandable electronics were ordered to allow alternative access in the future as well as control of power seating through the joystick. Mr. S. tried several cushions and was most comfortable with the Comfort Company Maxx. We included power tilt, recline, power elevating legrests, retractable joystick, arm trough for the right side, and tray. Wheelchair specifications were made based on a combination of measurements and fitting in a demonstration Permobil M300. In addition, a seat elevator was provided through special funding. Mr. S. performed stand pivot transfers, which were somewhat difficult due to the lack of

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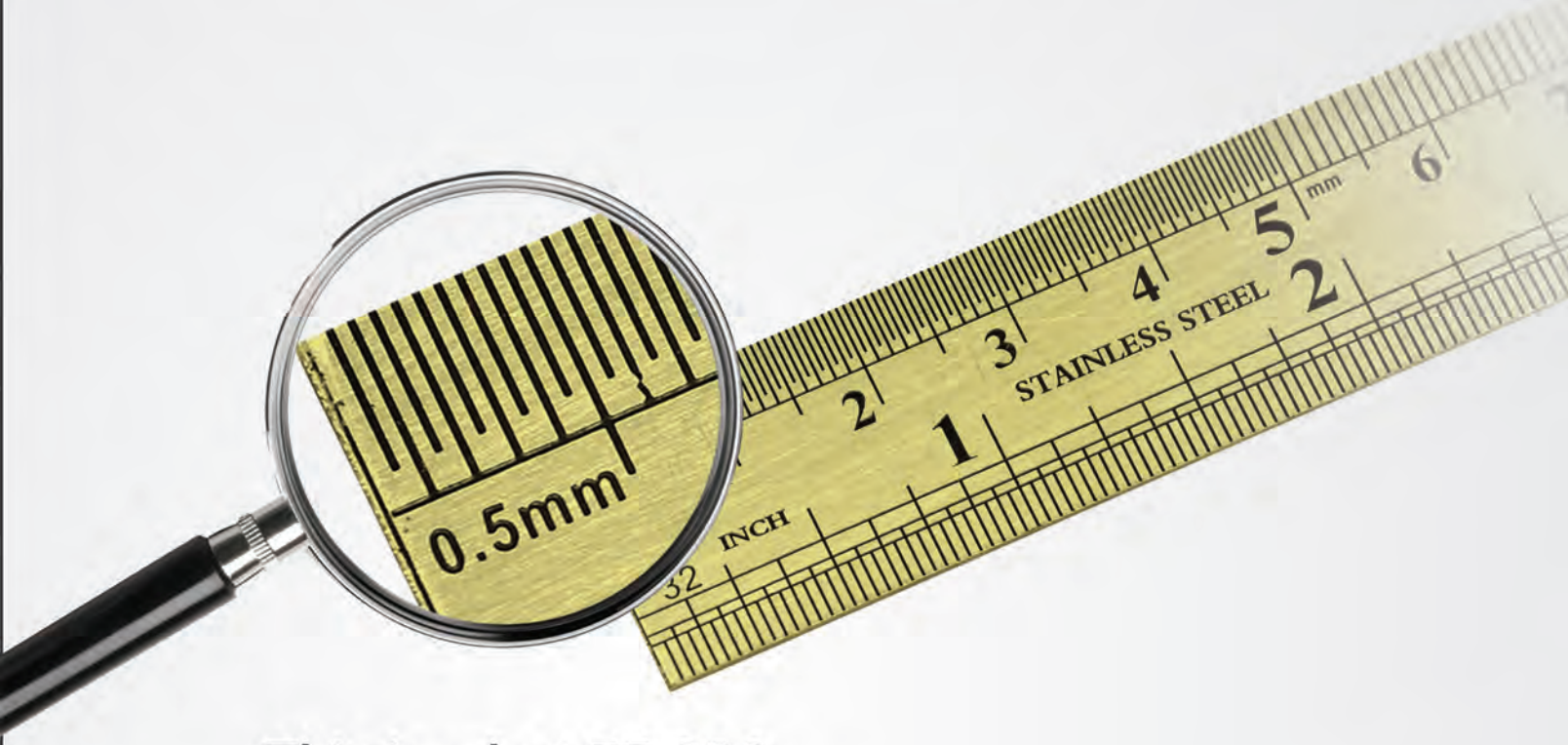

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FIGURE 1. DISCUSSING SHOULDER HEIGHT

FIGURE 2. TRIAL OF STANDARD JOYSTICK

FIGURE 3. FITTING OF THE WHEELCHAIR AT HOME

ALS: ONGOING INTERVENTION
(CONTINUED FROM PAGE 44)

strength in both his arms and legs. The seat elevator made transfers independent.

Patient's wife was concerned about funding for a wheelchair lift for the back of her car. She was given information on local companies to contact. I completed the letter of medical necessity, and the clinic physician signed it that day. This paperwork and the face-to-face visit from the clinic physician allowed the DME provider to order the chair immediately after clinic.

During our post clinic meeting, Mr. S's condition was reviewed, and there was some discussion about his need for immediate hospice care due to his declining respiratory function. However, the general feeling during the clinic visit was that there were several items, including the wheelchair, that were needed for the patient, so he was offered palliative care. The family declined these services. Shortly after clinic the DME provider was called by the hospice physician. The patient had declined further, and the patient and wife wanted him enrolled in hospice care as soon as the wheelchair was delivered. The power wheelchair was delivered to the patient's home three weeks after he was seen in ALS clinic. A Jay Union cushion was provided instead of the Comfort Company Maxx, most likely due to last minute confusion in order to get the wheelchair delivered as soon as possible. The provider made adjustments and emailed me pictures (*Figure 3*).

Mr. S. was next seen in ALS clinic in March 2013. I had hoped to observe the patient in his wheelchair, but he was unable to transport it to clinic. Mr. S. and his wife reported that he was able to drive his wheelchair throughout his home and operate the seat functions independently. He reported he was comfortable in the chair and used it for rest as well as for mobility. He did not request any changes to the chair or the seating system. I will continue to follow the patient in future ALS clinic appointments, and if his chair needs to be brought to the appointment, the DME provider will transport the chair.

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HELPFUL RESOURCES

The ALS association webpage - http://www.alsa.org

SEATING CONSIDERATIONS FOR INDIVIDUALS WITH ALS

WRITTEN BY: JAY DOHERTY, OTR, ATP/SMS

Whether an individual is newly diagnosed with Amyotrophic lateral sclerosis (ALS) or has lived with it for some time, many aspects of everyday life and care must be considered. Unfortunately, with so many complications surrounding this condition – from medical to emotional – decisions regarding a seating system and mobility device often get put off for long periods of time, especially when the client can still ambulate.

early intervention is key

Clients with ALS have often had a wheelchair for some time, but may not be using this if they are still able to ambulate at all. When a client starts having problems with his or her mobility, the physician, nurse or therapist may insist the client start using a wheelchair for safe, effective and efficient mobility throughout everyday environments.

Anyone who works in the health care field and has experience with someone who has been diagnosed with ALS knows practitioners don't have time to put off making important decisions. The average lifespan of someone with ALS is three to five years. Based on this time frame, early intervention, with tremendous forethought toward the future, is critical to making appropriate seating and mobility recommendations.

In the early stages of this disease, it is not unusual to see clients use a lift chair instead of a power wheelchair. Lift chairs may provide the individual with the ability to get out of the chair and up onto their feet, but are not appropriate as a primary seating configuration for the person with ALS.

In the early stages of this disease, it is not unusual to see clients use a lift chair instead of a power wheelchair. Lift chairs may provide the individual with the ability to get out of the chair and up onto their feet, but are not appropriate as a primary seating configuration for the person with ALS.

FIGURE 1: POSTERIOR PELVIC TILT IMPACTS THE POSITION OF THE TRUNK AND HEAD.

chairs can be used for short periods of time while engaged in an activity, such as watching TV, but do not provide adequate postural support. The client often collapses into a posterior pelvic tilt which results in a kyphotic trunk posture and forward head position with neck extension *(see Figure 1)*. This posture is often the result of an over long seat depth. Once this kyphotic posture becomes prevalent and it is very difficult to reduce. This isn't to say lift chairs can't serve as a functional tool, however, they must be properly fit and not be seen as a long-term seating solution.

It is important to provide the person with ALS with a good, supportive seating system in a properly configured mobility base. This base is typically a power wheelchair with power tilt, recline, elevating leg rests and, if funding is available, a power seat elevating system. The seating system needs to provide the postural support required now and in the future as the client's condition progresses.

pelvic support considerations

Pelvic support is essential throughout the progression of this disease. ALS will obviously progress differently in each individual, so every solution will be unique. Early on, significant postural mobility will be necessary. The ability to move forward, backward and side-to-side on the seat cushion allows for completion of functional tasks, as well as pressure management and comfort. How is this accomplished? First, provide a

stable surface underneath the pelvis that allows movement without loss of postural control. This doesn't mean foregoing pressure management, but rather, the seating surface needs to provide both stability and pressure relief. Consider a cushion made of multiple materials or one material that provides both stability and pressure management. Often combinations of materials will provide stability with one material and provide pressure relief with another material, typically under the ischial tuberosities. Second, keep in mind that although the backrest is important for trunk support, the lower portion of the backrest provides posterior pelvic support as well and may prevent a posterior pelvic tilt. Pelvic stability is optimized when the pelvis is maintained in a neutral position on the seating surface. This is often achieved with a pelvic positioning belt. The pelvic positioning belt needs to allow the pelvis to rock forward for forward leaning activities, but prevent the pelvis from falling into a posterior tilt upon return to upright. This can be achieved with a multitude of pelvic belt angles, but often a 90 degree angle (across the lap) is most effective. Many individuals decide not to use a pelvic belt. This is a personal choice that often leads to poor positioning. Clients may be more receptive to using a pelvic positioning belt that can be easily and independently released and reapplied. Try various pelvic positioning belts and buckles to find what works best for the individual.

With the diagnosis of ALS, power seating including tilt, recline, seat elevation, and elevating leg rests or articulating foot platforms should be considered. This technology has benefits throughout the progression of the disease. Tilt and recline provide repositioning assistance by using gravity and conserving energy. Since most individuals who have ALS fatigue throughout the day, good energy conservation techniques are vital. Perhaps the main benefit of power tilt and recline is pressure management.

power positioning considerations

With the diagnosis of ALS, power seating including tilt, recline, seat elevation, and elevating leg rests or articulating foot platforms should be considered. This technology has benefits throughout the progression of the disease. Tilt and recline provide repositioning assistance by using gravity and conserving energy. Since most individuals who have ALS fatigue throughout the day, good energy conservation techniques are vital. Perhaps the main benefit of power tilt and recline is pressure management. Optimal pressure redistribution occurs with full tilt and/or recline. This can maintain skin integrity even as weight and body mass are lost. With ALS, power tilt and recline can provide positioning that optimizes respiration. Recline and power elevating leg functions move the hip and knee joints, so they don't get stiff from remaining in the same position for long periods of time. Slight changes in recline or tilt may allow gravity to assist the individual's trunk and head control. Tilt and recline can be used to bring their trunk to a full upright position for a stand-pivot transfer. These are just some of the benefits that power seating can provide.

Typically, as the individual's ability to ambulate decreases, swelling may develop in the lower extremities. Muscles in the legs typically pump fluids out of the legs and back to the core of the body during ambulation. To resolve this issue, power tilt, with or without recline, may be used with elevating leg rests to raise the feet above the level of the heart to allow the blood to flow back to the heart and the core of the body, hence reducing the swelling in the lower extremities.

Power seat elevation is a common funding challenge, regardless of diagnosis. Nevertheless, this can be a major benefit for those with ALS. A power seat elevator provides the ability to elevate the seat for transfers, getting the individual closer to a standing position, or matching the height of the surface to be transferred to. Seat elevation may allow the client's arms to remain level on a surface like a kitchen counter, which can make performing an activity like food preparation or eating more energy efficient and prolong independence. Use of seat elevation also prevents the individual from always having to look up at everyone from a wheelchair sitting height,

(CONTINUED ON PAGE 50)

SEATING CONSIDERATIONS...
(CONTINUED FROM PAGE 49)

which itself can be very fatiguing throughout the day. Clearly, the seat elevator can also increase independence in other activities of daily living as well.

head, neck and upper extremity positioning considerations

Head and neck positioning are among the biggest challenges in seating a client with ALS. As the individual weakens, the ability to control pelvic and trunk positioning is lost, which will significantly impact head control. Head position impacts breathing, swallowing and speech production – all of which all are affected by ALS. The upper extremities, upper trunk, head, neck and accessory muscles for breathing are affected much earlier with Bulbar type ALS. Providing proper positioning early on can lengthen the time before a more complex headrest is needed. Forehead straps and collars are also available, though significant success with these is rarely seen with ALS. As mentioned previously, use of tilt and recline can also improve trunk and head control by reducing the effects of gravity on posture.

Positioning of the upper extremities also impacts the comfort and positioning of the individual. If the upper extremities are unsupported, the trunk may be pulled

Every individual with ALS presents differently and even two people with similar abilities are likely to have very different goals.

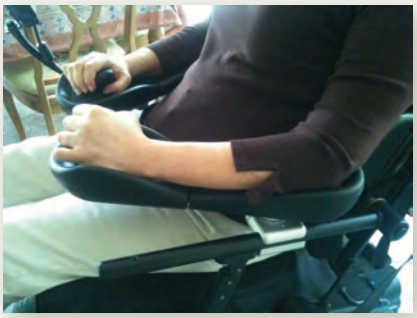

FIGURE 2: SLIGHT INTERNAL SHOULDER ROTATION AND ADDUCTION MAY IMPROVE COMFORT.

into forward flexion. Shoulder subluxations can occur as a result of weak muscles which cannot maintain the integrity of the shoulder girdle. This produces pain in some individuals. Positioning the upper extremities close to the body with some internal shoulder rotation and adduction tends to offer the greatest comfort for individuals with this disease *(see Figure 2)*. This being said, achieving a position of comfort is not always easy and some individuals find that resting their arms in their lap is preferable, though this can compromise the integrity of the shoulder girdle.

diversity in practice

Every individual with ALS presents differently and even two people with similar abilities are likely to have very different goals. Keep in mind that we want to provide equipment as soon as possible as ALS is a rapidly progressing disease and early intervention is key. Finally, clients with ALS may be losing independence on a daily or weekly basis, and our job is to assist them to be as comfortable, functional and independent for as long as possible. A properly configured seating system and mobility base can provide just that.

CONTACT THE AUTHOR

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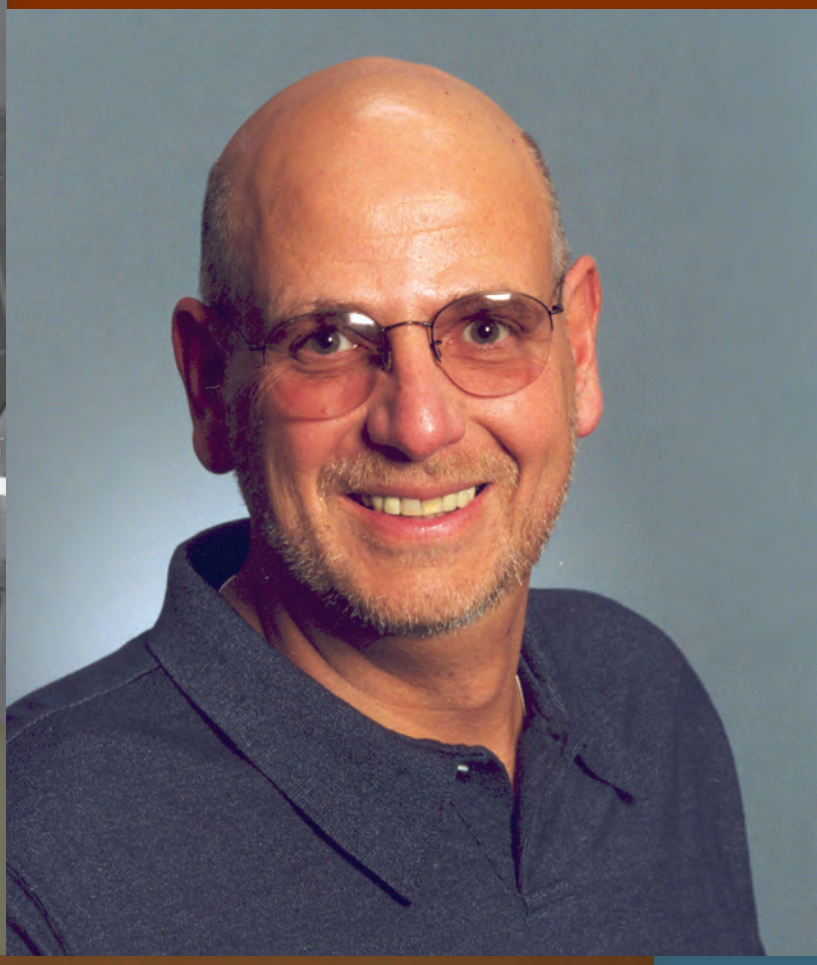
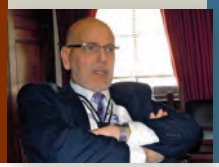
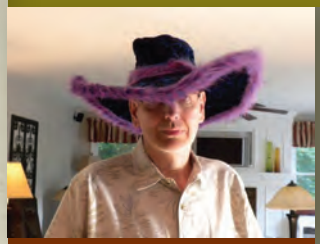




A TRIBUTE TO AN

INDUSTRY SUPERSTAR

Glenn Margolis



"YOU ARE A PERSON WITH A SPIRIT THAT BRIGHTENS A ROOM, AND YOU HAVE MADE A MARK ON THIS INDUSTRY THAT IS EXTRAORDINARY."

SIMON HAS ALWAYS BEEN SUCH A PROMINENT figure in this industry. What has always impressed me is his steadfast commitment to us! To NRRTS, to the ATPs and what we do – he has been a constant force behind raising the bar for Complex Rehab. After getting to know him throughout the years, I also appreciate his humor. So, Simon… Hats off to you and thank you!!
Go enjoy yourself!!!!

ALICIA TRUEBENBACH

IT WAS THE BEGINNING. WHAT SHOULD WE call it? Who should run it? Will people pay attention to what we have to say? Who will help us get started? And we kept going, dragging the questions along with us as we pushed forward. Simon was there. I was there. We banded together, and when it was time to choose a president, Simon offered to help me, and I accepted with him as a partner. I was nervous; I had never done anything like this before, but it needed to happen. It was time. We needed NRRTS, and we made history. I will never forget.

ADRIENNE FALK BERGEN

THANK YOU, SIMON, FOR THE MANY YEARS OF laughs! Thank you for believing in me, for always listening, and for providing valuable advice. NRRTS and the industry won't be the same without you. We will miss you! Enjoy your new life with your sweet bride and beautiful daughter.

"Don't cry because it's over, smile because it happened." — Dr Seuss

Lots of love, hugs and prayers,

AMY ODOM, DIRECTOR OF MARKETING AND OPERATIONS, NRRTS

I AM HONORED TO HAVE KNOWN YOU. MANY PEOPLE have been blessed through your involvement with NRRTS. You are a person with a spirit that brightens a room, and you have made a mark on this industry that is extraordinary. Although you are retiring I feel sure you will continue to cheer us on from the sidelines!! Good luck to you. Thank you for your dedication.

ALLISON FRACCHIA PT, ATP/SMS

THANK YOU, SIMON, FOR BEING THE KIND OF BOSS WHO MADE ME REALIZE I HAVE more ability than I thought I did. In my few short months, you have encouraged me, educated me and guided me every step of the way. The endless calls with questions every 10 minutes, you patiently answered most every time. While feeling like a baby bird being pushed out of the nest, you ensured my success and readiness to take on the responsibilities in your absence and for that I am thankful. Your kind heart, cheerful disposition, and witty charm will be greatly missed. Best of luck to you in this new chapter!

AMY STRIPLING, ASSOCIATION AFFAIRS COORDINATOR, NRRTS

SIMON TAUGHT US ALL

Anyone in the field of assistive technology has been taught by Simon. During the past 30 or so years, he has shared his knowledge in many

different ways. When I first met Simon, he was talking about some way to give recognition to people who did seating. What was wrong with being called "the wheelchair lady?" He brought together people from many different backgrounds who shared the same passion for seating and mobility. NRRTS was born.

He helped raise the dollars and awareness to create the ATP/ATS credential.

His list of accomplishments is long and impressive. But, now, it is time for Simon. And, he has certainly earned it!

It is comforting to know I have his cell phone number.

WEESIE WALKER, ATP/SMS, EXECUTIVE DIRECTOR, NRRTS

IT WAS OCTOBER 2011. I THINK IT WAS MY SECOND WEEK AT RESNA WHEN I had to "man the booth" at Medtrade in Atlanta. Fortunately, the RESNA booth was right next to the NRRTS booth – and therefore, Simon Margolis – in the complex rehab pavilion. Simon went out of his way to welcome me to RESNA, and patiently answered the questions of this assistive technology newbie. Just a few months later, I interviewed Simon as part of a stakeholder communications project for the RESNA board. As a former president of RESNA he was articulate, passionate and insightful about the organization's strengths and weaknesses. What came across was how much he cared about this industry, how important and vital he found the work, and how much he enjoyed his colleagues. Then, he generously offered RESNA a column in NRRTS Directions magazine, which has helped forge a closer relationship between the two organizations. But the best thing about Simon is he also took the time to send me "good work" emails, when he noticed something he liked. Of course, when he didn't like something, I heard about that as well – but in such a courteous, thoughtful way that often I would find myself agreeing with him afterwards! Thank you, Simon, for everything – you've been instrumental in helping me find my footing, both at RESNA and in the field of assistive technology.

ANDREA VAN HOOK, COMMUNICATIONS AND MARKETING MANAGER, RESNA

ONE OF THE VERY FIRST EDUCATIONAL SEMINARS I ATTENDED WAS AN EVENING WITH Otto Bock in Boston, Mass. Simon was the presenter, and I remember thinking how down to earth and knowledgeable he was. I thought it was a pretty cool way to make a living! While I was with Pride, Simon was very generous with his time, guidance and encouragement as we took our first steps with Quantum Rehab. Others weren't sure about what we were doing, but Simon saw our potential and was one of the key industry figures who helped us grow. Best of luck, Simon! Your contributions and support of this industry we love can never be replaced.

BRAD PETERSON

WITHOUT SIMON MARGOLIS, NRRTS WOULD NOT be what it is today. Simon was more than the executive director of NRRTS, but the glue that has held this together, a force to modernize the brand, and has helped make NRRTS the premier organization for complex rehab professionals. Simon is masterful on how he pulls information out of groups; getting their buy-in even when he already has the answer. Simon has been an inspiration to us all, as a leader, mentor and friend. We wish Simon a happy retirement, as he certainly deserves it.

CAREY BRITTON, ATP, CRTS®

I WAS BOTH SORRY [A LOSS FOR THE INDUSTRY] and happy (for him and his family) to hear of Simon's retirement. When I think of Simon, I have many fond memories. One of my favorites is the first meeting of the Midwest SIG '09. Jessica Presperin Pederson organized it along with Simon and Bob Jones. We met at the University of Wisconsin Madison where Simon and Bob ran a wonderful seating program. We all sat around a large conference table. It was the first time I met Jody Whitmyer – I swear I think he was wearing a polyester leisure suit.

Jonesy and I attended with a buddy from our program RTC: Rehab Technology Center, Bill Conyers. Bill K from Safety Travel Chair was also in attendance. Jessica arranged the rooms (as she often did) and there was a boys' room and a girls' room at the Doctor's Inn. To save money, folks doubled up in beds, slept on the floor, etc. – not the finest accommodations, but we had such a good time. I think the Doctor's Inn was definitely below Bill K's usual hotel standards.

This had to be more than 30 years ago. I was relatively new to the field, so it was exciting to be talking with people like Simon and Bob and Ben Brown. We partied at the student union. Jody got up with the band and played drums (he is a good drummer). We had a pizza party at Bob's home and met his family. By the end of the weekend, we all felt like family.

That was how this field felt to me decades ago, like family. And every time we could get together, it felt like a family reunion. We started calling RESNA "Camp RESNA" and "Camp Medtrade" because it was like going to camp and seeing old buddies and having fun.

I remember one gathering in Iowa – it was a Midwest SIG meeting. We had been partying one evening and gathered in a room to work on our presentation to the group the next day. I'm not sure if I'm remembering everyone, but I know it was Jes and Kerry and I. I think maybe Bonnie Boenig, perhaps Donna LeFeber, maybe Jody and perhaps Bill Armstrong were also there.

What I do remember, is that in addition to working on our presentation, we made up a song to sing to Simon.

Simon Says: neutralize the pelvis

Simon Says: ram the bar in hard

Simon Says: ignore the screams of anguish, to stabilize the pelvis use sub-asis bar

I think we choreographed it as well.

Simon took it in the good fun way it was intended.

That is how I remember my entry into this field: fun, sharing, friends, learning and discovery – it was wonderful.

I could go on and on. The time he let Jessie and I attend one of his fabulous workshops for free, I think he even covered our hotel room – it was so generous. Energized debates about contour versus planar seating, FIP versus CU, how best to simulate surface supports - when, where, how – it was great. Simon was a stellar teacher. I can see him up on stage with Mary Ellen and Kathy. It is so much fun tripping down memory lane. Its been a long, strange, fabulous trip – thanks Simon! Thanks for all the wonderful memories

Lots of love and light and joy to you.

CATHY BAZATA

SIMON MARGOLIS,

Many things are just automatically thought of as pairs: Lewis and Clark, salt and pepper, Sonny and Cher, Abbott and Costello, peanut butter and jelly. And of course there's Simon Margolis and Complex Rehab Technology (CRT).

If you've been around CRT as long as some of us, when you think of the industry's growth, struggles and triumphs, Simon is one of the leaders who comes to mind first. His work and leadership has made a positive difference in people's lives.

I have had the pleasure of working with Simon in one capacity or another since I came into the industry in 1985. Simon leads by example, working hard on issues whether it's rolling up his sleeves to do the detail work, or leading others toward a common goal.

In serving the CRT community in a variety of capacities (practitioner, provider, advocate, administrator and executive), he has kept the focus on the person relying on that wheelchair, seating system or other complex rehab equipment. His intelligence, passion and strong work ethic can always be counted. And thankfully his sense of humor has helped him retain his sanity – or at least most of it.

In one way or another, his whole adult career (and yes, Simon, I use the term adult loosely) has been focused on a simple but critical mission: helping people with disabilities get the assistive technology and supporting professional services they need. What a great focus and something he has done extremely well.

Thank you, Simon, for your leadership, contributions and friendship. We wish you the best in your retirement and are happy (whether you like it or not) you're only a phone call away when we need the benefit of your thoughts and advice.

DON CLAYBACK

FOR MANY YEARS NOW I HAVE SENT A "QUOTE

of the day" to friends and family, and our Monroe Wheelchair staff. I actually got the idea from John Miller. I am always looking for good material for my quote of the day. Most commonly I do a Google search for whatever topic I want to use for the day. But I am always listening for good material in meetings I attend, and when I find a quote to be really impactful I write it down in my day planner. While attending a meeting with Simon on January 14, 2003, he said something that ended up in my planner. He said, "As I grow older I have realized that it is more important to WIN than it is to be right." There is a lot to that quote, but one of things

that was most meaningful to me was that even after Simon had been in the industry as long as he had been at that point in his career, he was willing to change and to look at things differently. I learned from Simon that day, and I think we could all learn something from that quote. Although there is always more to be done in the CRT industry it is pretty incredible to think about all the progress we have made over the years that Simon has had direct involvement with. I will miss Simon's leadership and his passion for the CRT industry, and I wish him the best in his retirement.

DOUG WESTERDAHL, PRESIDENT, MONROE WHEELCHAIR

I FIRST MET SIMON WHEN HE PRESENTED AN IN-SERVICE for Otto Bock in which he challenged those of us present to "raise the bar" and join this new group, NRRTS. Twenty years later I am still trying, and I am always in awe and respect of the work he has done for those of us who provide AT and for those who need AT to live fulfilled lives. Every time I face a difficult situation or challenging client I ask, "What would Simon do?"

ERIC SMITH

THERE WERE GREAT DISCUSSIONS, INTERESTING conversations and heated debates.

Sometimes we agreed, sometimes we disagreed, and sometimes we just agreed to disagree. In the pursuit of change for the common good, knowing that passion can cause fire, courage can bring criticism, you were, and you remain, a professional and a friend.

We may, over time, forget what you said, but we will never forget what you did.

GERRY DICKERSON, ATP, CRTS®

IN ONE WAY OR ANOTHER, HIS WHOLE ADULT CAREER HAS BEEN FOCUSED ON A SIMPLE BUT CRITICAL MISSION: HELPING PEOPLE WITH DISABILITIES GET THE ASSISTIVE TECHNOLOGY AND SUPPORTING PROFESSIONAL SERVICES THEY NEED.

I HAVE ATTENDED EACH CELA FLY-IN FOR THE PAST four years and each is exceptionally done. Simon has always been a driving force in this event and works to make it the best event possible in the industry. Simon and Don have worked tirelessly together putting in many hours of hard work and effort to make complex rehab users have a better voice in Washington, D.C. Simon always takes the time to speak to each and every person at the events, and his voice has been heard by many who know the passion and effort he has put into this industry day in and out. Simon Margolis, I wish you well in your retirement and thank you for your hard work and continued support of the complex rehab industry.

GREG A. PACKER, PRESIDENT U.S. REHAB

SIMON WAS WORKING WITH WREO [AT UNIVERSITY of Wisconsin Madison) providing outreach seating and positioning services when we met. It's fun to think of those days. New to the world of seating and positioning, I'd heard of his program and wrote Simon a letter asking, "Where can I go to learn about providing these services? Is there a study program at UW?" He swiftly replied with helpful

information and an invitation to attend the upcoming RESNA conference to be held in Memphis, Tenn. Lucky me. This simple, welcoming exchange set the tone for my experiences with Simon for the next 30 years.

With so many memories and accolades floating through my head, I thought writing this tribute would be easy. Instead, here I sit with a big lump in my throat and few words.

From those early RESNA days, to ISS at the Peabody Hotel, RDI, Sig-09, NRRTS, ATS Certification (!), annual conferences in St. Louis, CELA, NCART… Simon has been there: first as a mentor, now, my mentor and friend. Leader… Teacher… Encourager… Tutor… Quipster… Advisor… Personal Trainer (He's pushed me well beyond my comfort zone many, many, MANY times!). It may sound cliché, but there's no other way to express that I would not be where I am, WHO I am as an ATP, if it were not for Simon.

I'm not alone – Simon's impact on our industry and the individuals in it is legendary. Where do we even start in listing his accomplishments and expressing our gratitude for his contributions?

Simon, Dear Friend, I wish for you abundant peace and joy in your retirement.

DENISE HARMON, ATP, CRTS®

THERE ARE A NUMBER OF FUNNY METAPHORS out there: "all hat and no cattle;" "legend in his own mind;" and "talks the talk, but does not walk the walk." None of these metaphors apply to Simon. In fact, just the opposite is true. For as long as I can remember, Simon has been the face of the rehab industry. His passion for, and commitment to, patients are without limits. Sincerity is hard to find in today's society. Simon embodies sincerity. As we say down here in Texas, Simon has a big hat AND a whole bunch of cattle.

JEFFREY S. BAIRD, ESQ., ATTORNEY, BROWN & FORTUNATO

SIMON MARGOLIS HAS LEFT A LEGACY FOR REHAB COMPANIES AND PATIENTS THAT is unmatched in the HME industry's very short history. He was instrumental in developing the MED Group National Rehab Network in its formative days. Simon has and always will remain a patient advocate, a person who will fight to protect every patient who needs complex rehabilitative equipment. His passion for patients and his determination to ensure they get the right equipment has always been his driving force. As the industry has changed over the years, Simon has assumed another role – rehab provider advocate. With the changes to policy, increased documentation requirements, and decreasing fee schedules, Simon has led the battle to ensure rehab providers can provide the equipment the patients need, but also can do it in a profitable manner. Simon will be missed for his wit, his friendship, his determination, but mostly for his passion for this industry.

JEFF WOODHAM, SENIOR VICE PRESIDENT & GENERAL MANAGER, THE MED GROUP

I WOULD LIKE TO START BY SAYING NRRTS HAS BEEN VERY FORTUNATE TO HAVE had someone of Simon's caliber in its ranks for any period of time, and I'm sure his influence will continue to echo throughout the life of the organization. Fortunately, I have experienced Simon's influence both as an employee with National Seating and Mobility, a company he helped to elevate to the elite status it holds presently in the Assistive Technology industry and as a NRRTS Registrant. He has been a role model and a friend to all of the people on both sides whether it is the ATP, PT, doctor, client, funding source, or anyone else involved in the process. I hope you experience much joy and happiness with your future endeavors and thanks for being the real deal, Simon. :)

JERRY MAPLES, ATP, RRTS®, GRACE HEALTHCARE

ONE OF MY FAVORITE PICTURES OF SIMON IS HIS NEW YORK CITY TAXI LICENSE WHEN he was a child of the '60s with a full head of hair! Ask him to see it the next time you cross paths – I am quite sure it will still be in his wallet.

As a child of the '60s Simon, at his core, is an activist. Looking for opportunities to make a positive change – whether in the comfort of a child using a wheelchair who really needs a bi-angular back support, or revamping a professional society's election policy or the laws of the United States to fundamental change access to CRT.

The New York City boy may have put his roots down in the quieter and gentler mid-west, but the quick thinking, strong-willed professional created opportunities and collaborations that provided the financial capital to fuel the creation of the professional credential – the Assistive Technology Professional.

Simon has always been a professional who supports the team and most importantly the consumer with a disability who needs the right seating and mobility solution!

Thank you for your tireless efforts in creating a fabulous foundation of professional support for all of us involved in the provision of complex rehab technology.

JEAN L. MINKEL, PT, ATP

I MET SIMON MARGOLIS MANY, MANY MOONS AGO WHEN A BUNCH OF US DECIDED to get together and form a "SIG-09," Special Interest Group on Seating and Mobility. The first time we got together was magical because it was the first time I had the opportunity to hang out with so many (extremely talented) folks with the same interests in the work we were all doing! The magic of that night transcended into years of friendship with Simon. Thank you, Simon, for all the wonderful things you have done for our industry, and how much you have given of yourself to your friends! So now the question is... Are you going to Disneyland? Best of luck my friend!

JODY WHITMYER

I REMEMBER WANTING TO LEARN CUSTOM SEATING so I could help fit the perfect wheelchair more than 40 years ago. So I attended my first seating symposium. The room was packed and the speaker was explaining how to use lawn chair webbing to support a deformity. To me, it seemed a little simple and odd, but what did I know? When it came to comments at the end of the talk, a gentleman stood up and ripped the speaker for giving bad advice at a major seating conference. I thought, "Wow, this is going to be an interesting group of people," and I had to know who this man was. I wanted to learn from him. This man was Simon Margolis. He taught me about bi-angle backs and many concepts of seating I still use very successfully today, more than 40 years later. He also, many years later, gave a keynote speech on integrity I still use today in teaching new seating salespeople. Simon has been one of the greatest teachers in our industry, and I wish him a great and deserved retirement.

JOE THIEME, ATP

UNFORTUNATELY, MY ONLY OPPORTUNITY TO WORK directly with Simon was during preparation for an ISS debate some years ago. However, I appreciate the atmosphere of professionalism he brought the NRRTS organization during the time of his directorship. Thank you, Simon. We all wish you a retirement with fewer challenges than the complex rehab industry!

KEVIN PHILLIPS, ATP/SMS

SIMON IS A PASSIONATE, DEVOTED THOUGHT LEADER to the CRT industry. Throughout his career, he has held numerous leadership positions in NRRTS and RESNA that have shaped the field of CRT as we know it today. It has been a privilege to work side by side on important and controversial issues. While Simon and I may not always see eye to eye, I know heart to heart there has never been a problem! Congratulations and best wishes on your retirement, Simon. Your work and legacy will continue onward – you will be missed and definitely not forgotten!

LAURA J. COHEN PHD, PT, ATP/SMS, PRINCIPAL, REHABILITATION & TECHNOLOGY CONSULTANTS, LLC

SIMON HAS BEEN SOMEWHAT OF A ROLE MODEL for me. He is always so calm in crisis, stressful meeting or when dealing with difficult people. I think it's one of the reasons he's been so successful and gotten so much accomplished in this industry. Someday I hope to be able to maintain my composure half as well as he does. He'll definitely be missed!!

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

CONGRATULATIONS ON YOUR RETIREMENT! WE are so appreciative of your commitment to our profession – you are forever our advocate. You are dedicated not only to us, but also to those

we serve. We thank you, also, for presenting at the Handi Medical Supply Conference – we are proud to say we are assistive technology professionals.

ALICIA, LISA, LLOYD, MIKE AND ROBBI AT HANDI MEDICAL SUPPLY

WE FIRST MET SIMON WHEN HE WAS A VICE president at National Seating & Mobility in 2002. Mobility Management, a new publication for assistive technology providers and clinicians, had just been born. Simon, in his leadership role at one of the industry's most prominent rehab providerships, certainly didn't have to acknowledge our existence, let alone offer his encouragement and critique. But he took time to do so and always with the knowledgeable candor he's known for.

It was a big deal for a new magazine to be noticed by one of the industry's leaders, and we are thankful for the opinions Simon generously took time to share. Certainly, his ideas and those of his colleagues were a big reason MM became focused on the CRT industry, and we will always be grateful.

LAURIE WATANABE AND KAREN CAVALLO

SIMON HAS BEEN THE DRIVING FORCE IN OUR INDUSTRY THROUGHOUT THE YEARS. HE IS someone we have all looked to for his wisdom and insights. In addition, his collaboration of NRRTS with NCART on the Separate Benefit Initiative as well as getting consumers and other advocates out to D.C. to lobby. He has had an immeasurable impact on the future of complex rehab. We are all grateful for his dedication and everything we have learned from Simon over the years and wish him well!

RELIABLE MEDICAL SUPPLY REHAB TEAM

I FIRST MET SIMON 22 YEARS AGO. I WAS ASKED TO ATTEND A SEATING CLASS THAT WAS being offered by Otto Bock. Simon was the instructor. What I remember most was his teaching style – he kept things interesting. He had a lot of personal experiences he shared and his sense of humor made for an interesting day. Little did I know, this man would lead and guide our industry to where we are today. I want thank you, Simon, for all you have done for our industry and you will be missed.

JOE SCANLAN, ATP, CRTS®

I HAVE HAD THE PLEASURE AND HONOR OF WORKING WITH SIMON ON THE NRRTS BOARD for many years. I have felt truly blessed to have had such an honor. His sole dedication has been to the enrichment and acknowledgement of the profession of the rehab technology supplier. We, as RTSs, have a long way to go. Thanks to Simon for making some strong advances. As we move forward, I know we will look back and be able to take strength from the work he has done. I hope I can demonstrate some of the same courage and commitment as I move through my career as an ATP, CRTS®. But Simon, remember, it is like the Hotel California, you can check out but you can never leave. We will be calling!

LESLIE RIGG, MS, ATP, CRTS®

WHEN I WAS INTRODUCED TO OUR INDUSTRY 14 YEARS AGO, I WAS OBLIVIOUS TO THE level of passion and commitment many possessed to serve this beloved community. However, people like Simon, who through their actions, inspired and stimulated me to rise to their level. His desire to help educate and fight for those with disabilities has had such a tremendous impact in our journey to help foster awareness. Simon, I personally thank you for the relentless work, loyalty and commitment. GOD bless!

LORENZO ROMERO, STEALTH PRODUCTS

EVERY COMPANY, EVERY INDUSTRY AND EVERY ISSUE NEEDS A CHAMPION TO CARRY the flame forward and not be distracted by short-term failures and successes. Simon has been that champion for complex rehab. Simon and I have had our differences of opinion over the years, but I view that as a healthy part of progress. Simon has been able to navigate the waters of industry politics and stay focused on the

long-term goal of achieving both credibility and proper compensation for the vocation of complex rehab providers, manufacturers and consumers.

This task at times must have felt like the weight of a mountain on his back as many of us sniped from sidelines. The old saying goes that everyone wants to go to heaven, but no one wants to die to get there. Most of us in the industry all want to be valued for what we do in complex rehab, but that usually means we only want the rules to apply to someone else. As Simon and others put the puzzle together including certification, standards, testing, coding, etc., we complained about the burdens those placed on us daily. Your champion has to not let those things be a distraction. They have to stay focused on the longer-term goals of moving our industry upward within the health care spectrum and having us viewed by others, including Washington, as viable and credible members of the health care team.

That usually doesn't make you the most popular man on campus, but it does make you the most valuable. Simon has been the most valuable man on campus, the man willing to grind out the detail, the man to not let others hinder progress. Simon will be difficult to replace, and even though I wish him well in retirement, I hope a new champion will emerge and Simon will be willing to save a few hours to mentor them. I hope everyone joins me in giving him the credit he so richly deserves for moving us forward.

MARK SULLIVAN

NRRTS DOES NOT EXIST WITHOUT SIMON MARGOLIS. FROM ITS CREATION, TO the past years as our executive director, no single person has contributed more than Simon has. I would like to thank him for breathing life into the organization that provides me a place to call home.

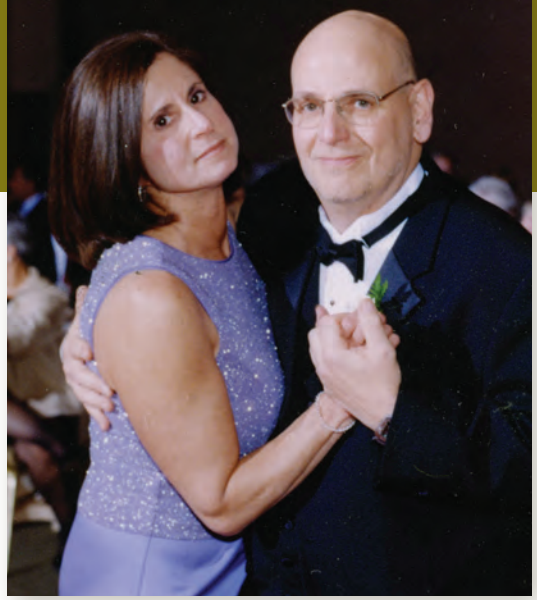
MICHELE GUNN, ATP, CRTS®

I HAVE HAD THE PRIVILEGE OF KNOWING SIMON FOR A NUMBER OF YEARS NOW AND served on the RESNA board of directors with him. He is a great friend. One of the things I love about Simon is that he is so passionate about this field, yet he never takes himself too seriously. I wish him the very best retirement!

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

SIMON HAS INSPIRED US TO ALWAYS THINK AHEAD, TO LOOK AT WHAT IS NEEDED for the consumer, the supplier and us as a manufacturer. He has taught us to be involved with advocacy and to help shape our slice of CRT in health care. Thank you Simon!

ALTIMATE MEDICAL/EASYSTAND



SIMON MARGOLIS: RETIRE NEVER; RELAX A little, maybe.

Simon has always been a driving force that helped to move NRRTS and the CRT industry forward.

My first meeting with Simon, while he was at Otto Bock, was to educate me on their OBSS custom molded system, something new and innovative in seating. Later in my career, Simon encouraged me as a supplier to join NRRTS and his study group to prepare to take the very first RESNA ATS/ATP exam. Simon also contacted me to become part of a new rehab team (CELA) heading to Washington, D.C., to talk with our congressional members about CRT.

Simon is a forward thinker who is always looking for processes that can improve CRT for the consumer and all those who work in this industry. He is a true pioneer, inspiring us all to carry the torch forward.

Thank you for your leadership,

NANCY PERLICH

SIMON THE LIONHEARTED

I've known Simon Margolis for 50 years, since we grew-up together in the Logan Square area of downtown Chicago. Even at an early age, when we were having our lunch money taken away by the bigger "gang" kids, Simon was

always plotting a way to help the kids who didn't even have lunch money to steal.

As we grew older and learned the ways of the world, Simon never abandoned the humanity that has come to define him. During the wonderful, woeful '60s we partied, schemed, learned and awaited the day when Simon could make the world a better place, which he has done one day at a time.

During the past 10 or 20 years, I've become reacquainted with Simon within the wonderful world of CRT. Simon, unlike any other, has helped to define an industry often shunned due to its lack of commercial profitability. He's pushed and shoved and cajoled and taught and worked for all the things we mostly take for granted.

So, since those days on the corner of Kimball Avenue in downtown Chicago, nobody but nobody has the song in their heart like Simon.

Please don't go far.

We're still learning from you

We all still need you.

We all thank you!

BILL NOELTING

I HAVE KNOWN SIMON FOR SO MANY YEARS; I DON'T EVEN REMEMBER WHEN I first met him. As I look back, he has always been a few steps ahead of the rest of the world. The work we all do in this industry can be related back to Simon and his vision of where we need to go. His hair-brained ideas were motivating to me, causing me to continue challenging myself by becoming an ATP back in the '90s. Even if I couldn't fully see his vision, I knew he would take it some place good. He is a visionary, motivator and role model. As I have shared some of his health problems, he has been such an incredible example for me, making me not give up and let a disease process get the best of me. I will miss not seeing him in the usual places. I wish both Simon and Marcia the best as a new chapter of their lives begin. To Simon … Thank you for all you have done!

JILL SPARACIO

AT MEDTRADE IN 1993, I SAW A MAN AT A PODIUM WARNING THAT COMPLEX rehab as an industry must change from within if it was to ever be taken seriously. Not to do so would be folly. At least that's my recollection of his message. I didn't give it much thought at the time. But over the years his relentless challenge to better ourselves was felt across the industry, and he was proven correct. The ATP and CRTS credentials are essential to continue to work in this field.

Simon worked for National Seating & Mobility for several years, and I came to rely on him as a sounding board for all things ethical and technical. He was very instrumental in our company's professional growth as well as my own. I consider him a good friend and mentor. Good luck in your retirement, Simon. I wish you all the best.

MARK PATTEN, ATP, CRTS®, BRANCH MANAGER, NATIONAL SEATING & MOBILITY, INC.

THE YEAR WAS 1989, AND I WAS A MERE ROOKIE, fresh meat if you will, getting my feet wet within the rehab industry. I was employed by the once revered rehab guru of Functional Rehab in Pewaukee, Wis. During my extensive training period of two years, the names Simon Margolis, Mary Ellen and RDI kept coming up in conversation. Eager to learn who the players were in our area, my curiosity compelled me to constantly ask who these people are and how do they fit into what we do at Functional Rehab.

As time passed and more experienced was gained, names and faces became familiar. I learned who Simon was, who Mary Ellen was and learned what RDI was. RDI is an acronym for Rehab Designs Incorporated. I never really understood who owned RDI, but knew Simon had a huge influence with the company. Simon designed seating systems and seating components from their office in Madison, Wis. I learned this guy really seemed to know a lot about wheelchair seating and how his designs and theories should interface with the human body. I was to say, at the least, intrigued. I learned Simon was an orthotist. Being new to the industry, I had no idea what an orthotist was. I thought the title implied Simon was an alien from the planet Ortho. All kidding aside, I soon learned what an orthotist was and how they fit into the rehab industry.

Having the opportunity to work in the Madison area and actually sharing office space at RDI for a short time, I was able to expand my knowledge base with the help of Simon and his wisdom. Servicing the University Hospital in Madison, I was also pleased to learn Simon's wife worked at the hospital as a physical therapist. During my early years in the industry, I had the pleasure of working with Simon and his wife using their knowledge to further my education. For the life of me, I can't remember Simon's wife's actual name but I do remember we used to call her by her nick name, "Mush." Thank you guys for your patience and guidance during my infancy within our industry, you both are wonderful people.

I remember Simon leaving RDI and taking a position with Otto Bock. As an educator, Simon traveled into our community and put on an in-service talking about seating and positioning. A couple of things come to mind when thinking back to this in-service. Simon talked about spinal alignment and head positioning. I'll never forget the bowling ball on the broom handle analogy. I still use that one today. It works. Another little Simon nugget I'd like to share is how Simon mentioned he used to seat people on glass tables, slide underneath and study how the buttocks reacted to solid surfaces. I still laugh when I think about that. What a visual, literally. Simon, you have a great scene of humor, don't ever lose it and thank you so much for your vision. Thank you for your wisdom in developing, nurturing and growing the NRRTS fraternity. I'd like to wish you and Mush the best and enjoy your retirement.

PERRY KOHORN, ATP, CRTS®. KNUEPPEL HEALTHCARE

SIMON WILL BE MISSED AS AN INDUSTRY LEADER. HIS WEALTH OF KNOWLEDGE AND his common-sense approach to the complex challenges he faced amazed me. He turned challenges into opportunities and always found a way to bring out the best in the people he worked with.

At the many events Rifton was a part of, having Simon around brought confidence and assurance that things would be okay. He was always available for questions and had a way of reducing complex issues into simple terms.

When I think of Simon and his role in our industry, I think of Hawaiian shirts, and I'm reminded of the words of Estee Lauder: "I never dreamed about success. I worked for it." And work hard, he did. Thank you, Simon.

RICHARD JOHNSON, INTERNATIONAL SALES MANAGER OF RIFTON EQUIPMENT

I GUESS I CAN'T JOKE WITH SIMON ABOUT LETTING THE YOUNGER GENERATION getting involved anymore. Can you believe it was around seven years ago when I told him he was getting old and would have to retire soon and then proceeded to ask what I could do to get involved? As far as I'm concerned, Simon will always be a rock star in our industry.

ROB DOWNER

I HAVE BEEN WORKING IN THIS INDUSTRY FOR MORE than 12 years. The hard work of Simon and his coworkers have helped me to attain my ATP and continue to retain my standing in both RESNA and NRRTS. In an industry strapped by constant change in regulation – with no end in sight – Simon and the NRRTS organization have kept the problems involved in providing "high-end rehab services" in both the public and congressional eye. Without his guidance, his drive and commitment to move forward where would we be? He has left his organization in good hands also an indication of his ongoing commitment to all those with disabilities.

SANDI MANSFIELD, ATP, CRTS®, FRONTIER ACCESS AND MOBILITY SYSTEMS, INC.,

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SIMON HAS BEEN SO INFLUENTIAL TO ME personally and impacted my place in this industry. When I started with a locally owned Medical Supply, I was allowed the opportunity to shift my focus where I felt it benefited our clients and our business best. I attended a course Simon taught at Otto Bock. His passion, detail and focus is what sparked my interest and desire to focus my energy in seating and positioning. Many years later I was blessed to be working for the same company as Simon when he joined NSM. I am sure anyone who has had the opportunity to have Simon in their world would agree he has provided knowledge, support and encouragement that would never be forgotten or taken for granted. I really don't know if I would be in the rehab world if it was not for Simon. Well, Simon 20+ years is defiantly a statement to the impact you have made on my life.

I am so happy Simon now gets to focus his energy on his fantastic family and his life ahead.

KIRSTEN STELLMAKER, ATP, CRTS®, BRANCH MANAGER, NATIONAL SEATING & MOBILITY

MY FIRST EXPOSURE WITH SIMON WAS WHEN HE was doing seating seminars for Otto Bock. Plywood and foam have come a long way from those years. Simon has provided a wealth of information and guidance to the complex rehab community. I have enjoyed working with him on the NRRTS board. He has helped develop NRRTS into the organization that it is today. His insight and passion that he has brought to payers and legislators has brought the RTS into recognition that we do provide a service of expertise to the clients. I believe without a champion to be our voice we would be lost. Thank you for all of your efforts throughout the years, you will be missed.

ELAINE M. STEWART, ATP, CRTS®

FROM THE BEGINNING OF MY REHAB CAREER, I WAS referred to Simon whenever I had a question no one could answer. I doubt he remembers me calling him, but he was always helpful and put me on the right track. I remember attending ISS one year when Simon did an ethics presentation. I signed up for the course just because Simon was the presenter. I thought it would be boring, but he kept us all engaged and entertained while provoking serious thought.

Simon was our first executive director. With his guidance, NRRTS has been able to spearhead CELA and enable us to partner with NCART to promote the Separate Benefit Category for Complex Rehabilitation Technology (H.R. 942 and S-948). He has guided us through a better, more quantitative and objective path for NRRTS membership. And he has helped develop an industry recognized web educational seminar series that is free for all NRRTS registrants. NRRTS as an organization has skyrocketed into national recognition and prominence under his tutelage. We are lucky to have benefited from his drive, focus and true love for our industry. Thank you, Simon.

THANA FRANCE, ATP, CRTS®

I HAVE KNOWN SIMON FOR MORE THAN 20 YEARS AND HE HAS WORN MANY HATS. I have known him from his Otto Bock and MED Group days and now NRRTS. He has always worked hard at his job but, more so for the industry. He never stopped believing complex rehab was different than the home medical equipment side of the business. That possibly comes from his background in the orthotics field. Whenever meeting him at a show around the country he would have a big smile on his face. Simon it has been great seeing you go through your career path. You never gave up on the industry. Thank you!

TOBY BERGANTINO, ATP, CRTS®

WHEN I FIRST MET SIMON 20 OR SO YEARS AGO, I THOUGHT HE HAD A PICTURE OF himself on the dash of his car. Then the years of service, dedication, commitment and passion toward the disabled and those of us who serve those with disabilities proved him to be a serious team player. He was intellectually sound and in many ways thought at a higher level. At the last ISS in Nashville, Tenn., he shared with me a most interesting thought. "That the equipment we provide is not as important to many with disabilities as it is to those of us who provide said equipment." After 30 years of work I could see much truth in this. Simon did his part and more in "It takes a village." I have been privileged to know him as he worked magic on the front lines and in the rear echelons unconditionally. He has most certainly helped to keep the watch fires burning and helped to break new ground, and done so for very little money or praise. May retirement be a great refuge as he has most certainly earned rest and peace. Strength and honor.

THOMAS OTIS HENLEY M.ED, ATP, CRTS®

I HAVE HAD THE PLEASURE OF CROSSING AND SHARING PATHS WITH SIMON FOR nearly a quarter century.

I have learned from him, laughed with him, been inspired by him, and even witnessed him tape his daughter›s buns together. Yes, he has always been willing to sacrifice most anything for the greater good of this industry. I wish Simon and Marcia a long healthy, happy, and ridiculously fun retirement.

TOM HETZEL, PT, ATP, RIDE DESIGNS/ASPEN SEATING

I MET SIMON FOR THE FIRST TIME IN THE EARLY '90S WHEN HE WAS WITH OTTO BOCK and have always had a lot of respect for him. I don't know of many folks who have worked as hard as he has for the industry, and he truly has a passion that inspires many! Thank you, Simon, for everything you have done for us!!

TROY LAPP

THANKS FOR YOUR SUPPORT, ENERGY AND INSIGHTS TO HELPING OUR INDUSTRY. I appreciate your dedication as you share thoughts as we all work to keep and improve what we do as an industry.

Your presence will certainly be missed. Hope you enjoy the next set of adventures!

PATRICIA TULLY, OTR, ATP

THE FIRST TIME I EVER HEARD SIMON SPEAK WAS AT A MEDTRADE IN ATLANTA. HE made such an impression on me that day I changed my direction in practice. He was speaking on the need to become certified so as an industry we would have power and a voice and not just be a salesman. Now, that was almost 20 years ago and those words have never been more true. I took the ATP exam the following year after hearing Simon. So I just want to say THANK YOU for fighting the good fight and inspiring me to be better.

JAY TURNER

SIMON MARGOLIS IS A TRUE ICON IN OUR INDUSTRY. HE HAS, SO PASSIONATELY GIVEN his time and energy to the rehab industry. Simon has always believed rehab technology suppliers were not given their due as professionals and worked hard to change that. As one of the founders of NRRTS, Simon was constantly raising the bar for RTSs.

His vision for RTSs to be looked at as a key member of the rehab technology team has happened.

We will miss him tremendously.

JOHN ZONA, ATP, CRTS®

IN AN AGE DOMINATED BY THE EASE OF TECHNOLOGY, it is often far too easy to get lost in our screens. Simon, while remaining focused on the task at hand, has always seen past the statistics listed in our carefully calculated spreadsheets and has made connecting with people on a personal level a priority. To me, he is a steady reminder that at its very core, this industry has always been and will always be about caring for the individual. When we take the time to sincerely focus on the lives in which we play a role, our motivation toward changing things for the better is rejuvenated.

MICKAE E. LEE, DIRECTOR OF MEDICAID AFFAIRS, NCART

I FIRST MET SIMON IN THE 1980S AT RESNA meetings and the seating conferences in Memphis hosted by Doug Hobson and Elaine Trefler. He was always a RESNA renegade and wild child, who after I started Bodypoint would always say to me, "I can't believe you made a business out of selling straps." He sometimes had other business ideas for me, often suggesting alternative lifestyle uses for the black straps we made. Simon has always been an articulate and thoughtful contributor to the work of our industry, and I am glad to have known him over the years. Much luck to you in your new pastimes, you will be missed.

DAVID HINTZMAN

BY DOMINIC RUSSO

US POWER SOCCER U18 TEAM DOMINATES IN PARIS

Early in the summer of 2013, the Federation of Power Chair Football Association announced the first ever event for national teams under the age of 18. The competition was scheduled for Paris, France, in October. The U.S. worked quickly to form a team of up and coming young stars in the sport. The USPSA agreed to select six players from the 130 athletes who are current members.

JAKE BATH
13
Sacramento, Calif.
DUCHENE MUSCULAR DYSTROPHY

ZACK DICKEY
14
Pendleton, Ind.
SPINAL MUSCULAR ATROPHY

LEXI HEER
17
Fishers, Ind.
SPINAL MUSCULAR ATROPHY

RILEY JOHNSON
16
St, Cloud, Minn.
ARTHROGRYPOSIS

TYLER KING
17
St. Charles, Missouri
DUCHENNE MUSCULAR DYSTRPOHY

MICHAEL RODRIGUEZ
15
McCordsville, Ind.
MUSCULAR DYSTROPHY

CHAMPIONSHIP PHOTO DISPLAYING THE U.S. FLAG AND HOLDING JAKE, THEIR FALLEN TEAMMATE.

The difficulty with the team selection was the short term nature of the event and the overall lack of funding, so the team selection had to be based on the family's ability to fund travel, registration and a training camp prior to the event. Fortunately, in August, MK Battery stepped in to help with much needed funding, and this funding was able to cover the cost of registration for all the players and coaching staff. Dominic Russo of the USPSA said when asked about the funding, "We are so thankful to MK for stepping in to help get this team to Paris. It was a godsend."

So with some significant funding now in place, the team set their target on maintaining the winning tradition of their older counterparts who have won back-to-back World Cups in 2007 and 2011.

The team trained for three days in St. Louis in September bringing together for the first time the six players who would represent the U.S. It was an intense, spirited and fun experience for the six players and they came together as a team under the watchful eyes of head coach Chris Finn and assistant coach Bill Cain. It was clear the team had come together and would be a strong force for the European teams to deal with.

The team was scheduled to compete against Ireland, Finland and France. Both France and Ireland would field two teams bringing the slate of teams to six in a round robin format.

The team had some disappointing news two weeks before leaving for Paris when Chris Finn was notified Jake Bath had suffered a fall and had broken his leg and would be unable to travel with the team. The team committed themselves to making sure Jake was present with them in spirit if not in person and they were able to do just that. The team had a photo of Jake's face made and each member of the team took turns holding the picture and bringing him to everything they did – from touring the Eiffel Tower, to being on the bench during competition to photo ops Jake was there with them. It was clear Jake was a valued member of the team, so the team would have to travel down one player.

The schedule came out and the U.S. had France U16 in the opening match. France was expected to be the strong contender in the competition so the pressure was on the U.S. from the first whistle. This would be the first competition the team would face together and it would be a challenging one.

The team had a photo of Jake's face made and each member of the team took turns holding the picture and bringing him to everything they did – from touring the Eiffel Tower, to being on the bench during competition to photo ops Jake was there with them. It was clear Jake was a valued member of the team, so the team would have to travel down one player.

U.S. TEAM

The U.S. team opened up tentative and cautious, moving more deliberately and carefully than was expected. But the first goal brought confidence and a waterfall of offense began.

The U.S. followed up that first goal with three more before the first half ended jumping out to a 4-0 lead. U.S. added one more in the second half to close out the first game at five to nil.

The next game was with team Finland. Finland was the team in the competition with the least experience. The U.S. continued its march scoring five unanswered goals in the first half of play. It was clear the Finland team was out matched in the game. The U.S. went on the win 10–0. That ended the first day of competition for the U.S. The next day would bring three games and if they continued the same bombardment of goals, the U.S. would find their team in the championship game.

The U.S. faced Ireland in the first game of day two. The U.S. jumped out again to a 5-0 lead in the first half. The U.S. team dominated play and scored at will on set plays. The U.S. team went on to win 10–0. The next game was against the Ireland U16 team. Ireland and France both chose to enter a U18 and a U16 team to provide opportunities for the younger players in their program. Like their older sister team, they fall to the same score 10-0. The U.S. had yet to give up a goal in the first four matches with the third and final match of the day fast approaching.

The U.S. faced the French U18 team. They were the strongest team in the tournament. This was obvious in the first half of play with the U.S. only scoring two goals. The U.S. still had yet to give up a goal, but clearly this appeared to be a closely contested match. The U.S. scored an insurance goal to close out the round robin undefeated, however, the French U18 team played the U.S. very close. At this point in the tournament, it was lining up to a France v U.S. final game.

The U.S. team had to first face Ireland U18. This was the same team the U.S. dominated just a few days ago. While the Ireland team was learning and playing better, they were still no match for the strong U.S. team. The U.S. won the semi-final 13-0 setting up a rematch of the French U18 team in the championship game.

TOP: MICHAEL HOLDING THE TEAM TROPHY AND HIS INDIVIDUAL AWARD OF GOLDEN GUARD WITH 15 GOALS SCORED.

BELOW: RILEY

U.S. TEAM JERSEYS

COACH FINN TALKING WITH THE TEAM

The U.S. team shut out every team in the tournament. When all the dust settled, the U.S. team scored 53 goals over the seven-game event.

Coach Finn gathered the team together to talk about focus, teamwork and having fun. Had the U.S. been absent of these things, this would have been a challenging match. The French U18 team was good and playing better. They played to a 3-0 close match which was the closest match of the tournament so far. It was important to get off to a good, quick start. It took six minutes for the U.S. to score their first goal in a tightly contested match to that point. The French defender made a mistake and Lexi Heer took advantage and scored the U.S. the first goal of the championship match. Zack Dickey only waited one minute and 16 seconds before adding another goal for the U.S. by a kick in across the goal box and strong kick in the open side of the goal. Tyler King scored a third goal in extra time from a pass from Riley Johnson. The French team had their hands full to come back from three goals against an unscored upon U.S. team. France held on until the 12th minute when Zack Dickey made a cross court pass to Johnson to score the fourth goal with three minutes left to play. Then in the final minute on a corner kick from Riley Johnson, Lexi Heer kicked the pass into the near post for a fifth goal for Team USA. The final score was Team USA five, France zero. The U.S. team shut out every team in the tournament. When all the dust settled, the U.S. team scored 53 goals over the seven-game event. This is an amazing feat for these young players and bodes well for the future of the U.S. national team program.

It was a dominating performance by the young U.S. team. Michael Rodriguez was awarded with the Golden Guard Award for most goals with a total of 15.

The adult Team USA is scheduled to compete in the first ever COPA America's in Rio De Janeiro, Brazil, in April 2014. The team will be looking to continue their dominance of the international competition.

The United States Power Soccer Association is not just about their national team programs. Their main mission is to provide opportunity to persons who use a power wheelchair for their daily mobility. They work toward their mission by attending abilities expos and holding clinics throughout the U.S. Their goal is to reach every power wheelchair user and provide them with the opportunity to compete in a team sport. Power soccer is the only power wheelchair sport available for power wheelchair users. The USPSA is a 501c3, 100 percent volunteer organization.

For more information about the sport go to *www.powersoccerusa.org*

Thank you and keep on rolling!

CONTACT THE AUTHOR

Dominic may be reached at uspsapresident@aol.com.

GRASSROOTS GRATITUDE

WRITTEN BY: ANN EUBANK AND ALEX BENNEWITH

About 15 years ago, it was becoming painfully evident reimbursement would continue to erode. The Complex Rehab Technology (CRT) industry faced ominous changes. Passionate discussions concerning the survival of the industry as we knew it and the future plight of the consumer dominated most seminars and national conferences. This young and enthusiastic industry needed a plan.

Simon Margolis emerged as one of the charismatic and dedicated leaders to help focus our collective efforts and gain the professional recognition we deserved. He, along with others, met on a regular basis analyzing the needs and resources available to our mission. Margolis was instrumental in bringing together various people, talents, perspectives and roles. While we are a diverse community, our mission to provide opportunities for independence for people with disabilities solidifies our bond. This bond is stronger than ever as we face some of the most dramatic changes yet.

With the advent of the CELA conference (Continuing Education and Legislative Action), presented by NRRTS and NCART, we have had the opportunity to bring our collective voice forward and explain how essential complex rehab is to the independence and health of wheelchair users so they can live the lives they choose. It's not always pretty as we differentiate our certification, expertise and the complex nature of the equipment from the everyday basic wheelchairs and seemingly fraudulent TV wheelchair companies. But we persevere, bringing our story to every congressional representative possible.

With the advent of the CELA conference [Continuing Education and Legislative Action], presented by NRRTS and NCART, we have had the opportunity to bring our collective voice forward and explain how essential complex rehab is to the independence and health of wheelchair users so they can live the lives they choose.

As our industry became more cohesive, inviting wheelchair consumers to participate in advocacy, it was apparent how empowering the process was to all involved. Margolis and the board of NRRTS were gracious enough to allow UsersFirst to present its strategy to unite the voice of wheelchair users. That was five or six years ago when UsersFirst was just beginning to bud. UsersFirst was extremely grateful and pleasantly surprised when the CELA audience expressed support.

With a board of directors – the majority of which were wheelchair users – a mission, a website and some luggage tags, UsersFirst began to connect with stakeholders in the CRT community.

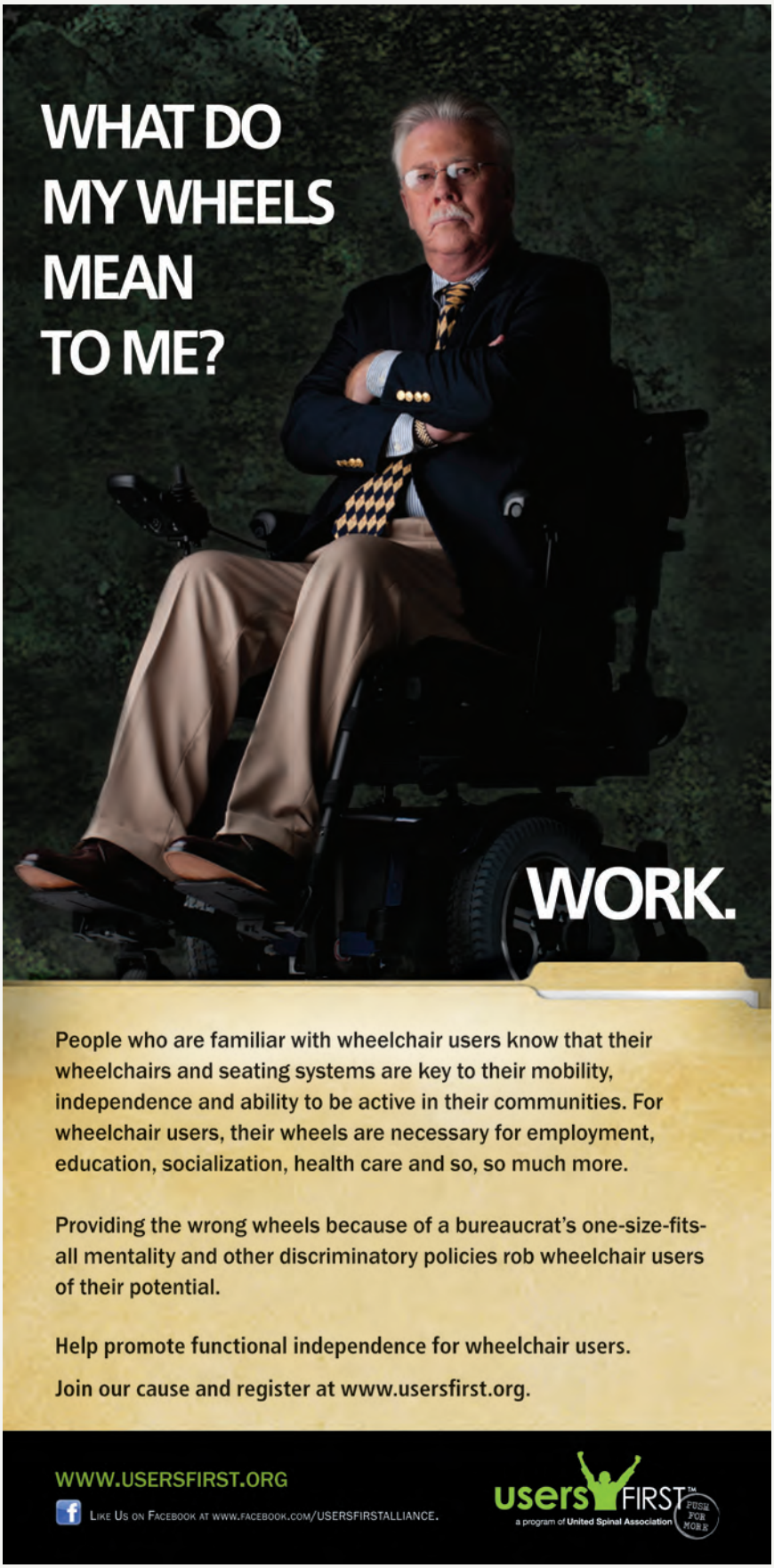
A few years later, again, Margolis was gracious enough to invite Paul Tobin, the president and chief executive officer of United Spinal Association, one of the most historic disability organizations in the country, to present the keynote speech at the CELA conference. At this point, UsersFirst had proudly become a program of United Spinal with access to approximately 40,000 members and a robust chapter network, now totaling 42.

With the support of the CRT stakeholders and United Spinal, UsersFirst has become a healthy and sustainable grassroots network of people who care that Americans have access to wheelchairs that meet medical and functional lifestyle needs.

Access to good wheelchairs is an ongoing issue which affects people from diverse backgrounds and abilities. UsersFirst has facilitated wheelchair users, from coast to coast, to organize and mobilize, making congressional visits encouraging congressional representatives to support H.R. 942 and S.948.

Just recently Alex Bennewith, vice president of government relations with United Spinal Association, along with other stakeholders (see photo), met with Rep. Paul Ryan, R-Wis., chair of the House Budget Committee. Rep. Ryan said he was aware of the legislation and is willing to help us. He was impressed we had 83 co-sponsors. This continues to be a team effort with all stakeholders participating (wheelchair users, clinicians, manufacturers and suppliers).

UsersFirst, part of a national nonprofit disability organization with a 60-year



SETH JOHNSON, PRIDE MOBILITY, REPRESENTING NATIONAL COALITION FOR ASSISTIVE AND REHAB TECHNOLOGY; CHERYL SENSENBRENNER WIFE OF CONGRESSMAN JIM SENSENBRENNER (R-WI-05)* AND AAPD BOARD MEMBER; LAURA COHEN, CLINICIAN TASK FORCE; REP. PAUL RYAN (R-WI 1ST), ALEX BENNEWITH, UNITED SPINAL ASSOCIATION. *CONGRESSMAN SENSENBRENNER IS THE CO-SPONSOR OF HR 942.

presence in Washington, D.C., has successfully united, organized and mobilized the grassroots movement of people who believe Americans should have access to wheelchairs that work best in our lives.

UsersFirst and United Spinal Association wish Margolis all the best in his retirement and express our gratitude for all the support and collaboration. His maverick attitude has infused many of the projects and positive outcomes in this industry.

If you would like to be part of this movement and receive UsersFirst updates please go to *http://www.usersfirst* and "join with us." You can also follow us on Facebook. Every voice matters.

CONTACT THE AUTHOR

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Alex may be reached at abennewith@unitedspinal.org.

WORKING TOGETHER: NRRTS & RESNA

WRITTEN BY: ANDREA VAN HOOK

"Louie, I think this is the beginning of a beautiful friendship."
- Humphrey Bogart in the movie Casablanca

NRRTS and RESNA have a long history of working together, going back to the founding of NRRTS in 1992. By then, RESNA had been in existence more than a dozen years, and the annual RESNA conferences (the first of which was held in 1981) had proven crucial in helping to training and professionalizing a cadre of leaders in assistive technology.

Over the years, RESNA has remained a "big tent" organization, offering a professional home for everyone working in the field, including seating and mobility, alternative and augmentative communication, computer access, research, special education, and more. NRRTS, in contrast, has carved out a valuable niche focused on technology suppliers of complex rehab wheelchairs and seating positioning systems for people of all ages and diagnoses with postural or mobility deficits. Together, the organizations complement each other, and there's been a lot of sharing back and forth, especially in leadership roles. Currently, Weesie Walker serves on RESNA's Professional Standards Board. Mike Seidel, a longtime NRRTS Registrant, is the current chair of that board which is charged with overseeing RESNA's certification programs. A look back at how they started in the field and the course of their careers offers great insight into how the field has evolved and changed and the importance of both organizations.

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Ann "Weesie" Walker came into the field in the late 70s, after earning a certification in early childhood education and beginning a career as a kindergarten teacher. "I was working long hours, but I had a young family so I needed a 9 to 5 job," she said. "A friend of mine hired me at Abby Rents." The company rented supplies for parties – such as champagne fountains – and wheelchairs. At that time, the Shepherd Center in Atlanta, Ga., was just starting. Walker's manager took her under his wing and brought her with him when he did seating measurements at Shepherd. Walker started working with the children at the Cerebral Palsy Center of Atlanta and a career took flight.

"In those days, you could be selling shoes one day and doing seating the next," she said. Walker started attending RESNA conferences in order to see and touch the equipment. By 1992, she was ready for a change and was hired by National Seating and Mobility. "It was the best thing in the world for me to be at a company that understood complex rehab and had the resources to support that," she said.

By the time the RESNA ATP certification program got underway in the mid-'90s, Walker was already a senior practitioner in the field, and hadn't studied for an exam since college. The biggest impression she remembers about the exam was that it included computer access. "Believe it or not, at the time I wasn't using a computer," she said. "I would bring a friend lunch, and she would show me her computer. All I could think of was, 'You've come a long way, baby.'" Still, she was very eager to take the exam. "I thought it was awesome. At the time, there were no standards. People were recommending whatever, and no one had any idea how to judge what worked and what didn't," she said. "Of course, I was even more excited when I passed, and realized I didn't ever have to take it again!"

Mike Seidel has been a NRRTS Registrant since 1994, and an ATP

and a Certified Rehabilitation Technology Supplier® (CRTS®) since 1996. But he started in the field many years before that in 1985 working in customer service for Abbey Medical. "I volunteered to help the "wheelchair lady" at the time, because no one else wanted to do it," he said. "I took to it naturally."

Seidel has moved steadily up the food chain since those early days at Abbey Medical. His career trajectory mirrors how the industry has grown and changed, from starting off at a durable medical supplier to his current position as regional vice president at Numotion, a new company formed as the result of a merger between ATG Rehab and United Seating and Mobility. "Achieving these certifications (ATP and CRTS®) before there was a requirement in place and demonstrating the quality in services these certifications demanded along with the education, raised the bar and pushed competitors in my marketplace to demonstrate the same commitment," he said. "I also gained expertise and a quality reputation that allowed me to move into a managerial role."

As current chair of RESNA's Professional Standards Board, Seidel is well versed in explaining the difference between the ATP and the CRTS® credentials to those just entering the field. "The backgrounds and education of suppliers is very diverse, so the RESNA ATP creates that baseline of knowledge about

(CONTINUED ON PAGE 75)

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NRRTS & RESNA
(CONTINUED FROM PAGE 73)

assistive technology. The NRRTS CRTS® demonstrates a commitment specific to seating and mobility," he said. "You can't achieve the CRTS® credential without being a NRRTS Registrant for two years and passing the ATP exam." Now, in his new position at Numotion, he develops and trains new ATPs. "We have a responsibility to develop and bring up the next generation behind us," he said. "I am very proud to be part of a program that offers great training and support to achieve the best results for the clients we serve."

Both Walker and Seidel feel a close relationship between NRRTS and RESNA is not only desirable, but critical. "With Walker also serving on the RESNA Professional Standards Board with me, the complex rehab supplier is well represented," said Seidel. "And it should be, because the ATP is so important to our profession." She is particularly optimistic about the pending legislation that would create a CRT benefit in Medicare. "With RESNA, NRRTS and NCART all working together, we can get this done," she said. "It would really put complex rehab on the map, and while it wouldn't solve everything, it would certainly improve reimbursement."

Even though both Walker and Seidel discovered their career paths by accident, they now can't imagine doing anything more inspiring. "You are impacting the quality of someone's life," explained Walker. "Sometimes it's the smallest thing you can imagine – like someone having the ability to load a chair into their car themselves and take off. You and I may not think that's a big deal, but to someone in a chair, it means so much." Seidel couldn't agree more. "Even after all these years, I still enjoy assisting an individual in helping solve a positioning issue and seeing that smile when they finally have relief or more independence," he said.

To find out more about RESNA's Professional Standards Board, visit *http://www.resna.org/certification/psb.dot.*

CONTACT THE AUTHOR

Andrea may be reached at avanhook@resna.org.

NRRTS registrants

Congratulations to the newest NRRTS Registrants.

SEPT. 17 THROUGH NOV. 13, 2013

Chadwick Filer, ATP, RRTS®
Health Bridge Medical
4424 North Lois Ave Ste 4
Tampa, FL 33614
Telephone: 855-265-4264
Registration Date: 10/28/2013

Rob Kriebel, ATP/SMS, RRTS®
Custom Mobility, Inc.
7199 Bryan Dairy Road
Largo, FL 33777-1502
Telephone: 800-622-5151 x.335
Fax: 727-539-6372
Registration Date: 10/28/2013

Joseph Radabaugh, ATP/SMS, RRTS®
Home Health Depot
2101 W Cermar Rd
Broadview, IL 60155
Telephone: 773-426-2724
Fax: 773-634-8313
Registration Date: 10/2/2013

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former NRRTS registrants

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

SEPT. 17 THROUGH NOV. 12, 2013

Andres Ferreira, ATP
Fairfield, NJ

Bob Lougee, ATP
Tucson, AZ

Carlyle McConnell, ATP
Warm Springs, GA

Chuck Moye,
Augusta, GA

Cleveland Hartman,
Atlanta, GA

David Cossey,
Little Rock, AR

Jeffrey Freehill, ATP
Indianapolis, IN

Jim Brown, ATP
Lansing, MI

Joe Miller, ATP
Titusville, FL

John Stull,
Houston, TX

John Skaggs, ATP
Arlington, TX

Joseph Groux, ATP
Richmond, VA

Michael Daniels,
Dother, AL

Michael Petz, ATP
Mobile, AL

Michael Purcell, ATP
Wando, SC

Michael Torro
Tavares, FL

Mike Schleppenbach, ATP
Lincoln, NE

Mike Simpson, ATP
Redding, CA

Nathan Smith, ATP
Fairfield, NJ

Steve Secrease, ATP
Little Rock, AR

Tom Ramos, ATP
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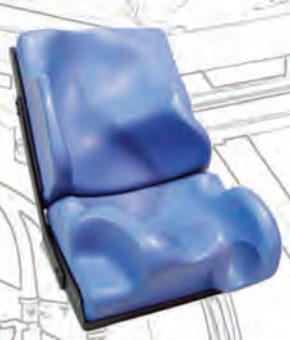

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