iNRRTS
THE JOURNAL OF COMPLEX REHAB TECHNOLOGY

DIRECTIONS

PUBLISHED 6 TIMES PER YEAR
ISSUE #4 | 2026

GROWING THE PROFESSION

EDUCATION. MENTORSHIP. PATHWAYS.

BUILDING THE FUTURE OF REHABILITATION TECHNOLOGY.

TECH CORNER: Powering Independence by Larry Carter

CASE STUDY: Who is the Actual Expert in CRT?: Amber Ward

CEU ARTICLE: Growing the Complex Rehab Market: Lois Brown

IN THIS ISSUE

4 FROM THE iNRRTS OFFICE
Character, Choice and Ripple Effect of Leadership

6 MOMENTS WITH MADSEN
Remembering Simon Margolis:
We Honor a Pioneer Who Helped Shape CRT

8 NOTES FROM THE FIELD
Tom Simon Celebrates Career That Fills His Soul

12 INDUSTRY LEADER
NSM's Doug Mcdaniel Shares His Perspectives
About the Industry's History, Future

14 LIFE ON WHEELS
A Life of Advocacy, Grounded in Faith and Family:
The Work of Sharifa Abu-Hamda

18 TECH CORNER
Powering Independence:
Why Continuous Technical Education is
the Lifeblood of Modern HME Field Service

20 CLINICAL PERSPECTIVE - CEU ARTICLE
Complex Rehab Invests in the Future

28 CLINICAL EDITORIAL
CRT Community Carries Legacy Forward

31 DIRECTIONS CANADA
Understanding CRT Warranties Takes
More Than Just Reading the Small Print

35 REHAB CASE STUDY
Listening Leads to Better Outcomes

37 RESNA
Fall Forward with RESNA

38 CRT UPDATE
CRT Update:
Legislature Takes Action in Late August

40 CLINICIAN TASK FORCE
CTF Administrative Assistant Kim Koole
Strengthens Organizational Impact

FROM THE EDITOR-IN-CHIEF

Change is inevitable, and the Complex Rehabilitation Technology industry is no exception. Jason Kelln, ATP, CRTS®, will soon complete his term as president of iNRRTS, the International Registry of Rehabilitation Technology Suppliers, and Jeff Decker, ATP, CRTS®, will conclude his service as review chair. In addition, Wayne Grau of NCART, the National Coalition of Assistive & Rehabilitative Technology, has announced his retirement.

We thank each of them for their dedication and service to the industry. It has been a privilege to work with the three of them.

Amy Odom, BS

IN EVERY ISSUE

42 Renewed iNRRTS Registrants

43 CRT Supplier Certificate Program

43 Former iNRRTS Registrants

43 New iNRRTS Registrants

43 New CRTS®

Back Cover Charter Corporate Friends of iNRRTS
Corporate Friends of iNRRTS
Association Friends of iNRRTS

ADVERTISERS

Atlas ..... Page 27
Clarke HC ..... Page 36
iNRRTS ..... Page 03
Kalogon ..... Page 11
MK Battery ..... Page 39
Quantum ..... Page 17

THE OFFICIAL PUBLICATION OF
The International Registry of
Rehabilitation Technology Suppliers
VOLUME 2026.4 | $10.00 USD

iNRRTS OFFICE
5815 82nd Street, Suite 145, Box 317, Lubbock, TX 79424
P 800.976.7787 | www.nrrts.org

For all advertising inquiries, contact Bill Noelting at bnoelting@nrrts.org

CRT Supplier Certificate Program

iNRRTS CE

CONTINUING EDUCATION *WORTH THE INVESTMENT*

ACCREDITED IACET PROVIDER

First & Only Education Program Designed Specifically for CRT Suppliers

Learn More https://b.link/CertProg

- **Interactive On-Line Self-Paced Modules**
- **IACET CEUs Awarded for Each Course**
- **Designed Specifically for CRT Suppliers**
- **Assessment & Certificate Managed by iNRRTS**
- **Comprehensive Content by Experts in the Field of CRT**
- **Three Certificate Levels**

FROM THE NRRTS OFFICE

Character, Choice and Ripple Effect of Leadership

WRITTEN BY: Jason Kelln, ATP, CRTS®

"True change does not come from intention alone; it emerges from character, is carried by integrity, and is revealed in the way people choose to lead."

My thoughts as my time as iNRRTS president ends and the torch passes. Thank you for your help, for inspiration and for being in awe of the people who were inspired to lead before me.

Change Begins with Character

Change is often described as the result of intention: a deliberate decision to challenge the status quo and pursue a different outcome. Yet meaningful change rarely begins so neatly. More often, it emerges from something deeper and more enduring: character.

At its core, lasting change is not driven by slogans, strategies or ambition alone. Integrity shapes it — the consistent alignment between what a person believes and how that person acts. It is built over time through decisions made when accountability is internal rather than visible. It is expressed through leadership not merely as a title, but as a disciplined way of engaging others with honesty, courage and purpose.

Leaders who leave a durable impact are seldom those preoccupied with appearing transformational. Instead, they focus on doing what is right, even when doing so is difficult or inconvenient. Through consistent conduct, they build trust, influence expectations and gradually alter the environment around them.

In this sense, change is not merely something leaders pursue. It is something that follows credible leadership.

This distinction is important. When intention is elevated above integrity, leadership can become focused more on visibility than substance. When character comes first, however, change becomes more organic, credible and enduring.

The Butterfly Effect in Leadership

If character is the foundation of change, the butterfly effect helps explain how that change spreads.

The butterfly effect — the idea that small actions can produce significant and sometimes unpredictable outcomes — offers a useful lens for understanding transformation. Change seldom begins with a sweeping gesture. More often, it starts with a decision, a word, a moment of courage or a simple act of integrity. These moments may appear insignificant at first, yet they can ripple outward in ways that cannot be fully anticipated.

In leadership, this means change does not always begin in boardrooms or through formal strategic plans. It often begins in everyday interactions. A leader who chooses honesty over convenience sets a tone. A manager who listens instead of dictates builds trust. A person who stands firm in principle, even when it is uncomfortable, quietly shifts the expectations of those nearby.

These acts may be small in form, but they are not small in consequence.

Over time, such ripples expand. One person's integrity can influence a team. A team's culture can reshape an organization. An organization's conduct can affect an industry or a community. The original act may be nearly invisible in hindsight, but its consequences can become undeniable.

This is where character and the butterfly effect intersect. When actions are grounded in strong values, their ripple effects are not random; they become constructive. They create momentum in the right direction, and because that momentum grows organically, it is more likely to endure.

Organizations often look for dramatic turning points to explain meaningful change. Transformation frequently begins quietly, with a single decision rooted in character. The rest is a cascade.

For that reason, the most influential leaders are not necessarily those who try to control change at scale. They are those who understand the weight of small moments and choose well within them.

Inheritance, Context and Human Agency

The same principle also reframes how we should understand inherited context. A genetic ancestry test, such as 23andMe, can provide a valuable map of where a person has been. It can describe ancestry, origins and biological inheritance. It cannot determine where a person is going.

Such tools tell a story of ancestry, biology and inherited traits passed down across generations. They may explain aspects of identity, predisposition and tendency. Yet they stop short of the most significant part of any life: the future shaped by choice.

The past informs human development, but it does not define human potential.

In an era shaped by data and prediction, there is a temptation to believe that if enough can be measured, everything can be foreseen. It becomes easy to imagine outcomes as embedded in DNA, simply waiting to unfold. But human beings are not algorithms. They are not fixed patterns. They are decision-makers.

This is precisely why character — and the butterfly effect — remain essential to any serious understanding of change.

If genetics is the story people inherit, character is the story they write.

A DNA test may suggest where certain traits come from, but it cannot determine when a person will choose courage. It may reveal predisposition, but it cannot predict discipline. It may trace lineage, but it cannot define leadership. Those qualities emerge not from biology alone, but from moment-to-moment choices.

In that sense, the future remains invisible by design.

It is not something waiting to be discovered in data; it is something waiting to be created through action. Often, as with the butterfly effect, those actions appear small at first: choosing integrity, speaking up, remaining consistent and acting when it matters. Over time, those choices compound, shaping not only an individual path but also the paths of others.

Viewed this way, inherited information is not a limitation. It is context.

It may show the roots, but it says nothing definitive about the direction of growth.

I write this article as my last as the current president of iNRRTS. It has been a wonderful experience, and I have been inspired by what we have accomplished.

We have exceeded 1,000 Registrants worldwide and successfully entered Australia. Just this year, we recognized the 10th anniversary of titan, Simon Margolis, who the industry owes a debt. Although geography can separate many on the board of iNRRTS, there is an inherent comradery due to all of us wanting the same thing, to be the best at what we do and put clients first.

I want to personally thank Weesie Walker, Gerry Dickerson, Andrea Madsen, Amy Odom, Tom Simon, Mike Osborn, Bill Noelting and Kathy Fisher. These are people who inspire and help me. Lastly, my wife and children, without whose support I could not do this.

Thank you for this wonderful opportunity to lead.

Please continue to educate yourself, lead and look to the future for growth.

Conclusion

Meaningful change, then, is neither accidental nor fully predetermined. It begins with character, is carried by choice and spreads through the small moments that gradually reshape people, organizations and communities. The future is not simply inherited. It is written through action — and revealed in the ripples those actions leave behind.

CONTACT THE AUTHOR
Jason may be reached at
JASON@PHMOBILITY.COM

Jason Kelln, ATP, CRTS®, is president of iNRRTS and became the first Canadian iNRRTS Registrant in 2018. Kelln is the recipient of the 2025 Simon Margolis Fellow Award. Kelln serves on the Rehabilitation Engineering and Assistive Technology Society of North America's Professional Standards Board and has been an owner of PrairieHeart Mobility since 2022.

MOMENTS WITH MADSEN

Remembering Simon Margolis:
We Honor a Pioneer Who Helped Shape CRT

WRITTEN BY: Andrea Madsen, ATP

There are moments when an organization pauses, not to celebrate an accomplishment or announce a new initiative, but simply to remember. To reflect. To honor the individuals whose vision, dedication and character helped build the foundation upon which we all stand.

Such was the purpose of the recent virtual "Tribute to Simon Margolis." What unfolded over the next 90 minutes was far more than a memorial. It became a reunion of friends, colleagues, mentors and industry pioneers whose shared memories painted a vivid portrait of a man whose influence continues to resonate throughout the Complex Rehab Technology profession.

Long before the formal program began, the spirit of the gathering was already evident. Familiar voices greeted one another with warmth, stories were exchanged and laughter punctuated conversations among individuals who had spent decades working side by side. While separated by geography, participants were united by a common purpose and by the profound impact Margolis had on each of their professional journeys.

The gathering served as a reminder that the CRT community has always been more than an industry. It is a profession built upon relationships, mentorship and an unwavering commitment to improving the lives of individuals who rely on CRT every day.

A Legacy Built on Service

Opening the program, Gerry Dickerson, Simon Margolis Fellow and past president of iNRRTS, the International Registry of Rehabilitation Technology Suppliers, welcomed attendees with heartfelt reflections on Margolis's remarkable contributions. Rather than simply recounting accomplishments, Dickerson spoke of Margolis's character, his integrity, curiosity, generosity and unwavering belief that every person deserved access to appropriate technology and knowledgeable professionals.

Those qualities became recurring themes throughout the event.

Margolis was remembered not simply as an innovator or leader but as someone who challenged others to think differently. He encouraged collaboration over competition, education over complacency and service above personal recognition. His influence extended well beyond organizational leadership, reaching countless suppliers, clinicians, manufacturers, educators and advocates inspired by his example.

For many participants, Margolis represented the very best of what this profession could become.

A Personal Reflection

One of the most moving moments of the tribute came as Margolis's wife, Marcia Margolis, shared personal reflections on her spouse, not as the respected industry leader many had known, but as the husband, father, friend and lifelong learner she knew best.

Her stories offered a glimpse beyond his professional accomplishments, revealing the curiosity, compassion, humor and determination that defined his everyday life. She described a man who approached every challenge with thoughtful intention, who believed deeply in helping others succeed and who remained committed to learning throughout his life.

As she spoke, it became increasingly clear that Margolis's professional legacy could never be separated from the person he was. His influence did not come from titles or recognition alone. It came from the authenticity with which he treated others and the respect he demonstrated in every interaction.

For those who knew him personally, these memories rekindled treasured moments. For younger professionals who knew Margolis only through stories, they provided a meaningful introduction to one of the profession's foundational leaders.

Hearing Margolis Once Again

Perhaps the most powerful portion of the tribute came with the presentation of Margolis's 2015 International Seating Symposium keynote address.

Although recorded more than a decade ago, his words carried remarkable relevance.

Listening today, one is struck not by how much has changed, but by how many of the profession's greatest opportunities and challenges remain remarkably familiar.

Throughout his keynote, Margolis spoke not about products, reimbursement or technology alone. Instead, he spoke about people.

He emphasized that every advancement in CRT begins with understanding the needs of the individual. Technology has extraordinary potential,

Snapshot of some of the attendees from this special meeting.

"Visit: https://nrrts.org/simon-margolis/ to view the meeting recording and shared memories and reflections from Simon Margolis's friends and colleagues."

but only when paired with knowledgeable professionals committed to ethical practice, lifelong learning and collaboration across disciplines.

His message challenged attendees to resist becoming comfortable with the status quo. Innovation, he suggested, requires curiosity. Progress requires partnership. Excellence requires continuous education.

These themes continue to define the work of organizations such as iNRRTS today.

Margolis also reflected on the responsibility of professionals to strengthen the field for those who would follow. Rather than viewing knowledge as something to protect, he encouraged sharing expertise, mentoring newcomers and building systems that would ensure the profession continued to evolve long after any individual career had ended.

It is advice that feels just as timely today as it did in 2015.

Lessons That Continue to Guide Us

As the keynote concluded, participants were reminded that Margolis's greatest contributions were not confined to a single speech or initiative.

His legacy lives in every professional who chooses collaboration over division.

It lives in every supplier who pursues continuing education not because it is required, but because excellence demands it.

It lives in every clinician who advocates for appropriate technology despite administrative obstacles.

It lives in every mentor who invests time in helping someone new discover the purpose and responsibility that accompany a career in CRT.

Perhaps most importantly, Margolis's legacy reminds us that leadership is measured less by the positions we hold than by the people we inspire.

Looking Ahead

As participants reflected on Margolis's words, the conversation naturally shifted.

How do we preserve the history of our profession?

How do we prepare the next generation of CRT professionals?

How do we continue advocating for those whose independence depends upon access to appropriate technology?

Those questions became the foundation for the second half of the tribute, a thoughtful discussion among many of the profession's most respected leaders about the future of CRT and the responsibility each of us shares in carrying Margolis's vision forward.

This conversation serves as a powerful reminder that honoring a legacy is not simply about remembering the past.

It is about choosing, every day, to continue the work.

Visit: https://nrrts.org/simon-margolis/ to view the meeting recording and shared memories and reflections from Margolis's friends and colleagues.

CONTACT THE AUTHOR

Andrea may be reached at AMADSEN@NRRTS.ORG

Andrea Madsen is the executive director of iNRRTS, the International Registry of Rehabilitation Technology Suppliers. She has over 20 years' experience providing Complex Rehabilitation Technology to adult and pediatric patients in southern Minnesota, western Wisconsin, northern Iowa and internationally through her work with the Mayo Clinic. She earned a Bachelor of Science in business management and finance, is a credentialed Assistive Technology Professional and has been a Certified Complex Rehabilitation Technology Supplier®. She served for 10 years on the iNRRTS Board of Directors and as committee chair for the Midwest Association of Medical Equipment Services. She has lectured for the University of Minnesota Rochester, University of Wisconsin La Crosse, Mayo Clinic College of Medicine and Science and at the International Seating Symposium and Medtrade.

NOTES FROM THE FIELD

Tom Simon Celebrates Career That Fills His Soul

WRITTEN BY: Barbara Hazelendon

Tom Simon as a helicopter crew chief in the U.S. Marine Corps.

The warm afternoon sunshine danced across the summer camp's pool. Pool time is a summer camp tradition, and these 8- to17-year-old campers were eager to immerse themselves in the sparkling water. At the Muscular Dystrophy Association Summer Camp, each young camper partners with a volunteer camp counselor.

For over 30 years, one week at a time, Tom Simon, ATP, CRTS, QRP, has supported hundreds of youngsters, each experiencing MDA summer camp in their own way. Some young campers are ambulatory while others roll into the pool via their wheelchairs.

Over the years, Simon, president-elect of iNRRTS, the International Registry of Rehabilitation Technology Suppliers, has gotten up close and personal with the world of wheelchairs. He realizes that a properly configured wheelchair can help foster more confidence, independence and a better quality of life.

That growing wheelchair knowledge base set the stage for Simon's rewarding career in Complex Rehab Technology. His six-year U.S. Marine Corps stint as a helicopter mechanic prepared him for mechanical work. In 1988, Simon joined the retailer and MDA Telethon fundraiser Service Merchandise.

In 1993, Simon's energizing telethon experiences spurred him to become an MDA summer camp counselor. "It was a way to give back. It was something that could fill my soul up by helping people. And I loved working with the kids at summer camp," he remarked.

In summer 2003, Simon's chat with MDA leaders opened the door to a life-changing career. He was searching for healthcare opportunities, and an MDA team member mentioned a position at Majors Medical, a CRT provider.

Tom Simon's first day with Numotion — Aug. 21, 2015.

During Simon's initial employment interview, he was asked what set him apart from "the guy on the street." He offered a memorable response. "For the past 10 years, I've been working with children with muscular dystrophy. Most of them have wheelchairs, and I've learned a lot about wheelchairs. The man on the street probably doesn't know anything about wheelchairs. That's what makes me different."

Naturally, Simon got the job.

Life-Changing Numotion Work

In 2015, Simon joined Numotion, a national CRT provider, and went to work in their Dallas, Texas branch office. Today, in addition to being a CRT supplier for Numotion, Simon serves on a multidisciplinary team at two area ALS and neuromuscular disease clinics. "They have a physical therapist, an occupational therapist and a speech therapist. A doctor, a neurologist, a nurse, a dietitian and a counselor are also team members." Simon is the indispensable "equipment guy."

Two Clients' Lives Transformed

During Simon's CRT career, he has helped "thousands" of clients improve their quality of life.

Heath's story

Heath, one of Simon's clients, has lived with ALS since his teens (a rare occurrence). Over the years, Simon and Heath have periodically connected at the ALS clinic, where Heath always declined a wheelchair. As his balance and gait worsened, though, Heath realized a wheelchair could help ensure his safety.

By then, however, Heath couldn't use his arms or control his foot movements. "We knew he had to go to chin drive. Eventually, we made it so he was driving with his lips. Your lips are kind of like pincers, like your fingers, right? We set that up for him. Immediately, because he was so intelligent, he was able to pick up the skill to be able to do it," Simon said.

As a Raytheon design engineer, Heath could keep working from home with his lip-driven joystick. "That was almost five years ago when I set that up for him, and he's still working today, using that same system," Simon said. "This allowed him to keep his house. It allowed him to send his kids to college. It allowed him to be gainfully employed. It just allowed him to maintain his dignity; that's the way I like to look at it.

"He's an amazing human, and he's my friend."

Dania's story

Simon was able to help 11-year-old Dania resolve a frustrating wheelchair-related issue. This young lady, affected by a rare form of muscular dystrophy, was having some equipment challenges. A case manager contacted Simon, who met with Dania's mother.

"Her daughter is just simply darling ... She's in a manual wheelchair. She has a power chair, but she doesn't like to use it. It's too big. Dania's really good at using her manual wheelchair, but it had gotten a little bit too small for her. At that age, kids grow. It's just what they do.

"We were able to get Dania's manual wheelchair widened a little bit, and we readjusted her smart drive. Dania was so excited to get a chair that fit her again. (She could push the chair) around, work with her friends and have fun with them.

"Dania also needed a standing frame. Standing is such good therapy, and she hadn't been able to do that because her standing frame was very old.

"It's really such a simple thing to be able to grow a wheelchair one inch to make it fit. With a standing frame, someone can realize the importance of standing," Simon remarked.

Simon's Greatest Reward

"The thing I find most rewarding is that I create a mobility device that gives people their independence back again. I create a device that people can sit on, drive, tilt, recline and elevate.

"They can actually operate their computer. They can operate their TV, their front door, and their phone from this mobility device. When you have ALS, and it progresses, you lose a lot of the ability to move your body.

"The mobility device that I design, deliver and set up for them gives them all of that freedom back ... That's probably the greatest gift I get from working as an assistive technology professional," Simon remarked.

How Clients Inspire Him

Simon admires his ALS clients' courage and resilience. "They inspire me every day. They have been given a terminal diagnosis. We all know we're going to die. You know, that's part of life.

"These clients, the majority of my clients, have been given the diagnosis of ALS. The doctor says two to five years. Some live six months. I've had one client live 20 years with it. No doctor can give them a linear timeline on what's going to happen when.

"With ALS, you go to sleep ... You could do things. Next morning, you wake up. You try to get out of bed. All of a sudden, you can't do it anymore. Now you have to go through all of the grief all over again. Most of my clients deal

Tom Simon loves going to Capitol Hill to advocate for those with disabilities.

During one of his many advocacy trips, Tom Simon visits the U.S. Capitol to help advance issues important to the disability community.

CONTINUED ON PAGE 10

NOTES FROM THE FIELD | CONTINUED FROM PAGE 9

Tom Simon and his wife, Staci, at one of their favorite places, Walt Disney World, celebrating America's 250th anniversary.

Quilt made from Muscular Dystrophy Association Summer Camp T-shirts gathered during Tom Simon's 30 years of volunteering as a camp counselor.

with the grief, but then they figure out: 'How the hell am I going to do my thing today? I'm not going to let this hold me down.' That inspires me every day."

Capitol Hill Advocacy

"I do a lot of Capitol Hill advocacy work for iNRRTS. We try to get senators and representatives to understand that what we're trying to do makes sense. I'll speak about iNRRTS and CRT. We're trying to get bills passed to allow people to have access to the equipment they need.

"If there were no durable medical equipment companies or CRT companies around, people would never be able to leave their house, much less move around in their house. They'd be sitting on the couch, or they'd be sitting in bed. And more than likely, they would die a lot sooner than if they had a mobility device," Simon emphasized.

CRT Predictions

"I've been doing this for 23 years. The technology that we have is light years from what it used to be. I think (generative) AI is going to play a huge part in the ability to drive a chair and the ability to function.

"Also, there's a tremendous amount of work going on right now with brain implants (neuro implants) to allow communication and allow function. I think in the next five years, we're going to see someone really driving their chair just by their thoughts.

Tom and Staci Simon enjoy a vacation in Switzerland.

Tom Simon in Switzerland.

"Now remember, if you can drive a chair, you can operate a computer, you can operate a phone, you can operate any environmental control in your house. Whether you have a door opener, a garage opener or any app that you could put on your phone, you can operate it through your wheelchair," Simon explained.

A Richly Textured Personal Life

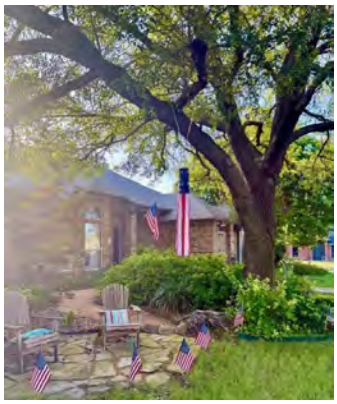
When Simon isn't working with CRT clients, he spends time outdoors with plants, flowers and potting mix. "I'm a gardener. I work in the dirt."

Simon and his wife, Staci, enjoy visiting Orlando, Florida, theme parks. This year, they visited

Epcot Center to celebrate America's 250th anniversary. He was pleasantly surprised by the Florida weather. "We had a great time. The weather that week was beautiful."

Looking back, Simon's career reflects a beautiful symmetry, as if guided by divine design. In each role, he has used his skills, bringing him great satisfaction while helping improve his clients' quality of life.

In his spare time, Tom Simon enjoys working in the yard.



Tom Simon's front yard at his home in Rowlett, Texas.

CONTACT
Tom may be reached at
TOM.SIMON@NUMOTION.COM

Tom Simon, ATP, CRTS®, QRP is President-Elect of iNRRTS. Simon works for Numotion in Dallas, Texas, and has been an iNRRTS Registrant for more than 20 years.

INDUSTRY LEADER

NSM's Doug McDaniel Shares His Perspectives About the Industry's History, Future

WRITTEN BY: Bill Noelting

Bill Noelting: For readers who may not know you, introduce yourself and tell us what you do at NSM — National Seating & Mobility.

Doug McDaniel: I'm Doug McDaniel, senior vice president of business development at National Seating & Mobility. I've been with NSM for 21 years — yesterday was my anniversary and I've been in this role for 13 of those years. I lead all Assistive Technology Professional recruiting, our U.S. Complex Rehab Technology mergers and acquisitions, the expansion of our home accessibility division and our Canadian operations. Over the past 13 years, we've closed about 90 transactions, around 70 of those with U.S. CRT businesses, seven in Canada, and the rest in home accessibility.

Before NSM, I owned and operated a multisite CRT business in Ohio and the Carolinas for 12 years. That experience is what ultimately led me to NSM in 2005.

Getting Into Seating and Mobility

BN: How did you get into this industry in the first place?

DM: Pure accident. I finished school at Ohio State where I trained to be a schoolteacher, but the pay wasn't great. I took a job with Amigo, a durable medical equipment provider, and that's how I landed in mobility. Back then, Medicare supplier standards were much more lax ... you could literally operate out of your home. Coverage was simple; paperwork was simple. When the local Amigo distributor started bouncing payroll checks, a business partner and I started our own company in 1990.

The Industry Then vs. Now

BN: Is the industry better now?

DM: The technology is absolutely better. But the system around it — authorizations, third-party administrators, administrative layers — has become unnecessarily complex and expensive. Kaiser's capitation model is one of the best examples of streamlined care. They could get a client from evaluation to delivery in 30 days. But when you compare that to the third-party administrators used by managed Medicaid plans, you see how much bureaucracy has been added. Third-party administrators slow authorizations, delay payments and take profit out of the system. It makes it harder to provide the best care.

Doug McDaniel and his children at his son's graduation.

Capitation: Why It Works and Why It Doesn't

BN: Years ago we talked about exploring more capitation deals. Any luck?

DM: Some interest, but not much traction. One Northeast plan with 300,000 members looked promising until we saw their claims data, which showed they were paying providers 60% to 70% of Medicare. That's not viable. Kaiser wound down their capitation agreement about a year and a half ago. They moved back to fee-for-service under the new model. They struggled to administer the capitation program themselves.

The ATP Workforce: a Shrinking Pipeline

BN: Rehabilitation Technology Suppliers and Assistive Technology Professionals seem harder to find. What's your take?

DM: It's true. NSM will see 5% to 7% ATP attrition this year, mostly retirements. We have 470 ATPs, and our average ATP is about 54 years old. More than 20 of them are over 67. We've built a culture that supports ATPs well, so many stay past traditional retirement age.

Doug McDaniel with his wife, Yvonne, in Cabo San Lucas, Mexico.

To extend that runway, we're offering part-time options — one or two days a week — with compensation scaled appropriately. Our inbranch seating clinics make that possible. We now have over 50 branches with clinics where ATPs can work predictable schedules while techs or other ATPs handle deliveries.

We're also recruiting clinicians — physical and occupational therapist — who want to transition into seating. Their Rehabilitative Engineering Society of North America exam pass rates are higher, and they already understand clinical reasoning. We still run technician to ATP apprenticeships, but clinicians tend to pass the exam more reliably.

Licensure, Mentorship and the ATP Pathway

BN: If you have a presiding ATP in a clinic, does that mean RTSs don't need their ATP yet?

DM: Correct. That's part of our mentor model. An RTS can shadow a presiding ATP while preparing for the exam. They learn on the job but can't practice independently until they're credentialed. It's a strong training pathway.

Industry Challenges Ahead

BN: What are the biggest challenges you're seeing from your National Coalition of Assistive & Rehab Technology perspective?

DM: Repair reform is a daily battle. It's unconscionable that a health plan can deem a device medically necessary, then require new prescriptions and authorizations to keep that device functioning. Denial rates for repairs are close to zero, so the delays are unnecessary. We're pushing to remove prior authorization for repairs and to add funding for travel time. Medically fragile clients often can't bring equipment to us, and house calls are expensive and slow down care.

Third-party administrators are another drain. They add cost and bureaucracy without improving outcomes.

Seating clinics have declined since COVID, leaving medically fragile people underserved.

Doug McDaniel celebrating his birthday.

And Medicaid funding cuts disproportionately affect children, still about a third of NSM's business. Pediatric equipment hasn't advanced much in 15 years, and costplus models mean suppliers sometimes lose money providing essential equipment. The quality of care for children is declining.

Advice for New RTSs and ATPs

BN: What advice would you give someone entering the seating and mobility field?

DM: This is one of the few professions where you can identify a problem, design a solution, implement it and change someone's life. It's tremendously fulfilling. Teachers don't get to see the longterm impact of their work. RTSs and ATPs do. That's what keeps people passionate.

It's still a growing field. Scarcity is a concern because so many RTSs and ATPs are nearing retirement, but that also means opportunity. We're recruiting for about a dozen positions right now, and other companies are too.

Future of Noncompetes

BN: How are noncompetes holding up?

DM: Hard to say. They're rarely litigated. Nonsolicitation agreements are more enforceable because you can argue damages if someone takes specific clients. Typically, when an RTS or ATP leaves, they get a reminder letter about their obligations, and that's the end of it.

Life Outside Work

BN: What does Doug do when he's not working?

DM: I spend time with my family, watch Ohio State sports and play a little golf ... badly. My oldest is 30 and works in IT. My middle son is finishing a master's in industrial psychology and is interning in NSM's Human Resources department. My daughter is 21 and finishing her respiratory therapy degree. They're almost off the payroll, but not quite. My bonus son lives in Chattanooga, Tennessee, and rock climbs every chance he gets.

Final Thoughts

BN: If you were the czar of seating and mobility, what would you fix?

DM: Repair reform, eliminating third-party administrators, strengthening seating clinics and protecting pediatric funding. Those are the big ones. The industry is changing, the workforce is aging, but the need is growing. There's tremendous opportunity for people willing to learn and commit to the craft.

CONTACT
Doug may be reached at
DMCDANIEL@NSM-SEATING.COM

Doug McDaniel joined National Seating & Mobility in 2005 after a 15-year career owning and operating a multisite Complex Rehab Technology company. His varied experience in the rehab industry led to his appointment to lead NSM's national CRT network, Capstone Mobility Group. Capstone managed NSM's contracting and business relationships with health plans at the national, regional and local levels, and maintained a full national provider network until 2013. McDaniel rejoined NSM in 2013, leading business development efforts.

LIFE ON WHEELS

A Life of Advocacy, Grounded in Faith and Family:
The Work of Sharifa Abu-Hamda

WRITTEN BY: Rosa Latimer

"I'm not the type to give up," Sharifa Abu-Hamda said when we spoke recently.

She wasn't being dramatic. She was simply stating her personal baseline: steady and matter of fact. The Brooklyn-based advocate speaks calmly and listens closely. That quiet determination has guided her for decades, fueling work that ranges from one-on-one peer support to the slow grind of policy advocacy. She has learned how to live within systems that were not built with people with disabilities in mind and to push those systems to do better.

Abu-Hamda has limb-girdle muscular dystrophy, a progressive genetic condition. She has used a power wheelchair for many years, though she remembers a time when she could walk short distances. Now 50, she manages the Independent Living Program peer mentoring program at Independence Care System, a New York-based organization serving adults with physical disabilities and complex health needs.

She also works occasionally with Wheeling Forward, which supports people adjusting to a recent disability who may lack resources. In addition, she co-leads the Civics League for Disability Rights, an advocacy group focused on policy change and healthcare access.

Sharifa Abu-Hamda at the Dome of the Rock in Old Jerusalem during a visit with her family in Palestine.

Abu-Hamda's days may look very different from one another, but her focus never wavers. She might help a member prepare for a job fair, troubleshoot healthcare barriers or meet with state officials to discuss Medicaid policy. The tasks change, but the goal remains the same: Ensuring people with disabilities are heard before decisions are made for them.

That goal has been shaped by family support, personal setbacks, faith and years of learning what it takes to claim agency in environments that do not automatically offer it.

Born in New York City to Palestinian parents, Abu-Hamda spent much of her childhood there. She also spent summers in Palestine and lived there with her family during her late teens and early adulthood.

"Life there is so very different," she said. "The experience brought me closer to my family and helped me understand Palestinian traditions in a deeper way."

Abu-Hamda's experience at Pace University in New York marked an important step toward independence. Despite accessibility barriers and being the only wheelchair user in her residence hall, she earned a Bachelor of Business Administration in public accounting.

The experience taught her a lesson she often shares with others: "No one is going to get what you need for you."

For Abu-Hamda, independence means agency: living life on her own terms and speaking for herself.

"Independence doesn't mean doing everything alone," she said. "Many people with disabilities work, live independently, and some manage large families."

She emphasizes the importance of self-advocacy because she has seen firsthand that people with disabilities are often underestimated and their autonomy overlooked. Receptionists may direct questions to caregivers rather than to the wheelchair user, and healthcare providers may assume someone else should answer.

"These moments shift focus away from the individual's autonomy," she said.

Abu-Hamda describes her home life as "fortunate." The oldest of seven children, she grew up in a family that expected her to pursue education, advocate for herself and remain engaged with the world around her.

LIFE ON WHEELS

Sharifa Abu-Hamda (center) with four of her siblings — she is the oldest of seven — in their hometown of Beit Hanina, Palestine, in 2023.

Sharifa Abu-Hamda with her friend and supporter, Jean Minkel, at the Forging a Path Toward Integrated Care for Dually Eligible Beneficiaries Conference at the University of Pennsylvania in July 2024.

Her father encouraged her to strive for independence. That support did not eliminate barriers, but it shaped her approach: persistence and determination.

She is candid about the slow pace of change in public attitudes and policies affecting people with disabilities. One of her ongoing concerns is the lack of specialized health care models for adults with physical disabilities. She advocates for a more coordinated approach that recognizes complex needs rather than forcing people into systems that do not fit.

Abu-Hamda continues to meet with state officials and healthcare leaders in New York, but progress can be slow.

"The system is exhausting when you feel like it's not listening," she said. "Sometimes it feels like the fight is never going to be over."

When the work feels relentless, Abu-Hamda turns to faith, a practice strengthened by her family's support.

Three decades ago, a fall left her with a broken leg and depression she had not anticipated. At the time, she could still walk, but the injury intensified her fears about the future. Her aunt sent her a copy of the Quran, a gesture that felt both spiritual and practical.

Reading it, Abu-Hamda said, changed her perspective. The Quran, Islam's holy book, helped her work through her depression and regain a sense of purpose.

Since then, prayer and reflection have remained steady sources of support.

"Reading the Quran helps me see life differently and steadies everything I do," she said.

That steadiness shows in her work at Independence Care System, where she oversees a peer mentoring program that supports members pursuing goals such as employment, social engagement and healthcare navigation.

Some mentoring relationships last only a few months, while others continue for more than a year. Often, the support is hands-on and practical.

Other times, it simply means being present: accompanying someone in an unfamiliar setting, helping to calm anxieties or supporting them through situations they might otherwise avoid.

"Peer support works," Abu-Hamda said, "because it is rooted in lived experience. When you know that someone else understands what you're going through, navigating life is easier."

Her belief in peer support comes from personal experience. Abu-Hamda credits Independence Care System with helping her become more independent by connecting her with services and support that improved her daily life.

Last year, for example, the organization's women's health and primary care team helped her receive her first mammogram by locating an accessible provider, assisting with wheelchair positioning and providing physical support during the exam.

Another milestone was obtaining a customized wheelchair, which increased her mobility and independence.

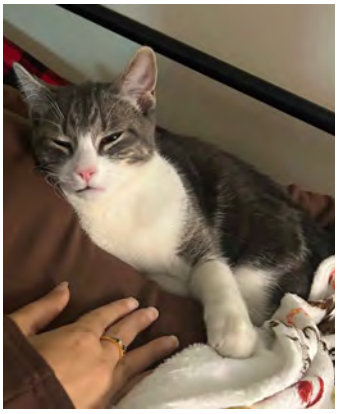
"Because of (Independence Care System), I became more independent," she said. "I got the right wheelchair. I was able to move on my own and not rely on others to push me around."

CONTINUED ON PAGE 16

LIFE ON WHEELS | CONTINUED FROM PAGE 15

Sharifa Abu-Hamda is surrounded by work colleagues celebrating her 50th birthday in March 2026.

Sharif Abu-Hamda and Marcus Johnson co-lead a Civics League meeting in New York.



Murjan, a very contented cat, is being held by its person, Sharifa Abu-Hamda.

Outside of work, Abu-Hamda enjoys reading, shopping, attending concerts, visiting parks and taking day trips with her aunt, whom she describes as her closest friend. They sometimes travel to Pennsylvania or New Jersey for a change of scenery.

She intentionally maintains a balanced pace, recognizing that advocacy requires endurance and that rest helps sustain her efforts.

If a newly disabled person were seeking advice, Abu-Hamda would encourage them to build community.

"Community is essential," she said. "Connect with organizations and people who share your experiences. Learn from people who understand the practical and emotional realities of disability. Don't isolate yourself. Reach out, ask questions and get involved. You are never alone."

For Abu-Hamda, connection is the foundation of independence and the force that fuels her advocacy for access, respect and meaningful participation in decisions that affect people with disabilities.

CONTACT
Sharifa may be reached at
SHARIFA.ABUHAMDA@ICSNY.ORG

Sharifa Abu-Hamda is a New York City-based disability advocate who leads the Independent Living Program at Independence Care System and serves as administrative manager at Wheeling Forward, an organization that supports people adjusting to a recent disability. She holds a Bachelor of Business Administration in public accounting from Pace University in New York and credits her faith and family with sustaining her commitment to advocacy and service.

Stretto

ULTIMATE PEDIATRIC POWER CHAIR

With a base width under **21 inches**, the Stretto is the perfect size for active kids on the go. Optional **iLevel® power elevation** is available so kids can be eye-to-eye with their friends and classmates.

KID-FRIENDLY FEATURES

Smooth Ride Suspension is perfect for conquering obstacles on the playground, while front and rear **LED fender lights** improve visibility. A convenient **USB charging port** enables kids' electronic devices to be charged and the Stretto's **16 color options** allow kids to express themselves in style.

FDA Class II
Medical Device

quantumrehab.com • 866.800.2002 • QUANTUM®

i-Drive

ALTERNATE DRIVE CONTROLS

UNIQUE i-DRIVE® TECHNOLOGY

i-Drive® is the most advanced power wheelchair drive control to date. Designed around a proprietary CPU, located inside the i-Drive Smart Box™ and the i-Drive Config app, this combination of hardware and software brings state-of-the-art technology to the alternative drive control industry!

i-DRIVE® CONFIG APP

Performance adjustments are easy with the i-Drive Config app. Supporting both USB or Bluetooth connection, the i-Drive Config app can be downloaded from the App Store® or Microsoft Store.

Stealth Products

stealthproducts.com • 800.965.9229

TECH CORNER

Powering Independence:
Why Continuous Technical Education is the Lifeblood of Modern HME Field Service

WRITTEN BY: Larry Carter

Maintaining high standards in home medical equipment service and repair requires far more than routine maintenance. It demands an ongoing commitment to technical education. Today's power wheelchairs, scooters and Complex Rehab Technology have evolved into sophisticated electronic systems, making continuous education an operational necessity for technicians.

Power mobility devices have evolved from basic spillable lead-acid batteries to advanced absorbed glass mat (AGM), genuine gel and emerging lithium technologies. Modern power wheelchairs also incorporate digital diagnostics and customizable programming parameters that allow technicians to review system data remotely and quickly troubleshoot issues, including those related to consumer charging habits.

Technicians who rely solely on traditional troubleshooting methods risk misdiagnosing power-draw concerns, prescribing incorrect charging profiles or replacing batteries prematurely. Ongoing battery education helps technicians understand several critical technical variables, including:

Technician consulting with a client about repairs.

Technician in-home inspection and repair.

- **Voltage thresholds:** Understanding the difference between cutoff voltages under load and resting-state voltages.
- **Thermal dynamics:** Recognizing temperature-related effects on battery performance and cycle life.
- **Chargers and charging protocols:** Matching chargers properly to batteries and educating consumers on best charging practices to maximize battery life and reliability.
- **Capacity testing:** Using calibrated capacity-testing equipment rather than basic load testers and multimeters to accurately assess deep-cycle battery health.

The rapid pace of technological change extends well beyond power mobility. Across industries ranging from biomedical, dental and imaging services to HVAC, automotive and industrial automation, the requirements for technical competency continue to evolve.

Mechanical systems increasingly rely on microprocessors, software interfaces and complex power-management systems. As a result, continuous education has become essential for technicians seeking to move beyond simple parts replacement and develop advanced diagnostic expertise.

For many commercial industries, equipment downtime affects productivity and profitability. In the home medical equipment sector, however, equipment downtime can limit an individual's mobility and independence within their own home. While technical education helps protect revenue across industries, it also supports quality of life for individuals who depend on mobility equipment.

TECH CORNER

Technician making repairs in shop.

Technician testing electronics and making repairs in shop.

Manual wheelchair repair by technician in-shop.

First-time fix rates are an important measure of operational efficiency for home medical equipment providers. Regular training helps technicians accurately diagnose mobility equipment issues, reducing repeat service visits and associated costs. It can also improve consumer confidence by increasing the likelihood that repairs are completed correctly and promptly.

Beyond operational concerns, home medical equipment directly affects user safety. An improperly configured seating controller or an undetected electrical fault can contribute to equipment failure, loss of positioning or other safety risks. Incorrect battery or charger selection may also affect equipment reliability, daily use and the ability to travel with a power wheelchair on commercial airlines.

Ongoing training reinforces safety procedures, proper battery handling practices and compliance with accreditation standards related to power mobility equipment and components.

The home medical equipment industry also continues to face a shortage of skilled technical professionals. Investing in structured educational pathways, certifications and hands-on training demonstrates a commitment to workforce development and employee growth.

Technicians who are confident in their troubleshooting abilities often experience less burnout, provide stronger customer service and take pride in helping individuals maintain their mobility, independence and safety.

CONTACT THE AUTHOR

Larry may be reached at

LARRYC@MKBATTERY.COM

Larry Carter is from Dallas, Texas, and has held several positions with MK Battery since joining the company in 1995. He currently serves as MK's western regional sales manager and national sales training manager. Carter has worked closely with various home medical equipment providers and provider groups nationwide, as a workshop presenter, conducting battery training sessions for technicians and Assistive Technology Professionals. Carter has worked within the battery industry for over 42 years with experience in all aspects of lead battery applications and technologies, including sealed valve regulated lead acid batteries used in mobility and other critical power applications.

CLINICAL PERSPECTIVE

Complex Rehab Invests in the Future

CEU ARTICLE REVIEW

The complex rehab market can only grow as fast as a highly trained workforce can deliver it. The demand is there, but recruitment alone will not meet the need. Structured educational pathways, mentorship models and continuing professional growth will.

WRITTEN BY: Lois Brown, MPT, ATP/SMS

Introduction

The World Health Organization describes assistive technology as an umbrella term for assistive products and their related systems and services. The categories of Assistive Technology and Complex Rehab Technology represent **product solutions** (custom seating systems, power bases, alternative drive controls and pressure-management surfaces). We know that successful outcomes arise from using a service provision model such as the **WHO GATE 5P framework** to ensure the end user is not only matched with the optimal device but also that the device is configured to meet their needs, training on device usage is provided and a plan for ongoing maintenance is developed to ensure the client can dependably and safely engage in their daily functional activities.

The CRT industry depends on highly specialized knowledge of disability, seating and positioning, mobility technology, service logistics, funding, safety, documentation, repair, adjustment, user training and interdisciplinary collaboration. Much of this knowledge has traditionally been transferred informally through observation, field experience and problem-solving alongside experienced colleagues.

While experiential learning remains essential, informal information transfer alone creates significant risks. If most people learn on the job, they are learning only the methods of the person they work with. How can we be sure it is based on high-level competency? It also means skill development and critical knowledge can be lost when experienced staff retire or leave the industry. In addition, onboarding, training and quality vary between organizations, so how can we ensure we are building a competent workforce and a profession that is attractive to non-industry people? These challenges affect workforce capacity, service quality, safety, and outcomes.

Consider what happens when there are too few qualified CRT Suppliers. Assessments are delayed. Equipment trials are harder to schedule, and prescription and service quality can suffer. The detailed documentation that underpins a funding request takes longer to prepare, delaying approval and ordering, which in turn delays delivery. Each link in that chain may seem minor on its own, but for the person at the end of it, the cumulative wait can stretch across months — months spent in a chair that no longer fits or without a mobility option that would let them engage in activities at school, work or family life. For the organization, those bottlenecks set a hard limit on how many new consumers it can take on, no matter how much demand is knocking at the door.

A shortage of qualified service technicians produces a different but equally serious set of consequences. Repairs take longer. Equipment downtime increases. A breakdown is not a minor inconvenience when the equipment is the difference between a person getting out of bed or not, attending an appointment or not and going to work or not. And every hour spent clearing a repair backlog is an hour not spent serving someone new, so an under-resourced service team quietly caps growth while eroding the reputation that drives referrals in the first place.

The risks are not just about waiting. Poorly adjusted seating or mobility equipment can actively cause harm. Incorrect positioning can contribute to pain, pressure injuries, postural asymmetry, reduced function and reduced sitting tolerance. A drive control that isn't set up to match a person's abilities can make a chair unsafe to use. These are not abstract quality metrics; they are clinical outcomes that depend directly on the competence of the person doing the work.

Without enough well-prepared CRT Suppliers and CRT service technicians, consumers may experience delayed evaluations, delivery and equipment downtime, reduced participation and compromised posture and pressure injuries that are likely preventable and can decrease stress for families and support teams.

A power wheelchair that is perfectly specified but poorly configured, or a seating system that is clinically sound but never properly fitted, does not give a person better posture, safer mobility or quality of life. So, what turns a product solution into a successful outcome? Following the **CRT Service Provision Process** to the best of our ability to achieve a successful prescription. That is the key to raising the ceiling on how our industry grows into a profession that attracts and keeps new individuals.

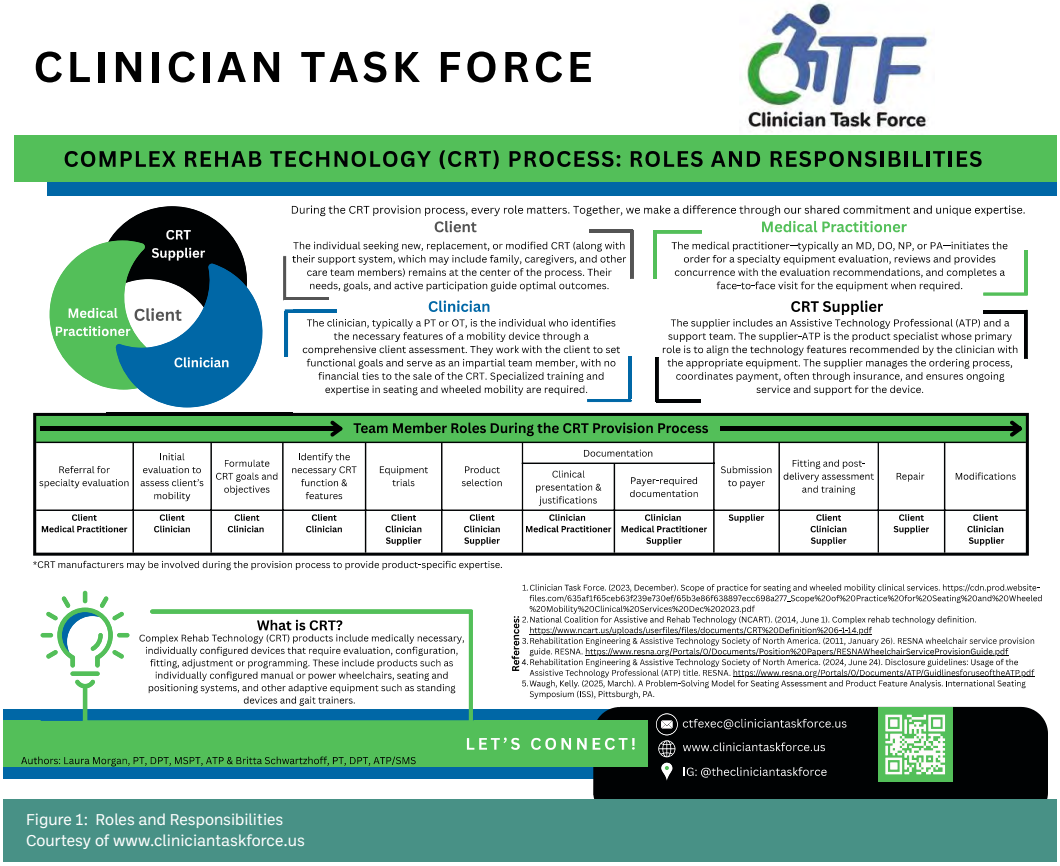


Figure 1: Roles and Responsibilities
Courtesy of www.cliniciantaskforce.us

That is why recruitment without a training plan is not the answer. Hiring fills a seat, but it does not build competency or capability, nor does it keep people in the industry. A new supplier or technician dropped into CRT work without structured training, support, and a clear career path is likely to struggle and leave. Every departure takes knowledge with it, resets the cycle and shrinks capacity just when the organization is trying to expand.

This article is organized around three pillars that make that effort and the growth it unlocks possible: **defined educational pathways, structured mentorship and continuing professional growth.** Each is examined in turn, alongside a practical framework that organizations of any size can adapt.

FROM THE FIELD

When the bottleneck has a name

A regional provider with a six-week wait time for power-mobility evaluations turned away three referrals in a single month not for lack of demand, but because its two CRT Supplier professionals were already booked solid. When one took extended leave, the wait stretched past 11 weeks. A teenager approved for his first power chair spent most of a school term in a loaner that did not fit, settling into exactly the postural habits his team had hoped the new chair would prevent.

The referrals did not disappear. They went to a competitor two hours away, and several never came back. The constraint was never demand. It was the number of qualified people available to meet it, and that is a number an organization can choose to grow.

An organization that invests in developing its workforce through sustainable workforce planning is, in the most direct sense, investing in its capacity to grow.

Two Roles, One Journey: Suppliers and Service Technicians

A person receiving CRT experiences the service as a single, continuous journey from initial assessment to receiving a working piece of equipment complete with ongoing support. To ensure a positive functional and clinical outcome, an organization needs to define clear, distinct roles and to train, supervise and scale each without diluting quality.

CRT/equipment suppliers sit close to the clinical and consultative end of the process. Their work typically includes **taking part in assessments,** understanding an end user's goals and daily life, selecting appropriate products with the clinician, configuring equipment to suit the individual, preparing funding documentation, collaborating with the broader clinical team and seeing the process through to fitting, delivery, training and follow-up. The supplier translates a person's needs and a clinician's recommendations into a specific, justified equipment solution and stands behind that solution over time.

CRT/AT service technicians sit closer to the hands-on, technical end. Their work includes diagnostics, repair, maintenance, component

CONTINUED ON PAGE 22

CLINICAL PERSPECTIVE | CONTINUED FROM PAGE 21

replacement, programming, adjusting seating and access systems, field service, safety checks and clear communication with both consumers and clinical teams. The technician keeps equipment safe, functional and properly tuned across its whole working life and is frequently the person a consumer sees most often once equipment is in use.

Each role protects the consumer in its own way, and each depends on the other doing its job well. There is a need for absolute collaboration and communication between them.

What is sometimes overlooked is how much the two roles share. A set of core competencies belongs to everyone who works in CRT, whatever their job title:

- disability awareness and an understanding of how equipment affects daily life
- respectful, person-centered communication
- infection prevention and safe handling
- safe transport and manual-handling practices
- accurate documentation
- clear escalation pathways when something falls outside their scope
- **judgment to recognize when technical work needs clinical review.**

That last point deserves emphasis. One of the most valuable things any CRT professional can identify is the limit of their own skill set, the moment when an adjustment stops being a technical task and becomes a **clinical decision** and a clinician or CRT Supplier needs to be consulted. Building that judgment into every role, rather than assuming it, protects consumers from well-intentioned but out-of-scope decisions. Shared competencies like these also let suppliers and technicians work as one team rather than two separate functions, which is exactly how the consumer needs to experience them and exactly what makes an organization easy to grow.

FROM THE FIELD

Knowing where the line is

On a routine call to replace a part of the seating system the CRT Supplier noticed a faint area of redness over a client's ischial tuberosity and a cushion that had been reinstalled at the wrong orientation during a repair elsewhere. Correcting the cushion position was a two-minute job. But instead of simply fixing it and moving on, they flagged the skin change to the client's occupational therapist.

*A brief pressure-mapping review followed, and a minor change to the setup headed off a developing pressure injury. The CRT Supplier's most valuable skill that day was not mechanical, it was recognizing that **a technical observation carried clinical weight** and knowing exactly to whom to communicate it.*

Building Defined Educational Pathways

Ask experienced CRT professionals how they learned the job, and most will answer with some variation of, "By doing it." They observed seasoned colleagues, asked questions, made mistakes under supervision and gradually developed their skills and judgment over time. This type of experiential learning is invaluable and can never be fully replaced. However, when it becomes the sole method for transferring knowledge, longstanding challenges emerge. Training can vary significantly from one mentor to another, onboarding may be slow and inconsistent, career progression can become unclear and valuable institutional knowledge may be lost when experienced employees leave the organization.

A **defined educational pathway** addresses these problems directly. It makes expectations visible, so new starters know what "competent" looks like. It supports consistency, so two technicians trained in the same organization reach a comparable standard. It reduces risk and protects consumers by ensuring **no one works unsupervised before they are ready.** It builds confidence in inexperienced staff. And it lets an organization add people without diluting quality, which is precisely what growth requires in practice.

A learning pathway is derived from a framework that defines competency at the foundational, intermediate and senior levels. Each level allows specific tasks to be performed unsupervised, subject to review, and builds toward greater skill both with and without direct supervision. A practical sequence looks like this:

- **Orientation and foundational knowledge.** Begin with the "why" behind CRT. Introduce new team members to the purpose of CRT, the real-world impact of both effective and ineffective service, key terminology, ethical considerations, disability awareness and person-centered care principles. Ensure they understand their scope of practice and the distinct roles of team members, including clinicians, physicians and CRT Suppliers. Training should also cover documentation requirements, funding processes and safety considerations, helping staff understand not only what they do but also why they do it and how their work affects the lives of the individuals they serve. Before touching a single piece of equipment, new employees should appreciate the profound

impact their work can have on a person's independence, health and quality of life.

• **Observation.** Give people structured opportunities to watch assessments, fittings, deliveries, service calls, repairs and follow-up appointments before they engage in their own client interactions. Observation with a purpose, followed by discussion afterward (providing a chance to ask questions), is far more powerful than simply "tagging along."

• **Supervised practice.** Use checklists to document specific skills and progressively increase responsibility while supervised, so a new starter takes on more of an active role while demonstrating readiness for independence.

• **Skills validation.** Require a hands-on demonstration of defined competencies in front of colleagues/supervisors to ensure skill levels have been achieved before independent interaction with clients. Reading about a task and reliably performing it are not the same thing, and a consumer's safety should never rest on an untested assumption.

• **Continuing development.** Treat the end of onboarding as a beginning. Provide ongoing education, advanced learning options and a visible path for progression.

FROM THE FIELD

Caught in supervised practice

During a supervised fitting, a new CRT Supplier set a power chair's seat-to-floor height to match the spec sheet exactly but had not accounted for the client's transfer technique or the height of the desk she used at work, which the new chair now would not clear. Because the fitting was supervised by the clinician and mentor, the error was caught and corrected on the spot.

The new CRT Supplier reflected on this experience and carried it into every fitting afterward: The spec sheet is a starting point, not the end game. Had they been working independently a week too early, the same mistake could have meant a failed delivery, frustrated client and a return visit the organization could not afford. Skills validation is not a hurdle; it is what lets an organization expand its team without expanding its risk.

The pathway content will differ by role, even though the structure is shared.

For CRT Suppliers, the pathway should cover seating and positioning fundamentals, mobility base selection, power seating, alternative access, funding and documentation, ethics, communication, interdisciplinary collaboration and the practicalities of delivery, fitting and follow-up. The aim is to develop a CRT Supplier who can collaborate and participate in the decision-making process to develop an effective seating and mobility solution based on an end user's goals.

For technicians, the pathway should cover mechanical fundamentals, electronics, batteries, motors and controllers, powered seating actuators, programming interfaces, seating-system adjustment, repair documentation, service triage, field safety, communication with users and clear criteria for when to escalate. The aim is to develop a professional, competent technician who can keep equipment safe and working and who knows when a technical issue has become something requiring clinical escalation.

Developing an individual's competency based on **key performance indicators** is a process that may take three, six or 12 months and beyond. It is a framework that can be applied to meet the individual's learning needs, but it also provides a metric for whether the individual is in the best role for them. An organization that can describe on day one how a person moves from their first day to independent practice has already done more for its workforce and its capacity to grow. One way to create consistency is to offer content in a learning management system, where the individual can progress at their own pace through the initial, fundamental and ongoing learning process. It also ensures the learning content is clinically sound and based on evidence-based practice. For the CRT Supplier, an example of this is the **iNRRTS Supplier Certificate Program.** For the supplier technician, an example may be the **ATSA Service Technician Course** that launched in Q1 of 2026.

Mentorship and Intergenerational Knowledge Transfer

Mentorship and implicit knowledge transfer is another critical piece of the learning pathway. Critical thinking and decision making can be effectively developed through mentorship and repeated exposure to real, complex, often messy situations.

Clinical and technical judgment in CRT grows case by case. An experienced practitioner has internalized patterns from hundreds of clients. Why a particular configuration worked for one person and not another, why a repair held or failed, what changed after a delivery, and when a technician's instinct that "something isn't right" should trigger a call to the clinical team. A mentor helps a newer colleague make sense of these patterns in real time, turning information into safe, practical decisions and turning a series of individual jobs into genuine expertise.

CONTINUED ON PAGE 24

CLINICAL PERSPECTIVE | CONTINUED FROM PAGE 23

For mentorship to be effective, it must be more than pairing a new starter with whoever has been there longest. **Effective mentorship begins with a senior technician who has the capacity to train others.** Clear objectives are established by a competency framework, so both people know what the metrics are. It involves mentor preparation, protected time that is genuinely defended against day-to-day pressures, deliberate observation, case discussion and honest feedback. Without that structure, mentorship too often means a busy senior person occasionally answering questions between jobs.

Remember, competent knowledge transfer relies on your mentors having validated sound knowledge base in a particular skill. What perpetuates issues is when someone observes their colleague who has not yet achieved an "intermediate" or "senior" level of knowledge teaching a setup or repair. Then we spread poor practice that can affect the safety of the client and effect the reputation of the supplier.

Two points are easy to get wrong. The first is assuming that experience automatically makes a good mentor. Being excellent at the work and being able to teach the work are different skills. Strong practitioners often need coaching support themselves to become effective mentors, to learn how to explain their reasoning, ask good questions and give feedback that builds confidence rather than eroding it. The second is forgetting the mentee's side of the relationship. New professionals need **psychological safety,** a genuine sense that they can ask questions and admit uncertainty without being judged. A mentee who is afraid to say "they don't know" is a consumer safety risk, because the questions they swallow are exactly the ones that prevent mistakes.

FROM THE FIELD

The debrief that taught a pattern.

A mentee could not work out why a power chair he had configured kept throwing an intermittent fault that no bench diagnostic could reproduce. His mentor did not have an instant answer either but over a debrief she walked him through three past cases with similar "phantom" faults, two of which had traced back to a connector that tested fine in the workshop and failed only under the vibration of real-world driving.

They found it on the next call. The lesson was not in any manual, some faults reveal themselves only in the conditions the equipment lives in. That kind of pattern recognition is precisely what mentorship transfers, and precisely what learning modules cannot.

It is also worth challenging the assumption that knowledge flows only in one direction. Intergenerational knowledge transfer should be reciprocal. Newer staff often bring real strengths of their own, for example fluency with digital documentation, comfort with online learning, an eye for emerging technology and ease with the communication platforms that increasingly shape how services are delivered. Reverse mentoring, where a less experienced colleague helps a senior one modernize their practice, lets an organization update the way it works while preserving the hard-won judgment of its most experienced people. The strongest CRT teams treat experience and fresh perspective as complementary assets, not as a generational divide.

FROM THE FIELD

Mentoring in both directions

At one provider, a CRT Supplier with 30 years in the field was paired with a recent hire for a ride-along. Within a month the exchange was running both ways. The veteran was teaching seating-system judgment that had taken decades to build; the newer CRT Supplier had shown the whole team how to capture service notes and photos on a tablet in the field, turning an hour of paperwork into a few minutes on site.

Neither would have called it "mentorship." Both were learning and the organization kept the experience it could not afford to lose while gaining the efficiency it needed to take on more work.

Effective forms of mentorship can be built into the working day:

- Ride-along and paired service calls.
- Debriefs after an assessment or delivery.
- Repair case reviews that ask why something failed, not just what was replaced.
- Seating labs and hands-on practice sessions with clinicians.
- Manufacturer-led workshops.

Continuing Education in a Changing Field

It is easy to think of continuing education as a box to check or a compliance requirement met by sitting through a set number of hours each year. Continuing education is better understood as a core quality and growth strategy because the ground beneath this field is constantly moving, and a professional whose knowledge stops developing will gradually fall behind the needs of the people they serve.

The technology changes quickly. Power mobility electronics, alternative drive controls, power seating, custom

seating, battery systems, pressure-management surfaces and integrated access technologies all evolve from one product cycle to the next. Telehealth-supported service and smart diagnostics are reshaping how problems are identified and solved. A CRT Supplier or technician trained five years ago, who has not kept learning, is working with an out-of-date map of their own field. This is why relationships and guidance from the manufacturer are vital.

FROM THE FIELD

A five-year-old skill set meets a new control system

An experienced supplier who had not set up alternative drive controls in several years took on a client who needed proportional head-array driving. The hardware, the programming interface and the setup conventions had all evolved since his last fitting. A single manufacturer workshop and one hands-on practice session were enough to close the gap.

Without them, he would have been improvising on a complex, safety-critical configuration, the kind of situation where "close enough" is not good enough. Technology does not wait for anyone's last training date, and neither do the people who depend on it.

The systems around the technology change just as fast. Funding requirements, documentation standards, service expectations, repair authorization processes, the move toward consumer-directed care and the demands of interdisciplinary practice all shift over time. Keeping up is not bureaucratic busywork; getting it wrong delays equipment and frustrates the people waiting for it.

Continuing education works best when it uses a mix of formats rather than relying on any single one. A healthy program might include online modules, hands-on workshops, manufacturer training, conferences, peer review, competency refreshers, post-service debriefs and dedicated technician skill days. Different formats suit diverse kinds of learning. A workshop can build a manual skill that an online seminar cannot, while an online module can efficiently update knowledge of a new funding rule.

One principle ties this together: Suppliers and technicians need both role-specific education and shared education. Role-specific learning keeps each professional sharp in their own domain. Shared learning sessions that bring suppliers and technicians together do something different and equally valuable. They build mutual understanding, respect and a common language, which in turn improves communication and service coordination. When a technician understands the clinical reasoning behind a configuration, and a supplier understands the technical constraints a technician works within, the consumer receives a more coordinated, more coherent service. Approached this way, continuing education is not a cost of doing business. It is one of the most reliable levers an organization has to raise quality and expand what it can take on.

Putting It Into Practice: A Workforce Development Framework

The case for educational pathways, mentorship and continuing education is straightforward. Turning it into everyday practice is where organizations often stall. The following framework offers a practical starting point that can be scaled to suit a large supplier or a small independent business.

- **Map role competencies.** Write down what a competent supplier and a competent technician need to know and do. This single step makes everything that follows possible.

- **Create onboarding milestones.** Set clear expectations for the first 30, 60, 90 and 180 days, so progress can be seen and supported rather than assumed.

- **Assign trained mentors.** Match inexperienced staff with mentors who have clear expectations and who have achieved an intermediate or senior status.

- **Use structured observation.** Build in deliberate observation during assessments, deliveries, fittings, repairs and follow-up, rather than leaving exposure to chance.

- **Validate skills.** Confirm competence through hands-on demonstration before anyone works independently.

- **Schedule continuing education.** Put learning on the calendar and protect that time, so it is not the first thing sacrificed when the day gets busy.

- **Track outcomes.** Measure what matters: staff retention, repair turnaround time, rework rates, consumer satisfaction, safety issues and staff confidence. These numbers reveal whether the investment is working.

No single organization can grow the market alone. Suppliers, manufacturers, professional organizations, educators, clinicians and consumer advocates all have a part to play in creating visible career pathways and in presenting CRT as what it genuinely is: a profession that combines real technical complexity with meaningful social impact and long-term career potential. One example that we are aware of is suppliers developing an

CONTINUED ON PAGE 26

CLINICAL PERSPECTIVE | CONTINUED FROM PAGE 25

internal learning pathway from technician to CRT. Parties may develop their own content or utilize the iNRRTS CRT Supplier Certificate Program along with internal hands-on training. Making that case loudly and together is how the field attracts and keeps the people it needs, and how the market expands its capacity to serve.

Widening the Entry Point: Vocational Pathways and the Profession

There is a quieter dimension to growth that the three pillars do not on their own address. Educational pathways, mentorship and continuing education all assume a person has already found their way into the industry. Yet most CRT Suppliers and technicians never set out to work in complex rehab; they arrived sideways, from durable medical equipment, allied health, a trade or simply by knowing someone already in the field. If the market is to grow, it cannot keep relying on people stumbling into it. The industry must build a **visible front door.**

One of the most direct ways to do that is to embed CRT into the formal vocational education systems. In Australia, this means the TAFE sector, Technical and Further Education, the national network of government-funded institutes that deliver nationally recognized certificates and diplomas in trades and applied fields. The equivalents exist across North America: trade and vocational-technical schools and community colleges in the United States, community colleges and polytechnics in Canada and registered apprenticeship programs in both countries. Whatever the system, the principle is the same: a structured, accredited entry route turns CRT from a field people fall into to a career people can deliberately choose.

Creating those routes depends on one thing: the industry has not yet marketed our work as a profession. Complex rehab combines genuine technical skill, clinical reasoning and direct human impact, yet it remains invisible to most students weighing their options. Showing up where the next generation of workers is formed, in school and college career programs, trade-school open days, apprenticeship fairs and the curricula of allied health and engineering courses, is how the field becomes a choice rather than an accident.

No single employer can establish a vocational pathway on its own. It takes suppliers, manufacturers and professional bodies such as RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; iNRRTS, the International Registry of Rehabilitation Technology Suppliers; ATSA, the Assistive Technology Suppliers Australia; and ARATA, the Australian Rehabilitation and Assistive Technology Association, working alongside educational institutions to design curricula, accredit courses and offer placements. The effort is significant, but so is the payoff: An accredited entry point is the difference between competing endlessly for the same small pool of experienced staff and steadily enlarging that pool for everyone.

Workforce Sustainability is Market Growth.

A sustainable CRT workforce strategy should include clear entry points, structured education, supervised practice, mentorship, competency validation, continuing education and career progression. These elements help new professionals develop confidence, support retention, improve quality and ensure CRT users receive timely, safe and effective services.

It is worth returning, finally, to the people at the center of all this. Every part of a workforce strategy, every pathway, every mentor, every training day exists so that a person receives safe, well-fitted, well-maintained equipment when they need it, and the independence and participation that come with it. Defined educational pathways, mentorship and continuing education are not optional extras to be funded when times are good and cut when they are not. They are the core infrastructure of a complex rehab market that can grow.

The next generation of CRT professionals will not appear by chance. They will appear because the industry chooses to teach, mentor, recognize and keep them. Workforce development is not separate from consumer care or business growth. In complex rehab, workforce sustainability is market growth, and it is consumer access.

This article is intended for professional education. Readers should apply local policy, professional standards and organizational procedures when developing CRT workforce programs. Case examples are illustrative composites and do not depict specific individuals.

This article is approved by iNRRTS, as an accredited IACET provider, for .1 CEU. After reading the article, please visit http://bit.ly/CEUARTICLE to order the article. Upon passing the exam, you will be sent a CEU certificate.

REFERENCES

1. World Health Organization. Assistive technology. World Health Organization. Accessed June 26, 2026. https://www.who.int/news-room/fact-sheets/detail/assistive-technology

2. World Health Organization. Global Cooperation on Assistive Technology (GATE). World Health Organization. Accessed June 26, 2026. https://www.who.int/initiatives/global-cooperation-on-assistive-technology-(gate)

3. International Registry of Rehabilitation Technology Suppliers (iNRRTS). About iNRRTS. iNRRTS. Accessed June 26, 2026. https://nrrts.org/about/

4. da Silva Souza RC, Bersaneti MDR, dos Santos Yamaguti WP, Baia WRM. Mentoring in research: development of competencies for health professionals. BMC Nurs. 2023; 22:244. doi:10.1186/s12912-023-01411-9

CLINICAL PERSPECTIVE | CONTINUED FROM PAGE 25

5. Smith EM, Gowran RJ, Mannan H, et al. Enabling appropriate personnel skill-mix for progressive realization of equitable access to assistive technology. Disabil Rehabil Assist Technol. 2018;13(5):445-453. doi:10.1080/17483107.2018.1470683

CONTACT THE AUTHOR
Lois may be reached at
BROWNLOIS12@GMAIL.COM

Lois Brown, MPT (U.S.-licensed), ATP/SMS, is the education manager at ATSA, Assistive Technology Suppliers Australia. Brown has extensive experience across Complex Rehab Technology, seating and mobility, workforce development, service delivery and education, and works with CRT Suppliers and equipment reps, service technicians, clinicians, manufacturers, administrators and industry partners to support safe, effective and consumer-centered CRT services. Her interests are competency-based education, mentorship and sustainable career pathways for the industry globally. Brown is a Friend of iNRRTS.

CLINICAL EDITORIAL

CRT Community Carries Legacy Forward

Reflections from the 'Tribute to Simon Margolis'

WRITTEN BY: Andrea Madsen, ATP

What began as a tribute to Simon Margolis became a meaningful reflection on a question that extends far beyond remembrance: How do we carry forward the work of someone who dedicated his career to empowering others?

Throughout the tribute, colleagues, friends and longtime leaders shared stories that revealed the many ways Margolis influenced Complex Rehabilitation Technology. They remembered his passion, curiosity, willingness to challenge conventional thinking and, perhaps most importantly, his commitment to ensuring that individuals who rely on CRT had a voice in the decisions that affected their lives.

For Margolis, CRT was never simply about equipment. It was about people. It was about creating opportunities for individuals with disabilities to achieve greater independence, participate more fully in their communities and exercise greater control over their lives. His work was grounded in the belief that end users should be empowered, not simply served, and that the professionals supporting them have a responsibility to listen, advocate, educate and act. That philosophy remains one of the most enduring parts of his legacy.

Mentorship as a Legacy

Mentorship emerged as a central theme throughout the tribute. Margolis understood that lasting change depends on investing in people. He shared his knowledge generously, challenged others to think critically and encouraged colleagues to become active participants in shaping the future of CRT.

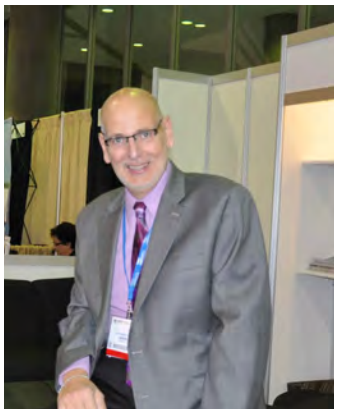
The stories shared during the tribute demonstrated that his mentorship extended far beyond formal teaching or professional instruction. It happened in conversations, at conferences, around meeting tables and through the relationships he cultivated throughout his career. He had a remarkable ability to encourage others to ask better questions, consider different perspectives and recognize their own capacity to make a difference. Those who benefited from Margolis's mentorship now have an opportunity, and a responsibility, to do the same for others.

Carrying his legacy forward means creating opportunities for emerging professionals to learn, lead, question and grow. It means sharing the history of CRT while encouraging the next generation to imagine what is possible. And it means recognizing that mentorship is one of the most powerful ways a professional legacy can endure.

Empowering the End User

The tribute also brought renewed attention to the ultimate purpose behind the work: the individual who uses CRT. Margolis's mission was deeply connected to ensuring that people who depend on CRT were empowered to live the lives they choose. That requires more than providing the right technology. It requires listening to individuals, understanding their goals, respecting their expertise regarding their own lives and advocating for access to solutions that support independence, participation and quality of life.

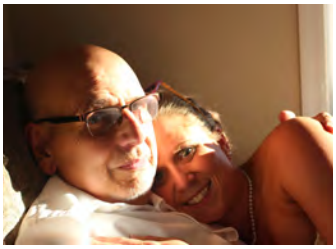
That mission remains just as relevant today. Every CRT professional has an opportunity to carry it forward by putting the end user at the center of decision-making, advocating when access is threatened and helping individuals understand and exercise their own voices.



Simon Margolis at Medtrade.

Simon Margolis at CELA, the Continuing Education and Legislative Action event in Washington, D.C.

Simon Margolis showing off his incredible smile.

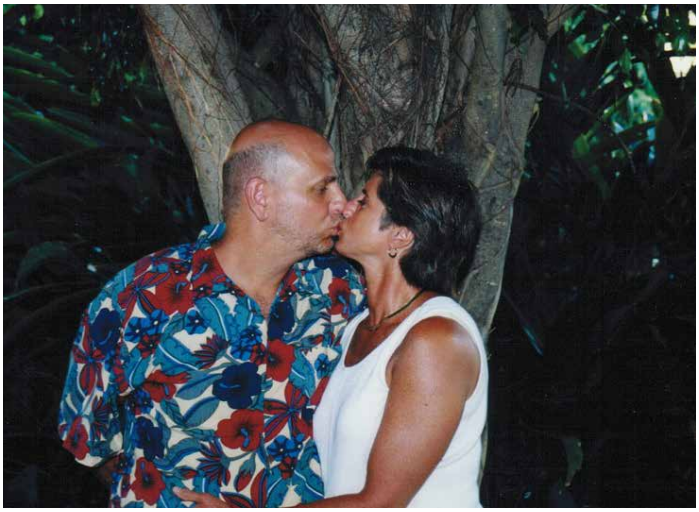


Simon Margolis with his daughter, Erica, at her wedding.

Simon Margolis with his daughter, Erica, at her wedding.

Simon Margolis with son-in-law, Tyler.

Simon Margolis, and his wife, Marcia, at their daughter Erica's wedding.



Simon and Marcia Margolis.

Simon Margolis.

Simon Margolis and his daughter, Erica, enjoying the dolphins while on vacation.

Simon Margolis on vacation.

Purple Day 2025.

Another great image of Simon Margolis.

Simon Margolis in his favorite color, purple.

Legacy in Motion

The photographs in this gallery capture more than moments from a tribute. They capture a community reflecting on where it has been and considering where it must go next. The laughter, conversations and shared memories reflect relationships built over decades. They also represent a bridge between generations of CRT professionals: those who helped establish the foundation, those carrying the work forward today and those who will shape its future.

For those who would like to experience more of the stories and memories shared in Margolis's honor, iNRRTS has created a collection on its website featuring reflections from colleagues, family and friends; the full video of the tribute meeting; and video messages from those whose lives and careers were touched by Margolis. These recordings offer an opportunity to hear Margolis remembered in the voices of those who knew him best and to experience the warmth, humor and passion that characterized his relationships throughout the CRT community.

The tribute may have been a single gathering, but the memories continue. We invite readers to visit the iNRRTS website to explore the collection and spend time with

CONTINUED ON PAGE 30

CLINICAL EDITORIAL | CONTINUED FROM PAGE 29

Simon Margolis as an orthotist.

Simon Margolis.

the stories, photographs and video tributes that celebrate Margolis's life and lasting influence.

Margolis's legacy does not belong only to those who knew him. It belongs to everyone who believes that CRT can empower people to live with greater independence, participation and choice. The most meaningful way to honor him is not simply to remember what he accomplished but to continue what he started.

Mentor someone. Advocate for someone. Listen to the end user. Empower the next generation.

In doing so, we carry forward Margolis's mission, not as a memory of the past but as a commitment to the future. His work continues through ours.

To view all recordings and shared memories, visit:

https://nrrts.org/simon-margolis/

CONTACT THE AUTHOR

Andrea may be reached at AMADSEN@NRRTS.ORG

Andrea Madsen is the executive director of iNRRTS, the International Registry of Rehabilitation Technology Suppliers. She has over 20 years' experience providing Complex Rehabilitation Technology to adult and pediatric patients in southern Minnesota, western Wisconsin and northern Iowa, and internationally through her work with the Mayo Clinic. She earned a Bachelor of Science in business management and finance, is a credentialed Assistive Technology Professional and has been a Certified Complex Rehabilitation Technology Supplier®. She served for 10 years on the iNRRTS Board of Directors and as committee chair for the Midwest Association of Medical Equipment Services. She has lectured for the University of Minnesota Rochester, the University of Wisconsin-La Crosse, Mayo Clinic College of Medicine and Science, and at the International Seating Symposium and Medtrade.

Simon Margolis expresses his view during a presentation.

Simon Margolis at CELA, the Continuing Education and Legislative Action event in Washington, D.C.

Simon Margolis with Gerry Dickerson and Michele Gunn.

Simon Margolis in Washington, D.C.

Simon Margolis celebrates his birthday in Nashville, Tennessee.

Simon Margolis waves at the photographer.

Simon Margolis' smile.

Simon Margolis with an end user at CELA, the Continuing Education and Legislative Action event in Washington, D.C.

Simon Margolis wearing the purple "Pimp" hat.

DIRECTIONS CANADA

Understanding CRT Warranties Takes More Than Just Reading the Small Print

WRITTEN BY: Alli Speight, MScOT, ATP/SMS

As a clinician who previously prescribed Complex Rehabilitation Technology, over the years I came to recognize certain patterns when selecting products for those prescriptions. Those patterns included which products worked better clinically and which ones came in the specific colors clients were looking for. Another important factor I considered was which products were known for their durability and which often resulted in follow-up calls related to repairs or failures. Of course, as a clinician, I only saw part of the picture. The CRT suppliers (sometimes referred to as dealers or vendors) I worked with often managed an even greater volume of service calls, repairs and warranty claims.

Now, working on the manufacturer side of the industry, I have gained a greater perspective and appreciation for how products are designed, tested, assessed for risk management and supported through warranty policies. I have had the opportunity to better understand the extensive testing many products undergo before they ever reach a client, as well as the complex considerations manufacturers face when determining warranty coverage and expected product lifespan.

While warranties may not always be the most exciting part of the equipment selection process, they can have a significant impact on long-term satisfaction, service expectations and ultimately a person's mobility and independence. Through this article, I hope to help equipment users, clinicians, suppliers and others involved in equipment recommendations feel more informed and confident when discussing warranties and other related factors.

What is a Warranty?

A warranty is intended to cover defects in manufacturing when a product is used as intended. In other words, if a component fails due to a deficiency under normal use, the manufacturer may repair or replace the affected item according to the terms of the warranty it has established.

This differs significantly from:

- **Normal wear and tear:** gradual degradation expected over time with regular use.
- **Accidental damage:** drops, collisions or environmental exposure.
- **Lack of maintenance:** failing to follow recommended service schedules.
- **Use outside the intended environments or activities.**

Real-world examples

Wheel locks

Wheel locks experience repeated daily use during transfers, repositioning, transportation and mobility, which means adjustment and wear over time can be expected. A wheel lock that becomes loose because mounting hardware was not routinely adjusted or because the wheelchair experienced repeated impacts during transportation or misuse may not qualify as a manufacturer defect. In contrast, a wheel lock mechanism that cracks, fails or no longer functions properly due to a defect in the materials or manufacturing during normal intended use may qualify for warranty replacement.

Power wheelchair batteries

Batteries naturally degrade over time and are heavily influenced by charging habits, environment and maintenance. A user who consistently allows batteries to fully drain for extended periods or leaves the wheelchair unplugged for months may experience premature battery failure that would not necessarily qualify as a manufacturer defect. In contrast, a battery that fails prematurely despite proper charging and maintenance may qualify for warranty replacement.

Modifications

Manufacturers design and test wheelchair frames and components under specific conditions, and altering the structure may change how forces are distributed throughout the product. Drilling into a wheelchair frame to mount an aftermarket accessory, customized tray hardware, or additional positioning components may compromise the structural integrity of the frame and could void portions of the manufacturer's warranty. In contrast, accessories installed using manufacturer-approved mounting points or approved hardware systems are typically designed to maintain the intended structural performance of the product and may not affect warranty coverage.

CONTINUED ON PAGE 32

DIRECTIONS CANADA | CONTINUED FROM PAGE 31

Warranties are a Shared Responsibility

Warranties are a shared responsibility among all key players in the CRT industry. Below are definitions and examples to help illustrate the roles everyone plays.

Manufacturers

Manufacturers are responsible for designing products that meet durability expectations and regulatory standards while also establishing warranty policies. Before bringing products to market, manufacturers conduct extensive performance testing to ensure products meet the expected lifespan requirements for their category. For example, manual wheelchairs commonly undergo fatigue and impact testing to validate durability. While industry standards help establish a baseline for performance that manufacturers must meet, they may choose to exceed these standards through design, materials and engineering ingenuity.

When evaluating equipment, it can be valuable for clinicians, suppliers and users to look to the manufacturer to answer:

- What specific components are covered and for how long? For example, are there separate warranty periods for the frame versus electronics, motors or seating?
- What documentation is required to file a claim?
- What are the limitations of a lifetime warranty, and what is considered beyond normal or expected use of the product?
- What internal technical documentation is required to report equipment failure, and how is this information obtained from the supplier or dealer who is providing the service to the end user?
- Why is it important to always provide the equipment serial number when requesting replacement parts under warranty?

Therapists and Suppliers

Therapists and suppliers serve as the link between manufacturers and end users. Their responsibilities are at times distinct while overlapping at other points. Clear communication is required to ensure their roles are complementary and provide user-centered service provision.

Therapists

- Ensure equipment users are informed about warranty terms and conditions.
- Clearly communicate users' clinical, activity and environmental needs that the equipment will be required to meet.
- Ensure proper set-up and training to minimize misuse-related failures or harm.
- Ensure all required equipment modifications meet the client's specific needs without negatively impacting the equipment's structural integrity.
- Provide education on the importance of regular maintenance.
- Educate clients on available funding and required processes for ongoing maintenance and service calls.
- Ensure the client is aware of what is considered a manufacturing defect versus normal wear and tear.
- Provide education on addressing a warranty claim if an issue arises.
- Ensure equipment users are informed about the repair process.

Suppliers

- Communicate warranty terms and conditions during the equipment selection and delivery process.
- Recommend equipment with durability that matches the user's clinical, activity and environmental needs.
- Ensure proper setup and training to minimize misuse-related failures or harm.
- Ensure all required equipment modifications meet the client's specific needs without compromising the equipment's structural integrity.
- Recommend maintenance appointments to catch issues early.
- Educate clients on available funding and required processes for ongoing maintenance and service calls.
- Clearly communicate what is considered a manufacturing defect versus normal wear and tear.
- Assist with addressing a warranty claim if an issue arises.
- Establish clear and realistic expectations of the repair process, including expected timelines, the possibility of loaner equipment and, if available, the essential features needed for client safety versus matching the client's equipment exactly.

Equipment Owners, Users and Care Partners

Users and associated care partners play a direct role in maintaining equipment and using it within its intended limits. Following maintenance guidelines and understanding the boundaries of coverage will contribute to realistic expectations.

What Users Should Know

- Keep all paperwork, including delivery receipts, warranty documents and product serial numbers.
- Follow the maintenance schedule in the user manual.
- Report problems promptly.

- Ask questions. For example, if you're unsure whether an activity might affect coverage.

Funding Programs and Loan Equipment

Warranties can become more complicated when equipment is provided through funding, loan or recycling programs. In some of these situations, the equipment may technically be owned by the funding agency or program rather than the individual user.

A manufacturer warranty is generally tied to the original product owner and warranty period, not necessarily to each new user to whom the equipment may be reassigned. This means warranty coverage may still apply for part of the equipment's lifespan, but some repairs and maintenance may instead fall under the policies of the funding program, vendor contract or recycling program.

An important consideration is that funding programs may have their own rules, service agreements, approved repair processes or replacement timelines that can influence how warranties are managed. In some cases, these program policies may override or limit what is practically available to the user, even when a manufacturer warranty still exists. Because of this, it is important to always review and confirm the specific policies of the funding source or loan program involved. It is also important to understand that manufacturer warranties typically are not transferable and may only apply to the original purchaser or program agreement.

Loan and recycling programs also rely heavily on preventive maintenance and shared responsibility. Because equipment may eventually be reassigned to another user, proper care of the wheelchair and seating system helps support both safety and the long-term sustainability of the program.

Clinicians, suppliers and funding programs should help users understand:

- Who owns the equipment.
- Who authorizes repairs.
- What is covered under manufacturer warranty versus program maintenance.
- What responsibilities remain with the user.
- Which policies are determined by the funding program versus the manufacturer.

Having these conversations early can help prevent misunderstandings and support better long-term equipment outcomes within publicly funded systems.

Recalls and Field Corrections

There are other types of market modifications, besides warranties, such as recalls and field corrections. A recall occurs when a manufacturer identifies a broader defect that could affect multiple users or products. This equipment must be returned to the manufacturer. Recalls are intended to address potential health or safety risks and typically involve repair, replacement or product updates.

A field correction occurs when a manufacturer may provide repair or replacement components, including digital updates, in the field without requiring the product to be fully returned.

In these cases, it is essential to provide all original serial numbers to the manufacturer to ensure compliance and safety. Each manufacturer and supplier must agree on technical training to ensure proper service is completed, and on responsibilities and processes for providing loaner equipment while the repair or component replacement is in progress.

Putting It Into Practice

Warranties exist to protect against manufacturing defects, not to serve as insurance policies. When all parties, manufacturers, suppliers, clinicians and end users understand their roles and communicate clearly, warranty coverage works as intended: a safety net for genuine defects that supports long-term equipment reliability and user confidence.

Steps to better warranty outcomes

1. **Match equipment to actual use.** A mismatch between product category and user activity is a common source of warranty disputes. Be realistic about how and where the equipment will be used.
2. **Discuss warranties early in the process.** Don't wait until delivery. Bring up warranty coverage during equipment trials and selection so users can factor durability and support into their decisions.
3. **Educate users.** Focus on the most important maintenance tasks and the clearest boundaries of coverage. Save the details for documentation they can reference later.
4. **Build relationships with manufacturer representatives.** Standards and processes differ between manufacturers, so when questions arise, having direct contact can speed resolution and clarify gray areas. Honest communication can assist in building the relationship between the supplier and manufacturer and provide a greater understanding of what led to equipment damage or failure.

When recommending a product, it is also important to consider after-sale service. Where is the product manufactured? Are parts

CONTINUED ON PAGE 34

DIRECTIONS CANADA | CONTINUED FROM PAGE 33

available locally? What are the shipping times and costs? Do post-sale modifications affect warranty? How long will parts be available after products are changed or discontinued?

Communication is key to setting realistic expectations for how products should be used and maintained, and how service will be provided if repairs are required. Providing a clear understanding of these aspects of service delivery by the equipment provision team is important to ensure that clients, families and caregivers are aware of their responsibilities and the processes to be followed to ensure a safe and positive equipment provision outcome.

CONTACT THE AUTHOR

Alli may be reached at

A.SPEIGHT@MOTIONCOMPOSITES.COM

Alli Speight holds a Bachelor of Science in kinesiology and a Master of Science in Occupational Therapy and is RESNA certified ATP/SMS. With extensive clinical expertise in community, long-term care and Veterans Affairs settings, Speight brings a wealth of knowledge and a deep passion for seating and mobility. Her commitment to client-centered care enhances the wheelchair prescription process by introducing innovative approaches. As director of Motion U, Motion Composites' clinical education and employee training program, Speight leads educational sessions across North America and participates in events such as the Canadian Seating and Mobility Conference, the International Seating Symposium, and Assistive Technology Suppliers Australia.

REHAB CASE STUDY

Listening Leads to Better Outcomes

WRITTEN BY: Amber L. Ward, MS, OTR/L, BCPR, ATP/SMS, FAOTA

This issue is about education, knowledge transfer and mentorship. My approach for this case study will be on hard lessons learned.

I began to work in wheelchairs and seating about 10 years into my career as an occupational therapist. One of the hardest lessons for an OT focused on solving and managing problems was to stop looking for the perfect seating and learn to listen more. OT/PT/ATPs are used to offering suggestions, tools, equipment, adaptive techniques and advice, with experience to back up our views. The challenge is that our experience isn't necessarily the lived experience of a particular client. I learned the hard way that talking clients into a certain chair style, change or upgrade can lead to unhappy clients and poor results. It is very disappointing to hear from a client that they are still using "their old chair" four years later, instead of the newer one.

A lot of this dichotomy comes from the therapist or Complex Rehab Technology Supplier being the perceived expert in the wheelchair evaluation process. This expert status can come from clients and families feeling out of their depth or from the expert themselves. Add possible ableism to the mix, where the client with the disability is seen as less capable or less able to make important decisions. Most of us have come into this industry to help clients with disabilities get what they need and make their lives better. The problem comes when the "expert" assumes the client with a disability needs assistance to make good decisions or live a better life.

Keeping the client in charge is so important. Once the client is educated about the options and the pros and cons of each choice, it ultimately is up to them. When the client makes decisions the seating specialist would not have made, careful attention to autonomy and the client's reasoning is vital. What follows are three case examples, which will highlight the challenges the seating specialist may face with shared decision making:

- It can be difficult to predict the future for clients with progressive disorders, and the first chair is usually a big deal. The team usually introduces power wheelchairs with education about the benefits of the CRT product for longer-term use. The team may urge the client toward a Group 3 power wheelchair to have long-term flexibility for any changes. Inevitably, the client and family fight with the thought of "such a big chair" when they really wanted a scooter or a folding PWC. Accommodating future needs can be a challenge both to present and to accept. Perhaps encourage a self-purchase or loaner scooter or folding PWC for now as clients come to grip with the changes to come.

- A client with cerebral palsy came to the seating clinic because someone thought he required chair changes for better positioning. His legs are windswept to the left, pelvis rotated with the right side forward; he continually slides forward and leans strongly to the left. The team discussed changes with the client, including hip and thigh supports, lateral thoracic pads and other items to improve posture and stability. The client is pleasant but is unwilling to add thigh guides or any other supports as he notes they "get in the way" during lateral transfers to bed. This client lives alone at home and he cannot consistently put on and take off any supports by himself. He understands the potential concerns with not having supports, but is firm in his refusal. After 55 years of living with his spasticity/contractures, the client is aware of his strengths and limitations as well as the impact of his choices. No one had asked the client if he wanted more support on his chair before sending him to our seating clinic to be fixed.

- A client who has used a K5 manual wheelchair for 20+ years wanted a new chair ordered "exactly the same as the old chair." Many clients want to duplicate their current chair as much as possible, even though the chair may be five to 20 years old. The team sees many improvements they could make for this client, such as a solid back instead of fabric, a better cushion with rigidizer, longer seat depth, adjustment to the center of gravity, a raised footplate, and more. The client is leery of making any changes, but the team's enthusiasm for the impact of the changes gets them to agree. The client "hates" it after the first day of use, mostly because the changes are substantial and the transition is too difficult to absorb functionally.

Working with clients with progressive diseases for the past 22 years, my job is to assist clients to potentially act before they perceive they need a device; to be proactive and avoid "house

CONTINUED ON PAGE 36

REHAB CASE STUDY | CONTINUED FROM PAGE 35

on fire" moments. The line between planning ahead and pushing clients to take action sometimes blurs and may come across as overbearing and directive or as not really listening carefully enough to clients and their needs and concerns. Ableism often has a kind heart and the desire to help at its roots. As the old adage says, "the road to hell is paved with good intentions." The actions taken by the team in an attempt to help make life better for the client must also strive to be client-led and directed. Really listening and fostering shared decision-making is pivotal to an excellent long-term CRT result and a happy client.

CONTACT THE AUTHOR

Amber may be reached at
AMBER.WARD@ADVOCATEHEALTH.ORG

Amber Ward has been an occupational therapist for more than 32 years, most recently in an outpatient clinic serving clients with progressive neuromuscular diseases and in a wheelchair seating clinic. In addition to working in the clinic full time, she is an adjunct professor in the master's Occupational Therapy Program at Cabarrus College of Health Sciences in Concord, North Carolina. Ward has held her Assistive Technology Professional and Seating and Mobility Specialist certifications for many years and is a past board member and current member of the Clinician Task Force. She is the author of numerous articles and book chapters, as well as a speaker and presenter locally, regionally, nationally and internationally.

RESNA

Fall Forward with RESNA

WRITTEN BY: Andrea Van Hook, RESNA Executive Director

Back-to-school season, sweater weather and the holidays are just around the corner. As fall approaches, RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America, is gearing up with new board members, plans for its 2027 conference and a lineup of educational webinars.

Rita Stanley, a RESNA fellow, became president of the RESNA Board of Directors on Aug. 1. Stanley is widely recognized for her expertise in assistive technology, public policy and government affairs. She currently serves as vice president of government relations for RxFunction Inc. and previously served as vice president of government relations for Sunrise Medical for approximately 38 years.

Marta Figueiredo, OT, Prof. Doc.OT, MSc IB candidate, an associate professor at the Escola Superior de Saúde do Alcoitão in Portugal, is the new president-elect. She will serve two years in that role before becoming RESNA president in 2028.

Alisa Brownlee, ATP, CLIPP, CAPS, WSP, a home accessibility and assistive technology specialist at ALS United Mid-Atlantic, was elected to a second term as board secretary.

Stephanie Bay, Ph.D., CCC-SLP, ATP; Sue Redepenning, OT, ATP; and Allison Sevillano, DPT, PT, ATP, PCS, were elected to three-year board terms.

The RESNA president may also nominate members to serve one-year terms on the board. Gunjan Dhawan, OTD, OTR/L, ATP; Christina Maragioglio-Esposito, MS, ATP, RET; and Julie Piriano, PT, ATP/SMS, joined the board as presidential nominees.

Jim Lenker, Ph.D., OT, a RESNA fellow, is now the immediate past president.

RESNA 2027 at Abilities International Conference New York

RESNA's 2027 conference will be held in conjunction with the Abilities International Accessibility Conference New York Metro on April 29-30, 2027, in Edison, New Jersey. The conference will feature educational sessions focused on the latest developments in assistive technology, along with scientific papers, student competitions and the Developer's Showcase. Combined with Abilities International's expansive exhibit hall, the event will provide a comprehensive conference experience encompassing all areas of assistive technology.

Additional details will be announced in the coming months. The conference submission platform is scheduled to open in September.

Fall Education Schedule

RESNA will offer a full schedule of educational opportunities this fall, including Tech Tuesday product demonstrations, Webinar Wednesday continuing education programs, the AT Fundamentals course and certification pop-up sessions. In addition, Mark Schmeler, Ph.D., OTR/L, ATP, will present the Colin McLaurin Distinguished Lecture at the University of Pittsburgh on a date to be announced.

Tech Tuesday product demonstration webinars are held on the fourth Tuesday of each month at 3 p.m. EDT. The fall schedule includes:

- **Sept. 22:** Tobii Dynavox, a global provider of communication solutions for people with disabilities.
- **Oct. 27**: Quantum Rehab, showcasing its power wheelchairs designed to enhance comfort, functionality and quality of life.
- **Nov. 24:** Wandercraft, introducing EVE, a hands-free exoskeleton for standing and walking at home.

Educational webinars are held on the third Wednesday of each month at 3 p.m. EDT:

- **Sept. 16:** The Maker Special Interest Group will present "Best Practices and Guidelines for DIY Assistive Technology."
- **Oct. 21:** "Balancing Assistive Technology on the Tip of Your Finger: Neuromuscular Needs Across the AT Continuum," presented by Christine Kennedy, OTD, OTR/L, ATP.

AT Fundamentals is RESNA's foundational course for professionals entering the assistive technology field. Although it is not an ATP examination preparation course, it provides a valuable review of assistive technology topics beyond participants' daily areas of expertise.

Certified ATPs teach the course, and tuition includes a complimentary ATP practice examination. The final course offering of 2026 will run from Oct. 13 through Nov. 5.

Certification Pop-Ups, free informational webinars about the ATP certification program, are offered on the second Thursday of each month at noon EDT. Certification staff members review eligibility requirements, the application process and study strategies for the ATP examination. Organizations are encouraged to direct new employees to the RESNA website for additional information.

CONTACT THE AUTHOR
Andrea may be reached at
EXECOFFICE@RESNA.ORG

Andrea Van Hook is executive director of RESNA. She has more than 20 years of experience in nonprofit association management and lives and works in Washington, D.C.

CRT Update:
Legislature Takes Action in Late August

WRITTEN BY: Wayne Grau

House Passes Choices for Mobility Act of 2026

The U.S. House of Representatives has passed HR 1703, the Choices for Mobility Act of 2026.

The legislation would allow consumers to select the manual wheelchair that best meets their lifestyle needs. Under the bill, individuals who choose a titanium or composite wheelchair would pay only the difference in cost between the upgraded chair and a standard model. The measure would not increase costs to taxpayers, as consumers would pay any upgraded expenses.

The bill now moves to the Senate, where Sens. Marsha Blackburn, R-Tenn., and Tammy Duckworth, D-Ill., have introduced companion legislation.

State Legislative Wins for CRT Consumers

As legislative sessions conclude across much of the country, several states have enacted changes through legislation or regulation that will improve access to services for Complex Rehab Technology consumers.

• California increased its repair prior-authorization threshold to $2,500, effective Aug. 1. Repairs below that amount no longer require a Treatment Authorization Request.

• Illinois increased its prior-authorization threshold to $1,500.

These changes are expected to streamline the repair process and reduce delays for consumers who depend on CRT equipment.

NCART Welcomes Three New Board Members

NCART, the National Coalition of Assistive and Rehabilitative Technology, recently held elections for its board of directors and is pleased to welcome three new members:

• Alexis Ward, Cubby Beds

• Michael Hughes, Motion Composites

• Derek Meier, Rifton

Each brings unique experience, expertise and perspectives that will help strengthen NCART and support its mission. The organization looks forward to working with them during their two-year terms.

NCART Executive Director to Retire

I informed the board of directors of my intention to retire at the end of 2026.

I have been honored to work with an incredible board of directors, NCART members and an outstanding team. During the past four years, we have achieved a great deal together, and none of it would have been possible without the dedication of our stakeholders.

We have continued to strengthen our relationships with iNRRTS, the International Registry of Rehabilitative Technology Suppliers; RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; the Clinician Task Force; and U.S. Rehab, helping advance the CRT industry. Most importantly, I want to thank everyone who serves consumers every day. Your work helps people live more independent and fulfilling lives, and I am grateful to have been part of that mission.

I will remain with NCART through the end of 2026 to assist with leadership transition efforts and support the organization's next executive director.

Thank You

There are far too many people to thank individually, but I would like to recognize a few who have made a lasting impact on my career. First, I want to thank Scott Meuser for giving me an opportunity at Pride Mobility Products shortly after I graduated from college. Covering Texas, Oklahoma, Arkansas and Louisiana in my trusty minivan, known as the “Grey Ghost,” provided experiences and friendships that have lasted a lifetime.

Throughout my career, I have learned from countless colleagues, clinicians, suppliers, manufacturers and advocates. I have also had the privilege of working closely with the iNRRTS board and staff and maintaining a friendship of more than 20 years with Amy Odom, a fellow Lubbock, Texas, native.

Most importantly, I want to thank all of you. Every day, you provide the expertise,

service and support that people rely on to live their best lives. You deliver hope, create opportunities and make a meaningful difference in the lives of others.

Rather than saying goodbye, I will simply say: See you later.

Wayne

Advocacy Quote

"Joyfully we undertake our daily work."
— Lailah Gifty Akita,
“Pearls of Wisdom: Great Mind”

CONTACT THE AUTHOR
Wayne may be reached at
WGRAU@NCART.US

Wayne Grau is the executive director of the National Coalition for Assistive & Rehab Technology. His career in the Complex Rehab Technology industry spans more than 30 years and includes work in rehab industry affairs and, later, exclusively with complex rehab companies. Grau graduated from Baylor University with an MBA in healthcare. He's excited to be working exclusively with complex rehab manufacturers, providers and the individuals served who use CRT equipment.

CLINICIAN TASK FORCE

CTF Administrative Assistant Kim Koole Strengthens Organizational Impact

WRITTEN BY: Leslie Jackson, OTD, OTR/L, ATP, CEAS III, LSVT BIG Certified

Kim Koole joined the Clinician Task Force in January 2026 as the organization's administrative assistant, bringing extensive experience and enthusiasm to the role. She supports Executive Director Tamara Kittelson, the executive board, CTF members, prospective members and the public.

Her responsibilities include coordinating virtual meetings, managing communications, responding to inquiries, overseeing financial processes and assisting with funding requests. Since joining CTF, Koole has embraced the organization's mission and applied her professional and personal strengths to support its ongoing growth and impact.

Midwest Roots

Originally from the Midwest, Koole earned a degree in business management from Central College in Pella, Iowa.

She and her husband, Dan, relocated to Colorado more than 25 years ago and have embraced the state's natural beauty and opportunities. Their son, Caden, recently graduated from Dordt University, a private university in Sioux City, Iowa, with degrees in finance, economics and accounting while also competing on the university's golf team. Their daughter, Joy, is a sophomore at Dordt University and competes in cross-country, indoor track and outdoor track.

Professional Background

Koole's professional experience includes work in nonprofit organizations and the healthcare sector, where she developed an appreciation for rehabilitation technology and its impact on people's lives.

In January 2020, she joined the Center for Innovative Design and Engineering at the University of Colorado Denver. During her time there, she developed a deeper understanding of how Complex Rehab Technology helps individuals with disabilities overcome barriers and participate more fully in home, work and community life.

She also gained firsthand insight into the challenges clinicians, suppliers, manufacturers, consumers and families face when seeking funding and timely access to CRT and other assistive technologies.

Those experiences strengthened her respect for the field and the multidisciplinary professionals who support it, including occupational therapist and CTF member Becky Breaux, Ph.D., MS, OTR/L, ATP, whose work at the center further shaped Koole's understanding of the industry's opportunities and challenges.

Kim Koole and her husband, Dan, hiking the Wild Basin in Colorado's Rocky Mountain National Park. *(Photo courtesy of Kim Koole)*

Lessons Learned

Koole said her work with nonprofit organizations, particularly volunteer-driven groups, taught her the importance of the behind-the-scenes coordination required to keep organizations operating effectively.

Reflecting on funding challenges within the CRT industry, she acknowledged the difficulties many organizations face while working with limited resources. At the same time, she noted that constraints often encourage innovation and collaboration.

"If I can make the work of CTF members easier, that is what is rewarding for me," Koole said.

One of her greatest strengths is her ability to view projects from a broad perspective. She believes this approach helps improve efficiency, strengthen communication and promote good stewardship.

When asked what advice she would offer someone entering a similar nonprofit role, Koole emphasized the importance of paying attention and remaining engaged.

"Be observant. A lot of good things are happening," she said.

Listening and observation, she added, are essential to understanding organizational needs, supporting workflows and communicating effectively.

Kim, Dan, Caden and Joy Koole at Dordt University's commencement in May. *(Photo courtesy of Kim Koole)*

Dan, Kim, Joy and Caden Koole at Joy's cross-country race last fall. *(Photo courtesy of Kim Koole)*

Commitment to CTF's Mission

When discussing the CTF's strengths, Koole pointed to the dedication and passion of its members.

"I see how invested CTF members are," she said. "They are passionate about Complex Rehab Technology and helping their patients live their best lives. They are deeply compassionate and interested in finding new ways to advance their work and generate excitement about this important field."

Since joining the organization, Koole has seen strong collaboration and momentum. With ongoing efforts focused on advocacy, education and membership growth, she believes CTF is well-positioned for continued success.

As membership expands and the organization works toward representation in every state, she is encouraged by the increasing awareness of CTF's mission and impact throughout the CRT community.

"For those involved with CTF, it is a labor of love," she said.

Life Outside of Work

When she is not supporting CTF or cheering on her children at collegiate sporting events, Koole enjoys traveling, hiking and spending time outdoors.

Family remains one of her greatest priorities. She also enjoys baking and sharing homemade sourdough bread with family and friends.

Reading is another favorite pastime. One recent book she recommends is "Water from My Heart" by Charles Martin.

Final Thoughts

Koole brings a unique blend of professional experience, organizational expertise and dedication to service to her role with the CTF.

Her background in healthcare, nonprofit leadership and inclusive design has given her a strong understanding of the CRT industry and the collaboration required to advance it. Through her focus on communication, efficiency and strategic thinking, she helps support CTF's mission and serves as a valuable resource for the organization's leadership and members.

Inspired by the commitment of CTF clinicians and energized by the organization's continued growth, Koole views her work as an opportunity to contribute to a mission that improves lives and strengthens the CRT community nationwide.

CONTACT THE AUTHOR

Leslie may be reached at
OTRJACKSON@YAHOO.COM

Leslie Jackson, OTD, OTR/L, ATP, CEAS III, LSVT BIG Certified, has more than 25 years of experience as an occupational therapist in outpatient care, acute care, home health, acute rehabilitation and higher education. She currently leads the Outpatient Seating and Mobility Clinic at Marion Health, in Marion, Indiana, and serves as an occupational therapist for the Department of Veterans Affairs.

Jackson earned her Assistive Technology Professional credential in 2008 through RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America. She is also certified in ergonomics and in LSVT BIG, a treatment program for individuals with Parkinson's disease. In addition, Jackson serves on the executive board of Services for the Visually and Hearing Impaired, a nonprofit that provides assistive technology and educational services. Jackson is proud to support the CRT industry through the Clinician Task Force's advocacy and educational initiatives.

Renewed iNRRTS Registrants Continued

The following individuals renewed their iNRRTS Registration between July 3, 2026 through August 21, 2026.

PLEASE NOTE **IF YOU RENEWED AFTER AUGUST 21, 2026,** YOUR NAME WILL APPEAR IN A FUTURE ISSUE OF DIRECTIONS.
IF YOU RENEWED PRIOR TO JULY 3, 2026, YOUR NAME IS IN A PREVIOUS ISSUE OF DIRECTIONS.

FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, PLEASE VISIT WWW.NRRTS.ORG, WHICH IS UPDATED DAILY.

Jeff Apple, ATP, CRTS®
Charles P. Barrett, III., ATP, CRTS®
Michael Bidner, RRTS®
James Blair, ATP, CRTS®
Cynthia Bohlmann, COTA/L, ATP, CRTS®
Jeremy Brockman, RRTS®
Karen Bussey, ATP, CRTS®
Donald W Callaway, ATP, CRTS®
Rick J. Capps, ATP, CRTS®
Stephen Clark, ATP, CRTS®
Latoria Cooke, ATP, CRTS®
Jeffery Cysewski, ATP, CRTS®
Alfred Delgadillo, RRTS®
Zeb Dugan, ATP/SMS, CRTS®
Avrohom Ellinson, ATP, CRTS®
Jose Escobedo, ATP, CRTS®
Blake Faulk, ATP, CRTS®
Euan Ferguson, RRTS®
William Fournier, ATP/SMS, CRTS®
Kevin Frelke, RRTS®
Elaine Gordon, RRTS®
Nancy Greco, MSW, ATP, CRTS®
Nick Harmon, ATP, CRTS®
Aaron Harvey, RRTS®
Lyle Haynes, ATP, CRTS®
Mark Hebert, ATP, CRTS®
Robert Brent Hudson, ATP, CRTS®
Zane Jacobs, ATP, CRTS®
Bennie G. Jones, ATP, CRTS®
Jason Kelln, ATP, CRTS®
Prak Kim, RRTS®
Grant Klinedinst, ATP, CRTS®
Michael Kristopher Ledford, ATP/SMS, CRTS®
Jane Lennox, RRTS®
Jasmine Libarian, ATP, CRTS®
Jakob Lopez, ATP, CRTS®
Marisol Lopez, RRTS®
Thomas Mancini, RRTS®
Christi McKim, MS, OTR/L, ATP, CRTS®
Pat Molloy, RRTS®
Eric Newell, ATP, CRTS®
Loretta Pender, ATP, CRTS®
Kristin Phillips, RRTS®
Kristen Porcello, OTR/L, ATP, CRTS®
Sean P. Reed, ATP, CRTS®
Tim Robinson, ATP/SMS, CRTS®
Philip Rollinson, RRTS®
Jane Schmitz, ATP, CRTS®
Christian Stephens, PTA, ATP, CRTS®
Daniel L Stephens IV, RRTS®
Odie Marie Stepp, ATP, CRTS®
Austin Sweet, ATP, CRTS®
Trisha Swan, RRTS®
Kevin Wallace, ATP, CRTS®
Sara E. Warren, ATP, CRTS®
Brett A. Watson, ATP, CRTS®
Tammy Wilcox, RRTS®
Joe Wood, RRTS®

Congratulations to the following individuals who have completed Level 1 of the CRT Supplier Certificate Program.

These individuals can state they are a iNRRTS Certified CRT Supplier, Level 1.

NAMES LISTED ARE FROM JULY 3, 2026 THROUGH AUGUST 21, 2026.

Michael Joyce

Former iNRRTS Registrants

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

NAMES INCLUDED ARE FROM JULY 3, 2026, THROUGH AUGUST 21, 2026. FOR AN UP-TO-DATE VERIFICATION ON REGISTRANTS, VISIT WWW.NRRTS.ORG, UPDATED DAILY.

James C. Christy, ATP
Tarentum, PA

Anton Croxford
Warners Bay, New South Wales

Gavin Dhanoi, BSN, RN
Richmond, British Columbia

Christopher Ford, ATP
Norcross, GA

Jeff Hager, ATP/SMS
Birmingham, AL

Shawn Harquail
Dalhousie, New Brunswick

Jeanne Hegg, ATP
Fargo, ND

Kevin Jones, MS, ATP
Oklahoma City, OK

Shane Kelly
Sydney, New South Wales

Kalin Omo, ATP
Wichita, KS

Aleesha Patrick
Oshawa, Ontario

New iNRRTS Registrants

CONGRATULATIONS TO THE NEWEST INRRTS REGISTRANTS. NAMES INCLUDED ARE FROM JULY 3, 2026, THROUGH AUGUST 21, 2026.

Roy C. Brown, ATP, CRTS®
A & M Medical
Richardson, TX

Aedan Cates, RRTS®
Integrity Medical
Evans, GA

William Delahanty, RRTS®
Rehab Medical Inc.
Peachtree Corners, GA

Austin Edenfield, MS, ATP/SMS, CRTS®
Reliable Medical
Smyrna, TN

Aaron Kast, ATP, CRTS®
National Seating & Mobility, Inc.
Madison, WI

Joseph Loza, ATP/SMS, CRTS®
National Seating & Mobility, Inc.
Tucson, AZ

Jacob Meyer, RRTS®
Stance Health Solutions
Bellflower, CA

Krizelle Pichinte, RRTS®
Independent Living Specialists
Eastern Creek, New South Wales

New CRTS®

CONGRATULATIONS TO INRRTS REGISTRANTS RECENTLY AWARDED THE CRTS® DESIGNATION. A CRTS® RECEIVES A LAPEL PIN SIGNIFYING CRTS® OR CERTIFIED REHABILITATION TECHNOLOGY SUPPLIER® STATUS AND GUIDELINES ABOUT THE CORRECT USE OF THE DESIGNATION. THE NAMES LISTED ARE FROM JULY 3, 2026, THROUGH AUGUST 21, 2026.

Roy C. Brown, ATP, CRTS®
A & M Medical
Richardson, TX

Austin Edenfield, ATP/SMS, CRTS®
Reliable Medical
Smyrna, TN

Aaron Kast, ATP, CRTS®
National Seating & Mobility, Inc.
Madison, WI

iNRRTS | INTERNATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS

5815 82nd Street, Suite 145, Box 317
Lubbock, TX 79424
P > 800.976.7787

Friends of iNRRTS [FONS]

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

CHARTER CFONS

MK POWERED
NATIONAL SEATING & MOBILITY
permobil

CFONS

ALLIANCE REHAB and MEDICAL EQUIPMENT 800-613-1666
AltimateMedica creating products · changing lives
AMYLIOR
ATLAS TECHNOLOGY
merits
Avid Rehab KEEP MOVING
Bodypoint
etac Creating Possibilities
METALCRAFT
MOTION Make life accessible.
motion COMPOSITES
numotion Mobility and independence start here.
PRIME ENGINEERING
PRM THE POWER OF PRECISION
QUANTUM
RAZ
Rifton
SEATING DYNAMICS WE MAKE WHEELCHAIRS BETTER
spex Shaping Better Lives
Stealth Products Solutions For Life
TOLT TECHNOLOGIES

AFONS

AAHOMECARE American Association for Homecare
ADMEA
A.E.S.
als | sla
atsa assistive technology suppliers australia
BIG SKY Medical Equipment
Children's Specialized Hospital An RWJBarnabas Health facility
Center for Inclusive Design and Engineering (CIDE) UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
Easter Seals Timbres de Pâques New Brunswick Nouveau Brunswick
GAMES A Proud Affiliate of ACMES.A
hmepa
HOMES
HOPE HAVEN
MAMES
momentum wheels for humanity
NCART
OHMEPA
PAMES
RESNA
Shepherd Center
United Spinal Association
UNIVERSITY OF MICHIGAN HEALTH MICHIGAN MEDICINE