

A person is seen from behind, sitting in a wheelchair on a sandy beach. Their arms are outstretched horizontally to the sides, palms facing down. They are wearing a blue t-shirt and dark shorts. The background shows a clear blue sky and the ocean with white waves breaking on the shore.

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Tamara Kittelson-Aldred, MS, OTR/L, ATP specializes in complex seating and wheeled mobility and other technologies for children and youth with disabilities, through Access Therapy Services, LLC in Missoula, Mont. **See page 56.**



Ann Eubank, MSSW, OTR/L, ATP is executive director of Users First Alliance. **See page 32.**



Claudia Amortegui, MBA, is president of The Orion Group in Denver. Amortegui has presented on various DMEPOS topics at state and national meetings, and has worked with local and national providers in improving their overall Medicare business. She has been published numerous times in national industry publications. **See page 54.**



Syd Gubin is a former NRRTS Registrant and board member. He is now a commercial airline pilot for SkyWest. **See page 60.**



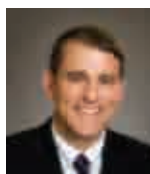
Don Clayback is executive director of the National Coalition for Assistive and Rehab Technology (NCART). Clayback has more than 23 years of experience in the Complex Rehab Technology and Home Medical Equipment industry as a provider, consultant and advocate. He is actively involved in industry issues and a frequent speaker at state and national conferences. **See page 28.**



David Hintzman is president of Bodypoint Designs in Seattle, Wash. **See page 20.**



Laura Cohen, PT, PhD, ATP is the principal for Rehabilitation & Technology Consultants, LLC in Decatur, Ga. Cohen is the coordinator of the Clinician Task Force and serves as the Clinician Liaison on the Steering Committee for the Complex Rehab Technology Separate Benefit Category. **See page 58.**



Brad Howard is an attorney with Brown & Fortunato, P.C. specializing in Health Care Litigation and Employment Law. Howard graduated from the University of Texas School of Law in 1991 and works closely with the firm's Health Care clients throughout the country. **See page 12.**



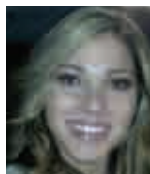
Judy Dexter is associate executive director of NRRTS. **See page 42.**



Matthew Kosh is vice president of Bodypoint Designs in Seattle, Wash. **See page 20.**



Scott Dyson is a native of Hartford, Conn. Dyson enjoys watersports, gardening and staying active with his extended family. He lives on the beach in southern Connecticut. Dyson is currently an At-Large Board Member for NRRTS. **See page 26.**



Kelsey Little is a consumer advocate and attended CELA 2010 and CELA 2011 in that capacity. **See page 16.**



Marcia Margolis is a physical therapist at the Seating and Wheeled Mobility Clinic, University of Minnesota Medical Center-Fairview Rehab Services. **See page 40.**



Cindi Petito, OTR/L, ATP, CAPS, is the owner of Seating Solutions outpatient private practice in Orange Park, Fla. She has more than 10 years experience in the area of complex seating and wheeled mobility, and assistive technologies. **See page 56.**



Lauren E. Rosen, PT, MPT, MSMS, ATP is the Motion Analysis Center Program Coordinator at St. Joseph's Children's Hospital of Tampa, Florida. **See page 36.**



Dominic Russo is the president of the United States Power Soccer Association and resides in Carmel, Ind. **See page 46.**



Karen Russo is the executive vice president of the United States Power Soccer Association and resides in Carmel, Ind. **See page 46.**



John Zona is president of NRRTS and has been an RTS for more than 28 years, a NRRTS Registrant for more than ten years and an ATP, CRTS® for 12 years. Prior to serving as NRRTS President, Zona was an at-large board member. He is employed by Lakeview Medical, Inc. in Auburn, Mass. **See page 10.**

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Dr. Mark Schmeler, OTR/L, ATP

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Allen Siekman

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Darren Hammond, MPT, CWS

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Theresa Berner, OT

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Andy Hicks, ATP, SMS

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Dr. Mary Ellen Buning, OTR/L, ATP

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Sue Johnson, CPST

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Tuesday, December 13, 2011 • 5:00pm to 7:00pm Pacific
Kevin Phillips, ATP, SMS, RRTS®

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What are **OUTCOME** *Written By John Zona ATP, CRTS®* **Measures?**

AN OUTCOME MEASURE IS A TOOL USED TO determine and evaluate the results of an activity, plan, process, or program and its comparison with the intended or projected results.

THE CASE FOR MEASURING OUTCOMES

There is a growing movement in the health care arena toward requiring suppliers and providers to validate the services and care they provide to create the appropriate outcome.

The Complex Rehab Technology world is no different. We know what we do is right for our clients. The therapist involved feels he/she has contributed to a viable solution for the client. To convince legislators, regulators and payers of this, we need to develop and consistently use objective ways of measuring the outcome of our intervention with our clients and be able to benchmark our outcomes against our colleagues and competitors.

FIVE REASONS FOR MEASURING OUTCOMES:

Accountability - Each person involved in the CRT service delivery model needs to be accountable for his/her piece of the process.

Public policy - Legislators and regulators can use outcome measures data to set coverage and payment criteria. This could be a double-edged sword. We need to be aware of the potential ups and downs.

Effectiveness - It will help to assure mobility and seating systems get done right the first time in as cost-effective a manner as possible.

Justification - It will help to provide objective justifications for the technology we recommend for our clients.

> To convince legislators,
> regulators and payers of
> this, we need to develop
> and consistently use
> objective ways of measuring
> the outcome of our
> intervention with our clients
> and be able to benchmark
> our outcomes against our
> colleagues and competitors.

Knowledge - It will help our industry and profession develop “best practice” standards.

OUTCOME MEASURES PILOT PROJECT

On May 15, 2011, NRRTS, in partnership with Mark Schmeler, OTR, PhD, ATP and his colleagues at the University of Pittsburgh, began a six-month pilot project on collecting outcome data for the provision of mobility bases by NRRTS Registrants.

The purpose of this pilot project is twofold. First, to assess a method of measuring outcomes that include rehabilitation technology suppliers in multiple locations, using a single, standardized measurement tool and submitting the data to a central location for upload, aggregation and analysis. The second part of the purpose is to begin to measure the client’s perception of the mobility equipment provided by NRRTS Registrants.

This is a vital project for the future of our industry and profession. We’ll provide updates via e-mail and in the next issue of Directions. ➤

CONTACT THE AUTHOR

John may be reached at John.Zona@fallonclinic.org or 508.407.7711.

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A Beneficiary's Guide to **MEDICAID** *Fair Hearings*

Written By Brad Howard

AS A PROFESSIONAL ASSOCIATION, NRRTS

supports individuals' rights to enhance their mobility and well-being through complex rehabilitation technology. Throughout our nation, there are numerous providers belonging to organizations with missions equally important to that of NRRTS, which seek to improve the health and well-being of Americans. However, many Americans must rely upon Medicaid to ensure complete access to all necessary products and services, and when access is denied, they are left with no recourse except the Fair Hearing process mandated by the federal government and administered by the individual states. Although it is possible some NRRTS Registrants have never actually participated in a Medicaid Fair Hearing, most are probably aware of individuals whose quality of life has, at one point or another, depended upon the results of this process.

The purpose of this article is to educate readers about the Fair Hearing process as it is generally administered throughout our country, so they can help their clients and customers fight for necessary products and services. In fact, our intended audience is much larger than the readers of this publication. If you are aware of individuals who must defend their rights to essential products and services through the Fair Hearing process, then photocopy this article and tell them it is intended to be a good start to understanding this mysterious and vitally important process. My dad is dependent on many products and services for his own well-being, and while writing this article, I am thinking to myself, "What would he need to know?" Hopefully, this article will provide some guidance to others who are similarly situated.

The Medicaid Fair Hearing process is different in every state, but federal law ensures state agencies overseeing medical assistance must provide an opportunity for a Fair Hearing. State agencies must provide an opportunity for a Fair Hearing to any applicant who requests it because a claim for products or services has been denied or was not acted upon with reasonable promptness. This federal requirement casts a very wide net that is designed to cover many of the products and services covered by Medicaid. However, it is not possible to outline the Fair Hearing requirements of every state in this article. Instead, the purpose is merely to highlight some of the essential points every Fair Hearing participant must know.

WHAT DOES A FAIR HEARING LOOK LIKE?

The process is not identical throughout the states. In some places, Medicaid Fair Hearings are very formal, though in most it is less formal and instead designed to uncover the underlying facts necessary to determine whether a Medicaid beneficiary is entitled to relief. Typically, an Administrative Law Judge (ALJ), whose salary is paid by the government, but whose allegiance is neither to the agency nor the individual, presides over a Fair Hearing. Although a Fair Hearing can be a mini-trial, oftentimes it is a conference involving an agency, an individual, and essential witnesses and/or documents. The Fair Hearing typically occurs at the local Medicaid office, though telephone hearings are not uncommon. The ALJ decides the case based on the facts presented at the Fair Hearing.

HOW DOES AN INDIVIDUAL PREPARE FOR A FAIR HEARING?

First and foremost, you must properly request a Fair Hearing within the appropriate timeline as prescribed by law. Figure

The Medicaid Fair Hearing process is different in every state, but federal law ensures state agencies overseeing medical assistance must provide an opportunity for a Fair Hearing.

out the due date for any request and ensure it is filed on time. You should research the requirements to seek a Fair Hearing, follow them to the letter, and save copies of any facsimiles or correspondence seeking a Fair Hearing in case you are required to prove you gave the required notice.

Next, determine what the issues are for your Fair Hearing. In many proceedings, the individual must prove functional deficits that can be addressed by requested products or services, and that these products

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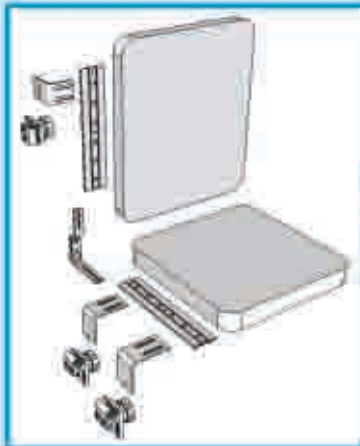
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or services are medically necessary. Other times, the individual must prove a less costly alternative was attempted and/or considered but properly rejected. It is important you fully understand what you must prove to prevail at the Fair Hearing.

You must be prepared to prove essential facts at the Fair Hearing, and in many proceedings, the key evidence will be witness testimony and documentary evidence, such as medical records. In some cases, you, your medical providers, and/or your family members may offer testimony at a Fair Hearing to prove your case. In others, it is more important you are prepared to generally tell your story about your need for essential products and/or services, and the hearing officer will fill in the proof gaps with records to support the appropriate conclusion.

You need a case theory to prevail at your Fair Hearing. You will not likely prevail if you seek to demonize the agency or a particular individual responsible for the underlying decision at issue in the Fair Hearing. Instead, a case theory might state the agency was mistaken, because it relied upon an incorrect fact to deny the essential products and/or services. Therefore, because the agency relied upon a particular fact as the foundation for its decision, and that incorrect fact was improperly recorded in your case, the decision is on shaky ground and cannot stand. Undoubtedly, you can do better than this, but the idea is you need a case theory that accounts for the key facts you can prove, and explains away the agency's primary arguments. Be sure to review the agency's "evidence packet" very carefully, and if the agency does not provide one to you prior to the Fair Hearing, be sure to inquire about what you should do to review the agency's evidence prior to the hearing. Perhaps some agencies do not provide such evidence to you prior to the Fair Hearing, but many do and, in fact, are required to do so.

If the Hearing Officer or ALJ says to you, "Please present your facts," you should be prepared to present your essential information, including witnesses and documentary evidence, in a logical manner to prove your case. If you cannot talk for three to four minutes uninterrupted about the agency's decision, the reasons the agency's decision is mistaken, and the relief you are entitled to, then you need to take

(continued on page 14)

...Guide to Medicaid Fair Hearings (continued from page 13)

additional time to prepare. Try your oral presentation before a family member or friend ahead of time to see if they understand what you are saying and why you should prevail. Ask for honest feedback because it will assist you in your Fair Hearing preparation and, ultimately, your presentation.

HOW SHOULD YOU CONDUCT YOURSELF AT YOUR FAIR HEARING?

You must present your case professionally and respectfully. You should come into the Fair Hearing with your evidence intact, and with an extra copy of any documentary evidence for the Hearing Officer or ALJ. No one expects you to dress as if you are attending church or a funeral, but you should appear neat and together, because you will never have a second chance to make a good first impression. Do not interrupt the agency when its representative is presenting evidence, and always address the Hearing Officer or ALJ with respect. If you are attending the Fair Hearing by phone, it is very easy to interrupt the other side or to raise your voice as you would in any disagreement because the proceeding seems informal, but a phone hearing is no less important or formal than an in-person hearing.

If you fully understand the basis for the agency's position, then be prepared to explain why the agency's position must not be accepted over your own. If the agency presents witnesses at the hearing, consider whether you should ask some questions in cross-examination style to elicit helpful information from the witness. Do not seek unnecessary drama, because an effective cross-examination in a Fair Hearing might simply include three to four questions designed to demonstrate the agency's representative does not have all the facts straight or is relying upon questionable information to support a result. You will likely prove your case with your own testimony and evidence from people friendly to your cause, but if you can score a key point or two through the agency's witnesses or documentation, then you will definitely enhance your chances of winning at the Fair Hearing.

Above all, be certain you know what you need to prove, and be prepared to do it with your own evidence. But then, you should go the extra mile. Ask anyone who has understanding of the process, the tendencies of the Hearing Officer or ALJ deciding your case (if you can find out ahead of time), and the best

> Try your oral
> presentation
> before a family
> member or
> friend ahead
> of time to
> see if they
> understand
> what you
> are saying
> and why you
> should prevail.

ways you can prove your entitlement to essential products and/or services. Make sure you understand how much time the Fair Hearing will take, where you need to be and what is expected of you, and how you can support your claim in that forum within the allotted amount of time. Go online and read about the process in your state so you have a good idea what to expect at your Fair Hearing. Coach Darrell Royal of the University of Texas said, "Luck is when preparation meets opportunity." You will not prevail at your Fair Hearing because today is your day. Instead, your level of preparation will have as much to do with the final result as anything. Hopefully, this article provides some help and causes you to think about what you still do not know and need to learn. ➤

CONTACT THE AUTHOR

Brad may be reached at bhoward@bf-law.com or 806.345.6310.



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A woman with blonde hair tied back, wearing a maroon t-shirt and a brown apron, is seated in a wheelchair in a kitchen. She is smiling and looking towards a tray of cookies on a counter. The kitchen has wooden cabinets, a stainless steel stove, and various kitchen items like pots and pans on shelves.

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The Powerful **SOUTHERN CHARM** of *Kelsey Little*

Written By **Randy Christian**

KELSEY LITTLE IS A BEAUTIFUL, YOUNG, southern girl gifted with a special charm and charisma that draws people of all ages to her like a moth to a flame. Her effortless magnetism is reminiscent of the special something many celebrity wannabes would deal with the devil to acquire. Her sparkling eyes, mischievous smile and contagious laugh instantly communicate to whomever she meets that her number one goal in life is to have fun.

Whether it's playing pool, shooting guns or riding four-wheelers, this self-professed redneck tomboy has an undeniable passion for life. It's also clear she welcomes the opportunity to show the world she's ever ready, willing and able to duke it out with anyone who dares to stand in the way of her freedom and independence.

Her brash, unapologetic demeanor may seem a little flippant at first, but the more you talk with Little, you quickly realize her kick-butt, Angelina Jolie persona is in reality the secret ingredient to her southern charm. It's also an invisible armor she has worn the past seven years as she battled the cruelties and challenges of unforeseen paralysis.

Little's
infatuation
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age three.

Little's infatuation with all things athletic invaded her life at a very early age, beginning with dancing and gymnastics at age 3. She was a naturally gifted athlete whose body was perpetually "spring-loaded." Her ability to run faster, jump higher and take more punishment than other children her age, boy or girl, was an unexplainable part of her DNA.

At age 5, her attention moved from dance and gymnastics to martial arts. In short order, martial arts and its culture became more than recreation for Little. It became a lifestyle. The discipline, respect and tradition that are an organic part of the martial arts world began to overpower her in a profound way. Her natural athleticism allowed her to quickly excel, which led to earning her black belt at 9 years old. Participating in



AMANDA, CHERYL AND KELSEY



KELSEY WITH HER FAMILY - CHERYL, AMANDA AND CHARLIE

tournaments accelerated the flow of her competitive juices. One victory was followed by another and then another. It seemed as though her body, mind and spirit were thriving in the martial arts world.

"I love it. It not only creates a strong body and mind, but I developed important relationships that helped me," Little said.

Her young classmates were extremely aware of her prowess, especially the boys. Most thought it was cool to have a girl in their class who was a real life "Karate Kid." On occasion, some knuckle-headed boy would decide to see for himself if cute Little

was really a black belt. The price of adolescent male curiosity was paid with a sudden and sharp pain in the groin. It's not something Little is particularly proud of, but often the

> Little, the
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> Even though
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> 15, hopping on
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> hesitation, was
> practically a
> daily occurrence.

outcome of a playground skirmish was newfound respect and lasting friendship.

Her love for the outdoors was equal to her love for karate. It was not unusual for her to spend the entire day outside with her friends enjoying the tree, hill, lakes and rivers of her beloved "Old South."

Little, the tomboy, was no stranger to four-wheelers. Even though she was just 15, hopping on one without hesitation, was practically a daily occurrence. While out with friends she did what she had done a hundred times before — hit the seat and throttle simultaneously. Little did she know, this would be her last ride on a four-wheeler.

"It really was a freak accident. I was only going about 7 miles an hour when I flipped it and landed on my back. I knew instantly I was paralyzed," Little said.

Spontaneously, Little reached back into her mind and grabbed onto the strength, discipline and courage martial arts training had instilled within her. As friends rushed to her side, Little took charge of the situation. As she was

(continued on page 18)

The Powerful Southern Charm of Kelsey Little *(continued from page 17)*

barking out orders for someone to call 911 and her parents, she commanded no one touch or move her. Even though she knew at that moment her lower body was paralyzed, her hope it would not be permanent was still intact. Soon the ambulance arrived followed by a helicopter. It airlifted her to the nearest hospital.

> She has
> the same
> wheelchair
> she received
> immediately
> after her
> accident.

Her first encounter with the doctor after arriving at the hospital was classic Little. Knowing full well the severity of her accident, her brash wit and youthful edginess remained undaunted.

“As soon as the doctor said I’d have to have surgery for my back I immediately asked if I could have a ‘boob-job’ too,” she laughed.

The moment of levity was quickly tempered with the blinding realization her paralysis might well be permanent. As she desperately hung on to hope seasoned with denial, she quietly watched intently as her nurse gave an update of her condition to her parents who nervously waited in the hallway of the hospital. Little saw both her parents and nurse begin to sob uncontrollably. Soon after, the doctor, in rather a cold and cruel manner, declared to everyone that her paralysis was permanent. He abruptly left the hospital room.

As it often happens, the glimmer of hope paralysis is not permanent becomes overshadowed by deep-seeded denial, followed sometimes by anger. Fortunately, anger never seemed to envelop Little, but denial took root. While at Shepherd Rehabilitation Institute in Atlanta, Ga., she saw many men and women her own age whose disabilities were far greater than her own. One young lady in particular, whose spine had been crushed in a motorcycle accident, was motionless from the neck down. This girl’s daily situation helped Little put her own struggles in perspective. She would see the young quadriplegic and think to herself, “I got off easy.”

“Even while I was in rehab, I was sure I would get better. It took me about two years to finally come to the realization my paralysis was permanent,” Little said.

Now, seven years after her accident, Little is reclaiming her life and attending college. Often she plays pool and hangs out with friends. She’s also learned to snowboard, and would someday like to work in Las Vegas, Nev., in the hospitality industry. She is finally adjusting to life in her “new normal” world.



KELSEY AND AMANDA

One thing which hasn’t changed is her wheelchair. She has the same wheelchair she received immediately after her accident.

Over and over again, she has been denied approval for a new wheelchair. Time and time again, bureaucratic red tape, coding changes and institutional rigmarole has left Little with a wheelchair that is not only falling apart, but ill-suited for a body once 15, but now 23.

“I just want a new, lighter-weight wheelchair so I can get around easier. My brakes don’t work anymore. The seating is all-wrong. All I’ve heard for years is ‘No, no, no.’ I’m at the point where I guess I’ll have to take out a loan to get a new chair. It’s hard to understand,” Little said.

This is just one of the reasons why she has become a rabid advocate for individuals like herself, who deserve help when it comes to acquiring the right mobility equipment to advance their freedom and independence.

As tough and disciplined as Little may be, it is virtually impossible for this charming “black belt” to battle and win against a system that seems determined to knock people down instead of lift them up. Odds are Little’s fighting spirit along with her devilish charisma will help her get what she longs for — a new wheelchair. We’re confident she’ll get a new one very soon. We know she’ll put it to good use pursuing a life filled with fun and many good friends. 

CONTACT

Kelsey may be reached at klittlethgh@gmail.com.

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QUALITY FOR LIFE

Human Potential: 20 YEARS of Believing

Written By Randy Christian



THE 50-YEAR OLD SINGER sewing machine was swallowed-up by the 3,000 square feet that was the entire top floor of the old historic Pioneer Square neighborhood building at 80 South Washington Street. Its lone friend, a disheveled dart board, hung silently on one of the many bare walls of the building that once was home to the oldest printing company in Seattle. Now, it was home to new company just days old and its only two employees, David Hintzman and Matthew Kosh.



Exquisitely crafted executive desks made of old doors and a couple of two-drawer filing cabinets, plus the dart board and sewing machine, completed the swank surrounding for Hintzman and Kosh. Their simple corporate environment may have had a subconscious influence on the

first name for their new medical equipment company. The two agreed to call it Hintzman and Kosh Inc. That was June 1, 1991, but in November of the same year, they changed the company name and completed the purchase of Rehab Equipment Manufacturing, their former employer.

While at Rehab Equipment, several changes occurred that gave them concern, not only for their jobs, but also for the life of the products for which they were in charge. Thus, the creation of their new company was fueled as much by self-preservation as their high-octane entrepreneurial spirit.

“The beautiful old industrial Singer sewing machine we still have, but no longer use. It was originally used for sewing overcoats for the army,” Kosh said. “We don’t know the whereabouts of the dart board, but we do have some of the darts.”

Due to the absence of a water cooler, the dart board was the default location for many lengthy discussions regarding the renaming of Hintzman and Kosh, Inc. Both vowed to stay away from several words which, in their mind, were already associated with several other companies in the medical equipment industry.

“Some of my best memories of those early days were coming up with the new name of the company. Matthew and I had endless conversations about the different kinds of names we could put

Due to the absence of a water cooler, the dart board was the default location for many lengthy discussions regarding the renaming of Hintzman and Kosh Inc.

on it. We didn’t want it to be another company called, ‘rehab something,’ or ‘health something.’

We felt what we were doing was a little more focused. We wanted to emphasize what we were doing with our products was important for specific parts of the body and was well crafted,” Hintzman said.

Hour after hour, idea after idea flew across the top floor of the old Pioneer Square building, as well as a dart or two. The word “craft” logically infiltrated their thinking,



WE HAD 3000 SQUARE FEET OF SPACE AND A VISION



GETTING TO WORK ON OUR FUTURE

inducing a myriad of “craft-this” and “craft-that” combinations that were earnestly considered. As with any smart creative process, patience prevailed and soon a new name to replace Hintzman and Kosh, Inc. was born. Again, simplicity ruled in a beautifully intellectual way allowing the new name to succinctly communicate the well-defined focus of the new company. Their focus was to create and manufacture innovative products specifically designed to enhance postural support for the disabled. The new company name was Bodypoint Designs.

Part of the purchase agreement with Rehab Equipment Manufacturing was Bodypoint would continue producing several of its existing products. As one would expect, Hintzman and Kosh knew there was room for improvement regarding Rehab Equipment's products. They, of course, saw the opportunity and

need for creation of new ones.

After looking closer at what was currently available to wheelchair users, they saw a long overdue need to rethink the design, materials and craftsmanship of the buckles, belts, and harnesses that aided in postural support. Almost immediately, the

One of the problems they had been aware of for sometime was the compromises technicians were being forced to make in order for a consumer to use positioning equipment.

two talented young men fetched the darts along with pencil and paper. Their minds began to roll with visions of new equipment they hoped would someday revolutionize their industry, as well as help the disabled achieve their maximum potential.

Identifying needs and problems was often the easier part of the process. Fortunately, discovering solutions was something Kosh and Hintzman relished.

One of the problems they had been aware of for sometime was the compromises technicians were being forced to make for a consumer to use positioning equipment. Attaching even the simplest of pelvic positioning belts to a wheelchair was difficult and less than ideal. Often, technicians were unable to use the existing hole in the wheelchair frame for anchoring equipment. Clamps available at the time seldom secured the equipment properly. Making adjustments to equipment was equally difficult.

Another problem was the type of buckles positioning equipment manufacturers had to use. The only buckles available were designed for other industries and applications, i.e. airplanes, automobiles and luggage. As expected, they were often difficult, if not impossible, for many persons with disabilities to use and adjust. Kosh and Hintzman knew buckles, clamps and anchoring devices specific to posturing equipment must be designed to take Bodypoint and the rest of the industry to the next level. Today, thanks to the innovative thinking of Bodypoint, many new positioning products are available to the consumer. Now, a well-qualified rehab technology supplier can quickly and easily attach belts and other equipment at the proper angle to help control the pelvis in relation to the person's function and positioning in the wheelchair.

(continued on page 22)

Human Potential

(continued from page 21)

An early defining moment for Bodypoint was provided by Jay Medical Products, a manufacturer of wheelchair seat cushions.

"One day, Rick Jay stopped by and asked us to show him around. He wanted to see what we did. We gave him a tour, had some lunch," Hintzman said.

He must have seen something he liked during his impromptu visit. A few weeks later, Jay called and asked if Bodypoint would produce sample products for his national and international distributor's network. Jay's request seemed to indicate what he did see was a potential win-win relationship for Jay, Bodypoint and the consumer.

In short order, product samples made by Bodypoint were leaving Seattle and heading for many anxious Jay distributors. On arrival, they were to be demonstrated in seating workshops and symposiums throughout the world. As it turns out, the idea of producing sample products in the color teal was a bit of genius. For many years, one company in Denmark continued to request "those excellent products in teal." Not only did the color teal make an indelible mark on the marketplace, but so did the quality and craftsmanship of Bodypoint products.

An avalanche of orders began to cascade into the offices of Bodypoint. Distributors everywhere were requesting permission to represent Bodypoint products. The company began to grow. More new products were being developed. Today, the company holds more than 20 United States and international patents. It also provides product, services and education to suppliers and distributors in more than 30 foreign countries.

Almost poetically, Kosh gives credit to his artist parents for making him who he is and what he is today, as well as how he does his work. He explains, for artists, the ability to draw or paint is also the ability to keenly see and interpret what is in front of you. You learn to look at problems, objects and situations, and

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As the
Bodypoint
team began
to look keenly
at existing
harnesses, it
determined
the harnesses
were not
doing the job
they were
originally
intended to
do, which was
retract the
shoulders and
stabilize the
trunk.

then mentally and emotionally comprehend them. This is what Kosh has done for the last 20 years as the lead product designer at Bodypoint. He identifies, studies and analyzes problems. Next, through his sketches and drawings, he conceptualizes his solutions. His artistry allows him to express to others how a new or retooled product can make a real difference in the lives of those who navigate the world in a wheelchair. It is this artistic approach that was the genesis of one of Bodypoint's most innovative creations - the Stayflex™ Anterior Trunk Support Vest.

Bodypoint had been making shoulder harnesses since they first opened their doors. The harness was a traditional

"H" shape and passed over both shoulders to retract them and help hold the trunk upright. It was made out of nylon webbing and padding and was adjustable, but it restricted movement.

In the late '90s, new thinking surfaced regarding movement, liberation and function. The result was the development, by Bodypoint competitors, of several new harnesses made of a neoprene material and looked somewhat like a bib. The new harness was comfortable, stretchy and allowed for more movement. Distributors began to ask Bodypoint if they could make a similar support harness. Bodypoint immediately began the development process.

As the Bodypoint team began to look keenly at existing harnesses, it determined the harnesses were not doing the job they were originally intended to do, which was retract

(continued on page 24)

TOP: BEFORE WE WERE BODYPOINT, WE USED OUR OWN NAMES.

MIDDLE: OUR ORIGINAL TRUNK SUPPORT PRODUCTS HAVE NOW EVOLVED INTO OUR MORE DYNAMIC STAYFLEX™

BELOW: ORIGINS OF OUR H-HARNESS, A LINE WE STILL CARRY TODAY

Human Potential *(continued from page 23)*



OUR ORIGINAL HIP BELT PRODUCT LINE FROM 1991

the shoulders and stabilize the trunk. The materials used to make the harnesses were so soft and stretchy, if the person leaned too far forward oftentimes they would dangle twisted and helpless in their harness. Because of the elasticity, leaning forward would also cause the harness to ride-up around the person's throat creating a hazard of choking. The sewing technique used made the harnesses weak, and they lacked durability. In some cases they would wear out and be unusable in only three to six weeks.

It was clear to Bodypoint there was a need for a new harness that was more comfortable, allowed for some movement in a very controlled manner, and was durable and user-friendly. As with all new Bodypoint products, the creation process was measured and methodical. Over a one-year period, design, manufacturing and testing took place. New materials were created with unique stretch properties allowing greater shoulder retraction and trunk stability, while providing control over certain forward movements. The result of the Bodypoint process was the patented Stayflex™ Anterior Trunk Support Vest. It easily supports several hundred pounds and will serve the user for five years or more. Again, Bodypoint not only met, but exceeded the expectations of its distributors and consumers.

The Stayflex™ story is just the "tip of the iceberg" regarding the incredible new products born at Bodypoint during the last 20 years. Today, institutions organizations and companies in practically every corner of the globe admire and often envy the innovative culture Hintzman and Kosh

spawned and nurtured. Bodypoint is now applying its energy to educating its distributor partners and rehab professionals on the importance and benefits of professional consumer evaluation and fittings for posturing, alignment and stabilizing products and accessories.

Bodypoint moved several years ago from the palatial Pioneer Square location on South Washington Street. Home is now an 18,000 square foot facility at 558 First Street, next to the Seattle Mariners' and Seahawks' stadiums. The old Singer sewing machine has been retired and replaced by state-of-the-art machines that are undoubtedly faster and more precise.

Unfortunately, the dart board is nowhere to be found, but the whereabouts of a few darts have been identified. Bodypoint has obviously changed, grown and prospered, but what hasn't changed is the way they express their belief in human potential. Through the products they make, the way they are made and the service they provide, disabled people all over the world are reaching their potential and living productive, rewarding lives.

Happy 20th Anniversary, Dave and Matthew! Go buy yourself a new dart board. You've earned it. 🎯

CONTACT

Dave Hintzman may be reached at dave@bodypoint.com.
Matthew Kosh may be reached at matthew@bodypoint.com.

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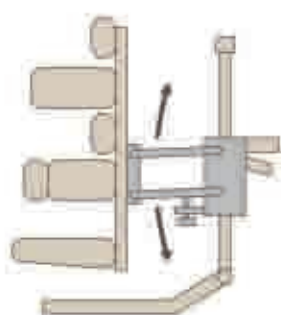
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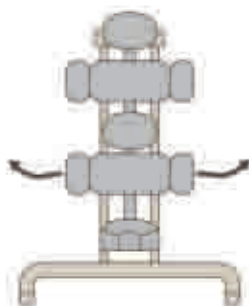
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RISING in the Ranks

Written By Danette Baker

START WITH AN EXTERIOR HOME WASHING

business and add in car detailing. Mix in an oxygen delivery fleet and you get a complex rehab supplier with a passion for his work and a dedication to the industry.

Recently promoted to Director of Sales and Marketing, Scott Dyson, ATP, CRTS®, has worked for ATG Rehab in Conn. for the past 12 years. While his primary responsibility is to establish business for ATG in rehab hospitals in the Northeast, Dyson's years of experience and talent as an ATP and entrepreneur, allow him to wear many different hats.

His introduction into the industry was not unlike that of many other suppliers – a suggestion by someone already in the field. Today, when Dyson tells people what he does for a living, their response is sometimes one of puzzlement. “Often, people who don’t know someone in this industry or have need for our services, they typically know very little about us,” he said.

Dyson delivers a simple elevator speech about how he gets to “help people with disabilities gain independence” which, he says, is usually met with responses of admiration and awe – reminding him often, that he is part of a “great industry, which does very important work.”

After graduating from Plymouth State University in New Hampshire, where he majored in marketing, Dyson was the owner of a car detailing and house exterior washing business. The latter he began before finishing high school. Through his detailing business, he found entry into the complex rehab industry in 1988 with National Medical Homecare, as he recalls, “on a steep learning curve.”

One of his customers was Homedco, and he detailed their fleet vehicles used to deliver oxygen. Through casual conversation, the fleet manager presented the idea of pursuing medical equipment sales to Dyson. “I’ve always had an entrepreneurial spirit, so when my client suggested I consider it, I took a serious look at it.” Eventually, National Medical Homecare became Homedco, and then Apria. Scott eventually joined Connecticut Rehab, after operating his own medical supply business for about five years. During the past 20 years, Dyson has worked his way through the industry by managing a branch location, to sales, to rehab technology supplier, and now regional marketing for ATG Rehab.

The funding frustrations that forced him from business owner to employee again was one of the reasons Dyson said, “Yes,” when John Zona contacted him about serving on the NRRTS board. Dyson began a two-year term as At-Large Director in 2010.

“I like that NRRTS gets expert input to those in the industry to help us become more successful, and it helps our industry gain ground with those who are making the funding decisions,” he said. “Just like the AMA (American Medical Association) does for doctors, NRRTS does for Complex Rehab.

“We are not selling just durable medical equipment. We provide a specialized service that makes a difference in the lives of those we serve,” he said. “If we do not band together, I’m afraid we’re going to see more and more companies phased out – and more and more individuals lose customized equipment options.”

That’s why, he added, events such as CELA, where issues are brought to the attention of lawmakers, are an integral part of the NRRTS mission.

Dyson’s passion is persuasive, but becomes even more compelling as he tells about his clients: a 9 year old who had never sat at the dinner table with her family because positioning in her current chair was a safety factor. A hydraulic system changed that. Then, there is a 22-month-old who finally gained mobility on her own after being fitted with a power chair.

“Modern technology has brought significant changes to the industry, but more importantly it has enhanced opportunities for individuals to gain independence and mobility.

“That’s what makes us different from someone who just sells canes and wheelchairs. It’s discouraging when an insurance company determines what technology you can and can’t offer an individual.”

The NRRTS voice in Washington is critical to the industry and to the end user, said Dyson, who has been an NRRTS Registrant for 15 years. “We have become the voice of Complex Rehab, and it is our job to take this to the next level.” ➤

CONTACT

Scott may be reached at sdyson@atgrehab.com.



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Separate Benefit for **COMPLEX REHAB** *Technology Update*

Written by **Don Clayback**,
NCART Executive Director

MAY 2011

IT'S BEEN SAID GOOD THINGS COME TO THOSE

who wait. However, when it comes to the Separate Benefit Category for Complex Rehab Technology (CRT), while we are looking for "good things" we certainly have not been sitting around "waiting." We continue to make progress in accordance with our 2011 plan.

As previously reported, the process of securing a Separate Benefit Category involves two distinct, but related pathways. The first pathway is legislative. We need Congress to pass the legislation required to set up a separate category under Medicare's DMEPOS benefit. The second pathway is regulatory. Once legislation is passed, we will be working with CMS on the implementation of the legislation and the development of related policies and other changes. Progress in these areas continues, so let's get you up to date.

MAJOR CLINICIAN GROUPS' ENDORSEMENTS

Really great news! As a result of our continued discussions and outreach to all CRT stakeholders, we are very happy to report the endorsements of two well-respected clinician groups. The American Occupational Therapy Association (AOTA) and the American Physical Therapy Association (APTA) have both signed on as supporters of our initiative. AOTA is a national association with more than 40,000 members. APTA has a national membership of more than 77,000 members. The support of their national offices and their communication to their members across the country will be extremely helpful as we move ahead. We extend a special thanks to the members of the Clinician Task Force for their work in carrying the CRT message to their respective professional organizations.

PROPOSED LEGISLATION

Based on the work done in 2010 and early 2011, we have begun to work with Congress equipped with our information package consisting of a detailed proposal providing background and specific changes, the written support of key consumer and clinician groups, and draft legislation that Members of Congress can use to introduce the required Bill. The CELA Conference in February provided us with a great initial opportunity to share all this information in person with members of Congress in Washington, D.C. Right now, we are building on those meetings.

The draft legislative language has also been circulated to other stakeholder groups for analysis and comment. We continue to receive valuable feedback and suggestions from supporting organizations. The draft has also been shared with staff of the House Ways and Means Committee for comment. At this point, the draft language remains open for review and input.

LEGISLATIVE SCORING

An important question potential Congressional supporters want answered is the estimated cost of the proposed legislation. Given the nature of the changes we seek, that answer requires a significant amount of data and calculations. Accordingly, we have engaged an independent economic research firm and they are in the process of completing their analysis. Their report will contain the financial "scoring" of the proposed legislation and will provide an estimate of the expected cost of the changes we are seeking. Their report will be designed to follow the model used by the Congressional Budget Office (CBO) and will report the estimated projected cost for a 10 year period.

Upon receiving the independent scoring report, we will resume our targeted discussions with members of Congress who have been identified as potential champions for our issues. Our goal is to get a democrat and a republican to jointly introduce the bill. This bi-partisan introduction will set the stage for us to engage in broad grassroots efforts to secure additional co-sponsors and push the bill to passage.

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ONGOING WORK GROUP ACTIVITIES

In addition to the Steering Committee, there are other work groups which have been established to focus on specific areas of this initiative. These are the Coverage Work Group, the Coding Work Group, the



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Standards Work Group, and the Legislative Work Group. Each group continues to meet and complete their respective assignments.

NEXT STEPS

As stated above, getting our bill introduced is our priority. Here's an overview of the steps in the process we need to complete:

Obtain bi-partisan commitment to introduce the needed legislation from two members of Congress (one democrat and one republican). This is our immediate focus and will involve discussions on the details of our issues, the draft language, the related costs, and the potential offsets to allow the bill to be budget-neutral.

Next, the draft legislation (with any desired modifications) will be sent to the legislative counsel in Congress so it can be reviewed, edited and prepared for formal introduction.

Once the legislative language is finalized, it will be formally introduced and assigned a bill number. This is a critical achievement because once we have a bill introduced, we can effectively engage all stakeholders in grassroots efforts focused on that bill number to garner additional co-sponsors.

Upon introduction, the bill will be referred to a committee of jurisdiction. Here, it will be subject to additional review.

At some point (before introduction or after introduction) the bill will be forwarded to the Congressional Budget Office for them to do their official scoring of the projected financial cost for a 10-year period.

Finally, with enough congressional support, our bill will be attached to a larger bill and be brought to the floor of the house and/or senate for a vote. It needs to be passed in both

(continued on page 30)

...Update (continued from page 29)

chambers and then sent on to the president for signing. Once passed and signed, we have accomplished our legislative objective and can move on to the implementation.

As you can see, while we are making progress, we have a long road ahead of us. This should come as no surprise. Remember, in my first update of this year I stated our efforts in 2011 need to be viewed as a marathon, not a sprint. So stay hydrated and pace yourselves. We are continuing to make progress in a deliberative and sequential manner. As supporters of this initiative, your current assignment is to stay informed and be ready to work with your members of Congress when called upon!

QUESTIONS AND COMMENTS

As a reminder, a variety of documents related to our Separate Benefit Category initiative can be downloaded from the NCART (www.ncart.us) or NRRTS (www.nrrts.org) websites. If you are unable to do that, please e-mail me and I will get them to you.

To share questions, comments, or suggestions regarding the Separate Benefit Category initiative, please contact any of the project's Steering Committee members: yours truly at NCART (dclayback@ncart.us); Laura Cohen, PT, PhD, ATP, Rehabilitation and Technology Consultants (laura@rehabtechconsultants.com); Elizabeth Cole, director of clinical rehab services, U.S. Rehab (elizabeth.cole@usrehab.com); Gary Gilberti, ATP, president, Chesapeake Rehab Equipment (ggilberti@chesrehab.com); Walt Gorski, vice president, American Association for Homecare (waltg@aahomecare.org); Rita Hostak, vice president of government affairs, Sunrise Medical (rita.hostak@sunmed.com); Simon Margolis, executive director, NRRTS (smargolis@nrrts.org); Tim Pederson, ATP, director, The MED Group (tpederson@medgroup.com); and Paul Tobin, president, United Spinal Association (ptobin@unitedspinal.org). ➤

CONTACT THE AUTHOR

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

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USERS FIRST ALLIANCE Joins *United Spinal Association*

Written By Ann Eubank, MSSW, OTR/L, ATP

THE CONSUMER VOICE STRENGTHENS

exponentially as Users First becomes a program of United Spinal Association. Since 1946, this consumer organization has pioneered some of the most historic events and legislation of the disability movement. Users First will continue to operate with the same mission – to ensure appropriate access to seating and mobility equipment by empowering wheelchair users, clinicians and providers through education and information resources that inspire action and motivate change. I will continue to run Users First and contribute to the grassroots effort for United Spinal Association's programs.

The community has made clear its need for a united voice of all stakeholders to effect positive policy change. Yet the voice most needed in this effort has been the most faint – the consumer's. United Spinal Association broadened its focus to include all people who use wheelchairs and has extraordinarily united our voices.

With United Spinal Association's healthy legacy and strong programs infusing our industry's efforts from grassroots initiatives to legislative issues, the consumer voice will be heard from coast to coast.

National Spinal Cord Injury Association is also under the umbrella of United Spinal Association, bringing a network of 21 chapters and 44 support groups totaling 37,000 members. Users First will work in conjunction with NSCIA to empower, educate and mobilize consumers, clinicians and suppliers.

New Mobility Magazine is now a publication of United Spinal Association. *New Mobility* improves the quality of life of wheelchair users with information, empowerment and entertainment. Through journalism and personal stories, *New Mobility* focuses on strategies for living fully with a disability, with participation in education, work, love, parenting, sports, recreation, travel and everything between. *New Mobility* reaches 24,000 wheelchair users each month and maintains a database of nearly 800,000 wheelchair users.

> The community
> has made clear
> its need for a
> united voice of
> all stakeholders
> to effect positive
> policy change.

Along with the above programs, United Spinal Association provides the following programs and services:

- Advocating for civil rights by supporting four legislative positions in Washington, D.C., Able to Travel (accessible travel service),
- Accessibility Services providing full service training and consulting for accessible design for private and public building.
- Online technical assistance at www.usatechguide.org, a variety of publications including a bi-monthly magazine, upcoming events, women's issues, and specialized publications like Disability Etiquette and advocacy strategies.
- They also provide Wheelchair Medic – a New York-based program that repairs nearly 2,300 wheelchairs annually. Nine million people each year donate to United Spinal Association.

For 65 years, United Spinal has fought for equal opportunity. They have funded hundreds of important research initiatives, mastered the frustrating tangles of applying for benefits programs at the state and federal level, designed and built accessible facilities in both the public and private sectors, and shared their expertise with thousands of architects and designers. They have written historic federal legislation expanding the scope of civil rights, repaired, maintained, sold, and donated thousands of wheelchairs and other adaptive equipment, created and nurtured wheelchair sports teams, and forged alliances with numerous professional franchises.

Most importantly, they have aggressively championed the right of all citizens with disabilities to share in the same American dream as everyone else. Below are some highlights from their first 60 years.

1946 – Eastern Paralyzed Veterans Association Formed: A small group of veterans with spinal cord injuries suffered in World War II reject being warehoused in VA hospitals and form a support group to help themselves and other paralyzed veterans lead independent lives. From these modest beginnings the nationwide powerhouse we know today as United Spinal Association was born.

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www.newmobility.com

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Disability Product Postcards

www.myspace.com/newmobility

www.facebook.com/newmobility

www.twitter.com/newmobilitymag

a Publication of United Spinal Association



1946 – Public Law 663 Enacted: One of the first laws worked for was the VA Automobile Grant, which provided funding to wartime paraplegics and amputees to buy specially adapted vehicles. The fight to have quadriplegics granted the same benefit takes six more years.

1948 – Public Law 702 Enacted: Seventy members roll into Grand Central Station in New York City and collect signatures supporting an accessible housing bill. Days later, President Truman signs the legislation into law.

1968 – Architectural Barriers Act Passed: lobbied hard to get this legislation enacted and it marked one of the first efforts to ensure equal access to public buildings for Americans with disabilities.

1970 – James J. Peters and Life magazine Expose Conditions at Bronx VA: Executive Director James J. Peters convinces editors at Life magazine to expose the deplorable condition of veteran care at the old Bronx VA Medical Center. The cover story in May causes a sensation and within a year the VA establishes a nationwide Spinal Cord Injury Service office in Washington, D.C. Several years later, the old Bronx VA hospital is destroyed and a new facility is constructed with a special emphasis on treating SCI. In 2004, the hospital is renamed the James J. Peters VA Medical Center.

1978 – Stanford Medical School Endowment: provided a \$260,000 endowment to Stanford University Medical School to establish a professorship in SCI medicine.

1985 – Center of Excellence in Neurology Created: make a \$500,000 grant to Mount Sinai Medical School to research urological complications due to SCI at the new Bronx VA Medical Center.

1986 – R*A*M*P Launched: We inaugurated our Residential Accessibility Modification Program to help make member homes and apartments fully accessible. The program included building ramps, widening doors, retrofitting bathrooms and kitchens, and installing lifts and elevators.

(continued on page 34)

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Users First Alliance Joins United Spinal Association *(continued from page 33)*

1987 – Yale Center for Neuroscience Established at West Haven

VAMC: In association with the Yale University Medical School, we help create the Center for Neuroscience Regeneration Research at the West Haven, Conn., VAMC.

1989 – Legal Action against VA for Castle Point Conditions: We initiated a lawsuit against the Department of Veterans Affairs alleging substandard care for veterans with SCI at the Castle Point, NY, VAMC. The 1994 settlement creates Clinical Practice Guidelines that promises to elevate SCI care throughout the VA system.

1990 – Americans with Disabilities Act of 1990 Signed: President Bush signs the Americans with Disabilities Act into law. This landmark legislation protects the basic civil rights of more than 43 million Americans with disabilities. We helped write a significant portion of the legislation, which was largely based on a New York City law we co-wrote. The ADA provides a clear and comprehensive national mandate for elimination of discrimination against individuals with disabilities.

1996 – NYC Agrees to 100 percent Accessible Bus Fleet: A major advocacy program we initiated results in an agreement by New York City to make every bus and many of its subways stations wheelchair accessible. Every month, more than 30,000 riders with disabilities ride the NYC lift-equipped buses and the program becomes a blueprint for other U.S. cities.

1999 – Congress Adds to VA Health Care Budget: After gathering more than 10,000 signatures, we hand-deliver our demands for an increased VA health care budget to Congress and lawmakers add \$1.7 billion to the VA appropriation.

2004 – United Spinal Association is Formed: United Spinal takes a bold step into the future by significantly expanding its mission and launching a comprehensive initiative to serve the entire nation and all individuals with physical disabilities. In September, the Bronx VA hospital is formally re-named the James J. Peters Veterans Affairs Medical Center in a dedication ceremony led by Senator Hillary Rodham Clinton and VA Secretary James Nicholson. This long-overdue tribute honors the memory of Jim Peters, United Spinal's executive director and driving force for more than 30 years.

> We cannot change
> policy without
> each other.

2010 – USA acquires NM magazine

2011 – USA acquires NSCIA and UFA

2011 – USA files a class-action lawsuit alleging the New York City taxi and limousine commission violates the law by failing to provide yellow taxis wheelchair users can access.

As a united community of people whose focus is on access to appropriate mobility equipment, we now have resources deep in the disability community. We cannot change policy without each other. It is important we understand each other, our histories and our goals. United Spinal has progressively invited all stakeholders to participate in this mission. Please stay in touch as we expedite our programs and materials to you. ➤

CONTACT THE AUTHOR

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Yes, you can.®

JOSHUA

Written By **Lauren E. Rosen, PT, MPT, MSMS, ATP**

Disclaimer: Although I am mentioning certain products by name, I am not saying any of these products are inherently bad or always good. Evaluating each child and each piece of equipment is necessary in every case.

I SAW JOSHUA FOR THE FIRST TIME A FEW YEARS

ago when he was wheeling past my office to a doctor's appointment. I had no idea about his diagnosis or impairments, I just knew I had to talk to this kid and his mom and make sure that the chair he was in was not permanent (in case you don't know me, I have a hard time keeping my mouth shut when I think someone has a bad wheelchair). Fortunately, after talking to the family, I found out the chair, with every possible piece of positioning equipment on it that weighed more than twice what he did, was a loaner while his wheelchair was ordered.

At the time, Joshua was just a little older than 3. When he was 22 months of age, he had Transverse Myelitis at the C6 level leaving him an incomplete quadriplegic. His upper extremities function as if he has a complete C6 spinal cord injury, but he does have enough lower extremity function to stand and take a few steps with HKAFOs.

Over the next two years, Joshua came and went from my clinic, seeing doctors for various reasons, but was never referred to me. Every time he came into the clinic, he'd come play in my office. I like to think it was my wonderful personality, but I think it was really my cool castle with gold and black fighters he liked best.

Joshua's first wheelchair was prescribed by therapists from out of state where he received treatment for his Transverse Myelitis. A local equipment supplier provided the chair. When he finally got his sporty wheelchair, it contained a few too many positioning pieces, so I suggested some modifications to his mother, who was already a bit concerned about the chair. Those modifications were made, and he was doing great.

Not only had it
not improved
his function,
it had
decreased it.

When he was 5, Joshua came into the clinic in a new chair. Because he was not receiving his care for the wheelchair through my clinic, when he grew larger, his mother ordered a new wheelchair using his treating therapist. This new wheelchair was supposed to improve his function and allow him to start playing sports (our local Paralympic Sports Club starts taking kids at 6 years of age, and he couldn't wait to start).

The chair he was given was a Quickie GTX with Stimulite cushion, planar I Back, lateral supports, swing-away legrests, multi-axial footplates, padded



TOP: MY FRIEND JOSHUA
BOTTOM: FRONT VIEW OF
JOSHUA IN HIS OLD CHAIR



When choosing a new chair, the most important goal was to improve Joshua's ability to propel.

pelvic belt, and a flip-down headrest. It was significantly heavier than the previous wheelchair (and him), had too much positioning equipment on it, and the center of gravity (COG) of the wheels was too far back by three inches. He had also gone from a rigid frame to a folding frame wheelchair. Not only had it not improved his function, it had decreased it. He was complaining constantly of being tired and needed his parents to push him much of the time.

I suggested to his mom they come see me in an official capacity, so we could try to fix the situation. Both she and Joshua, who was almost too tired to

play with the castle after pushing himself up the ramp into the clinic, enthusiastically said yes. So, finally, I was going to get to work with my friend.

As with most situations, after talking to his mom and to the supplier, there were many conflicting explanations for why the current frame and seating system were chosen. Without a crystal ball, we'll never know exactly why the supplier and therapist felt they made a positive change for Joshua, even when his mother was reporting otherwise.

So, we had to start over. Fortunately, the chair was fairly new and the supplier and multiple manufacturers were willing to help to correct the situation. If this had been left to insurance to help correct the problem, Joshua would still have his old chair.

When choosing a new chair, the most important goal was to improve Joshua's ability to propel. To do this, we had to get him the lightest weight chair possible and assure the COG could be placed far enough forward. Additionally, his seating system needed to be evaluated to be sure it was lightweight and provided him with the necessary amount of support without over seating him.

The Zippie Zone was chosen for Joshua because it was lightweight, had a fairly adjustable COG, and it could easily grow as Joshua got bigger. The multi-axial footplates were replaced with a simpler and lighter flip-back footplate so he could get it out of the way to stand using his HKAFOs. The solid back with laterals was exchanged for a lighter weight and lower profile MaTRx Elite back with laterals. This contoured back was more comfortable and supported him better while weighing less. As he already was using a Stimulite cushion

(continued on page 38)

TOP: JOSHUA SHOWING THE CENTER OF GRAVITY IN HIS OLD CHAIR.
MIDDLE: JOSHUA (WITH HIS STICKERS) SHOWING HIS PERFECT AXLE POSITION.
BOTTOM: CHAIR TOO TIPPY WITH THE WHEELS IN THE CORRECT POSITION.

Joshua (continued from page 37)

which was very lightweight and was working for his skin, this cushion was moved to the new wheelchair. The headrest was removed altogether, as Joshua has normal head control and it was only adding weight to the chair.

As you can see in the pictures, the resulting wheelchair set-up is much better for Joshua. The only goal not fully achieved was the COG of wheels eventually had to be adjusted back a bit further than desired because the chair was too tippy with the wheel in the correct location (done a few weeks after the picture was taken). The COG is still significantly better than on the previous wheelchair.

Aside from Joshua looking great in his new wheelchair, it has achieved the goal of improving his function. He is much more independent and is able to accomplish much more. He is starting to participate in Paralympic Sports Tampa Bay activities and I have no doubt he's going to be very successful. Joshua got to attend a recent reception for adult wheelchair racers, and he was challenging some of the top racers in the world to race him...certain he would win. If that's not a sign of success with his outcome, I'm not sure what is. 🍌

CONTACT THE AUTHOR

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JOSHUA ENJOYING HIS NEW CHAIR





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A close-up photograph of a person's hand holding a white card. The person is wearing a white dress shirt and a dark blue or black necktie. The background is a plain, light-colored wall. The card is held in the foreground, slightly angled, and contains the following text:

Manufacturers' Reps

**DOS AND
DON'TS**

— for —

**Successful
Interactions**

WITH THERAPISTS

Written By **Marcia Margolis, PT, ATP**

DOS AND DON'TS

— for —

**Successful
Interactions**

WITH THERAPISTS

Written By **Marcia Margolis, PT, ATP**

DO

- Call me on a regular basis to notify me of new and different products
- Make me remember you – somehow
- Get to know my background and experience as a therapist
- Call ahead to schedule your appointment
- Let me know why you want to come
- Ask if I want to see the product
- Ask how much time I have available for the appointment
- Tell me who is coming (and the person or persons' background/position)
- Ask/know the types of patients I see
- Arrive prepared and bring spec sheets/order forms/brochures
- Be respectful and cordial
- Demonstrate your product thoroughly and precisely
- Explain why your product should be used and its benefits to me and my patients
- Explain your product's limitations
- Know how your new product is different from any previous products you showed me
- Know how your product is different from other manufacturers'
- Know if other products interface with yours
- Ask if your product will be used in my clinic with my patients
- Know if samples are available for me to try with patients during evaluations
- Be available for consultation during evaluations
- Allow time for demonstrations and questions
- Ask for and accept feedback regarding the product (and your time with me)
- Attach your "card" to the product spec sheet/brochure
- Ask for (and keep) my business card
- Follow-up promptly (within the week) with any questions asked – get me the information I asked about
- Establish the time frame for your call back or next visit
- Graciously thank me for my time and attention

DON'T

- Show up without an appointment – even if is to make an appointment
- Show up without your product and/or handouts (glossy propaganda sheets)
- Be late (or too early) - call if trouble arises
- Be intimidated by the therapists
- Bring other people without informing the therapist(s)
- Expect to have to bring food
- Make rude or sexist comments
- Use terms or diagnoses erroneously
- Misrepresent specifications/prices
- Criticize other manufacturers' products
- Present your product/method as "the only one"
- Argue with the therapist; even if you win, you've lost their respect
- Guess if it can be done
- Presume your product will be used (just because you've been there)
- Be a stranger and then expect to be remembered 🐼

CONTACT THE AUTHOR

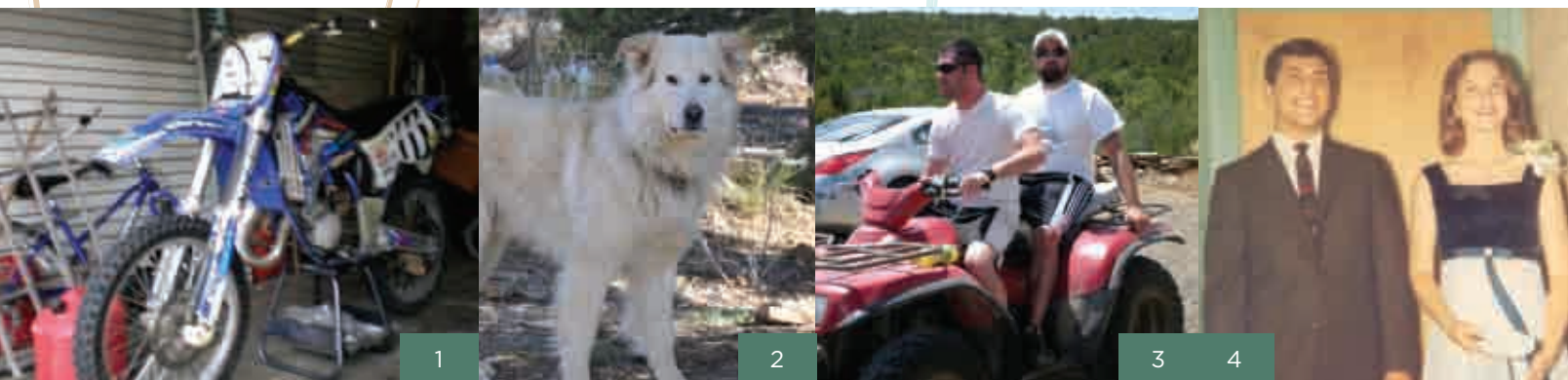
Marcia may be reached at mmargoll@fairview.org or 612.273.8678.

Hello, My Name is Judy

Written By **Randy Christian**

In my lifetime I've met a dozen or more women named Judy. As memory serves, most all of them were bubbly, energetic, personable, hardworking and just downright nice people. NRRTS's Judy is no exception.

Judy Dexter was born in Piqua, Ohio, and coincidentally, in the same hospital as Marcia Margolis, wife of Simon Margolis, executive director of NRRTS. Dexter grew up in nearby Dayton and Bellbrook, Ohio, in an All-American family reminiscent of televisions '50s and '60s families such as the Cleavers and Bradys. Dexter was the oldest of four kids. Her mom was a teacher, and her dad worked long hours as an insurance adjuster. They both worked hard, to not only keep a roof over their family's heads and food on the table, but to make sure they took a traditional family vacation in the summer. By pinching pennies, Dexter's folks would find a way to load up the gang in the family car and journey together



1. TOYS 2. BRUNO 3. MORE TOYS AND BOYS, JOSH AND JONATHAN 4. JIM AND I - HOMECOMING 1967

to beautiful spots in Tennessee, Kentucky, the Carolinas and other scenic places. Most of the time, their final destination was a state or national park where mom, dad and the kids would work as a team to pitch the tents, build a campfire and take a peek at historical markers in the neighborhood. Mom's love for bird sanctuaries and animal preserves was also a driving force behind the vacation's itinerary.

Dexter has fond memories of trekking through the Smokey Mountains, cruising the Blue Ridge Parkway, and walking the beach at Cape Hatteras, N.C.

"One of my favorites was Cape Hatteras. We went there long before development started and turned it into what it is today. We were about one sand dune away from the ocean and slept in tents," Dexter said. "Our outdoor shower consisted of a hand pump gizmo that allowed you to spray water over your head."

As Dexter looks back, the family camping trips helped mold and shape her early years in Ohio, but also her later life in Colorado. She credits those vacations for teaching her and her siblings self-reliance. They all knew the work of setting up the campsite was their sole responsibility and had to be completed before any fun could begin. It also instilled an independent spirit that served her well in school, then kicked into high-gear many years later when Dexter made the

decision to pack up and move to Colorado. Spending time camped out in the middle of nowhere also stimulated her imagination, too.

"You had to make your own fun back then," Dexter explained. "There were no gameboys, VCRs or DVDs. There sure weren't any computers."

One very interesting skill Dexter learned from camping, which she uses almost every day, is the ability to manage more than one thing at a time, or as it is commonly called nowadays, multitasking. As associate executive director for NRRTS, Dexter juggles a zillion important duties daily and somehow seldom drops even one.

For Dexter, memories of family summer camping vacations lead to additional thoughts of her mom and dad. Her mom was an only child, and consequently, holidays were usually spent with her mom's parents. That was OK except there were no cousins, aunts or uncles with whom to share festive occasions.

As Dexter bluntly puts it, "Mom wasn't the best cook." Even though she could make a mean pie crust, Dexter and her siblings encouraged and welcomed the idea of their dad donning an apron and stepping into the kitchen. He was a very good cook. No one is quite sure where he developed his culinary skills, but it was obvious they were superior to dear old mom.

(continued on page 44)



5



6



7

5. OUR HOUSE - WINTER 2011 6. JIM AND HIS 94 GOLDWING ASPENCADE ON MT EVANS 7. GARRETT'S TOY



8



9

10



Even though her mom was a school teacher, it was her dad who set the example when it came to reading.

"I believe the single biggest thing I appreciate about my dad is he showed me how reading can open up a whole world of ideas and information. He had a great sense of humor, too," Dexter said.

Not only was her dad an avid reader, but he could twirl a baton like nobody's business and well he should since he was a drum major at Ohio Wesleyan University in Delaware, Ohio. Dexter acquired her dad's twirling talent, too. Even today, with a little bit of practice, Dexter could probably spin a baton and make her dear old dad proud of his little girl.

It's clear Dexter's parents instilled a strong work ethic in their children. As the oldest child, she took on the responsibility of babysitting her younger brothers and sisters on a regular basis. At 16, Dexter took on her first real job at a grocery store as a cashier. Next, was a stint as a service representative in a department store. She worked there through high school and when she would return home from college for the summers. At the age of 18, she began working for the Ohio Bell Telephone Company as a service representative.

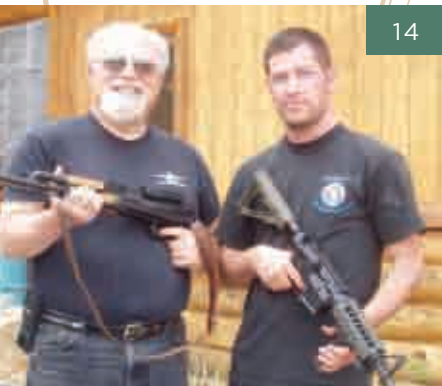
Dexter's parents instilled a strong work ethic in their children.

"I can remember my first day at work. My new co-workers were introduced to me by their first name. They were of course older than me," Dexter said. "I was brought up to always address your elders as Mr., Mrs. or Miss. Using their first names kind of took me by surprise and took some getting used to."

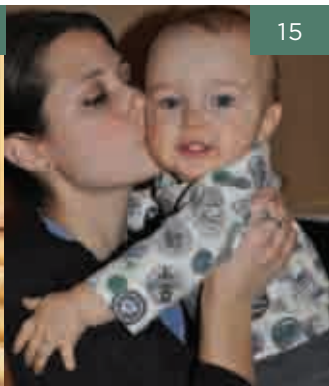
It wasn't long before her personality, talent and work ethic were recognized. She began to move up the ranks. Early in her new career, she requested to move to Colorado and work for a sister company, Mountain Bell. Her transfer request was accepted, and in 1976 she hopped in her 1966 red Ford Mustang and headed west to Aurora, Colo., a suburb of Denver. For the next 31

years, Dexter worked for the Colorado phone company.

By the time Dexter moved to Colorado, she was married. Things didn't work out, though, and she divorced. Quite by accident, discovered her childhood sweetheart, Jim Dexter, was also in the process of a divorce. They first met when she was only 11 years old. He was the older man at age 13. They would attend Sunday School together and sing in the choir at the Bellbrook Methodist



14



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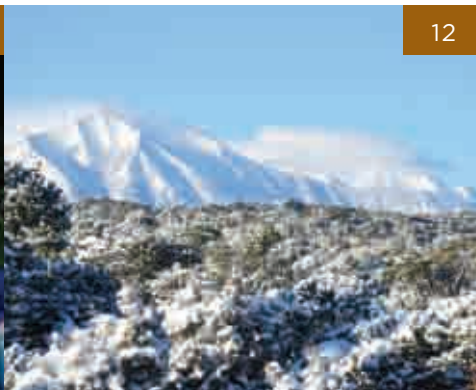
17



14. JOSH AND ONE OF JIM'S TOYS 15. KINCAID AND MOM, JESSICA 16. KIDS WITHOUT JOHNATHAN 17. JIM'S CURRENT MOTORCYCLE



11



12

13



Church in Ohio. Throughout school, the two were inseparable, but upon graduation they went their separate ways.

Unaware of Jim's marital status, Dexter had made plans to travel to Ohio where he lived. She wanted her kids to see, for the first time, where she grew up. She called Jim and asked if they could stop by and say, "hello." Jim said, "Sure" and then informed her of his pending divorce. After 20 years, it seemed as if the stars had aligned for the two Ohio kids. It wasn't long before the two rekindled their love and married. That was 18 years ago. When I asked her to tell me about her husband, Jim, there was a long, charming pause. It was followed by a deep, faint sigh that clearly indicated their relationship is filled with joy, peace, mutual admiration and love. Dexter said, more than once, "Jim is the love of my life."

"I ask myself every day, 'What in the world does he see in me?' I am so lucky. He really keeps me grounded," she said.

Dexter feels very fortunate to work for NRRTS. She enjoys her coworkers, Simon, and Amy, and working with the board of directors. Dexter is continually humbled and inspired by the spirit of the consumers. She is especially touched by their

dedication and willingness to do whatever it takes to travel to Washington, D.C., and attend CELA Conferences. She is grateful to know them all.

"I have learned so much from them. There are many things I used to take for granted. Because of them, there is nothing I take for granted any more. They have made me a better person," Dexter said.

Dexter is continually humbled and inspired by the spirit of the consumers.

It's amazing to see what can happen when bubbly, energetic, personable, hardworking and just downright nice people, like Dexter, help people regain their freedom and

independence. Chances are, many associated with NRRTS might say they are better people for knowing Judy Dexter, too. I would have to agree. ➡

CONTACT

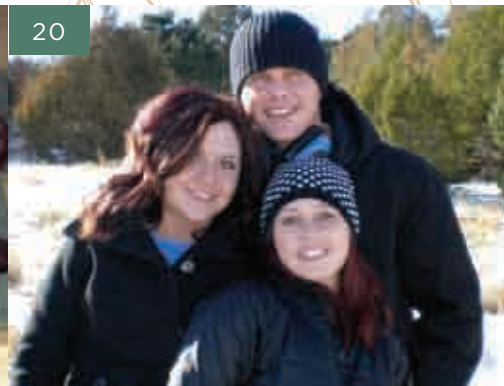
Judy may be reached at jdexter@nrrts.org or 800.976.7787.



18



19



20

18. JOSH 19. DAKOTA, OSKAR AND MAYA 20. JESSICA, MEGAN AND GARRETT

A stylized soccer ball is the central focus, featuring a white base with a black silhouette of the United States. The ball is decorated with various patterns: a black and white checkerboard pattern on the left and bottom-left, and a black and white dot pattern on the bottom-right. The background is a vibrant orange with abstract black and white line art, including swirls and geometric shapes. The title "UNITED STATES POWER SOCCER ASSOCIATION" is prominently displayed across the center of the ball.

UNITED STATES POWER SOCCER ASSOCIATION

Written By Karen and Dominic Russo

Power soccer is the first and fastest-growing sport for users of power wheelchairs. Known internationally as powerchair football, power soccer was invented in France during the 1970s and is currently played in 15 countries around the world. While the game has evolved since its inception, the basic premise remains the same. Two teams of four athletes play two 20-minute halves on a regulation-sized indoor basketball court. The teams pass and kick the ball down the floor, trying to outscore their opponents. Originally played with a basketball, the ball used today is a 13-inch soccer ball, 50 percent larger than a regular soccer ball. The power chairs are fitted with metal or plastic foot guards to manipulate the ball and protect the player against possible injury.



KEVIN WILLIAMS VYING FOR A GOAL AT NATIONAL TOURNAMENT



RIGHT - RUSSO FAMILY
IN JAPAN
BELOW - KAREN AT
AN AWARDS CEREMONY





TEAM USA TRAINING CAMP

Until the
mid-2000s,
power
soccer was
developing
into various
styles in
several
countries.

Until the mid-2000s, power soccer was developing into various styles in several countries. In October of 2005, seven countries met in Portugal in an effort to take ideas from each other and create a singular form of the game. Power soccer delegations from around the world met in Atlanta, in the summer of 2006, and it was there that the Federation International Powerchair Football Association (FIPFA) was founded. Power soccer was now an international and unified entity. It was at this time a group of extremely dedicated individuals sought to establish something similar for the sport in the United States. All of their time and effort came to fruition in August 2006 when the United States Power Soccer Association (USPSA) was established.

While power soccer had already been established before the existence of the USPSA, the sport has certainly seen significant growth since 2006. Currently, there are more than 60 teams across the country, and more are forming every year. Despite this abundant number of teams participating, the mission of the USPSA is not yet complete. There are many power wheelchair users who are still unaware of the sport's existence. To change that, members of the USPSA organize power soccer clinics in areas where the sport has little or no presence. Through these clinics, the USPSA educates potential athletes and other interested people about the wide ranging benefits of getting involved. These clinics consist of a short information session, then a demonstration where clinic attendees are given an opportunity to try the sport. Clinic organizers bring foot guards and balls, so potential athletes can experience the thrill of playing this game.

For the power soccer athletes, the sport provides numerous and wide-ranging benefits. Many grew up watching sports and were often relegated to the role of referee, or scorekeeper, when their friends took the field. Power soccer breaks down the physical barriers of sport and allows power chair users to become the athlete. For many, the game provides a long-sought outlet for

(continued on page 51)



The Mustang is an anterior/posterior gait trainer that provides proper positioning and support for children while they learn the skills of stepping/walking.

The Mustang provides excellent upper body support and adjustable angle positioning for forward tilt in the anterior configuration and full upright support in the posterior configuration. A variety of positioning accessories are available for children who need extra support, and are removable as their walking skills progress. The center spar is dynamic and helps mimic the natural up and down movement motion in walking.

The Mustang is an excellent choice for children with Cerebral Palsy and other developmental delays. It offers flexibility, growth and ease of use while children are learning to walk and adapting to their changing needs.

Suitable for children from 1 to 10 years of age.



The Mustang chest support is molded to hold the trunk or the pelvis like a pair of hands. This provides symmetry and stability of the trunk which facilitates mobility.





TOP: TEAM USA TRAINING CAMP
RIGHT: COACHES INSTRUCTION

USPSA *(continued from page 49)*

competition and opens avenues to opportunities that were previously believed to be unattainable. For others, it provides motivation to see what other obstacles can be overcome. People who play power soccer are imparted with the confidence that anything is possible. Through power soccer, people with various disabilities share the bond of playing the beautiful game. For everyone involved with the USPSA, and the global power soccer community, the goal is simple: spread the word and let power chair users everywhere know that the world's most popular sport is within their reach.

I am now entering the sixth year of my third term as executive vice president of the United States Power Soccer Association (USPSA). USPSA is a group of hardworking and dedicated volunteers born five years ago.

Power Soccer was not new to us at that time as we had been introduced to the sport a mere three years earlier when our children brought home a book of rules from their MDA Summer Camp. Our children Natalie and JC, then 12 and 13 were known as part of "Jerry's kids." Both were diagnosed with Spinal Muscular Atrophy at the age of 18 months and had been power chair users all their lives. We remember the kids talking about this "sport" they played at camp and how much fun it was and urged me to start a team. Within a few short months, we pitched the story to the local newspaper and city parks department and put on a local clinic with the help of Jerry Frick, a power soccer advocate from Atlanta. With an eager group of 12 kids, power soccer was introduced in Central Indiana and a team was started.

(continued on page 52)



RIGHT: JC RUSSO, PETE WINSLOW AND OMAR SOLORIO



TEAM USA PLAYERS AT TRAINING CAMP

Through
power
soccer,
people with
various
disabilities
share the
bond of
playing the
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game.

USPSA *(continued from page 51)*

It was clear what this sport immediately brought to our family. It was overwhelming to finally see our kids be able to play a sport totally independently. It had been a struggle over the years to find social activities they could do that were fun and rewarding. Power Soccer allowed them not only the independence to play the sport, but unexpectedly, it also intertwined many life lessons only a sport could do, team work, strategizing, problem solving, confidence, self-discipline and the wonderful feeling of adrenaline! Witnessing what this sport brought to my children, it was clear it was more than a sport, it was changing lives and parents were there to back up the claims.

It was at that point we decided to start a not-for-profit organization. We named it Power Soccer of Indy. Within a few short years, the group of 12 grew into 13 teams of over 130 athletes and coaches. Power Soccer is played throughout the state on a regular basis with teams traveling throughout the country winning countless tournaments and racking up accolades while building a strong reputation. Power Soccer of Indy teams have won every National Tournament since the inception of the USPSA. In addition to the national

competitions, Power Soccer of Indy athletes were members of the 2007 National Team, Team USA. Team USA traveled to Tokyo, in 2007 to compete for the first-ever international competition; the Power soccer World Cup-and Team USA brought home the World Cup. In 2011 the National Team will compete in Paris France this November for the second World Cup and Power Soccer of Indy athletes have a strong presence on the team.

It was because of this success that both Dominic (charter and current president of the USPSA) and I have dedicated our time, finances and passion to growing power soccer in the United States. Power soccer is not the typical disabled story about access. This sport is about opportunity and celebration of abilities. We want every power wheelchair user to know this sport is available to them, but it comes with a warning, that says, this sport can become addictive! ➤

CONTACT THE AUTHORS

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Dominic may be reached at president@powersoccerusa.net

➤ Visit the United States Power Soccer Association's website at www.powersoccerusa.net for more information.

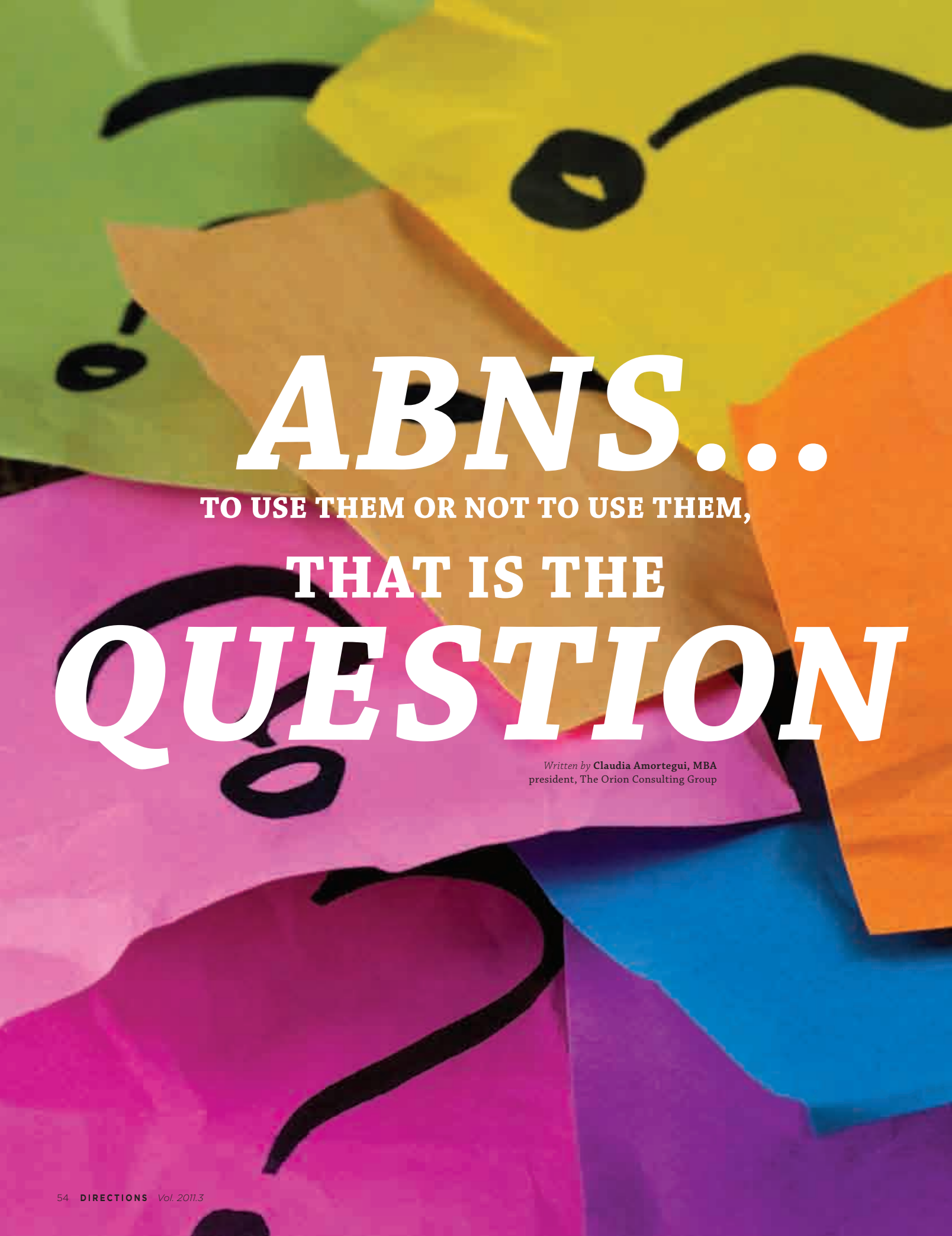


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The background is a collage of torn, overlapping paper in various colors: green, yellow, orange, pink, purple, and blue. Scattered across this background are several large, black, hand-drawn question marks. The text is overlaid on this collage.

ABNS...

TO USE THEM OR NOT TO USE THEM,

THAT IS THE QUESTION

Written by **Claudia Amortegui, MBA**
president, The Orion Consulting Group

When I was first asked by NRRTS to write about Advanced Beneficiary Notices (ABNs) and how they relate to upgrades, the complex rehab industry had a major issue on its hands. Medicare had made a decision that seemed completely unbelievable that one that was going to have a major effect on end-users. Medicare had stated that effective February 4 providers could no longer upgrade products to Group two POVs, Group 4 PWCs or 2 codes within the Group 2 PWCs (K0830, K0831). After some “screaming” from people within the industry, Medicare came back and reversed the bulk of their decision.

As it stands today, effective June 1, Medicare will allow upgrades to the Group 2 POVs and Group 4 PWCs. However, anyone who does receive a power wheelchair base coded as a K0830 or K0831 (Group 2 with seat elevator), these cannot be upgraded and are deemed to be “statutorily non-covered.” This means, that under Medicare policy, these two codes should not be provided unless you have a patient that can be billed non-assigned and pay in-full, cash up-front; an ABN would be of no use.

As we discuss ABNs, we need to separate their use into two categories: Possible Denials and Upgrades. If we first look at possible denials, ABNs should be used anytime you feel a claim or partial claim may be denied due to a specific reason for the individual client. You cannot use blanket or general ABNs, and you should not be using them on all of your clients. The use of the ABN must be reason specific when you complete the form. By reason specific, an example could be “Ms. Smith is able to ambulate within her home and will only be using this equipment for community use.” People have also asked “Do we need an ABN for non-covered items, such as a seat-elevator?” Technically you do not. Anything that is considered non-covered does not require an ABN, but it’s not a bad idea. In my opinion, its use at least forewarns your clients of their financially responsibilities.

Now when it comes to upgrades, ABNs are only useful if you are smart; and you have to be smart at the front-end of order, not the back. If you make a mistake, it will be useless. Upgrades can be for full wheelchair bases or for specific components. First things first. If your client has Medicaid, upgrades are not allowed in most cases. You need to do your homework before you look at the possibility of an upgrade for these clients. If the bulk of your client base has Medicaid funding, ABNs may be rarely used. However for those clients with Medicare or some of the other funding sources, upgrades are feasible if presented and completed appropriately. Thankfully, due to the change effective June 1, the opportunities to use the ABN in these cases are back to what most of you have known. Be certain the billing staff knows how to properly submit these claims, but more importantly be certain your intake and sales staff know how and when to have the ABN completed.

If any part of the ABN form is completed incorrectly or if it is completed after delivery, you might as well throw it away; it will not be considered valid. The other key to making the use of an ABN successful is to actually collect payments when permitted. Your office has to be diligent in both tracking the payments due and collections. If this is not done correctly, specifically in the case of upgrades, you are losing more money than you would have not even offering the upgrade.

Going back to the title of this article, it is my opinion ABNs should be used when appropriate; it can be a beneficial tool. It really comes down to knowing when and how to use an ABN – if not, they simply could be deemed useless. Keep in mind had a group within our industry not fought for a change these past months; this article would have had a very different tone. The lesson being, that all of us need to fight as a group and not leave it to several individuals. 

CONTACT THE AUTHOR

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AOTA Passes Motions for COMPLEX REHAB TECHNOLOGY

Written by **Tamara Kittelson-Aldred, MS, OTR/L, ATP**
and **Cindi Petito, OTR/L, ATP, CAPS**

Getting back to the **GRASS ROOTS** of occupational therapy

April 14, 2011, was an exciting day for us and many occupational therapists across the nation who specialize in Complex Rehabilitation Technology (CRT). On this day, the American Occupational Therapy Association (AOTA) Representative Assembly passed two motions related to CRT that will benefit current and future occupational therapists and the clients we serve who depend on this technology for their health and well-being.

We became involved in this effort through the Clinician Task Force, a group of occupational and physical therapists, whose work involves providing wheelchair seating and mobility services to individuals with disabilities. In 2010, a small work group was formed with the goal of increasing public awareness and educating our professional associations about the proposal to create a Separate Benefit Category for CRT. Many therapists who specialize in this area of practice are heavily involved with organizations, such as RESNA. However, one focus of the work group includes fostering more support within our own professional associations. With our private practices located in Florida and Montana, we represent grass roots OTs who are passionate about working in this specialty area. Because we live on opposite sides of the country, we have yet to meet in person. However, through this project we have perfected the art of collaborating long distance.

AOTA has a mechanism that allows members to originate motions debated and

voted on by the Representative Assembly (AOTA Congress) each spring. We were provided with templates and instructions requiring extensive work during a period of several weeks. Once written, the motions were reviewed by a committee and feedback was provided. Armed with the feedback, as well as the advice and assistance of Representative Assembly members and AOTA staff, we rewrote our drafts to create two motions for final submission. Then came the educational effort to garner support across the country so each state's AOTA representative would hear from constituents about this issue and support our cause (we hoped). In the end, the motions were passed by a unanimous vote and with very little amendment.

THE FINAL MOTIONS:

Motion 5: Charge the AOTA Commission on Practice to develop a Specialized Knowledge and Skills in Complex Seating and Wheeled Mobility document with a report (including content outline) to the 2012 Representative Assembly spring meeting.

The purpose of this document is to describe the knowledge and skills necessary for occupational therapy practitioners to provide ethical and competent services related to Complex Seating and Wheeled Mobility. It will provide information about (1) an occupational therapy practitioner's role in complex seating and wheeled mobility, (2) outline professional development and supervision guidelines,

and (3) describe entry-level and advanced-level knowledge and skills.

Motion 6: Ask the AOTA president to direct the executive director to have the Public Affairs Division develop a Policy Fact Sheet on CRT to help guide the association's advocacy efforts, with report back to the fall 2011 Representative Assembly online meeting.

The Fact Sheet is a document that AOTA's Public Affairs officials will use to educate occupational therapy practitioners and public policy makers regarding appropriate access to and funding of CRT and related occupational therapy services for individuals with disabilities.

This summer, we will begin working with AOTA to develop these two official documents. Our vision includes expanding the education, knowledge, and skills of occupational therapy practitioners, and bridging the gap that has existed between OT wheeled mobility and seating specialists and other occupational therapy providers. This vision will provide a better service delivery model in CRT and related OT services. We look forward to future collaborative efforts between the Clinician Task Force workgroup and AOTA. ➤

CONTACT THE AUTHORS

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Cindi can be contacted at Cindi@SeatingSolutionsInc.com or 904.315.7070.



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APTA House of Delegates Assistive Technology Motion Vote Planned at June 2011 Meeting

Written by **Laura Cohen, PT, PhD, ATP**

The American Physical Therapy Association (APTA) House of Delegates (HOD) is the highest policy-making body of the association with the authority to determine the policies of the association. It is comprised of more than 450 state chapter voting delegates and section, assembly, and caucus non-voting delegates.

Since the fall of 2010, the Clinician Task Force has been working to engage our professional organizations and garner support for creating a new Medicare Benefit Category for Complex Rehab Technology. Accordingly, to formalize an APTA policy position, the Georgia chapter introduced a motion to the 2011 HOD. The motion, by design, defines key terminology which, when passed, will remain in the formal record of the association.

RC 23-11 ASSISTIVE TECHNOLOGY

Whereas, people with disabilities require assistive technology (AT) to meet their medical and functional needs;

Whereas, Complex Rehab Technology (CRT) is a subset of AT including, but not limited to, individually configured manual wheelchair systems, power wheelchair systems, adaptive seating systems, alternative positioning systems, and other mobility devices; and,

Whereas, physical therapists are key stakeholders in the CRT service delivery system, and physical therapist-recommended CRT devices are critical to

patients/clients with disabilities to enable full activity and societal participation;

Resolved, The American Physical Therapy Association supports appropriate funding and access to assistive technology including, but not limited to, Complex Rehab Technology and related services for people with disabilities.

The profession of physical therapy should demonstrate its commitment to a proposed paradigm shift with a patient/client centered focus.

The profession of physical therapy should demonstrate its commitment to a proposed paradigm shift with a patient/client centered focus by advocating for the support of appropriate funding and access to assistive technology including, but not limited to, Complex Rehab Technologies and related services for people with disabilities.

While technology has evolved, a disparity remains for patient/clients in need of this technology due to a number of barriers that limit access. Third party payment for necessary assistive technology (including CRT), has diminished as restrictions increase. Often patient/clients rely on the documentation, justification and advocacy of the physical therapist to navigate the

reimbursement system in order to obtain needed technology.

Physical therapists are key professionals in the area of mobility and function. A formal position statement by the APTA is meaningful and influential to policy makers, other medical professionals, and the general public. An official statement by the APTA will clarify the position and values of physical therapists and thereby positively influence contemporary practice, educational priorities and regulatory and legislative policies.

To date the Georgia chapter has received co-sponsor support from the Neurology Section (3,853 members), Pediatric Section (4,736 members), CT Chapter (846 members), MS Chapter (433 members), AL Chapter (547 members), and the TN Chapter (1,292 members). Clinician Task Force members continue to work to gain additional support. Thus far, preliminary feedback for this motion has been favorable. The APTA House of Delegates meets in Baltimore, Md. June 6 - 8, 2011 for the annual session. ➤

CONTACT THE AUTHOR

Laura can be contacted at laura@rehabtechconsultants.com or 404.370.6172 .

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The TFB allows for optimal fitting through a flexible back structure. The lightweight aluminum plate embraces the contour of the back providing and maintaining the proper positioning of the trunk and pelvis.

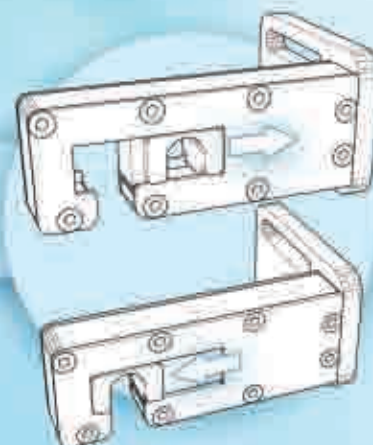


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LIVING^{the}Dream

Written By Danette Baker

ALL SYD GUBIN WANTED TO BE WHEN HE GREW up was a pilot. Three and a half years ago, he finally got to live his dream.

Now, life is grand. Imagine a birds-eye view of the Cascades or Rockies blanketed in snow. He's seen that. Or distressing as it may be, the Midwest after Mother Nature's torrential floods. He's seen that, too.

"There's no substitute for it. Really [there's] no other experience exactly like it," said Gubin, a commercial pilot for SkyWest Airlines. The company provides regional passenger and air freight services throughout the United States and to Canada, Mexico and the Caribbean.

From his home base in Palm Springs, Calif., Gubin may spend a month in the Golden State flying passengers between the hubs of San Francisco, Calif., Salt Lake City, Utah, and Los Angeles, Calif., or he might draw a bid in the Midwest for flights between Denver and Chicago.

"It keeps the job from getting boring because you are always in a different part of the country and generally not even in the same region month after month," Gubin said.

That also gives him time to catch up with NRRTS colleagues and friends he met as owner of The Seating Center. "That's definitely one of the things I miss about the industry, I made some very good friends," he said.

Gubin's plans after graduating with a journalism degree from the University of Missouri-Columbia was to get a job with an airline, work his way up to seniority all while pursuing a business on the side. But as the best laid plans, as John Steinbeck might say, often go awry. Gubin eventually accomplished his goals, but not quite in the order he intended.

At 16, Gubin earned a pilot's license, but his experiences with planes went well beyond his years. In fact, it was his dad's love of flying that almost left the whole idea of a Gubin family grounded. The elder Gubin had begun flying when he was completing his medical residency and about the time he met the woman he wanted to marry. "He couldn't afford both, thankfully he picked my mom," Gubin said, laughing.

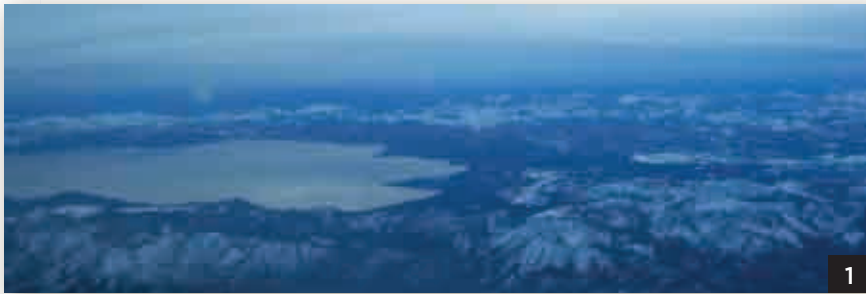
When Gubin was about 10, his dad got a pilot's license and would fly the family to see relatives and on family vacations. By age 13, he was making rounds with his dad flying from Palm Springs to Blythe, Calif., on the Arizona border, where the doctor worked at the state health department. While his dad worked a couple of hours at the clinic, Gubin stayed behind keeping himself occupied by refueling planes or sweeping out the hangar – happy to have a Mountain Dew for his efforts.

Once he graduated from college, his career plans took off. Gubin earned his commercial instrument certification and became a flight instructor for about a year while waiting to get on with an airline. That's when the job market for pilots in the regional airline industry went south, sending guys with much

That's definitely one of the things I miss about the industry, I made some very good friends. < more experience than Gubin back into the job market. His career was at a standstill until a couple of his students suggested the medical supply industry. Having somewhat of an entrepreneurial spirit, Gubin began a durable medical equipment business and then transitioned into custom seating.



SYD GRUBIN



1



2



3



4



5

1. CRATER LAKE 2. MONUMENT VALLEY 3. SAN FRANCISCO 4. SALT LAKE CITY RAMP
5. CANADIAN ROCKIES

He credits support from manufacturers like Invacare, individuals like Tracy DePew and a number of therapists, including David Erickson, ORT and Bonnie J. Forrester, PT, MS, DPTSc, PCS with helping him succeed in the industry. "They allowed me to call them and ask when I didn't understand the pathology of a disease," he said. "They were very patient and spent a lot of time educating me."

For Gubin, understanding the disease process was imperative to apply the type of technology available. That's why he sat for and earned his ATP credentials. He still believes there is a huge disconnect by the funding agencies in understanding the difference between selling a wheelchair and providing a custom seating system.

"At some point I hope there will be some type of licensure requirements, and with that, some type of economic increase in the industry to offset the liabilities and educational commitments on the part of the suppliers," Gubin said.

But after 25 years in the industry, Gubin decided to pack his bags and head toward his dream, carrying with him fond memories of relationships built with his clients and their families and the rewards of helping them gain or maintain their independence.

"I definitely don't have that in my current job. What it does offer though is a challenge of delivering cargo safely – packages or people. There are a lot of thought processes and judgment a pilot has to make the passengers never know about such as weather, regulations and mechanical issues," he said. "My job is to get to a destination safely without them ever having to think about it. It's very rewarding, just in a different way.

"My heart does go out to those who are dealing with the current situation in the industry. I try to keep a sense of what's going on. There are a lot of very hard working, dedicated people, and I made a lot of great friends - many of them I still keep in touch with."

So the next time your phone rings, it just might be a call from the sky captain, who has a layover in your hometown and is ready to catch up with an old friend. 🍷

CONTACT

Syd may be reached at sgubin11@dc.rr.com.

NEW REGISTRANTS

Congratulations to the newest NRRTS Registrants.
(March 15, 2011 through May 10, 2011)

Albert Alvarado, ATP, RRTS®

Hudson Home Health Care
470 Wildwood Ave
Woburn, MA 01801
Telephone: 781-897-6100 x.522
Toll Free: 800-321-4442
Fax: 781-933-0777
Registration Date: 4/27/2011

Gary Chambers, ATP, RRTS®

Mobility Therapy
191 Oak Park Blvd. #5
Grover Beach, CA 93433
Telephone: 805-489-9335
Toll Free: 888-215-4326
Fax: 805-489-9327
Registration Date: 3/16/2011

Lisa McGinnis, ATP, RRTS®

Hudson Seating & Mobility
470 Wildwood AVE. Ste. 4
Woburn, MA 01801
Telephone: 781-570-6436
Toll Free: 800-321-4442 x.530
Fax: 781-933-0777
Registration Date: 4/11/2011

Mike Black, RRTS®

West Home Health Care
2277 Dabney Rd.
Richmond, VA 23230
Telephone: 804-353-7703
Fax: 804-353-4371
Registration Date: 4/19/2011

Thomas O. Henley, RRTS®

Henley Medical
1090 McCallie
Chattanooga, TN 37404
Telephone: 423-698-4200 x.201
Fax: 423-629-8810
Registration Date: 4/4/2011

Ann Rodrigue, RRTS®

Reliable Medical Supply, Inc.
9401 Winnetka Ave. N
Brooklyn Park, MN 55445
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Fax: 763-255-3911
Registration Date: 3/22/2011

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Jeffrey Lee Castle, ATP, CRTS®

Holland Medical Equipment
Kingsport, TN

Linda Donaldson, ATP, CRTS®

Gateway Medical Equipment
Springfield, OR

Bernie Pomeroy, Jr., ATP, CRTS®

Superior Mobility
Torrance, CA

Trish Couch, ATP, CRTS®

Holland RST
Mt. Vernon, WA

Jason LaTray, ATP, CRTS®

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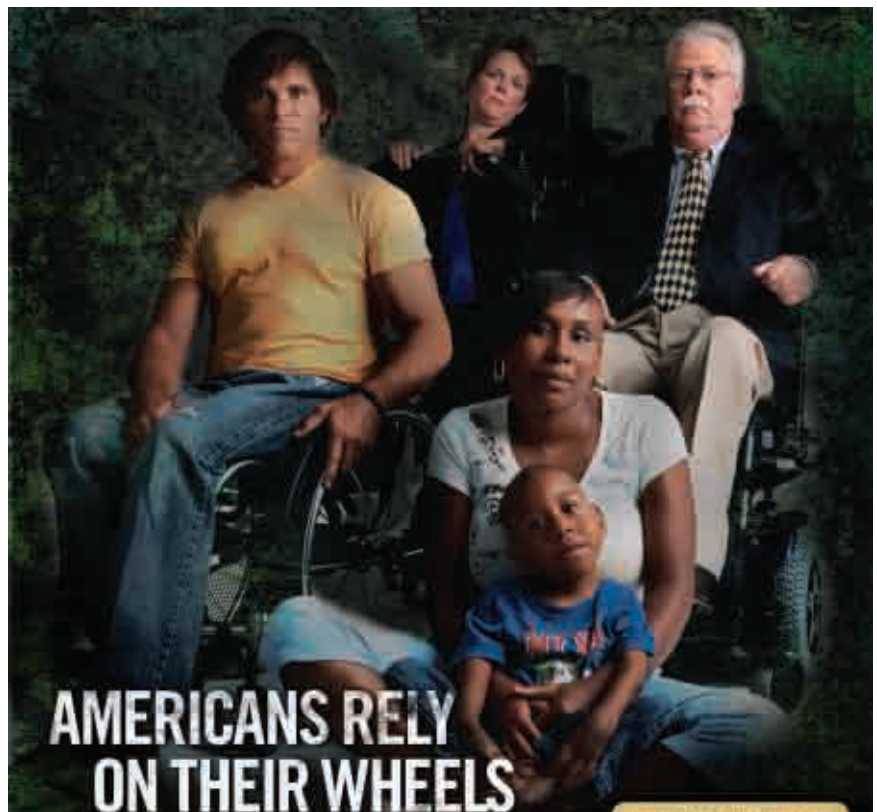
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FORMER NRRTS REGISTRANTS

The NRRTS Board determined RRTS® and CRTS® should know who has maintained his/her registration in NRRTS, and who has not. Names included are from March 15, 2011 through May 10, 2011. For an up-to-date verification on Registrants, visit www.nrrts.org, updated daily.

Jimmy D. Parker Mt. Pleasant, TX



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