

DIRECTIONS



**SWITCHING COMPANIES:
WHAT THE EMPLOYEE CAN
AND CANNOT DO <**
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from NRRTS Registrants and clinicians.

**Authors will receive, upon request,
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Jeffrey S. Baird, Esq., is chairman of the Health Care Group at Brown & Fortunato, P.C., a law firm based in Amarillo, Texas. He represents pharmacies, infusion companies, home medical equipment companies and other health care providers throughout the United States. Baird is Board Certified in Health Law by the Texas Board of Legal Specialization. **See page 12.**



Adrienne Bergen is a former NRRTS President and is enjoying retirement. **See page 48.**



Amy Bjornson, PT, ATP is clinical education manager for Sunrise Medical in Australia and Asia. **See page 44.**



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.**



Ann Eubank, MSSW, OTR/L, ATP is vice president of Community Initiatives for United Spinal Association. **See page 30.**



Michele Gunn, ATP, CRTS,® is NRRTS President-Elect. She works for Browning's Health Care in Orlando, Fla., and has been a NRRTS Registrant since 1996. **See page 40.**



Tom Hafford, ATP, CRTS,® is a NRRTS Registrant and owner of Texas DME in Cleburne, Texas. **See page 24.**



Rita Hostak is vice president of Government Affairs for Sunrise Medical. She is an honorary fellow of NRRTS. **See page 52.**



Michelle L. Lange, OTR, ABDA, ATP/SMS, is an occupational therapist with 25 years of experience and was formerly clinical director of The Assistive Technology Clinics of The Children's Hospital of Denver. She is a well-respected lecturer, both nationally and internationally and has authored seven book chapters and more than 100 articles. Lange is the editor of *Fundamentals in Assistive Technology*, Fourth Edition and is on the teaching faculty of RESNA and the University of Pittsburgh. She also serves on the RERC on Wheeled Mobility Advisory Board. Lange is a credentialed ATP, credentialed SMS and is a senior disability analyst of the ABDA. **See page 32.**



Michelle Marchand, ATP, SMS started in the industry in 1994 as a rehab technician. Her experience and training has come from actual hands-on work with the equipment and clients, manufacturers, PTs, OTs, and doctors. Marchand is a NRRTS Registrant whose clientele consists of adults and children with the majority of them having a progressive neurological diagnosis. **See page 38.**



Eric Murphy is director of marketing for The Comfort Company in Bozeman, Mont. **See page 22.**



Mike Osborn, ATP, CRTS,® has been working in the Home Medical Equipment industry for more than 17 years. Osborn received his ATP certification in 1997 and has been working as a CRTS® since 2001. He has served on the NRRTS board in the capacity of Secretary and will serve a new term as Review Chair. **See page 56.**



Mark Sullivan is global vice president of power wheelchairs and seating & positioning for Invacare Corporation. **See page 52.**



Jennifer Wolff is a consumer advocate and attended CELA in that capacity. She is also the new Ms. Wheelchair Iowa. **See page 16.**



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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Michelle L. Lange, OTR, ABDA

APPLICATIONS AND PRINCIPLES OF POWER ACTIVATED POWER ASSIST WHEELS

Thursday, August 18, 2011 • 5:00pm to 7:00pm Eastern
Theresa Berner, OT

MOUNTING ASSISTIVE TECHNOLOGY DEVICES TO WHEELCHAIRS

Tuesday, September 20, 2011 • 5:00pm to 7:00pm Pacific
Michelle L. Lange, OTR, ABDA

I KNOW THE BEST PRODUCT FOR MY CLIENT, BUT WILL IT BE FUNDED?

Thursday, September 22, 2011 • 5:00pm to 7:00pm Eastern
Claudia Amortegui, MBA

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Tuesday, October 18, 2011 • 5:00pm to 7:00pm Pacific
Andy Hicks, ATP, SMS

CLINICAL UPDATE ON WHEELCHAIR TRANSPORTATION SAFETY

Thursday, October 20, 2011 • 5:00pm to 7:00pm Eastern
Dr. Mary Ellen Buning, OTR/L, ATP

CAR SEAT AND WHEELCHAIR TRANSPORTATION SAFETY AS A COLLABORATIVE APPROACH

Tuesday, November 15, 2011 • 5:00pm to 7:00pm Pacific
Sue Johnson, CPST

MARKETING, JOINT VENTURES AND ARRANGEMENTS WITH REFERRAL SOURCES WHILE REMAINING WITHIN LEGAL PARAMETERS

Thursday, November 17, 2011 • 5:00pm to 7:00pm Eastern
Jeffrey S. Baird, Esq.

MAKING OUTCOME MEASURES PAY: HOW TO TRANSLATE THE DATA INTO BETTER BUSINESS

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

THE INS AND OUTS OF CUSTOM MOLDING

Thursday, December 15, 2011 • 5:00pm to 7:00pm Eastern
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FAREWELL

Written By John Zona

WOW! MY LAST PRESIDENT'S MESSAGE.

I have served a two-year post as President of NRRTS. A lot of volunteer work, but very rewarding in knowing I have done my part to the best of my ability to better our industry.

Two years ago, as incoming President, I wrote we were in the fight of our lives, trying to get payers and others to realize what we do for our patients. Two years later, we're in the middle of the same fight.

Our only salvation is the Separate Benefit Category initiative for complex rehab. Without a Separate Benefit Category, we will continue this horrible fight for fair reimbursement.

NRRTS, NCART and other industry stakeholders are working hard on the initiative which should be completed soon. We — the NRRTS board — felt so strongly about the separate benefit initiative, we contributed \$25,000 to the cause. This is a huge amount of money for a small organization, but remember we are fighting for our livelihoods. In doing so, NRRTS participates with other industry stakeholders as a voting member of the initiative steering committee.

With the separate initiative, CMS is sure to say, (and we have already heard this) 'Prove to us you do what you say you do.' How do we do this other than anecdotally? We can't do a double blind study on the disabled.

Which patients get the "placebo" equipment? We can, however, do it through outcome measures. NRRTS is working with The University of Pittsburgh and Dr. Mark Schmeler

> Our only
> salvation is
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> Benefit
> Category
> initiative for
> complex rehab.

on a pilot program that Pittsburgh developed with NRRTS Registrants from around the country, asking questions about the past mobility device. Then, a couple of weeks after delivery they ask the same questions of the new device. Once we get a decent sample, the proof will be in the pudding. A very important tool.

NRRTS is a wonderful, professional organization. We are the only organization dedicated exclusively to raising the level of competency and professionalism in the rehab technology supplier community. We have excellent bimonthly webinars free to NRRTS Registrants. Attending these webinars gets you all the needed CEUs for RESNA and NRRTS without ever having to travel. NRRTS publishes **DIRECTIONS**, a great magazine with a subscription of more than 5,000 rehab professionals. The "journal" of the rehab industry is also no charge to Registrants.

We need to keep NRRTS strong. We are a huge voice in the rehab industry and must stay that way. We need to keep Registrants through these trying times. NRRTS is well worth the small yearly dues. We have 750 of the best RTs in the country on board. We have great corporate friends who understand our mission. NRRTS is now more important to our future than ever. NRRTS also has a great staff and a great volunteer board.

I welcome Michele Gunn as incoming President. She is highly intelligent and knows our industry well. She will be an excellent leader. I am leaving the President's post in very good hands. I will also remain on the board as past President.

Thanks all, and keep working hard and smart for our future. ➤

CONTACT THE AUTHOR

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



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SWITCHING COMPANIES: What the *Employee* Can and Cannot Do

Written By Jeffrey S. Baird, Esq.

A GENERATION OR TWO AGO, WE WERE A

relatively stationary society. It was common for a person to work his or her whole life for one company. Retirement was the company pension. This is no longer the case. We are now a mobile society. Before the average American worker retires, he or she will have worked for a number of different employers. Retirement is not a company pension, but the worker's own 401(k) ... or what is left of it. Although moving from one employer to another is relatively easy in the corporate world, in the health care industry it is trickier and fraught with pitfalls. Assume John Smith has worked for ABC Mobility, Inc. for the past five years. Now assume effective Sept. 1, 2011, Smith leaves ABC and goes to work for a competitor, XYZ Mobility, Inc. What can Smith do, and what can he not do? As the old saying goes, "The devil is in the details." Let me explain.

DUTY OF LOYALTY

So long as Smith is an employee of ABC, he has a duty of loyalty to ABC. While an employee of ABC, Smith cannot clandestinely begin working for XYZ.

PROPRIETARY INFORMATION

As a long-standing employee of ABC, Smith will have possession of and access to information unique to ABC. This will include customer lists, marketing manuals, lists of referral sources (physicians, rehab clinics, physical therapists), guidelines for measuring and fitting patients, patient compliance guidelines, and personnel manuals. This is information ABC has expended time and money to produce. ABC will consider this information to be proprietary. The law in most states will prohibit Smith from taking this proprietary information with him. State law will determine what information is, and is not, proprietary.

NON-COMPETE AGREEMENT

If Smith has a written employment agreement with ABC, then the agreement may have a non-compete provision in it. A typical non-compete provision will prohibit Smith from competing with ABC for a period of time (e.g., one year) and within a defined geographical radius (e.g., within 100 miles of Des Moines). The non-compete provision must be reasonable as to time and scope. If it is unreasonable — that is, if it is overreaching — then a judge will normally have the right to "reform" the non-compete provision. What this means is the

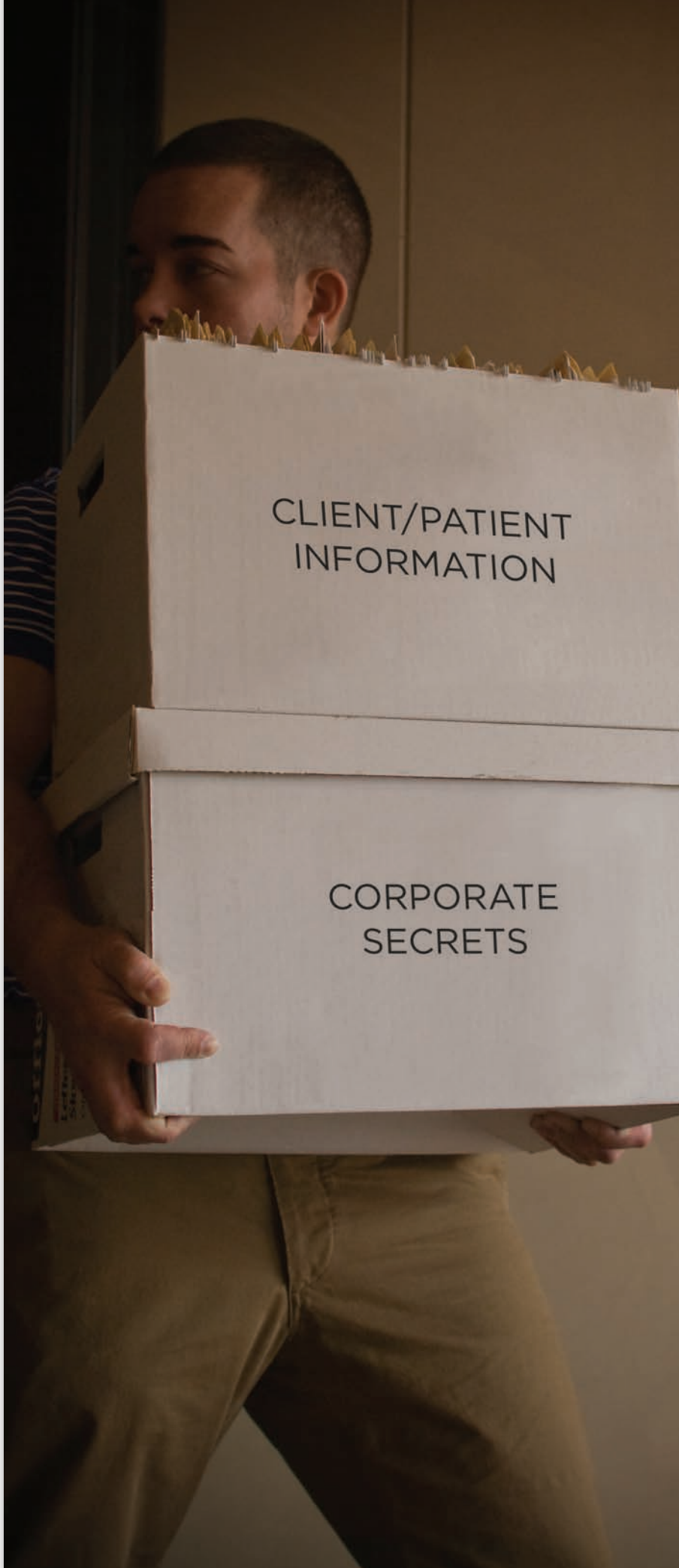
judge will have the right to reduce the time period (e.g., from one year to six months) and/or the geographical scope (e.g., from 100 miles to 50 miles).

A non-compete must be part of an "otherwise enforceable agreement." Let's say Smith has a written three-year employment agreement with ABC. However, the agreement states ABC can terminate the agreement upon 30 days' notice "without cause." Essentially, this means Smith has a month-to-month contract that is "terminable at will" by ABC. Smith has very few rights under such an agreement. This is not an "otherwise enforceable agreement" that will support a non-compete restriction. On the other hand, assume the agreement is a three-year agreement and ABC may terminate the agreement only "for cause." Assume "cause" is narrowly defined so ABC cannot terminate Smith unless Smith steps over the line. Such an agreement gives a valuable right to Smith ... the right not to get fired unless Smith truly messes up. This type of agreement will normally be considered to be "otherwise enforceable." ABC's legal rights under the agreement can be strengthened if ABC gives additional consideration to Smith. For example, at the time of execution of the agreement, ABC can give to Smith a \$5,000 signing bonus, alternatively, 12 months after execution of the agreement, Smith can be entitled to an employee retention payment of \$5,000.

HIPAA

HIPAA prohibits ABC and Smith from disclosing "protected health information" (PHI) about a patient unless (i) a statutory exception to HIPAA is met or (ii) the patient gives his written consent to the disclosure. The applicable statutory exception is the "treatment, payment, operations" (TPO) exception. This states ABC and/or Smith can disclose PHI (about a particular patient) to another entity if the disclosure is for the purpose of treatment of the patient, or for submission of claims, or

Before the
average
American
worker retires,
he or she will
have worked
for a number
of different
employers.



for health care operations. Let's say Smith copies (electronically or hard copy) multiple files of patients of ABC, then transmits the files to Smith's new employer, XYZ. Such transmittal of patient files does not fall within an exception to HIPAA and will likely be construed to be for the purpose of marketing. This would render Smith and XYZ liable for HIPAA violations.

SOLICITATION

Assume it is Sept. 2, 2011, and Smith has handed to XYZ a list of ABC patients. Can XYZ and Smith call the ABC patients, inform them Smith now works for XYZ, and invite the patients to visit Smith at XYZ? No. The federal telephone solicitation statute states an home medical equipment (HME) company (i.e., XYZ) cannot call a Medicare beneficiary unless one of the following exceptions are met: (i) the beneficiary has given his written permission to be called; (ii) the HME company has previously sold a Medicare-covered item to the beneficiary, and the phone call pertains to that particular covered item; or (iii) the HME company has sold a Medicare covered item to the beneficiary within the past 15 months and the phone call pertains to other products and services offered by the HME company. Assume Mary Jones is a 78-year-old customer of ABC. On Sept. 2, 2011, she is a customer of ABC, not a customer of XYZ. XYZ has never sold a Medicare-covered item to Jones. Unless Jones has properly given her prior written permission to XYZ to be called, then neither XYZ nor Smith (on behalf of XYZ) may call Jones. In terms of obtaining the written permission from Jones, the "smell test" applies. For example, Smith cannot call Jones in order to obtain her written permission to be called by XYZ. Simply speaking, Jones's phone may not ring.

(continued on page 14)

Switching Companies...

(continued from page 13)

> If ABC suspects
> Smith and XYZ
> will attempt to
> contact ABC's
> patients, then
> ABC should
> attempt to
> inoculate its
> patients by
> forewarning
> them such
> a contact
> may be made.

Again, assume on Sept. 2, 2011, Smith hands to XYZ a list of ABC patients. Can Smith go knock on the patients' doors? No. Smith's knowledge regarding the names and addresses of the patients emanates from the proprietary information Smith took from ABC. For the same reasoning, XYZ may not send marketing material to the individuals contained on the list of ABC patients.

Assume Smith took with him only a list of commercial ABC patients. No Medicare patient is found on the list. The telephone solicitation statute would not apply. However, XYZ may not call the patients, or knock on their doors, or mail marketing material to them because the commercial patients constitute the proprietary information of ABC. Furthermore, even if the list of patients does not contain the names of any Medicare beneficiaries, the federal (or applicable state) "do not call" statute will likely prohibit XYZ from making the calls.

STEPS THE FORMER EMPLOYER CAN TAKE AGAINST THE DEPARTED EMPLOYEE AND HIS NEW EMPLOYER

ABC should hold an exit interview with Smith. If the parties had previously executed an employment agreement that contains a



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non-compete provision, then ABC needs to remind Smith of his obligations under the agreement. If Smith will do so, ABC should have Smith sign a document confirming he will adhere to the terms of the non-compete provision. If the parties had not previously executed an employment agreement with a non-compete provision, then ABC should nevertheless remind Smith of his obligations not to abscond with any proprietary information, including customer lists and those other documents described above. If Smith will do so, ABC should have Smith sign a document confirming he will not take any proprietary information with him.

If ABC suspects Smith and XYZ will attempt to contact ABC's patients, then ABC should attempt to inoculate its patients by forewarning them such a contact may be made. ABC can ask its patients to let ABC know if such contact occurs. If ABC wants to be aggressive, it can ask its patients to send to ABC any correspondence and e-mails from Smith. ABC may even want to ask its patients to save any voicemails from Smith. Likewise, if ABC suspects Smith and XYZ will attempt to contact ABC's referral sources, then ABC should be proactive and tell its referral sources Smith has gone to work for XYZ, Smith will likely attempt to contact the referral sources on behalf of XYZ, and ABC hopes the referral sources will remain loyal to ABC.

Assume Smith and XYZ are engaging in acts that clearly violate Smith's non-compete or are infringing on ABC's proprietary information. What responsive steps can ABC take? One step is for ABC to send a cease and desist letter to Smith and XYZ. The letter will point out the legal basis upon which ABC asserts Smith and XYZ cannot engage in the prohibited acts (e.g., calling or otherwise contacting ABC's patients). Such a legal basis may include breach of the non-compete provision in Smith's employment agreement, violation of the state statute prohibiting the improper use of proprietary information, unfair competition, and tortious interference. The letter will demand Smith and XYZ cease engaging in the prohibited acts, and state failure to do so will result in ABC filing a lawsuit against both of them. The letter will point out if such a suit is filed, then ABC will ask for a temporary restraining order, injunctive relief, actual damages, punitive damages, costs of court and attorney's fees. While Smith may ignore the cease and desist letter (he likely is not a "deep pocket" and he needs to work), XYZ will be less inclined to ignore the letter. Unless Smith is truly a superstar, XYZ will not be excited about expending the attorney's fees to defend ABC's lawsuit. XYZ may be inclined to simply let Smith go. If Smith and XYZ ignore the cease and desist letter, then ABC can proceed with its lawsuit.

If ABC wants to be even more aggressive, it can file a complaint (against Smith and XYZ) with the Office of Civil Rights for the HIPAA violation. ABC can file a complaint with the Office of Inspector General (OIG) for Smith's and XYZ's violation of the telephone solicitation statute.

SO WHAT IS THE DEPARTING EMPLOYEE ALLOWED TO DO?

All of the discussion above pertains to what Smith and XYZ cannot do and the steps ABC can take to protect itself. Now our discussion turns to what Smith and XYZ can do. XYZ can publish an ad in the local newspaper telling the community Smith has now joined XYZ. XYZ may contact referral sources (sources XYZ knows, not referral sources whose names were given to XYZ by Smith) and notify them Smith has left ABC and has joined XYZ.

A more aggressive move on Smith's and XYZ's part will be for Smith to recreate by memory a list of ABC's patients. XYZ can then mail marketing material to the patients. However, there is risk ABC will assert the recreated list nevertheless constitutes proprietary information. Smith may recreate by memory a list of ABC's referral sources and then XYZ will contact the referral sources. There is a risk ABC will assert the recreated list constitutes proprietary information.

If Smith did not sign a non-compete with ABC, then an aggressive move on his (and XYZ's) part would be for Smith to take with him a list of ABC's patients and referral sources and assert under the applicable state statute, the lists do not constitute proprietary information.

CONCLUSION

The most prudent course of action for ABC to take when it hires Smith is to have him sign a written employment agreement with a non-compete provision. Let's say ABC desires for Smith to sign a non-compete a couple of years after he has been working for ABC, this can be done (and the non-compete can be enforceable) so long as ABC offers sufficient independent consideration to Smith for the non-compete. Such independent consideration can include converting Smith's employment arrangement from "at will" to "terminable for cause." Regardless of whether Smith signs an employment agreement, it would be prudent for ABC to have Smith sign a document that acknowledges patient names and other patient information, and other types of information, constitute proprietary information and are protected by HIPAA.

The most prudent course of action for Smith is for him to sign nothing. If ABC asks Smith to sign an employment agreement or another type of document, then Smith needs to have an attorney review and advise him regarding the document.

When hiring Smith, the most prudent course of action for XYZ to take is inquire if Smith ever signed an employment agreement, or a related document, with ABC. If the answer is "yes," then XYZ needs to examine the document. ➤

CONTACT THE AUTHOR

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➤ *This article is not intended to be legal advice or legal opinion on any specific facts or circumstances. The contents are intended for general information only.*

The **INVISIBLE COURAGE** of the *Choir Girl* From Waverly

Written By Randy Christian

THERE ARE MANY WHO HAVE BATTLED THE invisible demons giving depression its quiet, yet formidable power. For reasons that are obvious and those that are not, depression can creep into one's life and bewilder the mind, confuse the body and imprison the spirit. More than 15 million Americans suffer in silence believing they can conquer their illness alone, but few do. Their suffering is routinely magnified by the social stigma attached to those who publicly profess their depression.

Many times our "toughen-up" culture turns its back on anyone who would dare suggest they might be even a bit depressed. Unless one's pain comes in the form of a black eye, bloody nose or broken arm, the tendency is to offer little sympathy and quickly toss out a flippant quip such as, "Life is tough; get over it." Those types of comments incite some to say depression itself is less painful than deflecting the heartless sling and arrows of stupidity.

True courage is witnessed when those battling depression finally surrender and seek help in spite of their many assorted fears. Courageous, too, are those who, while, in the midst of waging war against their own depression, are told they may never walk again, yet somehow see their struggle will ultimately leave them better equipped to help others.

Jennifer Wolff grew-up in Waverly, Iowa, a town with a population of 9,359. It is located in the northeastern corner of the state and is home to Wartburg College, a four-year liberal arts school, which opened its doors in 1852. Wolff is a proud

alumna. There, she earned her bachelor's degree in psychology and like most young college students enjoyed the fun and adventure of life, both on and off campus.

As a member of Wartburg's choir, she traveled to Europe and sang in many storied locations, such as the magnificent Notre Dame Cathedral in Paris. They also performed at Wartburg Castle in Eisenach, Germany. Not only is the castle the namesake of their college, but also Eisenach is the sister city of Waverly, Iowa.

While in Germany, Wolff and the choir also toured the infamous Nazi concentration camp, Auschwitz, where more than three million Jews died from massive gas chambers or starvation. Like so many others who visit Auschwitz, this grim reminder of the cruelty and pure evil that continue to plague our world profoundly affected Wolff and her classmates.

"Words cannot describe the feeling and emotions that come over you when you walk through Auschwitz. Everyone spoke softly. It is truly sacred ground. Our next concert was close-by and very, very memorable," Wolff said.

By the age of 20, Wolff had toured and performed in more than six European countries in just more than one month. At each stop, she and the other choir members would spend the night with host families and absorb as much of the local culture as possible. Along the way, Wolff made new friends and has remained in close contact with many of them even today, especially their bus drivers from Luxembourg.

"The bus drivers were phenomenal, as well as a group of young people who were our tour guides. We stayed several days in Luxembourg, and while there, they opened up a local winery and hosted a party for all of us. Four years later, my brother, Jon, traveled to Europe and toured with the Wartburg choir. He met and became friends with many of the same people I met several years earlier," Wolff said.

A year later Wolff set out on another adventure, thanks to a Wartburg archeology class. She spent the month of May

Wolff is a proud alumna of Wartburg College. in Israel, Egypt and Jordan. While she was there, she walked the streets of Old Jerusalem soaking in as much of its magic, mystery and

(continued on page 18)



WARTBURG CHOIR 1991 IN EUROPE. JENNIFER WOLFF IS IN THE FIRST ROW, FOURTH FROM THE LEFT.

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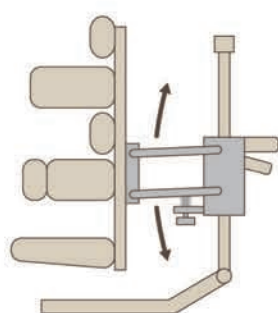
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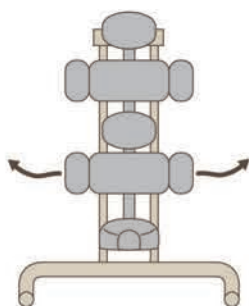
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The Invisible Courage of the Choir Girl From Waverly

(continued from page 16)

multicultural environment as possible. She also spent two weeks working at an archeological dig site in the ancient city of Bethsaida near the Sea of Galilee. Bethlehem was another destination that stirred her spirit in many unimaginable ways.

"For me it was so meaningful to simply walk in places that are so holy. Where we stayed in Old Jerusalem, we could stand on the roof and look out over the entire city," Wolff said. "You could feel its power primarily because it is the place where the three major religions of the world converge and collide. This trip truly changed my life."

While Wolff was in the Middle East, one of many conflicts between the Israelis and Palestinians occurred. After the turmoil subsided, Wolff and others visited a local YMCA gymnasium that was being used as a makeshift hospital and jail. It was filled with injured Palestinians who were either receiving medical attention or being held by the Israeli authorities. Wolff had the opportunity to speak with several Palestinians and found them to be warm, friendly people. She discovered most of them longed for a lasting peace and an end to the constant fighting. Wolff also confirmed her belief that there are always two sides to every story.

"The entire trip made me much more aware of the pain and suffering that goes on in our world. We in America have a limited awareness of the misery and hardship good people endure every day," Wolff said.

After earning her bachelor's degree from Wartburg, Wolff wasn't sure what she wanted to do with her life. Consequently, she bounced through a series of odd jobs from working in retail to being a limousine chauffeur. During this time, in the back of her mind, she felt a desire to pursue a career that would ultimately equip her to help people. With a little loving guidance from her parents, who are lifelong educators, Wolff decided to pursue a career in occupational therapy. Soon, she was on her way to the College of St. Catherine in St. Paul, Minn. Everything seemed to be going well, but in reality it was not. Her grades began to slip. Getting out of bed in the morning and attending class became increasingly difficult. She became withdrawn and distant. Her family and friends knew something was wrong, but were not sure what to do or how to help.

"About twice a year, I'd have episodes with depression. I thought I could manage it on my own, but it got to the point where I'd dig myself into a hole I just couldn't get out of. The people at St. Catherine were wonderful and supportive. They said stop, go home and get well. We'll be waiting for you to return," Wolff said.

As with most people suffering from depression Wolff's first step toward recovery was to openly acknowledge her illness. She was well aware of the social stigma associated with depression, but her fear of not seeking help out-weighed the thought of any hurtful gossip or ridicule that might come her way. Fortunately, she heeded the advice of her friends at St.

(continued on page 20)



TOP: JENNIFER WOLFF IN THE CHOIR - 1990.
BOTTOM: JENNIFER WOLFF IN JERUSALEM ON
THE TEMPLE MOUNT/DOME OF THE ROCK - 1998.

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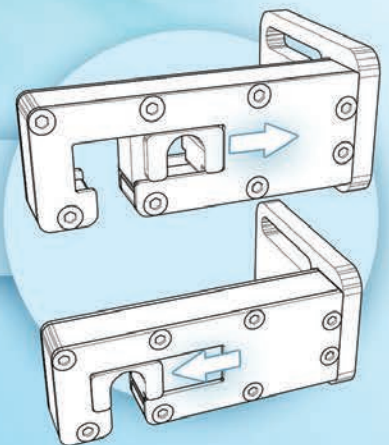


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The Invisible Courage of the Choir Girl From Waverly

(continued from page 18)

Catherine's and, at age 29, moved back home with her mom and dad and got professional help. Her family and friends rallied around her offering their love, encouragement and prayers — all of which are often more important and as powerful as any of today's medications.

"The invisible disabilities, like depression, still seem to be much harder for our culture to deal with than those that are visible," Wolff said.

No one could have foreseen the odd twist-of-fate waiting for Wolff. It seemed unimaginable she would soon be facing a visible disability that would change her life yet again. As she gradually began to win her battle over depression, another war was brewing within her body. A tumor was attacking her spinal cord. Her doctors and family were concerned the diagnosis might cause her to slip back into depression, but she did not. From somewhere she found strength, an inner peace that would serve her well throughout her newest trial.

The need for the tumor to be surgically removed was certain, but the consequences were not. Unfortunately, after the surgery Wolff was left with limited use of her legs. Rehabilitation did help her regain the ability to walk short distances with the aid of a walker or crutches. Now, seemingly on the mend, she returned to St. Catherine's and completed her master's degree in occupational therapy. With her depression hopefully behind her, a new career in front of her and even with the challenge of limited mobility Wolff was feeling good about herself. Regrettably, within six months of starting her new career as an occupational therapist, the tumor returned, prompting a second surgery along with radiation. The additional trauma to her spine destroyed the little mobility she had regained after the first surgery. She was now officially a paraplegic. Since June 2006, Wolff has lived and worked from her wheelchair. As she says, being a "roller" has not stopped her from living her life to the fullest.

There is some speculation that pressure of the tumor on her spinal cord may have triggered her depression. Chances are no one will ever know for sure. What is evident is that since the complete eradication of Wolff's tumor, her depression has lost its hold on her life.

Today, she is not only a respected occupational therapist, but also a passionate, effective advocate for those with disabilities of all kinds. She plays a leading role in the Waverly Healthcare Center Parkinson's Care Team and regularly provides much needed information to stroke and Parkinson's caregivers. She spearheaded a drive to increase membership in Iowa's Occupational Therapy Association and served on a task group involved in specialization for OTs who works with complex rehab technology. She also has become an advocate by attending the Continuing



TOP: JENNIFER WOLFF AND TINA ELWOOD GEHRKE ON CAMEL BY THE PYRAMIDS IN EGYPT - 1992.

BOTTOM: ANN EUBANK, EXECUTIVE DIRECTOR OF USERS FIRST ALLIANCE, PAUL TOBIN, PRESIDENT AND CEO OF UNITED SPINAL ASSOCIATION, REPRESENTATIVE BRUCE BRALEY (OF IOWA) AND JENNIFER WOLFF IN WATERLOO, IOWA, AT THE VGM HEARTLAND CONFERENCE 2011.

Education and Legislative Advocacy conference the last two years, joining with Users First and traveling to Abilities Expos. In addition to her other activities, she also works with a local group, People for Quality Care, to help educate people on competitive bidding. Last, but not least, Wolff was awarded the title of Ms. Wheelchair Iowa for 2011 and travels the state speaking to a variety of groups. In August, she will travel to Michigan to compete for Ms. Wheelchair America.

This year Wolff will celebrate her 40th birthday. In that short time she has faced, fought and won more battles than many people twice her age. By her own admission, depression may have been the most difficult.

"I'd much rather live life in a wheelchair than silently suffer alone with depression," Wolff said.

Her statement is undoubtedly very bold. Some may disagree with her conclusion, but no one can argue her outcome. The Wolff who loved to sing, travel and experience life to the fullest has returned home. Now, a bit wiser and a lot tougher, she is able to deflect the slings and arrows of life that fly her way with a simple flick-of-the-wrist and a captivating smile. The invisible demons have undoubtedly lost their power. ➡

CONTACT

Jennifer may be reached at jdwt01@hotmail.com.



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ERIC Murphy

Written By Randy Christian



ERIC MURPHY BEGAN HIS career with The Comfort Company, located in Bozeman, Mont., when he was just 23 years old. In reality, he began his career with the company several years earlier on a local country club golf course.

"While I was going to college at Montana State, I worked at a country club. I'd work early in the morning so I could play golf in the afternoon," Murphy said. "Occasionally, I'd see the owner of The Comfort Company, Rick Remitz, playing golf with a group of his friends. Many times they'd ask me to play with them. Because Murphy was a member of the golf team in high school and college, the chances were fairly high that he was a better than average golfer.

Murphy graduated from college with a degree in marketing and began looking for a job. As expected, marketing positions in Bozeman are scarce, so naturally he contemplated moving to a larger city, such as Seattle or Denver, to look for work. Eventually, he snagged his first job with a large real estate firm in Bozeman, which allowed him to stay close to home, his family and friends. The job with the real estate firm was a good start for a young guy right out of college. However out-of-the-blue, he received a call from his golf buddy Remitz. His fledgling company needed a marketing director, and he felt certain Murphy was the right young guy for the job.

"To be honest I really didn't know exactly what The Comfort Company was or (what it) did. I did my own research about the industry and even called a few people who worked for Rick. The more I learned, the more I could see this could be a great opportunity to be a part of a growing industry and company," Murphy said.

The offer to be a part of a young, growing company was very appealing. It appeared this was a chance of a lifetime, so at age 23, Murphy accepted Remitz's offer and "teed-up" his future with The Comfort Company of Bozeman, Mont. There was one immediate problem for Murphy. He knew a lot about golf, but virtually nothing about the rehab industry.

"Not only did I not know anything about wheelchairs, cushions or positioning equipment, but I'd not been around people with disabilities much. It was a real eye-opening experience," he said.

For Murphy, the first year was tough and particularly interesting. Not only was he responsible for producing a new company catalogue, but he also began the laborious, mind-bending, frustrating and ever-changing task of learning about Medicare and Medicaid. Executing a golf shot out of a deep sand trap at Augusta National on a Sunday afternoon in April seemed like child's play compared to trying to decipher the bureaucratic gobble-de-gook that comes out of Washington, D.C., on a regular basis. Trade shows were also one of Eric's many responsibilities. Today, he personally participates in eight to 10 trade shows each year. Fortunately for Eric, there is often a golf tournament associated with the shows. In total, The Comfort Company participates in more than 30 shows - large and small - annually. Eric remembers vividly some of the rookie lessons he learned at some of his first trade shows, thanks to "The Union."

"I learned at an earlier trade show we'd have to get a "union guy" to help us with the assembly of our booth. Well, a "union guy" hung one of our signs on a tall pole in the center of our booth. The next day it fell on one of our salesmen. It was his first day to work for us. He had to go to the hospital. We can laugh about it now, but at the time, I wasn't laughing," Murphy said.

Learning the ins and outs of trade shows and governmental red-tape is challenging, but knowing the many different products, offered by The Comfort Company as well as their benefits and the specific problems they solve for the consumer was, at times, overwhelming for the new young "marketing guy."

"I knew there would be a lot to learn, but what was most interesting involved assessing the individual customer's needs and how our products could help them," Murphy said. "Seeing products that could literally allow a patient to have mobility and independence that they had never had before is a pretty cool thing to witness. Another big challenge was the fact we have more than 3,000 products to offer."

Murphy readily admits he made mistakes early on, but he felt better about his new job as he saw how the products The



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Comfort Company created, designed and manufactured changed the lives of people with disabilities. Regularly, Murphy and others from The Comfort Company visit local nursing homes and rehab centers. They take with them products that may have been used for catalogue photos or display. Working with the facility staff, they identify patients in need of seating or positioning equipment. The outcome is always the same. Murphy and his co-workers see many smiles, hear "Thank you," countless times and even see an occasional tear.

Seven years have come and gone since Murphy walked through the door of The Comfort Company. His title today is vice president of marketing, and he manages his staff who supports a national sales network that is growing daily. They have developed relationships with product designers in Europe, too. This sharing of ideas has sparked the development of many new products. One of their newest products is the Embrace Backrest, which was designed specifically for children and young adults with complex rehab needs. It is one of their first ventures into the pediatric world.

The Comfort Company's family of products provides comfort for people with a wide variety of needs, but interestingly, the genesis of the company can be traced back to old-fashion saddle-style seating found on many John Deere tractors. Even today, when you look at the three different models of The Comfort Company saddle seating, you can see a bit of Deere in each of them. It is also the product that put The Comfort Company "on the map" and is still one of its most popular.

Murphy continues to be inspired and humbled by the courage and tenacity he sees in the people his company serves. He says when he's had a bad day, he thinks of them and the resiliency and courage they show on a day-to-day basis. ➤

CONTACT

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800.564.9248 x. 306.

Deep in the **HEART** of This *Texan*

Written By Danette Baker

TOM HAFFORD, ATP, CRTS®, HAD JUST wrapped up another meeting at the Texas Capitol one Thursday afternoon in late May. This one, like many others over the past several months, had the owner of Texas DME Inc. battling to keep state funding cuts from becoming detrimental to those who need specialized equipment. Hafford serves on a workgroup charged with helping the state's Health and Human Services Commission develop workable solutions for Medicaid's rate-making division. He expressed his satisfaction that the governmental entity

wanted to hear from those in the trenches, a sign it was considering the impact of funding cuts on something other than the bottom dollar. The agency, like many in Texas, is facing fiscal reductions in order for the state to comply with its constitutional amendment of a balanced budget.

As a businessman, Hafford understands the situation on paper; but as a supplier of home medical equipment and custom seating services, he also realizes the impact funding cuts will have on people like Alex and Amy.



Hafford met Alex in the mid 1990s, just a few years after he bought Texas DME Inc., located in Cleburne, Texas. Her physical therapist wanted to get Alex, then 3, into a wheelchair to aid in her development. When they placed the little girl in a demo model, Hafford said she instantly rolled across the room and picked a book from the off the shelf. That was the first time she had ever picked up anything on her own.

"Her mom burst into tears, and I did too," Hafford recalls.

He's done that quite often and tells one story after another of those who have made an impact on his life since he and his wife, Laura, bought the company in 1990. After Hafford sold the ice cream parlor and sandwich shop in Granbury, Texas, the couple had owned for 13 years, his broker suggested the home medical equipment (HME) business. Working out of rented space in the corner drug store, Hafford built a company that at one time had 40 employees and four locations.

At first, the business primarily dealt in straight HME – renting beds, adult wheelchairs and oxygen – but when a friend inquired about pediatric supplies,

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> The one thing
> we haven't
> lost sight of is
> the client.

Hafford discovered the region around Dallas/Fort Worth was grossly underserved.

"That first summer, I discovered how much I didn't know. Even after all these years, I still have a big vacant spot of knowledge," Hafford said. "But we've worked with some extremely talented therapists and have applied the things we learned and created a niche by continuing to serve those in the rural communities."

Being a businessman first, Hafford realized about two years ago some tough changes had to be made to continue making a profit. He downsized services, payer mix and locations to focus on what they do best. Today Texas DME has about 20 employees and one location, the original site in Cleburne, and carries primarily wheelchairs and disposable supplies. He also made a move from serving those on Medicare reimbursements to those supported by Medicaid and private insurance.

"The one thing we haven't lost sight of is the client. Sometimes in this business you have to make those tough decisions. You have to do what you can to survive or else you aren't helping anyone," Hafford said. "We've been very fortunate (initially) to find an area in which not many people were trained or were being trained to deliver custom rehabilitation equipment, especially in pediatrics."

(continued on page 26)

Deep in the Heart of This Texan

(continued from page 25)

Those are the stories with happy endings, but as many of you know, the job often requires the supplier to be the bearer of bad news.

"And Laura has a very good business head. That has given me the opportunity to be out working with the children, clients, families and the people who are so special to us," he added.

When Alex graduated from high school and needed a power wheelchair, to whom did she turn? Texas DME. And Hafford spoke eagerly about an appointment in the coming week when he would get to deliver a new chair to another long-time client: 23-year-old Katy, whom Hafford began working with when she was 6 years old.

Those are the stories with happy endings, but as many of you know, the job often requires the supplier to be the bearer of bad news. Hafford has also seen families who, for financial or other reasons, did not get the right equipment for their children. One little girl he knew for only two years before her untimely death at age 12.

"That was one of the greatest challenges coming into the industry," he said. "Learning to do the best we could given the circumstances we had. I've also learned we all have put things on chairs to help our clients, things we knew would never get paid for. If you aren't doing those kinds of things, you're not in this for the right reason."

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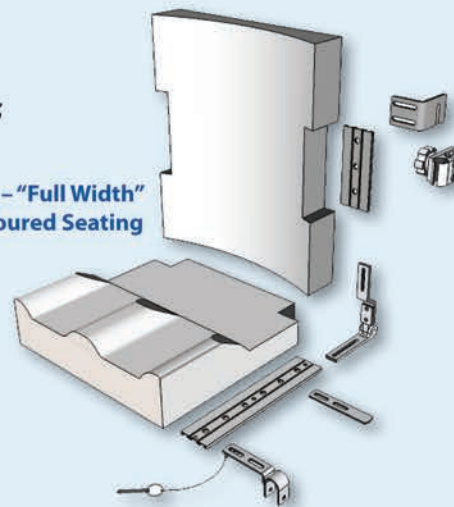
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A 40-YEAR-OLD MAN WITH PARAPLEGIA IN GUACHOCHI, CHIH., MEXICO SHOWS HIS PLEASURE WITH THE ULTRA-LIGHT WHEELCHAIR DONATED BY WHEELS FOR HUMANITY AND FITTED BY VOLUNTEERS RUDY AND TOM HAFFORD.

Hafford became an advocate for the industry early on. He joined the likes of David Miller and Joe Throneberry and other early organizers of NRRTS, and earned his ATP and CRTS® certifications. Additionally, Hafford serves as a director of the Greater Texas Rehab Providers Council (TXRPC). He is a founding director and charter member of the organization, which has made great strides working with Texas Medicaid to ensure funding for complex rehab services and equipment.

“Those of us who were doing this early on agreed that for this to be a profession that has a real impact in the medical community, we had to set standards for each other,” he said.

Advocacy is one of the passions that drives Hafford. At the heart of the matter are the children who face challenges every day of their lives. Those like 7-year-old Amy, who because of severe cerebral palsy, had never been able to chew her own food. After Hafford helped in getting her correct positioning in a tilt space chair, she gained purposeful movement of her jaw and eventually enough control of her head to turn and look around. And, yes, there were tears that time too as this little girl from Mineral Wells, Texas, a rural ranching community, gained a whole new quality of life.

➤ Advocacy is
➤ one of the
➤ passions that
➤ drives Hafford.

Hafford’s activism has also led to a supportive relationship with Medicaid. Last year, TXRPC was instrumental in gathering 68 decision makers from Medicaid at the Texas Rehab Providers Council convention to review seating and mobility products, and the group arranged a similar meeting again this year.

His advocacy has spread beyond the Lone Star State to the remote areas of Central America. Through Wheels for Humanity, a division of United Cerebral Palsy, Hafford has helped to provide recycled wheelchairs to children and adults in impoverished areas. He has been to Nicaragua, Costa Rica and Mexico and looks forward to continuing the work into retirement, which if Hafford keeps the promise he made to himself will be in the coming year.

Until then, he’ll press on with his mission of making a difference today in order for someone to have a better tomorrow. ➤

CONTACT

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Congressional Briefing Highlights

REHABILITATION SERVICES

and Devices

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

JULY 2011

OUR PURSUIT OF A SEPARATE BENEFIT

Category for Complex Rehab Technology (CRT) under the Medicare program is focused on protecting and improving access to CRT through a clearer distinction and recognition by payers and policy makers of these products and services. On an encouraging note, there was a well-attended congressional briefing held in Washington, D.C., on June 23 that helped to highlight the importance of CRT and the broader offering of rehabilitation services and devices, which are critical to providing medical care and maximizing function for people with disabilities.

“THE IMPORTANCE OF REHABILITATION IN AMERICA’S HEALTHCARE SYSTEM”

The congressional briefing was entitled “The Importance of Rehabilitation in America’s Healthcare System.” It was sponsored by three national disability coalitions (the ITEM Coalition, the Consortium for Citizens with Disabilities (CCD) Health Task Force, and the Coalition to Preserve Rehabilitation) and held in collaboration with the House Bipartisan Disabilities Caucus. The House Bipartisan Disabilities Caucus consists of members of the House of the Representatives and is focused on creating a more accessible and inclusive society for people with disabilities.

The purpose of the briefing was to educate congressional staff on the importance of rehabilitative services and rehabilitative devices (CRT, DME, O&P) in the health care system. It was purposefully broad in scope and focused on the important medical and functional needs of people with disabilities. A primary message involved health care reform and a key provision of the Affordable Care Act, which requires all health insurers to provide an “essential benefits package.” While the Affordable Care Act specifies one of the essential benefits categories as “rehabilitative and habilitative services and devices,” it does not define what items fall within that category. That’s why it is critical that as these policies are being created, Durable Medical Equipment and Complex Rehab Technology be clearly identified as items within this essential benefits category.

Peter Thomas, J.D., CCD Health Task Force co-chair, provided an overview by stating, “With states considering cuts to Medicaid services and with the Department of HHS drafting a regulation on the essential health benefits package in a reformed health care system, it is imperative policymakers understand the critical nature of rehabilitative services and devices for millions of people. These

services enable persons to function independently at home and within their community after having sustained injuries or if they have a disability or chronic condition.”

Congresswoman Cathy McMorris Rodgers (R-WA), co-chair of the House Bipartisan Disabilities Caucus, stated, “Rehabilitation and habilitation services and devices are critical to the well-being of health-care patients, including children with developmental and intellectual disabilities and wounded warriors returning from service to our country. Our briefing is meant to highlight the importance of providing effective rehabilitation services within our health-care system.”

The briefing served to illustrate the positive impact rehabilitation can have on the health, functional status and ability of Americans with disabilities to live independently in their homes and communities. “Rehabilitation services and devices should be a priority in our health-care system,” commented Congressman Jim Langevin (D-RI), co-chair of the House Bipartisan Disabilities Caucus. “By providing these services in a timely and appropriate manner, we can reduce long-term costs to the system and improve the quality of care for individuals with disabilities across the lifespan.”

I think the briefing was successful. There were approximately 100 people in attendance with the presentations lasting approximately 75 minutes. The four speakers each provided distinct perspectives on the important role of rehabilitation services and devices. In addition to Congressman Langevin, the speakers included:

- Gerard Francisco, MD, chief medical officer, TIRR Memorial Hermann Chairman of Physical Medicine and Rehabilitation and attending rehabilitation physician for Congresswoman Gabrielle Giffords, who spoke to the value of rehabilitation services and therapies;
- Paul Tobin, president and CEO, United Spinal Association, who spoke to the unique rehabilitation and assistive technology needs of veterans and others; and
- Jeanne Wilcox, PhD, professor of Speech and Hearing Science, ASU director and founder, Infant Child Research Programs, Arizona State University, who spoke to the importance of habilitation services for children with developmental and intellectual disabilities.

Three of the four speakers included specific references to DME and CRT in their presentations, and Dr. Francisco

provided real-life examples of the importance of rehabilitation services and devices in the lives of his patients with disabilities.

As part of my attendance, I was able to distribute our position paper on the Separate Benefit Category. In addition, I met with Congressman Langevin's health legislative aide along with representatives from United Spinal Association. We had a good discussion around the Separate Benefit Category and ways the House Bipartisan Disability Caucus can assist us as we work to get the legislation introduced and passed. This briefing provided another significant opportunity to continue to educate Congress on the importance of CRT devices and services for people with disabilities and the need to have these items included in the essential benefits package.

QUESTIONS AND COMMENTS

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 so, 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). ➤

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The DILEMMA of Consumer Self-Advocacy

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

CONSUMER SELF-ADVOCACY IS A MAJOR

theme within this industry. Yet historically, health care business has not focused on consumer self-advocacy. One reason may be the idea of consumerism has not often been applied to human services. Another may be consumers often do not understand the rights and responsibilities they bear for the management of their own lives. Another may be that the U.S. health care system is dominated by the medical model, a top-down model, which decreases the self-efficacy of clients. In the real world, time constraints and limited funding result in less opportunity for consumer self-determination. Self-determination may be the first right to be violated in the name of expediency, protection or cost containment. Self-determination means more than to have the choice, it is the process by which a person controls his or her own life.

The top-down, or paternalistic model, is the status quo, yet a bottom-up model is necessary to connect, unite and motivate consumers to take action on behalf of their own mobility/independence needs. The bottom-up model is called a social movement, and social movements are controlled, not by big business, but by the people who are marginalized. In this case, those people are people with disabilities.

Herein lies a dilemma; consumerism (consumers feeling empowered to connect and take action) is beginning to challenge the professional dominance or paternalism of health care professionals. To create social change (increase funding for mobility devices), we must adopt a consumer-centered approach. We must decrease the paternalism to increase consumer self-determination. As consumers become more powerful and self-determined, they will be able to take action on their own behalf.

Social movements are fascinating, yet can be unsettling at times. Institutions and individuals do not give up control without some resistance. Social work scholars suggest we have the opportunity to view conflict as one of the stages of development of consumer empowerment. They go on to say political conflict actually increases the social energies of the consumer group.

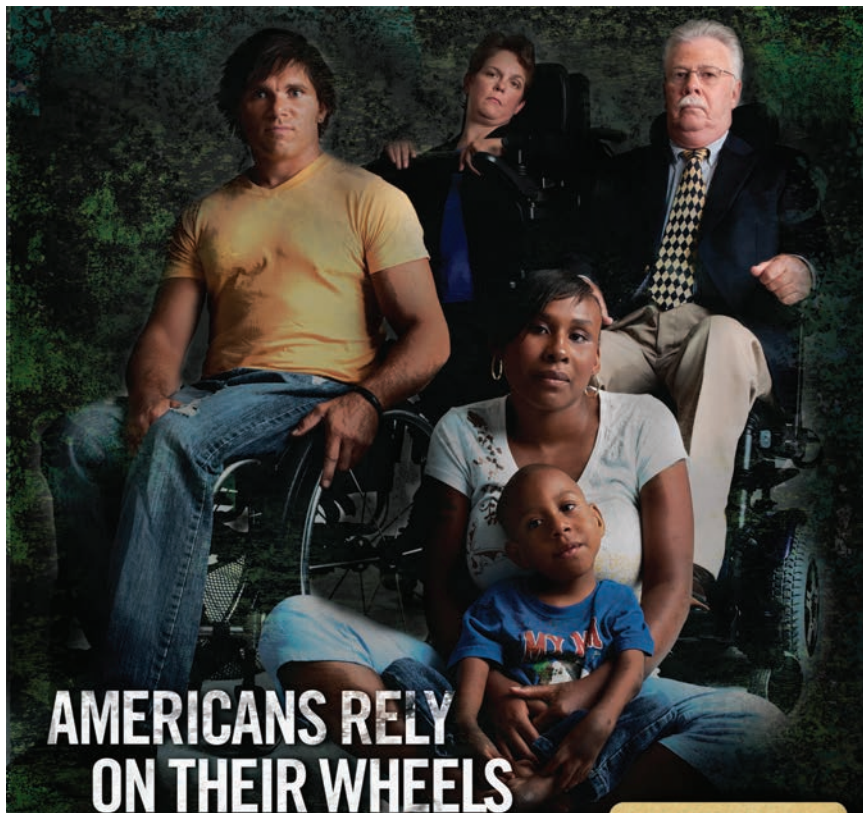
Imagine the change we can make happen if for-profit industry leaders actually partner with a consumer group within an established social movement!

To conclude, in 1962, President John F. Kennedy presented a special consumer message to Congress. He proclaimed four basic rights all consumers should enjoy in the United States: (1) the right to safety, (2) the right to be informed, (3) the right to choose, and (4) the right to be heard.

What do we do every day to provide an environment where consumers have the opportunity to take control? Be informed? Be heard? ➡

CONTACT THE AUTHOR

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Providing POWER MOBILITY for a Child with SMA I

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

JACK IS AN 8-YEAR-OLD BOY WITH THE

diagnosis of Spinal Muscular Atrophy, type I. He has been vent dependent for most of his young life and has extremely little active movement. If he is going to be functional in any area of life – mobility, communication, education, or play – it is going to involve assistive technology.

WHO IS JACK?

Jack lives with his parents and younger brother, Dylan. He likes to watch Nickelodeon on television and tends to get annoyed with Dylan for being so hyper. In these ways, he is very much like many 8-year-old boys, but the similarities soon cease. He spends almost all of his time in a hospital bed in the family room. This room is large enough to hold all of his medical equipment and is on the main level of the home. His mom can keep a better eye on him as she takes care of things at home. He doesn't go to school and is rarely in his wheelchair. He has no functional communication or control. He is probably used to it, but I think he gets really bored, even with a big screen TV in the room.

WHAT INTERVENTIONS HAVE ALREADY BEEN TRIED?

Fast forward a bit. Jack doesn't go to school for a number of reasons, but he does have teachers from the school come to his home. One of those teachers had someone from the assistive technology team come along one day to meet Jack. The AT person proceeded to try some switches to provide access to a

speech generating device so Jack could communicate with those around him. The team continued to try various switches for two years, but with no success. Jack did, however, get a speech generating device (SGD) and was starting to use it.

How? Well, a miniature drumstick was taped to his right index finger and his hand was placed on a tambourine. When Jack wanted to make a selection on the SGD, he could tap the drumstick on the tambourine. A facilitator would then press a switch for him. He still wasn't progressing very quickly with this facilitated access so Jack was eventually referred to a private speech language pathologist specializing in augmentative communication.

EVALUATION:

This SLP happens to work with me a lot, so she called and asked if I would see Jack to evaluate him for independent switch access so she could proceed with the SGD, positioning (as he wasn't getting in the manual wheelchair for a reason) and mobility (as he had none). So I took a drive and met Jack and his mom. After talking a bit about Jack, his current equipment, what worked, what hadn't worked and their goals, I started evaluating his active movement and force.

Fiberoptic switches emit a fiberoptic light and when that light is reflected back by something, like a finger, the switch is activated.

SWITCH ACCESS:

Jack could lift his forefinger and thumb together on each hand with very little force. He had no other volitional movement while supine in bed. I thought I knew of a switch that would work for him, but I didn't happen to have that one in my trunk. I told his mom I would borrow one from the manufacturer (Adaptive Switch Labs) and come



ASL FIBEROPTIC SWITCH UNDER JACK'S INDEX FINGER

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ASL PROXIMITY SWITCHES BY MEDIAL KNEES

back. She wasn't convinced. After all, she had watched people come and go with numerous switches during two years time with no success. I told her I understood her reservations, but I really thought this might work. She said I could come back, and so I did a few weeks later with my borrowed fiberoptic switch and power supply. Fiberoptic switches are great at capturing very small movements and require no force. Also, they can be set up in a "normally closed" position. Most switches are "normally open" and must be "closed" or pressed to be activated. In this case, Jack could rest a finger over the top of this fiberoptic switch and lift off of it to activate.

By resting on the switch, Jack's muscles did not fatigue by hovering over the switch itself. Fiberoptic switches (see picture) emit a fiberoptic light and when that light is reflected back by something, like a finger, the switch is activated. The switch was plugged into the SGD and Jack began scanning independently and quickly. So why hadn't all those other switches worked? They were mechanical switches and required force to depress the switch surface. Jack didn't have that force due to profound muscle weakness. Fiberoptic switches are electrical switches. No force is required, but a power source is. A wheelchair armtrough (*custom fabricated by Aspen Seating*) was placed in the bed with the switch mounted under his left index finger. This maintained his alignment with

(continued on page 36)

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...Mobility for a Child with SMA I (continued from page 33)

> Driving a power
> wheelchair with
> one switch is
> possible, but can
> be very inefficient.

the switch for access and mounted the switch.

POSITIONING:

Jack was positioned well in bed and had no redness or history of pressure sores. His family was taking very good care of his skin. Jack was not spending much time in his wheelchair, so I asked his mom what was going on. He had a Quickie tilt-in-space manual wheelchair with a custom molded Aspen Seating Orthosis seating system. He required this level of support to hold his body upright due to profound muscle weakness and atrophy. Jack wasn't tolerating the seating system very well as he was sitting up too tall in it. He needed to recline more to be more comfortable. Even though the tilt helped reduce the effects of gravity on his body, he needed a more open seat-to-back angle.

Sitting upright was possible with this level of support, but not always comfortable. The seating system was eventually modified to include a partial recline and a manual recline was added to the wheelchair. Another reason Jack didn't like his wheelchair was that he couldn't do anything in it. A fiberoptic switch was mounted in the left arm trough so he could use the SGD from the manual wheelchair. When he was upright, the angle of his wrist had to be very specific (in slight flexion) to optimize switch access, so a custom arm trough was built. He also had a tendency to deviate laterally, so a wall was built on the armtrough to maintain a neutral wrist position.

MOBILITY:

Finding one switch site was a challenge. Driving a power wheelchair with one switch is possible, but can be very

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inefficient. I needed to find three more switch sites if I could. With four total switch sites, we could cover forward, left, right and reset. The first three would give Jack movement in a power wheelchair. Reset redefines what the other three switches could do including reverse, speed, tilt and accessing the speech generating device from one of the power wheelchair drive switches. I was excited to get Jack driving, and I was hoping he would love it. This little guy had hardly left his bed except for medical appointments, and I was betting he wanted some control over his life ... Now Jack had movement of the forefinger and thumb on his right hand as well, so we could put a fiberoptic switch there.

Remember “normally closed?” Well, that won’t work for driving as this could place the driver in an unsafe situation. If Jack couldn’t get his finger over the switch, the chair wouldn’t stop. We had to use “normally open.” Hovering over the switch that long was too hard. We placed the fiberoptic switches in the end of the arm trough, facing directly forward instead of facing upward (see picture). His fingers hung over the edge of the arm trough, and he pulled his finger back toward the fiberoptic to activate. This allowed him to rest his fingers when he wasn’t driving.

Two down, two to go. Once Jack was upright in his manual wheelchair, he could adduct his legs slightly and could do so even better if his feet were raised just a bit to allow gravity to assist. Now, we needed some switches to capture this movement at the medial knees without requiring force. For this situation, I chose proximity switches. Proximity switches are larger than fiberoptics and were more appropriate to capture this larger movement. He only needed to approach the target to activate it, and we could adjust the activation range. The fiberoptic under his left forefinger controlled forward, the fiberoptic under his right forefinger controlled right, the proximity switch by the left medial knee controlled left and the proximity switch by the right medial knee is reset.



ASPEN SEATING CUSTOM ARMTROUGH

Proximity switches are larger than fiberoptics and were more appropriate to capture this larger movement.

Ordering a power wheelchair to support these switches, control a power tilt through the drive control and interface the SGD required a lot of documentation for successful funding and a very, very long fitting (thanks to Kevin at ATG Rehab in Colorado Springs and Keith of Aspen Seating), but it was so worth it! To watch Jack chase his little brother down the street was priceless. Jack has full

directional control of his power wheelchair, can access reverse, can control his power tilt and control his SGD through the switch under his left forefinger.

COMPUTER:

I love high-end speech generating devices — they are so powerful! The SGD can send wireless signals to a computer for efficient text entry. Jack scans through vocabulary options on his SGD, builds sentences and sends these to a word processing program on his computer. This, and the speech output, has allowed him to demonstrate his learning for school. He also uses keyboard shortcuts for common commands such as Save and Print.

CONTROL:

Those SGDs can also send infrared (IR) signals to control devices in the environment — cool! Jack uses his SGD to control the big screen TV in the family room, as well as the DVD player. This makes watching TV a lot less boring and gives him a chance to change the channel when Dylan tries to watch Dora! After all, that is a big brother’s job.

When working with a client like Jack, it is so easy to focus on all the things he can’t do as a result of SMA. That’s why I love assistive technology. It allows clients like Jack to be kids who can move, communicate and even change the channel on the TV to annoy their little brother. ➡

CONTACT THE AUTHOR

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PAT

Written By Michelle Marchand, ATP, SMS, RRTS®

WHEN I MET PAT, SHE WAS 65 AND HAD BEEN

living with multiple sclerosis for nearly 31 years. Diagnosed in 1980, Pat has endured the ups and downs of the disease while slowly developing scoliosis, kyphosis and spastic quadriparesis. She lives at home with her husband, John, and their puppy, Toby. Each week day, Pat has assistance from a care giver for a few hours in the morning and then she is home alone in the afternoon, until John returns from work in the evening. Pat enjoys working on her computer and watching TV. With the use of power mobility, she is independent at home and is able to negotiate the kitchen to reach the refrigerator to get a snack or a drink. A daily highlight for Pat is the time she spends with her faithful co-pilot, Toby, who frequently rides along throughout the house on her lap.

Pat currently has a small mid-wheel drive powerbase with a captain-style seat, and she is able to drive the chair with some degree of success in her home. However, due to the lack of postural support from her seating system, Pat will start out in a somewhat upright position, holding herself up with her left elbow before her posture begins to worsen. She reports pain in her lower back, hips and legs. Her right arm and both lower extremities are non-functioning, and as long as she isn't driving, she can sit for about 15 minutes before her posture becomes compromised.

Once her left elbow slips off the armrest, she succumbs to a severe lateral trunk flexion to the left, hanging over the armrest with her head following her trunk. She is unable to correct her position in the chair on her own. This creates a huge problem for her because she spends a significant portion of the day at home alone. Pat has found herself stuck in a door jamb for an extended period of time due to these postural deficits and on more than one occasion, she has had to resort to calling her husband to come home from work to reposition her. The lateral trunk flexion creates its own obvious postural concerns and limits her

However, due to the lack of postural support from her seating system, Pat will start out in a somewhat upright position, holding herself up with her left elbow before her posture begins to worsen.

accessibility throughout the house. The evaluation team agrees, along with Pat, that she can no longer negotiate her home safely in this position.

Pat is a proud lady who is concerned with outward appearances and is sensitive to looking "handicapped." She thinks her current wheelchair is "not that noticeable," and she thinks she looks good in it. In an attempt to gently paint a clearer



PAT'S POSITIONING IN HER OLD CHAIR WHEN INITIALLY SEATED.



With the use
of power
mobility, she is
independent
at home and
is able to
negotiate
the kitchen
to reach the
refrigerator to
get a snack or
a drink.

picture for Pat, I asked her if she ever looked at herself in the chair, and when she said, "No," I knew this picture would definitely say a thousand words. I asked her permission to take pictures to show her what she looked like in her current chair and she agreed. When she saw the pictures, she laughed, as she realized she didn't look "normal" hanging over the armrest and looking at people from a horizontal perspective. The pictures

immediately changed her perception and gained her buy-in that with a more appropriate seating system, she would not only be more comfortable and provide better support, she would look better too.

As a team, we decided Pat needed a new power wheelchair base that accepted tilt, which would allow her to independently reposition herself throughout the day. For her seating system, we decided to create a custom molded product to accommodate her scoliosis, kyphosis and pelvic obliquity. We also knew she would need a headrest with a lateral facial component to help with the lateral tilt of her head. Once we got Pat up in her new chair and driving, she noticed an immediate difference. Her safety and independence had been improved and there was no longer a need for John to come home to reposition her or get her out of a predicament due to poor postural support. She is able to stay in the chair all day, reposition herself, use her laptop computer, and do just about anything she wants. ➤

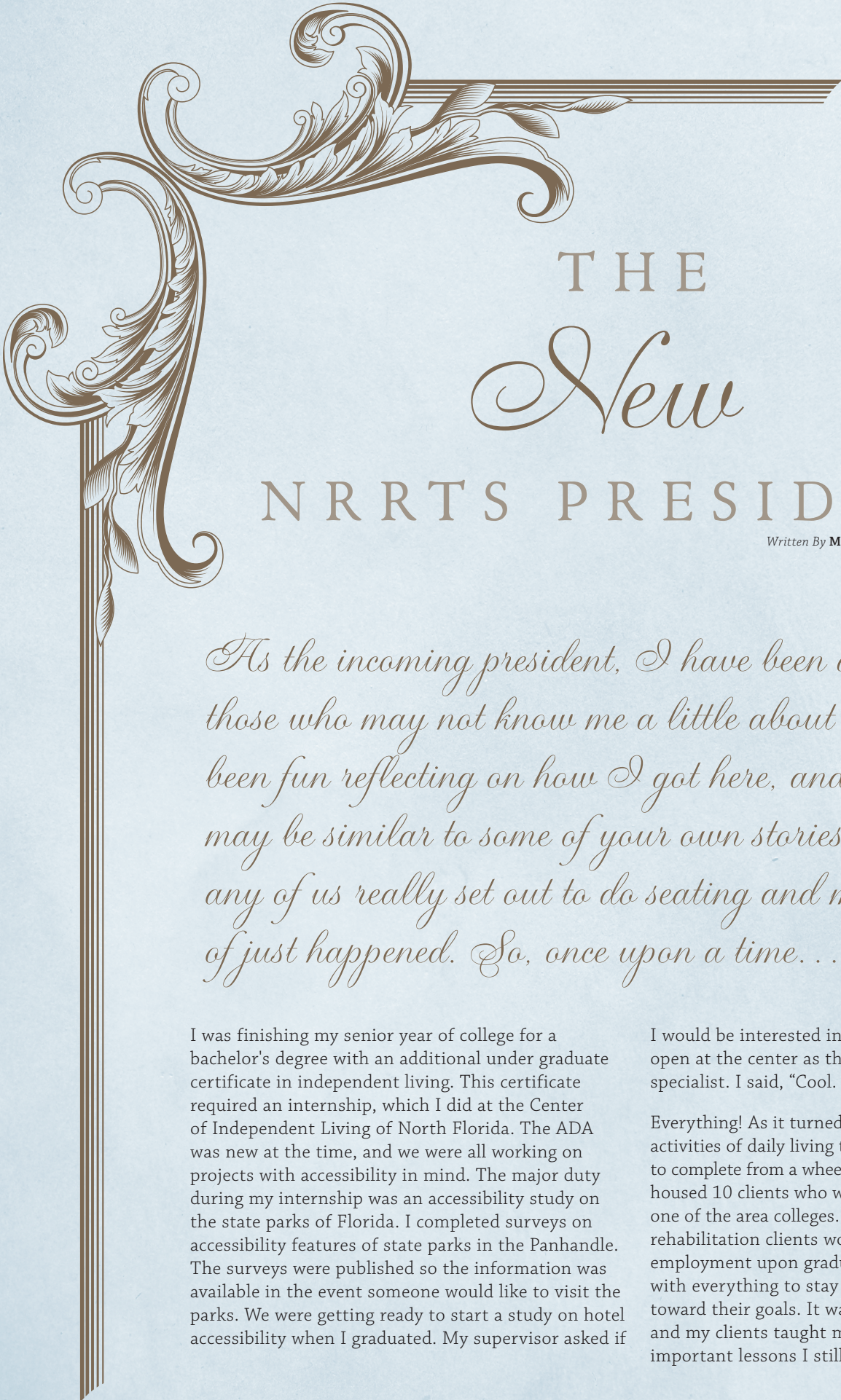
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TOP: PAT'S POSITIONING AFTER A FEW MINUTES OF DRIVING HER OLD CHAIR.

BOTTOM: PAT DISPLAYS HER IMPROVED POSITIONING IN HER NEW CHAIR AND SEATING SYSTEM.



THE *New* NRRTS PRESIDENT

Written By Michele Gunn, ATP, CRTS®

As the incoming president, I have been asked to tell those who may not know me a little about myself. It has been fun reflecting on how I got here, and I'm sure it may be similar to some of your own stories. I don't think any of us really set out to do seating and mobility; it kind of just happened. So, once upon a time. . .

I was finishing my senior year of college for a bachelor's degree with an additional under graduate certificate in independent living. This certificate required an internship, which I did at the Center of Independent Living of North Florida. The ADA was new at the time, and we were all working on projects with accessibility in mind. The major duty during my internship was an accessibility study on the state parks of Florida. I completed surveys on accessibility features of state parks in the Panhandle. The surveys were published so the information was available in the event someone would like to visit the parks. We were getting ready to start a study on hotel accessibility when I graduated. My supervisor asked if

I would be interested in a position that had just come open at the center as the activities of daily living specialist. I said, "Cool. What do I have to do?"

Everything! As it turned out, there were a lot of activities of daily living that are a bit more complicated to complete from a wheelchair. Our residential program housed 10 clients who were wheelchair users attending one of the area colleges. They were vocational rehabilitation clients working on degrees and then employment upon graduation. I had to help them with everything to stay in school and be successful toward their goals. It was an eye opening time, and my clients taught me plenty. One of the most important lessons I still carry with me to this day is

(continued on page 43)

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The New NRRTS President

(continued from page 40)

to be sympathetic, but that I cannot be empathetic. Do not tell your clients you understand what they are going through unless you are in a chair. Frankly, you don't. My clients wanted to be treated like anybody else and would ask for help if they needed it. Do not make assumptions as that will only get you into trouble.

I had been working a couple of years when Jody Whitmyer of Whitmyer Biomechanix, Inc., pulled up with his mobile shop and did an in-service at our facility. We had a local supplier who did most of our clients' chairs, but they were sold off the floor without much modification. He was doing some things I had never seen. We set up evaluations for some of the residents and after a bit he returned to fabricate the new seating systems.

One Friday, I had a barbeque for the residents in the park that finished rather late. Whitmyer was still working out in the trailer. I finished cleaning up, grabbed a couple of adult beverages, and headed to the trailer. I sat on the floor of the trailer and watched him vacuum the foam in place that he had just formed against my client. Fascinating! We finished our drinks and became fast friends. After a couple of years working together, Whitmyer called one day and asked me to lunch. I had never seen him eat, so I went to satisfy my curiosity! This should have been a warning. He asked if I would become his first seating specialist as his business was growing and he wanted to work on manufacturing. I said, "Cool. What do I have to do?"

Everything! Someday, it would be nice to have a job description that does not include everything. I had a lot to learn when I took this one on. For me, it was a good thing I was surrounded by some of the best teachers. I shadowed Whitmyer for months before I was ready to see my own clients. That does not mean I was allowed to be unproductive. Whitmyer talked seating theory for hours while he drove, and I would type the quotes from our last evaluation. I also had to learn how to use tools to make adjustments and operate all of the machinery in the trailer. I might have owned a screwdriver before this but did not consider myself particularly good with tools.

After a while, I was able to use the drill press, band saw, tubing bender, industrial sewing machine, all the hand tools, and even the welder. Yes, I welded. I must admit to being a bit jumpy when the rod came out of the gun and all the sparks flew. A bit jumpy is not conducive to running a straight bead, but I burned into both pieces so I'm calling it a weld. What I did not learn from Whitmyer or on the job, I learned from attending RESNA, Medtrade, ISS and other conferences. I also had the opportunity to learn custom molding from Cathy Bazata. She was the treating therapist at one of our local group homes at the time.

It was an incredible 10 years working for Whitmyer as a seating specialist and helping with the manufacturing side of the business as well. I have continued to hone my craft with Browning's Health Care for close to another 10 years now. During this time, there have been even more opportunities.

NRRTS called and asked if I would consider a position on the board of directors. "Cool. What do I have to do?" NCART called and asked if I would consider a position on their board of directors. "Cool. What do I have to do?" RESNA called and asked if I would consider being an item writer for an upcoming certification. "Cool. What do I have to do?" I have been asked to present seating seminars at almost all of the conferences I have attended. I think this was the only one I did not say "Cool" to. Public speaking was not that cool when I first started, but after awhile I got used to it. Remember, you have to keep an open mind in this industry.

We are headed into a few more tough years and have a lot of work ahead of us. NRRTS is leading the way in several projects to get the recognition we have always wanted. Your board and staff have never been more active on your behalf. I guarantee we are at the table if there is something going on we need to be a part of.

I am going to need your help to participate in these projects and the various committees needed to move them forward. As your President, I hope you do not have to guess my response if asked to do something. Can I expect the same of you?

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*"Remember,
you have to
keep an open
mind in
this industry."*

MISSION MONGOLIA:

Providing Mobility to the Disabled in Mongolia

Written By Amy Bjornson, PT, ATP

In September 2010, I was fortunate to join a team of volunteer health care professionals on a recent humanitarian mission to Mongolia organized by Wheels for Humanity (WFH). This non-profit organization, headquartered in the United States, refurbishes donated wheelchairs and hand fits them to children and adults with disabilities in developing nations. WFH then partners with in-country health care organizations to identify those in greatest need and uses volunteer therapists to custom fit each wheelchair to the distinct needs and goals of the recipient. Since 1996, UCP WFH has provided more than 50,000 people with wheelchairs and walking devices to enhance their function and mobility.

In many developing countries, if you can't walk by yourself, you must crawl or be carried and are forced to live a life of confinement. Our goal was to offer an alternative to 100 individuals living on the outskirts of Mongolia.

Our team arrived in Ulan Bator where a full 40-foot container shipped from WFH awaited us. We spent the next day sorting various mobility devices including wheelchairs, seating systems, walkers, crutches and outdoor hand-cycles. The equipment was then packed on a flat bed truck and driven more than 1,000 kilometres west as our distribution was in the western rural regions. This journey takes the better part of two days of very rough and slow driving. Most of the country is without paved roads, with just dirt tracks.

Amazingly the equipment arrived from the journey safely and intact. The next morning our first "clinic" opened—social services for the IMACS (or provinces) had arranged clients to come and receive the chairs. In this "city," people were able to travel to our clinic. In the Soms (small village or groupings of Gers), we would need to go to the clients in their homes.

Our "clinic" opened to 30 anxiously waiting clients. Our team of three therapists evaluated each client, acquiring basic AROM/PROM data,

(continued on page 47)

1. LIFE ON THE MONGOLIAN STEPPES - MONGOLIA HAS SOME OF THE LAST TRULY NOMADIC PEOPLE IN THE WORLD. THESE PEOPLE WILL MOVE THEIR GER CAMPS ON AVERAGE FOUR TIMES PER YEAR. **2.** EVENING FALLS ON THE MONGOLIAN PLAIN. **3.** MOBILITY INSTRUCTION - MELISSA INSTRUCTS THE BEST WAY TO GET THE WHEELCHAIR INTO THE GER. **4.** NOT YOUR TYPICAL SEATING CLINIC. **5.** JOB WELL DONE, TEAM! - A FUNCTIONAL AND SAFE WHEELCHAIR. **6.** MOBILE - FOR THE FIRST TIME EVER.

1

2

3

4

5

6

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A woman with blonde hair tied back, wearing a maroon t-shirt and a striped apron, is seated in a wheelchair in a kitchen. She is smiling and looking towards the right, holding a baking tray with several cookies. She is wearing a thick, light-colored oven mitt on her right hand. The kitchen background includes a stove, a large pot, and various kitchen items on shelves.

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Mission Mongolia

(continued from page 44)

strength and functional level. Information was also gathered regarding home environment, any vehicle transportation issues and client goals. Using assessment findings for equipment selection is very similar to the process in the west. Key determinants included:

- Is the client able to reposition him/herself?
- Is the client able to functionally self-propel?
- What are the postural needs of the client?
- What is the risk level for skin breakdown?
- What are the size requirements?

Based on the answers to these questions, the therapist would select a tilt-in-space chair, a manual positioning chair or a self-propelling chair of appropriate size. This distribution did not have many pressure-relieving cushions so only those at highest risk, such as those with existing pressure sores, were given cushions.

After selecting the wheelchair frame, we then fitted the chairs. This process is imperative as proper assessment and fitting increases functionality, promotes improved posture and decreases equipment abandonment. When the fitting and adjustment was complete, the Mongolian members of our team provided translation and “environment training,” demonstrating proper terrain and step navigation. Many of these clients had never seen a wheelchair and therefore had no knowledge of how to fold, swing leg rests away or how to best manage steps and the thresholds to the Gers (round felt-lined tents). This portion of the process is also of great importance—it ensures safe use of the device by both caregivers and clients and decreases abandonment of the equipment.

Our town visited communities, as well as single Ger Camps, on our more than 1,000 kilometer trip back to the capital Ulaanbaatar, distributing wheelchairs in local hospitals, fields, and many homes. Our truck, eight team members, wheelchairs, walkers, seating systems etc., completely bounced around for hours and days on end, driving through rivers and over mountains. Families welcomed us into their Gers and opened their lives, providing insight to their nomadic ways. They graciously offered local delicacies, such as yak and mares’ milk, mutton stew, sweets and dried yogurt snacks.

For many of the clients, these wheelchairs offered mobility where before there was none. Our clients included children with cerebral palsy who were confined to their beds and adults who could no longer walk due to weakness, injury or disease. One man arrived walking on his knees. He had lost both legs and an arm to frost bite in April 2010. I will never forget the smiling faces of the children who experienced independent mobility for the first time and the look of joy in their parents’ eyes.

Mongolia is a rough, tough country, with delightful people. We worked in clinics, in Ger tents, and even outside fitting wheelchairs by our truck’s headlights into the late evening! We drilled new holes, bent, prodded, used hardware in exciting and innovative ways to make the equipment fit and functional for the client. Sometimes at the end of the day, we felt like we were pulling a rabbit out of a hat to make the wheelchair work for the client. It also reminded me of the significance a wheelchair makes in the life of those with mobility impairment and how fortunate we are in the developed world to have such ready access to equipment.

CONTACT THE AUTHOR

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7. TRUCK TROUBLES - THE MONGOLIAN ROADS WREAK HAVOC WITH OUR VEHICLE'S DRIVE TRAIN. **8.** FAMILY LIFE ON THE MONGOLIAN STEPPES **9.** ARRIVAL TO WHEELCHAIR CLINIC CREATES QUITE A STIR! **10.** LIFE ON THE MONGOLIAN STEPPES. **11.** SMILES ALL AROUND - HAPPY FAMILY AND THERAPIST. **12.** SOMETIMES YOU NEED A LITTLE HELP FROM YOUR DAD.



NO SLOWING *Down*

Written By **Danette Baker**

NOW IT'S ADRIENNE BERGEN'S TURN. SHE RAISED

a family and had an accomplished career as a physical therapist and rehabilitation technology supplier. Now, her calendar entries consist of activities she put on hold for those many years. There are tennis lessons, drama club and her photography class. She manages to squeeze in an exercise class three times a week and, oh yes, enjoys an afternoon drive when she wants around Delray Beach with the top down on her Kona Blue Mustang.

"I'm working hard at retirement," she said. "But after all, this is what I worked for all those years."

Bergen also participates in the community's theatre club. She began acting in college and continued until she and her husband, Barry, a former school teacher, began their family. She also serves as captain of her tennis team — a hobby she picked up after retiring and moving to Florida — and chairs the welcome committee and the photography study group. Bergen also participates in the computer and technology clubs. She keeps in touch with friends, family and former colleagues — many via Facebook. In addition to her number of other activities, she teaches photography, a lifelong passion she learned from her

father, who was an award-winning amateur photographer.

Bergen became fascinated with sports photography when her sons, David and Justin, were playing and began capturing

their moves during games. During the summer, Bergen would make weekend trips to Camp Lenox, a children's camp, located in the Berkshire Mountains of Massachusetts, visiting Barry (who worked there during the school break) and the boys.

This summer marks the 28th year for Bergen to be at the camp — including 10 of which were post-retirement. She has served full time as the camp photographer, providing campers and their families with snapshots of memories to last a lifetime.

As Bergen talks about her summer plans, the excitement in her voice is reminiscent of a young camper anticipating the awaiting fun. Their older son, David, and his son, Austin, will join her and Barry at camp this summer for the first time, and his wife, Mindy, and daughter, Mimi, will join them on the weekends. The only thing better, Bergen adds, is if Justin could join them, too.

This is the life Bergen and her husband had in mind almost 20 years ago. Their dream was to leave metropolitan New York for the sunny beaches of Florida, and the retirement community they now call home. The dream was to spend summers up north at Camp Lenox, and the remainder of the year to enjoy their hobbies and engage in volunteer work. Surprisingly, she said, finding a place to volunteer proved a little more difficult than expected.

I am working
hard at
retirement.

Even though she was ready to end her career as a pediatric physical therapist and ATP/CRTS®, Bergen still

wanted to remain active in the profession. When they moved to Florida in 2002, Bergen worked temporarily for The MED Group, attending trade shows and reporting the new trends for their website. In order to keep her skills and knowledge



BERGEN HAVING FUN.

My mother
always wanted
me to be a
pediatrician.

base in the technology field, she knew she had to practice on actual clients. She began to look for opportunities to put her years of experience to work helping with assistive technology needs in the area around her new home. Finding a volunteer spot was not as easy as she thought it would be.

“At one hospital, I had to meet with a board of supervisors. They were so suspicious that I was trying to do something bad,” Bergen recalled. “They just couldn’t grasp that someone who had my experience would want to work for free.”

It took her about six months before she connected with The Arc of Palm Beach County and began to help at the Potentials Charter School, which serves children with profound disabilities. Before long, Bergen was back in touch with many of the manufacturers she had once worked with — networking to fill the prescriptions and help with interventions. She now works as a volunteer about two days a month — by choice — taking her personal simulator to the various schools measuring angles and position in order to help the therapists and suppliers get accurate information.

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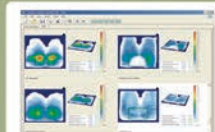
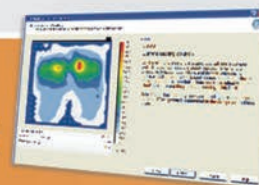


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No Slowing Down

(continued from page 49)

"My mother always wanted me to be a pediatrician," Bergen said. "But those standardized tests always said I should be an engineer or kindergarten teacher, so I combined the two and ended up in pediatric physical therapy."

By the early 1980s, Bergen had been treating children for about 15 years, working at Blythedale Children's Hospital, a pediatric rehabilitation hospital. When she began in 1969, the equipment was very primitive, just adult equipment scaled down to child-size. Between 1969 and the early 1980s the world of durable medical equipment and complex rehab technology began to emerge. "We were in the infancy of everything," she said. "The equipment for adults was still from World War II, and there was almost nothing for children."

So Bergen worked with her colleagues to begin to develop equipment on an as-needed basis to serve the mobility and therapeutic positioning requirements of her patients. Labor came from conscientious objectors — individuals who opposed the Vietnam War could contribute community service or seek employment in helping professions to fulfill their military obligations. These men helped build equipment based on Bergen's design using available materials — everything from cardboard to plywood — and then parents and grandparents would decorate it to make it look less monstrous, she said.

Through research and writings, Bergen's techniques then spurred manufacturers to develop assistive technologies. In those early days, funding was not as much an issue as availability of equipment. By the mid 1980s, Bergen emerged from the hospital setting and pursued a career as a rehabilitation technology supplier. She traveled around the New York metropolitan area teaching therapists and helping them obtain the proper equipment for their clients. Near the end of her career, however,

Bergen once again experienced a struggle in getting the necessary equipment to the patient — only now it was a matter of cost.



MORE FUN.

"A lot of my friends never really understood what I did. But I truly felt like this was a gift I was given to be able to make a difference."

And despite the fun-loving, active lifestyle she's easily adapted to in retirement, Bergen says there's camaraderie she shared with colleagues in the industry that will be difficult to ever replace. ➔

CONTACT

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➤ Through research and
➤ writings, Bergen's
➤ techniques then spurred
➤ manufacturers to develop
➤ assistive technologies.



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JUNE 13, 1949 – JULY 6, 2011

DAVE WILLIAMS

Written By Mark Sullivan



How do you go about writing a eulogy for Superman, someone you thought just might never succumb to kryptonite or any other element earth could throw at him that would surely do in any mere mortal? In an era where we assign praise to fighters, professional athletes and celebrities who battle back from self-inflicted disease and addiction, we miss the courage and toughness of those like David T. Williams, who simply fight the good fight every day, who have everything but the kitchen sink thrown at them and come up smiling. I won't call Dave an inspiration because I know he wouldn't like that but also because it would not come close to describing all that he was. Let's start with the label, optimist.

The day after Dave died I sat with his beloved wife, Fran, on their back porch, and I told her he reminded me of the knight in the old Monty Python movie, "The Holy Grail," where the knight gets both arms and legs cut off by the other guy and as the winner rides away, the knight yells to him "Come back you chicken; it's only a flesh wound."

MS, spinal cord injury, peripheral blindness, the move from manual chair to power wheelchair, oxygen support, CPAP and BIPAP, enteral feeding, too many hospital trips to count, and nursing home rehab; through them all they were simple flesh wounds to Dave. They were nothing to worry about, nothing to get down about, just another thing to recover from. I remember walking into his house a few years ago after one of his many hospital stays. He was in his power chair, a nasal cannula in his nose, and Fran was feeding him a liquid meal through a tube. I said, "Dave you look like crap, I joked, it must really suck not being able to eat real food."

He replied with all sincerity, "I feel GREAT! Mark, what are you up to? By the way, is there an NCAA Basketball Tournament pool at work this year? I want to get my bet in."

First and foremost Dave was an optimist and a positive thinker but he was many other things as well; husband, father, grandfather, neighbor, friend, colleague, athlete,

Dave would have told all of his friends in the industry how much he loved you as people and how much he loved you for what you do for others.

(continued on page 55)



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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.



Tribute to Dave Williams

(continued from page 52)

activist, advocate, writer, councilman, sports fanatic, fundraiser, photographer, liberal democrat, health care consumer, and wheelchair user. I purposely put wheelchair user last to describe Dave because although it was certainly a big part of what made him what he was, he had a magician's way of making his chair and his physical disabilities disappear to those who knew him. He did not let it define who he was.

He much preferred the other labels above, especially husband, father and grandfather. He would rather talk about sports and government and if he did talk wheelchairs it was to advocate for others who were left behind by the system not his own mobility.

I am thankful to him for the impact on my own children who grew up around Dave in our neighborhood. Because of his independence and love of life they became blind to whether someone was in a chair or not when judging them. He was simply Mr. Williams to them and later just Dave. The chair was of no consequence to them.

I also know Dave would not want me to pass up this opportunity to praise the Rehab industry, an industry and people he loved from the inside and out. Over the many years we were friends and neighbors, I helped Dave and Fran set up and adjust in their home, manual and power wheelchairs, hand cycle, stair lift, bed, trapeze, shower chair, transfer bench, oxygen concentrator, CPAP, electronic doors, and wheelchair ramps. His house looked like one big Rehab ad. And he would be the first to tell you it made all the difference in the world in keeping him at home with Fran, active, and in touch with the world around him.

He used his power wheelchair like a car, driving several miles a day all over Amherst to council meetings, walking

his dog, sporting events, visiting friends, the hardware store and just about anywhere he wanted to go. Nothing aggravated him more than the words "in the home". He loved being at home but he also embraced his community as his home as well.

If given advance, notice I know Dave would have told all of his friends in the industry how much he loved you as people and how much he loved you for what you do for others. Most of all remember him for his toughness and his optimism. Superman is gone, but for those of us who remain he would tell you his passing is only a flesh wound, so keep fighting.

ACHIEVEMENTS

- Director of Government Relations for the Invacare Corporation
- In 2007 he was appointed to a 7 year term on the Ohio Rehabilitation Services Commission
- 1983. Appointed as Senior Advisor to the Governor of Ohio on Health and Disability Policy
- First Director of the Governor's Office of Advocacy for People with Disabilities
- Competitor in the Ohio Wheelchair Games from 1983 through 1994
- Coach of the Junior Buckeye Wheelers
- Author of Battling the Beast Within
- Amherst, Ohio Councilman
- Motivational Speaker

Dave had many extraordinary qualities rarely found in one individual. To work with him was inspiring and humbling. Dave possessed a high level of ethics related to his work and his life. His understanding of politics and how to influence the process was strong and his determination to ensure that individuals with disabilities had equal representation was profound. Dave was also like a brother; kind, caring and easy to talk to. When Sunrise moved me to government relations full time, Dave was the first one to offer to work with me and help me to grow into my role. Dave was fantastic and articulate in oral and written communication. He could be counted on to quietly sit and listen to everyone banter about how to make

a statement on an issue and ultimately suggest the perfect wording. But, on occasion, I had the honor of sitting down and visiting with Dave or having a meal with him. It wasn't his work that he talked about. Instead, he talked about his wife, Fran, his sons, his grandson and his faith. As passionate and accomplished as he was, Dave didn't let his work (paid or volunteer) consume his life — he knew what was ultimately most important to him. That balance made him an extraordinary individual, one I was blessed to call my friend and one that everyone will miss. To know Dave Williams was to love him.

Rita Hostak



NRRTS REGISTRANT RESPONDS TO

DISASTER

Written By Mike Osborn, ATP, CRTS®



Since we don't do any respiratory our accreditation doesn't require us to have a preparedness plan. However, due to our past employment and history in the industry, I guess it is just natural to have a plan in place to get in touch with your clients in the case of an emergency. Obviously, we had nothing directly set up for tornadoes.

The morning following the tornado, we pulled every client name we had in the Joplin, Mo., area and began calling to see what their status was and what we could do to assist with equipment needs. Unfortunately, there was almost no phone service in the area. We took a print out of each client and their address and began a door-to-door visit to check on them. Some we were able to get to, some had been evacuated or took shelter with family in other towns around the Joplin area. While the service technicians were in the field trying to make contact, we had office staff continuing to try the phone lines in case something opened up. We were able to reach every client through this manner. Only two had lost equipment. Both had been evacuated without the power chairs, and their homes were unsafe to return to. We issued loaner equipment until other arrangements could be made or new equipment issued.

Missouri Medicaid did a great job of getting things rolling with new modifiers for those situations where new equipment will need to be purchased.

We heard stories of all types, but it is just indescribable unless you see it for yourself.

CONTACT THE AUTHOR

Mike may be reached at mosborn@alliancerehabmed.com or 800.813.1656.

NRRTS *Officers and* BOARD *Members* 2011-2012



PRESIDENT (2011-2013)

Michele Gunn, ATP, CRTS®

I started my career after college as an ADL Specialist at The Center for Independent Living in Tallahassee, Fla. I then worked 10 years as an ATP/CRTS® for Whitmyer Biomechanix, Inc. Though it seems like yesterday, I am coming up on my 10-year anniversary at Browning's Pharmacy and Health Care. During the past nine years, I have had the privilege of serving on the NRRTS Board in several capacities. I have also joined the NCART Board of Directors.

It will be my honor to serve as NRRTS President. We have many projects on our plate for the next couple of years, and I will need your support more than ever to see them through. Thank you for the opportunity to serve.



VICE PRESIDENT (2010-2012)

Gerry Dickerson, ATP, CRTS®

I have been a NRRTS Registrant since 1994 and an ATP/CRTS® since 1997. I have been involved in rehab technology and durable medical equipment since the early 1970s. The difficult times we are now experiencing and the difficulties ahead, will require a great deal of team work and energy in order to see to it that our profession not only survives, but also thrives. We are in a period of constant battle with regard to competitive bidding, funding cuts, documentation and on and on. Our ability to provide the best possible clinical intervention is compromised at every turn by bureaucratic bottlenecks. We, all of us, must work hard every day at promoting what we do, its benefit to consumers, its ability to enhance lives, and save money at the same time. NRRTS, under the direction of the Board of Directors and the exceptional staff of Simon Margolis, Judy Dexter and Amy Odom, has increased the visibility of the NRRTS Registrant and the profession as a whole. CELA and **DIRECTIONS** are the two most tangible examples of this. But there are other less visible examples too. Many NRRTS staff and board members serve on dozens of other committees to promote and enhance the profession. Conference calls, letter writing and congressional visits are all happening without much fan fare. There is a great deal of work yet to be done. It would be my great honor and privilege to continue to serve on the NRRTS Board of Directors..



SECRETARY (2011-2013)

Leslie Rigg, MS, ATP, CRTS®

I have been a NRRTS Registrant since 1994 and a CRTS® since 1997. As co-owner of ATS Wheelchair and Medical, I am actively involved in ordering, fitting and obtaining funding for rehab equipment. Despite a busy schedule with my business, I have always felt it important that my work extend past my small business to include my community, the industry and the people we serve.

I have provided service to NRRTS for the past 10 years in a variety of roles. I currently serve on the DAC Executive Committee and extend my service to the DAC Rehab A-Team. I

also serve on the NCART Board. I remain committed to NRRTS and the mission of raising the level of expertise in the field of rehab technology.

We are at a time where now, more than ever, NRRTS must stand and be heard as a leader in the industry. NRRTS has made great strides in educating funding sources and consumers, as well as promoting and developing the expertise of individuals in the registry. There is much more work to be done.

Continuity within NRRTS as well as committed leadership is critical to preserve, and strengthens the mission of our organization.



TREASURER (2010-2012)

Weesie Walker, ATP, CRTS®

For the past 18 years, I have been branch manager in Atlanta for National Seating and Mobility. It has been my greatest honor to serve on the NRRTS Board for the past 10 years. At this point in NRRTS history, we are faced with an amazing opportunity to see the much deserved recognition of the professional RTS. I am very proud of NRRTS and all that we have been able to accomplish. I have been a NRRTS Registrant since 1993 and a CRTS® since 1997.



PAST PRESIDENT (2011-2012)

John Zona, ATP, CRTS®

I have enjoyed my tenure as president of NRRTS, and I want to thank you for allowing me to serve. I have been an RTS for more than 28 years, a NRRTS Registrant for more than 10 years, and an ATP, CRTS® for 12 years. Prior to serving as president, I served as an at-large director. I am employed by Lakeview Medical Inc. in Auburn, Mass.



REVIEW CHAIR, DMAC A (2010-2012)

Thana France, ATP/SMS, CRTS®

I am an ATP/SMS and a CRTS®, and I work for Browning's Health Care in Orlando, Fla. I have been in the medical industry since 1984, but have been working in rehab for 16 years. It all started with Mr. Browning saying to me, "I've always wanted to do rehab." We worked together to build our business around incredibly talented seating specialists, with old-fashioned ethics and customer service. We are now at a critical crossroads, and it is imperative that all of us band together with our consumers to fight for our industry and those we serve. I am excited to continue working on the NRRTS Board as review chairperson for Region A, and working with everyone to move our industry, and the recognition of the value of CRTS® forward.



REVIEW CHAIR, DMAC B (2011-2013)

Mike Nadeau, ATP, CRTS®

I have been a NRRTS Registrant since May 2002 and a CRTS® since 2005. I have specialized in the field of seating and mobility for more than 20 years. I have been employed by Hudson Home Health Care since 1985 as a rehab technology supplier. I am a frequent lecturer throughout New

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NRRTS Officers and Board Members 2011-2012

(continued from page 52)

England on various rehab equipment topics including manual and power wheelchairs, standing frames, and pediatric equipment. I also lecture at numerous New England colleges and universities to students of both physical and occupational therapy. I am eager to continue serving on the NRRTS Board, so we can continue the momentum.



REVIEW CHAIR, DMAC C (2011-2013)

Mike Osborn, ATP, CRTS®

I have been working in the HME industry for more than 17 years. I received my ATP certification in 1997 and have been working as a CRTS® since 2001. I have proudly participated in the last four CELA events in Washington, D.C. I have also spent many hours working with Missouri state legislators in an effort to raise awareness about our industry.

We have seen some major changes in our industry during the past few years. NRRTS has made some great strides to raise awareness regarding the crucial role the CRTS® has in our industry. However, we are at a turning point; together we need to increase our voice on legislative issues, reimbursement concerns and positive and negative changes affecting our industry. We need to continue raising our standards as an industry and as an organization. The morals and ethics that we stand for are important and should be upheld across our industry.

It is an exciting time for NRRTS. It will take each of us staying involved to continue our growth



REVIEW CHAIR, DMAC D (2010-2012)

Elaine Stewart, ATP, CRTS®

I am honored to be part of an organization that has the desire and willingness to make changes in our industry. I believe providing proper information and educating our clientele and funding sources is imperative to assure they receive the proper technology, service and commitment to meet their functional needs.

We, as an organization, need to be identified as a qualified provider of services and separated from standard HME. In our industry, the ever-changing rules and guidelines require an increased awareness of our credentialed professionals, our ability to provide advanced education to our referral sources. As an organization, we should be proactive in the decision making process, which is more important now than ever to assure our clients continue to be serviced appropriately.

I have been providing rehab equipment for more than 20 years and have been a registrant of NRRTS and a CRTS® since 1996. I am a member of the Association of Indiana Home Medical Equipment Services (AIHMES), which actively represents the industry's views to the state and federal government agencies and legislative bodies for Indiana.

I have seen this industry change many times in my 20 years, and I am driven to provide my clients with the necessary technology to be functional within their abilities. After providing technology that

is functional and effective, a smile from a family member or client is priceless.



AT-LARGE DIRECTOR (2011-2013)

Mike Barner, ATP, CRTS®

I have 24 years of home care services experience, primarily focused on the provision of complex rehab. I have been employed with University of Michigan Health System, Home Care Services since August of 1997, and currently serve as operations manager for the Wheelchair Seating Service. Prior to UMHS, I was employed at Apria Healthcare. I have been a NRRTS Registrant since 1996 and an ATP/CRTS® since 1997.



AT LARGE DIRECTOR (2010-2012)

Carey Britton, ATP, CRTS®

I began my career in DME in 1992, after purchasing an existing franchise of Amigo Mobility Center in Fort Lauderdale, Fla. Within a year, it was obvious that we could benefit our customers more by becoming a specialist in the field of seating and mobility. We quickly added seating and positioning services, powered wheelchairs and other specialty equipment into our product line. I was one of the first to install custom seating systems on scooter bases, and continue to strive to be the best within my industry.

I was born and raised in upstate New York and have been living in South Florida since 1988. I am very involved with my family and photography. I currently hold several board positions in both my professional life and my personal life; giving me the knowledge and experience to help represent my peers.

I believe NRRTS is a fine organization, and in the past few years has grown to become a leader in assistive and rehab technology. I am proud to support and be considered a part of this quality organization.

Anyone can sell a product, but it takes an artist to craft a solution.



AT-LARGE DIRECTOR (2011-2013)

Michelle McMahon, ATP, CRTS®

I have been a NRRTS Registrant since 2004 and an ATP/CRTS® since 2007. I have served on the NRRTS Board of Directors as a review chair for DMAC C for the past four years. I own and operate Frontier Access & Mobility Systems in Cheyenne, Wyo. I am very active in the rehab industry serving on various committees as well as in my community and local governments. I believe that we have a voice with NRRTS and, through numbers, NRRTS continues to gain strength.

NEW REGISTRANTS

Congratulations to the newest NRRTS Registrants. (May 11, 2011 through July 12, 2011)

Brock Beasley, ATP, RRTS®

Alliance Seating and Mobility
1650 Independence Dr.
New Braunfels, TX 78132
Telephone: 866-342-0980 x.7250
Toll Free: 800-723-4535
Fax: 866-599-2020
Registration Date: 6/9/2011

Melvin Chung, RRTS®

Mobility Equipment, Inc.
955 E. San Carlos Ave C
San Carlos, CA 94070
Telephone: 650-596-7358
Toll Free: 800-564-8998
Fax: 650-596-7335
Registration Date: 5/17/2011

David Cossey, RRTS®

United Seating
8612 Kanis Rd STE. Z
Little Rock, AR 72204
Telephone: 501-221-2258 x.2353
Toll Free: 877-531-3239
Fax: 501-225-3502
Registration Date: 6/14/2011

Michael Daniels, RRTS®

Alliance Seating and Mobility
2810 Herace Shephard Dr.
Doher, AL 36303
Telephone: 850-491-9420
Fax: 877-230-3230
Registration Date: 6/14/2011

Jeff Johnson, ATP, RRTS®

CarePro Home Medical/Fifth Avenue Medical
402 10th St SE, Suite 600
Cedar Rapids, IA 52403
Telephone: 319-298-0953 x.333
Toll Free: 877-787-6790
Fax: 319-298-0954
Registration Date: 6/23/2011

CRTS® CREDENTIALS

Congratulations to NRRTS Registrants recently awarded the CRTS® credential. A CRTS® receives a lapel pin signifying CRTS® or Certified Rehabilitation Technology Supplier® status and guidelines about the correct use of the credential. Names listed are from May 11, 2011 through July 12, 2011.

Robert B. Brewer, ATP, CRTS®

Care Medical
Duluth, GA

Mark Frazier, ATP, CRTS®

Preferred HomeCare
Mesa, AZ

Ronald Keith Hayes, ATP, CRTS®

Shuman HealthCare
Waycross, GA

Scott Leikala, ATP, CRTS®

Ability Medical Supply, Inc.
Sunrise, FL

Marco A. McFarland, ATP, CRTS®

Care Medical
Savannah, GA

Rubin Mejia, ATP, CRTS®

National Seating & Mobility, Inc.
Austin, TX

Michael Pisano, CRTS®

Mobility Express
New Port Richie, FL

Edward Waymire, ATP, CRTS®

Texas D.M.E.
Cleburne, TX

James S. Jones, RRTS®

Alliance Rehab & Medical Equipment
2205 Petrus Circle
Ozark, MO 65721
Telephone: 417-581-5747
Toll Free: 800-813-1656
Fax: 417-581-5762
Registration Date: 6/27/2011

Michael Petz, ATP, RRTS®

Alliance Seating and Mobility
5237 Halls Mill Rd
Bldg D, Suite B
Mobile, AL 36619
Telephone: 251-660-9992
Fax: 877-822-0347
Registration Date: 6/14/2011

Daniel Pino, RRTS®

ATG Rehab
1465 N. Mack Smith Road
Chattanooga, TN 37412
Telephone: 423-468-4872
Toll Free: 877-770-4141
Fax: 423-468-4874
Registration Date: 6/27/2011

Eleazar Rangel, RRTS®

International Safety & Medical Supply
6400 Airport Rd. Building A Ste. H
El Paso, TX 79925
Telephone: 915-532-4555
Fax: 915-562-7609
Registration Date: 6/21/2011

Dawn Ruth-Larson, RRTS®

Medical Equipment Specialists, Inc.
102 Tower Rd.
Cumming, GA 30040
Telephone: 770-889-3552
Fax: 770-887-9012
Registration Date: 6/15/2011

Mathew Wattenbarger, RRTS®

United Seating
6171 Huntley Rd Suite M
Columbus, OH 43299
Telephone: 614-515-2156 x.1866
Fax: 614-515-2165
Registration Date: 6/15/2011



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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 May 11, 2011, through July 12, 2011. For an up-to-date verification on Registrants, visit www.nrrts.org, updated daily.

Jack D. Atchison, ATP Winston Salem, NC

John Ken Bagot, III, ATP Jefferson, LA

Shawn Boyt, ATP Traverse City, MI

Jeffrey M. Bozarth, ATP Keokuk, IA

Dennis L. Eisher, ATP San Diego, CA

Jeremy Elliott, ATP Cumberland, MD

Michael A. Gartner, ATP Hendersonville, NC

James W. Hayes, Jr., ATP Columbia, SC

Eric S. Holman, ATP East Peoria, IL

Tina M. Peterson, ATP San Antonio, TX

Lynn Serio, ATP Baton Rouge, LA

Michael R. Sivori, ATP Lexington, KY

Joe Thieme, ATP St. Cloud, FL

Maryann Tomkins, ATP Canton, OH

Paul Wilkie, ATP Kansas City, MO

David Wix, ATP Ringgold, GA



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THE NRRTS OFFICE IS MOVING!

Effective August 8, 2011



Physical Address

112 E 6th St
Walsenburg, CO 81089

Mailing Address

PO Box 1091
Walsenburg, CO 81089

Telephone Numbers

800.976.7787
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As Corporate Friends of NRRTS, these companies recognize the value of working with NRRTS Registrants and support NRRTS' Mission Statement, Code of Ethics and Standards of Practice.

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