

DIRECTIONS



RULES OF THE ROAD <

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**WHEELCHAIRS ON THE SCHOOL BUS:
ANALYZING LIABILITY ISSUES**
PAGE 12

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PAGE 34



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Josh Anderson is vice president of marketing of TiLite in Pasco, Wash. **See page 40.**



Ernie Hodge is a consumer advocate who enjoys motivational speaking. **See page 18.**



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My **FIRST** Presidential Message

Written By Michele Gunn

I AM SITTING AT THE GATE IN THE NASHVILLE

airport as I write my first presidential message. I'd like to give special thanks to Permobil for the hospitality. The board had a very successful retreat, and I am excited about some of the ideas we have come up with. Stay tuned as big things are coming your way very soon. If you will permit me, I would like to use this forum to share things NRRTS is doing for you. I am not going to talk about the state of the industry, just continue reading DIRECTIONS and you will get plenty of that. I am going to talk specifics about what NRRTS is doing and how it relates to tangible benefits for you as a Registrant.

By now, you are aware of the program we are running with the University of Pittsburgh to collect outcomes. As I write this, we are about half way into this six-month pilot program. The FMA surveys are coming in at a good pace, and the program seems to be a success. This is something we will need to continue after the pilot in order to have the data we need to make changes regarding funding of the products and services we provide to our clients. Funding sources have been asking for this missing piece forever and denying reimbursement because it did not exist. Talk about tangible!

I am participating in the program myself as it has obviously become a passion of mine. I would like to share an outcome I was able to submit recently. More often than not, I will be telling stories about my clients in my messages. They are the reason I am involved with NRRTS, so it only seems fitting their stories land here. This outcome is on my client, Don. Unlike "Robyn Returns," I am not going to repeat all the questions of both FMAs, but will summarize so you get the gist.

Don was diagnosed with ALS in November of 2011. He started noticing things, but apparently it had taken four years to get the diagnosis. As a former body builder, he first noticed he was unable to build muscle with his usual workout routine and diet. Then, he started having weakness in his upper extremities and loss of dexterity in his hands. At the time of the evaluation, he had significant balance issues. Don's case is interesting, as his is the first FMA I have done that did not involve a comparison to an existing chair. In Don's first survey, his existing mobility is walking, if you want to call it that. Don is unable to use any

ambulatory aids as he cannot grasp them. So his "walking" is made up of hanging onto the walls and furniture of his home between falls. Outside ambulation is dependent on assistance from his wife, friends or other family members. For the most part, it is easy to say he responded with complete disagreement to most survey questions. This was a little eye opening to me because sometimes I equate walking with being fine mobility wise. Remember the first LCD that prevented powered mobility based on the ability to take a few steps and complete stand pivot transfers?

Don had his new power chair for close to four weeks before I came back to complete the second survey. Now, most of the questions on his FMA were a resounding completely agree. In this time, he had been able to go on the first vacation he had been on in years. He told me about going up to see his family and putting his 85-year-old mother in his lap for a ride on his new wheels. The seating was at a slight tilt, so he did not spill her onto the floor. He was able to raise his seat to eye level during the party they had there. I am going to use a bad word at this point. He told me COMFORT was his highest priority when we were ranking the questions. I know, taboo, but it was so important to him I felt I needed to share. He then gave me one of the best compliments I have received in my career. He thanked me for all my hard work on the chair and said it felt like an extension of his body. Want to talk about job satisfaction, the ear-to-ear grin after one of these lasts a long time.

The FMA
surveys are
coming in
at a good
pace, and
the program
seems to be a
success.

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CONTACT THE AUTHOR
Michele may be reached at mgunn@brownings.net or 407.650.9585.

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WHEELCHAIRS on the School Bus:

Written By Jeffrey S. Baird, Esq.

ANALYZING LIABILITY ISSUES

THERE IS A COMMON PROBLEM THAT IS

becoming prevalent. Afraid of potential liability, school districts are increasingly refusing to transport children with disabilities whose wheelchairs have defective parts, such as broken wheel locks and broken head rests. This article will discuss federal requirements imposed on school districts and proactive steps districts, parents and other stakeholders can take to reduce risk of injury to the child ... and risk of liability to the school district.

FEDERAL REQUIREMENTS

Federal Mandate for Provision of Transportation Services

The Individuals with Disabilities Education Act ("IDEA") is codified at 20 U.S.C. §1400 et. seq. The purpose of the IDEA, in part, is to:

- Ensure all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living;
- Ensure the rights of children with disabilities and parents of such children are protected; and
- Assist states, localities, educational service agencies, and federal agencies to provide for the education of all children with disabilities, 20 U.S.C. §1400 (d).

A "child with a disability" is defined as a child:

- with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and
- who needs special education and related services as a result thereof, 20 U.S.C. §1401 (3).

Related services means:

- Transportation and such developmental, corrective and other supportive services ... as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children, 20 U.S.C. §1401(26) (emphasis added).

Transportation is defined by the IDEA regulations as"

- "Travel to and from school and between schools, travel in and around school buildings," and "specialized equipment if required to provide special education for a student with a disability," 34 C.F.R. 300.24(b)(15)

Handicapped students are also entitled to transportation services to school in accordance with the provisions of the Rehabilitation Act, see 34 C.F.R. §104.37 and §104.43.

INDIVIDUALIZED EDUCATION PLAN

Local educational agencies are required to conduct a full and individual initial evaluation to determine if a child meets the definition of a "child with a disability." If a child is a "child with a disability," then the local educational agency must work to prepare an Individualized Education Program ("IEP") for the child. The IEP is created by a team of specialists, including personnel who provide related services. The IEP team works together to set goals for the child and assures a plan is in place to provide a "free appropriate education" for every child with a disability. In addition to receiving free instruction in the classroom, children with disabilities are also entitled to free transportation services.

Federal Rules Related to Transporting Children with Special Needs

Unlike the laws in each state related to the use of child safety seats and seatbelts, there are no standard federal or state laws regarding the safety requirements for transporting children with special needs. However, 49 C.F.R. §571.222 does provide

Local educational agencies are required to conduct a full and individual initial evaluation to determine if a child meets the definition of a "child with a disability."

the minimum requirements for transporting a child in a wheelchair on a school bus.

- The wheelchair locations shall have not less than four wheelchair securement anchorages using appropriate securement devices.

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- The wheelchair shall be secured in a forward-facing position.
- The occupant of the wheelchair shall have not less than one anchorage for the upper end of the upper torso and not less than two floor anchorages for wheelchair occupant.

THEORIES OF LIABILITY

Whether or not a person or entity is liable for an injury sustained by a child with a disability while the child is being transported, is a question to be decided by each state court. Laws vary from state to state, but there are some general theories of liability which cross state boundaries.

Negligence

When a disabled child is injured while being transported, and if the child makes a claim for damages, then it is likely one of the theories of liability will be negligence. Generally, to prove negligence, an injured party must prove:

- The school district (district) or transportation company owed a duty to the injured student;
- The school district or transportation company breached that duty; and,
- The breach was the cause of the injured student's injury.

"Duty" in a negligence case is broadly defined. A duty is a legal obligation that requires the defendant to conform to a certain standard of conduct to protect others against unreasonable risk. In deciding whether there is a duty, courts will often look at whether there is a special relationship between the parties. In the case of a student, the student has placed his or her life in the hands of the school bus driver to ensure he or she is transported to and from school safely.

In the event of an accident, the student may allege the bus driver, the district and/or the transportation company was negligent. For example, if the bus is rear-ended by another automobile, and a child falls out of his wheelchair as a result, then the district could face liability for not properly restraining the child in his or her wheelchair.

(continued on page 14)

Wheelchairs on the School Bus

(continued from page 13)

Transportation companies and districts are prime targets for lawsuits in this area. To a plaintiff's attorney, the district and transportation company will be seen as having substantial assets with which to pay a judgment.

In negligence cases, defendants are generally held to an ordinary duty of care. Thus, in deciding whether or not the district and transportation company were negligent, the court will look to see if their actions were reasonable under the circumstances. In other words, would a reasonable entity have acted the same way? **KNOW YOUR STATE'S LAW!** Some states hold transportation companies to not just a reasonable standard of care, but a "high standard of care." Common carriers usually include railroads, public buses, airplanes, taxis, street cars and other such vehicles. Common carriers must show a "high degree of care" for the persons who use that mode of travel. Some states, such as Connecticut, provide that school buses are common carriers. On the other hand, state courts in Texas have specifically held that public school buses are not common carriers.

An injured party can seek damages permitted under state law. Such damages may include actual damages for personal injury or property damage, pain and suffering damages, economic injury damages, exemplary (punitive) damages, interest, court costs, and attorney's fees.

Product Liability

Districts and transportation companies are not the only entities likely to face liability following an accident involving children

with disabilities. The manufacturer of the wheelchair also faces potential liability.

An injured student can sue the wheelchair manufacturer for negligence using an analysis similar to the one discussed earlier, however, it is more likely the injured student will argue the manufacturer sold him/her a defective product. Generally, in order to prove the manufacturer of the wheelchair is strictly liable for manufacturing a defective wheelchair, an injured person must only show:

- that the wheelchair was defective in some way; and,
- that defect was a producing cause of the injury for which the injured student seeks recovery.

A manufacturer can be held "strictly liable" for defects in its wheelchair. This means the court will look at the wheelchair itself and determine if it was defective. If so, then the manufacturer can be found liable for any injuries that resulted from the defect. Strict liability offenses are considered to require less proof than other theories of liability – such as negligence.

Governmental Immunity

If an injured child brings suit against the district for injuries sustained as a result of wheelchair transport, the district will likely argue it is immune from suit because it is protected by governmental immunity. Each state is different, but this defense will most likely fail. All states have enacted governmental immunity statutes which, in general, protect the discretionary

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acts of a governmental agency from being subject to lawsuits. Almost all (if not all) of the states have an exception to this statute that provides when the proprietary acts of the state cause injury to a person, there is no governmental immunity from a lawsuit.

Discretionary functions are those functions performed by the government necessary for the functioning of an orderly society, but that might also include risk, such as operating a police or fire department. However, when a government engages in proprietary functions, or business-like functions, the government is less likely to have such immunity. Thus, when the bus driver negligently becomes involved in an accident or negligently fails to properly tie down a chair as required by the IEP, governmental immunity is normally lost.

COURT DECISIONS

Unfortunately, there is not much case law related to injuries that result from an accident involving the transport of a disabled child. This is likely due to the fact that the school bus is regarded as a safe form of transportation, thus, school buses are not often involved in accidents. It is also likely most of the cases involving school buses are settled out of court. Set out below are summaries of some of the court decisions related to wheelchairs and schools buses.

Helmin v. Student Transportation Company, Inc., 139 N.W.2d 103 (Wis 1966). Student Helmin, who was confined to a wheelchair, was waiting on a ramp at his school building. Helmin was waiting for the handicapped school bus to arrive. Helmin's wheelchair rolled off the ramp and collided with the handicapped school bus causing him injury. Helmin sued the transportation company for negligence. The transportation company filed suit against the Board of School Directors of the City of Milwaukee (Board). The Board challenged its involvement in the case. The lower court ruled that the proper third party defendant was the city of Milwaukee, not the Board. The appellate court affirmed this holding based on its review of Wisconsin statutes and precedent. Any case against the city or Board was deemed improperly pled and the transportation company was not permitted to amend its pleading.

Primm v. USF & G Insurance, 922 S.W.2d 319 (Ark. 1996). Jerrod Suggs' mother sued the school board's insurance carrier claiming the school had injured her son. Jerrod, a child with spina bifida, was paralyzed and confined to a wheelchair. Jerrod also had brittle bones. On the day of the injury, Jerrod was required to stay in the classroom during recess because it was too cold for him to play outside. Jerrod was supposed to be supervised by Ms. Perkins while in the classroom, but for some reason, Ms. Perkins stepped out of the room. While Ms. Perkins was away, another child started pushing Jerrod around the room and caused his wheelchair to tip over. Jerrod did not appear to be severely injured. As a result, he was sent home and the bus

KNOW YOUR STATE'S LAW! driver explained to Jerrod's mother the circumstances of his injury. Six days later, Jerrod's mother discovered he had a broken bone in

his leg. Jerrod's mother sued the school for negligence. The jury returned a verdict in favor of the school finding it was not negligent in its supervision of Jerrod. Jerrod's mother appealed on evidentiary grounds, but the verdict was upheld.

Day v. Middletown Monroe City School District, 2000 WL 979141 (Ohio Ct. App. 2000). Sixteen-year old-Nicole was dropped off at her regular bus stop. While walking home, Nicole was required to cross a set of railroad tracks. When crossing the railroad tracks, Nicole was hit by a freight train. At the time the case was heard by the court, Nicole remained in a coma. Nicole's mother brought a lawsuit against the Board of Education, the school district, and the bus company alleging the defendants were negligent. The trial court found the district could not be sued for negligence based on its discretionary decision to place the bus stop in its geographical location. The trial court held the district was protected by the sovereign immunity statute; however, the court further held the Board of Education was not covered by the principal of sovereign immunity. The Board of Education appealed the lower court's decision. Relying on its interpretation of the state sovereign immunity statute, the Court of Appeals overturned the lower court and found the Board of Education was protected by sovereign immunity. The court found, in part, that "because the transportation of students is a governmental function of the Board, the Board is immune from suit for injuries arising out of the function unless one of the statutory exceptions applies." The court found none of the exceptions applied in this case. See also, *Glover v. Dayton Public Schools*, 1999 WL 958492 (Ohio Ct. App. 1999).

Groves v. Dayton Public Schools, 725 N.E.2d 734 (Ohio Ct. App. 1999). Defendant's motion to dismiss based on sovereign immunity was denied in this case. The denial was upheld by the appellate court. In this case, the plaintiff was a disabled student confined to a wheelchair. While the plaintiff was receiving assistance getting off the bus, her hand became wedged, causing injury. Plaintiff alleged she was injured because the driver failed to properly secure her into her wheelchair before removing her from the bus. The school argued the case should be dismissed because Dayton Public Schools are protected by sovereign immunity. The court agreed Dayton Public Schools are protected by sovereign immunity; however, in this instance, the court found immunity did not apply. The plaintiff's case fell under a sovereign immunity exception. The court quoted the statutory exception as stating, in part, "a political subdivision is liable in damages in a civil action for injury, death or loss to person or property allegedly caused by an act or omission of the political subdivision or of any of its employees in connection with a governmental proprietary function." The court held that the

(continued on page 16)

Wheelchairs on the School Bus

(continued from page 15)

> When the
> bus driver
> negligently
> becomes
> involved in
> an accident
> or negligently
> fails to
> properly tie
> down a chair
> as required
> by the IEP,
> governmental
> immunity is
> normally lost.

bus driver's responsibilities constitute a proprietary function. The case was permitted to proceed to trial. See also, *Stevenson v. Brandywine School District*, et.al., 1999 WL 742932 (Del. Super. 1999).

***Marshall v. Caddo Parish School Board*, 743 So.2d 943 (La. Ct. App. 1999).** A wheelchair-confined child born with spina bifida was placed on a school bus for travel to school. As the bus backed up, it collided with a parked car. The child had been strapped into the bus with a lap seatbelt. Notably, the child was not restrained with the required shoulder harness. When the child returned from school, the mother noticed the child had a bruise on his head,

and he complained of neck and back pain. The school board was found to have been negligent in this case and ordered to pay \$6,000 in damages as well as the child's medical expenses. The school board appealed on standard evidentiary grounds. No issue of governmental immunity was raised. The verdict for the disabled child was upheld.

***Bell v. Ayio and West Baton Rouge Parish School Board*, 731 So.2d 893 (La. Ct. App. 1999).** Plaintiff sued the school board after she was injured in a fight with another student. No wheelchairs or disabilities were involved in this case. The plaintiff told the bus driver she was threatened by another girl on the bus. At the next stop, which happened to be a school, the bus driver moved the plaintiff and the other girl off the bus and asked a teacher to bring the principal. While waiting on the principal, the driver got on the bus to move it. At that point, the girl jumped on the plaintiff and stomped on her ankle. The court determined the bus driver and the school board were negligent. However, the court reallocated the fault and determined the bus driver and school board were only 15 percent liable for the plaintiff's injuries.

REDUCING THE RISK OF LIABILITY

If the following steps are taken, the risk of liability to the district and transportation company will be reduced:

- Assure a transportation representative is part of the IEP team.
- Prepare a detailed plan for transporting the child on the school bus. The plan should address all contingencies identified.
- Communicate with the child's bus driver. Make sure he or she is aware of the IEP and understands the importance of following the IEP.
- Ensure the bus driver has access to a representative of the IEP team. If the bus driver encounters a new problem with the child's transportation plan (e.g., the child is too big to be transported in accordance with the plan), the bus driver should bring the issue to the attention of the IEP team members. In response, the IEP team members should consider amending the IEP.

In deciding on transport options for the child, the district should use its resources to make the child as safe as possible. The district/transportation company should inspect the child's wheelchair on a regular basis. If the district/transportation company discovers a defect (e.g., broken wheel lock or broken head rest), then it should inform the child's parents verbally and in writing. The district/transportation company should further inform the parents (verbally and in writing) the child will not be transported on a school bus until the defects are corrected.

Obtain the parents' written consent for the initial transportation plan and for any subsequent amendments.

The district should have a reason for everything it does ... or does not do. ➡

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The GRAND SLAM LIFE of the Shortstop from Georgia

Written By Randy Christian

*Well, beat the drum and hold
the phone - the sun came out today*

*We're born again,
there's new grass on the field*

*A-roundin' third, headed for home,
it's a brown-eyed handsome man;*

Anyone can understand the way I feel.

Put Me in Coach by John Fogerty
From the album *Centerfield* (1985)

MOST ANY GUY OR GAL WHO HAS "OILED-UP"

even one ball glove in their lifetime will tell you shortstop is one of the toughest positions to play in baseball, if not the toughest. Some may argue third base; the legendary "hot corner" is the place where many all-time greats etched their names in the history books. Others will add catcher to the debate. Yes, the catcher has many duties, plus the wear and tear on their body makes young men old before their time. But, the number six position on "America's Diamond" is where superior athleticism and bulldog tenacity has been showcased since the first two baseball teams took the field in 1846 at Elysian Field in Hoboken, N.J.

The shortstop or SS position, as identified in respectable scorebooks or team rosters, is located in the "alley" between second and third bases. Baseball statistics validate the fact there are considerably more right-handed hitters than those who hit from the left side of the plate. Consequently, all those right-handed batters, and a lot of lefties too, hit more balls in that alley patrolled by the shortstop than any other space on the field.

The velocity and height of the balls hit to the shortstop ranges from the slow dribbler to ones that seem more like a bullet than a baseball. The responsibility of sky-high pop flies to tricky Texas leaguers usually fell at the feet of the shortstop as well. And of course, you can't have a traditional 6-4-3 double-play without an SS.

This is the kind of assorted action that has challenged the professional skills of major leaguers like Phil Rizzuto, PeeWee Reese and Maury Wills for decades. They are the heroes to those of us who grew up in the 50s and 60s and believed

Ernie Hodge can't recall a time during his growing up years in Warner Robins, Ga., he didn't play shortstop. heaven-on-earth was a semi-level patch of dirt big enough to accommodate a sticky, sweaty band of baseball brothers' summer, after summer, after summer. Ernie Hodge can't recall a time during his growing up years in Warner Robins, Ga., he didn't play shortstop. Baseball was his first love, but as is the case with almost every red-blooded Georgia

boy, football would consume his heart and soul well before the first leaf hit the ground each fall. In the summer months, of course, it was baseball from dawn to dusk for young Hodge and all who were big enough to hop on a bike and wheel their way to an agreed upon location. Everyone was always welcome to come play ball.

On the way to the field, players were tasked with scouting for anything closely resembling a home plate, bases or other items that would add structure to the game. The rag-tag accouterments quietly inspired the boys to abide by the rules, as well as bring a bit of order to the game they adored.

As the adventures of boyhood progressed for Hodge and his buddies, the sandlot games gradually became a lesser part of their summers. More organized games and official leagues were a respected, historical progression eagerly followed by all the boys.



ERNIE READY TO PLAY WARNER ROBINS LITTLE LEAGUE ALL STAR GAME - 1961



ANDY, JOE, ERNIE - GETTING READY TO GO TO WORK WITH HIS BUDDIES A FEW DAYS BEFORE THE ACCIDENT - 1966

It's hard to believe, but word-of-mouth communications, and not e-mails, cell phones or text messages, adequately notified the boys in early spring of sign-up locations for Little League. All the anxious youngsters in Warner Robins, got signed-up without delay and without the aid of modern technology.

"Back then you'd never think about asking your mom or dad to drive you to where you'd sign-up for Little League," Hodge said. "Me and my buddies would get on our bikes or walk to wherever it was we needed to go. We learned to get it done ourselves. It helped build our independence and confidence."

Hodge had no idea how important those lessons about self-reliance and independence he learned as a kid were. These would not only support him, but also save his life in the years to come.

His coaches and teammates identified Hodge's athletic prowess almost the minute his joined his first Little League team, the Giants. He, of course, was their shortstop.

At the ripe old age of 9, Hodge made the "A" team and played with boys three years older. It was the kind of challenge and opportunity Hodge relished. It forced him to always stay on his toes, hone his athletic skills and mature a bit quicker than kids his own age. With each passing year, Hodge's athletic skills were recognized by everyone in his small Georgia hometown. Stories of his days on the playing field became legendary. Honors and deserved accolades came his way on a regular basis.

"I remember one time when I hit two grand slams in one ball game. Just to be in a situation where you have the opportunity to maybe hit two grand slams is unusual, but

With each passing year, Hodge's athletic skills were recognized by everyone in his small Georgia hometown. < to hit two is amazing," Hodge said.
< Yes, Hodge is absolutely right. Hitting two grand slams in one game is amazing. It is just as amazing that 50 years later Hodge was reunited with the player who threw the pitches Hodge launched over the fence for both of his grand slams. The two old adversaries instantly began to reminisce about the moment-in-time that would be treasured forever by both men.

As his stellar high school days began to wind down, Hodge began to plot and play the next chapter of his life—college. With the comfort of knowing he'd been accepted to Georgia Tech, Hodge set out to secure a good summer job. His first job that summer was digging ditches, but with only three weeks remaining before he was to leave for college Hodge switched jobs. Now, instead of having his feet firmly planted on the ground digging ditches, he'd be up high helping reroof dilapidated old buildings on the Robins Air Force Base. He went from earning \$1.25 per hour maneuvering a shovel, to \$2.50 working on a roof, but his financial upgrade would be short lived.

Hodge climbed the ladder to the rooftop, ready to put in an honest day's work when the roof collapsed underneath him. In an instant, he hit the hard ground below. The fall knocked him out.

(continued on page 20)

Grand Slam Life...

(continued from page 19)

> Hodge climbed the ladder to
> the rooftop, ready to put in an
> honest day's work when the roof
> collapsed underneath him.

He awoke in the hospital operating room to the distinct sounds of a drill rumbling in his ears.

"I was lying on a cold operating room table and my head was vibrating from the drilling. My whole body was tingling. I didn't know exactly what had happened, I just knew it must be bad," Hodge said.

Despite all the commotion in the operating room, Hodge mustered up the courage to ask the doctor what had happened. His answer was direct and to the point. He told Hodge he had fallen through the roof and broken his neck. The result was paralysis from his chest down.

In the blink-of-an-eye, the young, dynamic 18-year-old Georgia boy who could run faster and jump higher than his peers would never walk again. The joy of turning toward home, after hitting a grand slam was taken away from Hodge—forever.

Like so many others before him, Hodge believed everything would be OK, and he would soon be walking again. Yet, at the end of his seven weeks in the hospital, he was still living his new life in his wheelchair. Now he was headed to Warm Springs Rehabilitation Facility, made famous by President Franklin D. Roosevelt.

"In my mind I was sure the water at Warm Springs would get me going, and I'd regain movement in my body, but a guy who had been in a wheelchair for 10 years set me straight," Hodge said.

Hodge had a reality check delivered by a new friend he had made at Warm Springs. It was chilling. He told Hodge people with spinal cord injuries like his, didn't go in the water because it wouldn't help. Instead, they were going to teach him how to live his new life in a wheelchair. It was at that moment Hodge painfully accepted the fact he would never walk again. It was also at that moment he reached back and grabbed hold of those simple, yet powerful lessons of strength, independence and self-reliance he had learned as a boy back on the ball field in Warner Robins.

(continued on page 22)

TOP: HOME FROM WARM SPRINGS REHABILITATION CENTER - 1967

MIDDLE: MELISSA ON HER FIRST VACATION TO INDIANA TO SEE GRANDMA VAN OSDOL. SHE WAS ONLY A MONTH OLD, AND ERNIE AND MARY PAT RECEIVED HER FROM THE ADOPTION AGENCY A WEEK EARLIER. AT 12 LBS. 9 OZ. SHE WAS A BIG BABY AT 3 WEEKS OLD.

BOTTOM: MARY PAT AND ERNIE ON THEIR WEDDING DAY (AUGUST 29, 1970) WHEELING FROM THE CHURCH





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Grand Slam Life...

(continued from page 20)



MARY PAT AND ERNIE DRIVING AWAY FROM THE CHURCH



MARY PAT AND MELISSA IN HER OSH KOSH OVERALLS.



MELISSA AND TYLER'S WEDDING IN DECEMBER 2010



While still at Warm Springs, Hodge's spirits were lifted by scores he had made on aptitude tests administered by a staff psychologist. The scores were very high and confirmed he should continue his pursuit of a college education. Unfortunately, the campus of Georgia Tech was less than friendly to students with disabilities. With that in mind, it was recommended he apply to the University of Illinois, and he did. There was one catch: Hodge could not attend classes until he could prove his ability to take care of himself in the dorm and on campus. Up to this point, in his new life, he had relied on others to help him get ready for the day. He had never dressed himself, by himself.

In a few short weeks after rolling on the bed wrestling with socks, shoes, shirts and pants, Hodge had mastered the art of dressing himself. His hard work paid off and he passed a rigorous test administered by Chuck Elmer, the University of Illinois physical therapist. Hodge was tasked with getting dressed without any help and then getting to the campus bus stop by 8 a.m. Hodge did it, and Mr. Elmer gave him the green light to move into a dorm and start his freshman year. In 1972, he graduated with a Bachelor of Science in Aerospace Engineering. The year before his graduation, Hodge and his wife, Mary

Pat, were married in his hometown. Both are graduates of the University of Illinois, and both are disabled. Due to polio, Mary Pat has used a wheelchair since age 7.

After graduating, the happy couple moved to Gainesville, Fla., where Hodge earned a master's degree from the University of Florida. His career then took him and Mary Pat to a variety of locations across the United States. Eventually, they returned to Florida and then made a decision, which would hopefully add another element of joy to their life, and it did. They began the process of adoption. Two years later, they gave the name Melissa to a healthy, three-week-old baby girl. Today, Melissa is 25, married and going to nursing school with hopes of someday working at the Shepherd Center in Atlanta, Ga., with injured spinal cord patients like her dad.

If only Hodge had just stuck with the job of digging ditches in August of 1966, his life might be a lot different today—but he didn't. Fortunately, after his accident he put his bulldog tenacity and athletic attitude ingrained in every shortstop who ever played the game to work in all aspects of his life. He has turned, what could have been a life as rough as a makeshift ball field into his own field of dreams. Like the song says, Hodge chose to live his life in "a special place where you can be born again and there is always new grass on the field."

Thank you, Ernie Hodge, for showing us how to make life a grand slam! 🏏

CONTACT:

Ernie may be reached at ehodge@modelogics.com.



ERNIE - AUGUST 2010



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GUIDELINES

OF THE

Road

Written By Danette Baker

Wheelchair transportation safety advocates promote adherence to voluntary standards to improve safety for students who remain seated in wheelchairs on school buses.

➤ *Author's Note: Special thanks to Dr. Larry Schneider for his assistance on the history of standards to improve the safety for transportation of people who remain seated in their wheelchairs while transported in motor vehicles.*

Backpacks. *Check.* Notebook paper and pencils. *Check.* Lunchboxes. *Check.* Families across the country spent weeks getting their children ready for school and now usher them out the door each morning to catch the bus. For most of these students, the ride to and from their school will be safe. For others, it all depends on the type of equipment available to them and how that equipment is used.

According to the National Highway Traffic Safety Administration (NHTSA), school buses are the safest mode of motor-vehicle transportation. New governmental regulations have been passed to make them even safer. For example, school buses manufactured since Oct. 1, 2009, are required to have padded seat backs 24 inches high to provide improved frontal-crash protection for the students. By this October, the seats of all new school buses weighing 10,000 pounds or less will be required to have lap and shoulder belts in place of the current lap-only safety belts. These new safety standards are updates to the NHTSA's Federal Motor Vehicle Safety Standard No. 222: School Bus Passenger Seating and Crash Protection.

(continued on page 26)

Comparatively, it's been more than 10 years since the American National Standards Institute (ANSI) approved ANSI/RESNA WC19, the voluntary product standard that designates design and performance requirements for wheelchairs used as seats in motor vehicles. One of the key design requirements of WC19, as this standard is often called, is the wheelchair must provide four easily accessible crash-tested securement points for anchoring the wheelchair in a forward position inside the motor vehicle. These securement points are to be used with a four-point, strap-type, tiedown system. To qualify for the WC19 standard, the wheelchair must be successfully tested in a 30-mile-per-hour, frontal-impact sled test, which utilizes the strap-type tiedown system. Additionally, the test must include a crash-test dummy of appropriate size for the wheelchair restrained by a lap-shoulder belt safety restraint comprised of a commercially available wheelchair-anchored pelvic belt. WC19 wheelchairs must also be rated for how well they accommodate the proper use and positioning of vehicle-anchored lap/shoulder belt restraints.

However, WC19 is not a government safety standard. Therefore, wheelchairs manufacturers do not have to produce a chair that complies with these requirements. However, many vehicle safety and industry experts have worked tirelessly to increase awareness of this safety standard and the availability of wheelchairs that comply.

HISTORY of the wc

When ANSI approved WC19 in April 2000, this was the second major step toward making bus transportation safer for people who remain in their wheelchairs while traveling in motor vehicles, including children on school buses, said Dr. Larry Schneider, a research professor and expert in injury biomechanics at the University of Michigan Transportation Research Institute (UMTRI). He also is director of the Rehabilitation Engineering Research Center on Wheelchair Transportation Safety (RERC WTS), funded by the National Institute on Disability and Rehabilitation Research, which is an agency within the U.S. Department of Education.

The first major step was the modification in 1992 of FMVSS 222 to require all wheelchair stations provided by the school-bus manufacturer to be equipped with four-point, strap-type tiedown systems and three-point belt restraints that meet static strength requirements and that are installed for use with forward-facing wheelchairs. Previously, students in wheelchairs had been excluded from FMVSS 222 and were identified as those students who were facing sideways in school buses.

In the 1980s, a restraint systems task force of the Society of Automotive Engineers (SAE) Adaptive Devices Subcommittee began development of SAE Recommended Practice J2249: Wheelchair Tiedown and Occupant Restraint Systems for Use in Motor Vehicles, because there were no prior standards for wheelchair tiedown and occupant restraint systems. The SAE standard was published in 1996. Today, most tiedown and occupant restraint systems, including those installed by school transportation companies, comply with SAE J2249. A revised version of this standard, along with a new version of WC19 will soon be published as Section 18 (WC18) of Volume 4 of RESNA voluntary wheelchair standards, called Wheelchairs and Transportation. As with WC19, these new standards establish design and performance requirements for wheelchair tiedown and occupant restraint system and must be successfully crash-tested in a 30 mile per hour frontal-impact sled test, but with slight modifications: a 187-pound surrogate wheelchair is used to dynamically load the tiedown/securement system along with a 170-pound crash-test dummy to dynamically load the seatbelt restraint system.

(continued on page 28)

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Before there were wheelchair tiedown and occupant restraint systems products that comply with SAE J2249 or FMVSS 222, efforts to keep wheelchairs from moving in motor vehicles often involved nothing more than bungee cords wrapped around various parts of the wheelchair or pins placed through wheelchair wheel rims.

It was also common practice to place students seated in wheelchairs backed up against the bus sidewall facing the center aisle. However, this is the least-safest direction for an occupant to be facing during frontal collisions, which account for more than half of all serious and fatal injuries, said Schneider, who also is the current chair of the RESNA Committee for Wheelchairs and Transportation. He was a primary author of the original version of WC19 developed by a working group of the RESNA wheelchair standards committee with significant support from the school transportation industry, including the National Association of Pupil Transportation and the National School Transportation Association. Schneider has also led the development of the revised version of WC19, which includes improvements and enhancements based on more than 10 years experience with the initial version of the standard and observations from investigations of real-world crashes and moving-vehicle injury incidents involving occupants seated in wheelchairs.

As previously noted, the RESNA Committee for Wheelchairs and Transportation has also upgraded and revised SAE J2249, and has developed a third wheelchair transportation safety standard that provides a method for independently evaluating the crash-worthiness of wheelchair seating systems that may be used on different wheelchair frames.

The primary reason for developing WC19 in the late 1990s was, of course, to provide safer transportation for people who remain seated in wheelchairs when traveling in motor vehicles, including students in wheelchairs who travel to and from school. As the SAE task force was nearing completion of SAE J2249, wheelchair tiedown and occupant restraint system equipment was already meeting J2249 requirements and wheelchairs became recognized as the obvious “weak link” in the occupant-protection system for wheelchair-seated travelers. However, Schneider said another important objective was to provide a benchmark set of design and performance criteria for wheelchair manufacturers to design their products for the well-known and federally mandated use of their products as seats in motor vehicles.

**WC 19 IS NOT
a government
safety standard.**

WC 19 SLOW TO GAIN *implementation*

It has therefore been somewhat disappointing, said Schneider, to see the reluctance of many wheelchair manufacturers to design their products to fully comply with WC19. It is also particularly disappointing, he said, to see a general reluctance by the wheelchair industry to be proactive in advertising the availability of WC19-compliant wheelchairs and even recommending WC19-compliant products be purchased when it is known the user will be staying in their wheelchair when traveling in motor vehicles.

"We really felt manufacturers would benefit by having this set of benchmarks," Schneider said. "A few manufacturers have been very proactive since, and even prior to, approval of WC19 by ANSI, and at least one manufacturer has made sure all of their wheelchairs comply with WC19. However, other manufacturers have designed and successfully tested some wheelchair models but have not marketed them as being WC19 compliant."

While many students who use wheelchairs are able to transfer out of their wheelchairs when traveling in a school bus or other motor vehicle, almost every wheelchair model will have some users who are unable to transfer to the vehicle seat. Thus, according to Schneider, "almost all wheelchair models should be able to be purchased as WC19 compliant."

However, many industry experts say the expense of designing and testing wheelchairs to comply with WC19, along with concerns about potential legal liability and a lack of education among suppliers, manufacturers, school transportation personnel and, in some cases even among parents, have kept the standard from earning an A-plus rating.

For wheelchair manufacturers, making every wheelchair WC19-compliant isn't financially feasible, nor is it necessary. This is because not every user of a particular wheelchair will need to be transported while sitting in their wheelchair, said Derek Fletcher, CPS-T/SNI, territory sales representative in Virginia and the Carolinas for Snug Seat Inc. All of his company's mobility devices can be purchased with WC19 features, but the standard models are not provided or advertised as WC19-compliant. The products are tested for crash-worthiness, and their wheelchairs and strollers do meet both the RESNA and International Organization for Standardization dynamic crash standards, Fletcher explains.

"This puts us, as well as the families, in a quandary," he said. "We are trying to manufacture products that are safe but affordable."

That is a familiar scenario for many manufacturers, said Sue Johnson, director of education for Columbia Medical Inc., a manufacturer of passenger safety restraint systems. "We've seen that sort of thing happening here. Manufacturers usually don't have access to the end user so it's up to the suppliers, clinician and those involved in transportation to inform the families about the options," she said. "If there is a chance there will be a funding issue, most suppliers won't even bring it (the option to purchase one that is WC19 compliant) up. (They) also are reluctant to inform the parents, often because they don't have the knowledge to share with them, but also because they think it might add more liability if they do get involved in the conversation."

funding liability issues create **OBSTACLES**

One of the most challenging issues for all involved, said Fletcher, is that funding sources often do not cover the additional cost of WC19-compliant wheelchairs. While Medicaid in more than 20 states will pay the additional cost, the majority of state Medicaid programs still do not consider compliance with WC19 a "medical necessity"—a determining factor for Medicaid coverage—said Dr. Mary Ellen Buning, OTR/L, ATP. Dr. Buning is an occupational therapist with more than 30 years experience in assistive technology. She is an assistant professor at the University of Louisville and is a key clinical investigator for the RERC WTS.

Depending on whether the option to make the wheelchair WC19-compliant is requested at the time the chair is ordered

or an existing wheelchair is modified by the manufacturer to comply, the out-of-pocket cost to the consumer can range from \$50 to \$1,000. In the past, safety conscious and knowledgeable suppliers would pay the additional cost of WC19-compliant wheelchairs using some of their profit margin, but with the reductions in funding fewer are able to continue doing so, she said.

For the supplier, the added cost of a WC19-compliant wheelchair is not the only deterrent. Concerns have also been raised about the supplier's responsibility to recommend WC19-compliant wheelchairs and the potential liability that comes with it, said NRRTS President Michele Gunn, ATP, CRTS®, who has been a provider for

(continued on page 30)

more than 20 years. For the last 10 years, Gunn has been with Browning's Pharmacy and Health Care, located in Southern Florida. Even so, Gunn said suppliers should ask a client during the medical history of an evaluation about their need for transportation and recommend, if applicable, a chair which is WC19-compliant.

"The best defense is to make sure you educate them and the best way to educate them is to ask questions about how the chair will be used," Gunn said.

Schneider agrees with this position. While fear of legal liability has clearly been a factor which has caused some manufacturers not to be proactive about offering and advertising WC19-compliant products, the risk of legal liability for a wheelchair manufacturer will actually be reduced if a person is injured in a crash while seated in a WC19-compliant wheelchair from a manufacturer that has

been proactive about advertising and recommending the purchase of WC19-compliant products. More importantly, the risk of serious and fatal injuries is greatly reduced if a student is seated in a WC19-compliant wheelchair and using a properly position belt restraint system, which also reduces the likelihood of a lawsuit being filed.

Some manufacturers continue to be hesitant about addressing the transportation application of their products and remain concerned about any liability claims that might come their way, said Johnson. "Many manufacturers are testing their products to WC19 requirements and their products are crash-worthy. However, many of these products are not sold in the test configuration. In many cases, wheelchairs are not the result of just one manufacturer's product, so (manufacturers) often have no control over the modifications (or the final wheelchair configuration)."

STEEP LEARNING curve

In addition, there is a steep learning curve for everyone involved -- from the manufacturer producing the wheelchair to the supplier who specifies a seating system for a child, to the bus driver who actually secures the wheelchair and child in place inside the bus, said Johnson, a nationally certified child passenger safety technician with special-needs training. Johnson also serves on the RESNA standards committee for wheelchairs transportation.

She first became aware of the complications surrounding transporting people in wheelchairs in the early 90s. As head of customer service for Convaid Inc., a California manufacturer of lightweight, compact-folding wheelchairs, she began fielding calls from dealers, parents and transportation providers -- all who had different opinions about whether the company's WC19-compliant stroller-type wheelchairs were safe on school buses.

"I decided to find out who was making decisions about what goes on the school bus and what doesn't, and I opened a big can of worms. I found out this problem went far beyond just California, that it is a problem throughout the U.S.

"The drivers didn't understand these WC19-compliant strollers, so they weren't letting the people on the school buses with them; parents were upset because the strollers were sold as 'transit approved' -- there was just a lot of misunderstanding and not a lot of information or access to it."

(continued on page 32)



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That prompted Johnson to get on the buses and see firsthand how things were being handled — and to develop an educational seminar about wheelchair transportation safety. Today, she is a strong advocate for improving transportation safety for children in wheelchairs and a sought-after speaker on the subject.

“Education is the biggest barrier to having safe wheelchair transport,” said Johnson. She is a co-author of RESNA’s position paper on Wheelchairs Used as Seats in Motor Vehicles, which strongly advocates for all stakeholders to get behind the concept of WC19-compliant wheelchairs. “Unlike with regular student transportation, there are no laws about wheelchair crash-worthiness, just the standards so there is no governing force making it mandatory to comply with these best practices.”

Since 2001, Schneider has directed the RERC WTS, whose stated mission is “to make measureable improvements in transportation safety, usability and independence for people who remain seated in wheelchairs while traveling in public, school and private motor vehicles.” Ten years ago, with funding from National Institute on Disability and Rehabilitation Research, a division of the U.S. Department of Education, the RERC WTS became a partnership between the University of Michigan Transportation Research Institute and the universities of Pittsburgh and Louisville. Much of their work enabled the revisions to WC19 and SAE J2249 (as WC18) and to the development of WC20.

However, the clock is ticking for RERC WTS. On Oct. 31, the center’s federal funding from NIDRR officially comes to an end. The government’s decision not to renew the RERC WTS grant came unexpectedly to RERC staff, Schneider said, “since transportation is so critical to many people with disabilities living active lives.”

However, Schneider and others in the RERC WTS plan to continue their work on wheelchair transportation safety by other sources of funding including the NHTSA, foundations, and NIDRR-funded field-initiated projects. He and other members of RERC WTS also hope their work will eventually lead to state-government WTORS-usage regulations similar to child-passenger seatbelt laws, and to standardized training and certification for drivers in the proper use of WTORS.

“We know what needs to be done,” Schneider said. “We will continue educating and working with key stakeholders – the suppliers, transit providers, school districts, manufacturers – and someday get them all on board so all kids can travel to and from school with equal safety.”

CONTACT

For more information, please contact iinfo@nrrts.org.

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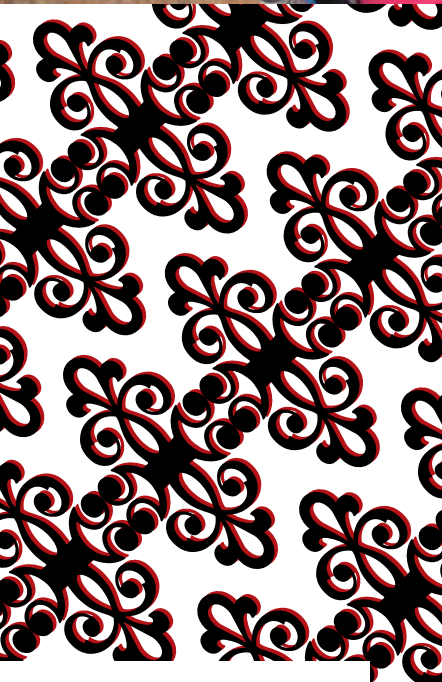
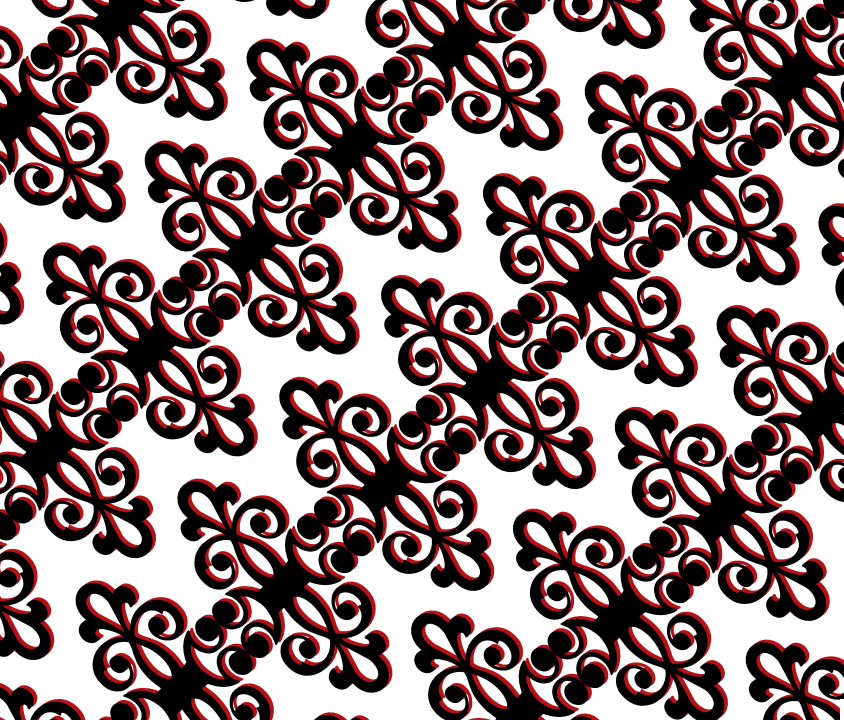
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AMY LEE'S SMALL TOWN TEXAS TALE

Written By Randy Christian

ANYONE FROM ANYWHERE CAN USUALLY FIND THE STATE OF TEXAS ON A MAP

faster than it takes a horny toad to scoot across a lonely, out-in-the-middle-of-nowhere, skinny farm-to-market road, on a blistering hot July day in West Texas. The temperature of that stretch of gooey asphalt could easily be in the neighborhood of 120 degrees. Now, with this atmospheric information at your fingertips, you now have a pretty good idea just how motivated a toad must be to get its little webbed feet and leathery body from one roadside bar ditch to another. On the other hand, if you asked someone to find the town of Ira, Texas, on a map, it might be a good idea to find yourself a shade tree, a comfy lawn chair and an ice cold Lone Star Beer, because it may take awhile—that is unless you're Amy Lee Shoults Odom.

Odom would not only be able to find Ira quicker than lickety-split, but she could take you there in record horny-toad-time, too. The reason is because Odom is a proud 1991 graduate of Ira High School and class valedictorian, too. She participated in Future Farmers of America (now called the National FFA Organization), various University Interscholastic League competitions, basketball, track, and in her own words, "just about everything else."

TOP: TREY AND SAM WITH RAIDER RED, SPRING 2009

MIDDLE LEFT: TRACY, SAM, AMY & TREY, SUMMER 2011 IN THE REDWOOD FOREST

MIDDLE RIGHT: TRACY & AMY AT A TEXAS TECH GAME, FALL 2009

BOTTOM: TRACY, AMY, SAM & TREY REPRESENTING TTU WELL IN MONTEREY, CALIF., SUMMER 2011

Attending Ira High was not necessarily Odom's first choice, but since her mom taught there, a ride to school was guaranteed. The twist to this tale is the drive. Each morning began at the Shoults' family home in Snyder, Texas, which is 10 miles northeast of Ira on Texas Highway 350. I'm sure most of you "big city" folks are thinking Ira must be a

suburb of Snyder, but it's not. It is much like hundreds of other wonderful Texas communities that are home to tons of hearty souls who sorta like the idea their town is tough to find on a map. Some of the locals consider it a kind of camouflage making it almost impossible for those they call "them stinkin' Yankees" to find their little "Heaven on Earth."



Odom's dad, Jack, was a high school coach and teacher. When she was 9, the family relocated from Lubbock, Texas, to Snyder, as Jack had an opportunity to work in the booming oil fields that dot the landscape of many counties of West Texas. Her mom, Cindy, who was a teacher, transferred her skills to Ira when the family made the move.

Odom and her sister, Susan, quickly embraced the lifestyle of living in the much smaller town of Snyder. Its current population hovers at approximately 10,000, depending on the price of a barrel of West Texas crude oil. At last count, Ira boasted a population in the area of 250. Odom's graduating senior class totaled 18 students.

Even though the area was small, there was plenty for the girls to do. Regardless of the activity, Jack and Cindy never failed to be in attendance. Often times, because of work schedules, they would attend solo, but their dedication to their girls was unwavering. Their disciplinary style was seasoned with the Shoults' proud German heritage.

"My great-great-great grandfather was a stowaway on a ship from Germany that landed in Galveston. When he arrived, he Americanized our last name. I was never quite sure exactly how he changed it, but he did. It's a story I've been told many times," Odom said.

The toughness and tenacity exhibited by the young German stowaway was blindingly evident in Odom's dad, Jack. She boldly

describes him as "a short stocky German" who didn't put up with any nonsense, but he loved his girls, too. She also made it crystal clear he was certainly not the stereotypical daddy who was easily charmed by his "little girls." Odom always knew there was absolutely no way she'd ever come close to "wrapping her dad around her little finger."

"Pardon my language, but my dad was a real 'hard-ass'. When he said, 'No,' he meant 'No.' We knew to never cross that line, but he also instilled in us a strong work ethic and a strong understanding that there was a right, and a wrong way to do things," Odom said.

Jack had a not-so-subtle way of grading the boys who had the courage to ask Odom for a date. It drove her crazy. If the young man failed his quick "Jack Quiz," he would emphatically declare her curfew to be 10 p.m. If the young man passed his Q & A, the time to return his daughter would be relaxed to 11:30 p.m. Cindy listened more than anything, and often fell prey to her daughter's sweetness and charm. The key to her manipulative process was conversation, which more than likely took place during the 20 mile round trips from Snyder to Ira.

Like most of us, it wasn't until much later in life that Odom realized how smart her mom and dad really were. She sought their wisdom and counsel often and would have lengthy talks with her parents on a variety of topics. The dialogues provided gentle reminders of what she learned as a kid, that there is right way and a wrong way to do things.



**I NEVER
THOUGHT
I COULD
LOVE ANYTHING
AS MUCH AS I
LOVE MY BOYS.**

TREY & SAM - FALL 2010
TAKEN BY FAST ACTION PHOTO

FFA is more than just a youth organization in places like Ira; it is a way of life passed down from generation to generation. Since 1828, its motto “Learning to Do, Doing to Learn, Earning to Live, Living to Serve” has helped young men and women grow into productive, responsible adults, and Odom is one of them. The FFA still holds a special place in her heart for many reasons, one of which is soft, woolly, has four legs and is smarter than a pig, but not by much. Odom and her sister raised sheep to fulfill one of the several required FFA projects. Odom not only took meticulous care of her sheep, but would also enter them in youth livestock competitions throughout Texas.

“I loved showing sheep. It was lots of hard work, but it was fun, too. We kept our sheep close to home, not at school. My dad made arrangements to keep them at a friend’s place close to where he worked. He would feed them in the morning. My sister and I would take care and run them every day after school,” Odom said.

The FFA opened opportunities for Odom far beyond the show barns and arenas across Texas. By serving in statewide FFA leadership positions, she not only learned the complexities of Robert’s Rule of Order, but also the valuable skill of knowing how to strike up a conversation with a complete stranger and making them feel special and important. Her hard work with the FFA and her servant spirit was rewarded with a full-college scholarship from the Houston Livestock Show and Rodeo. Their generosity assisted greatly in ensuring her dream of attending Texas Tech University. So, in the fall of 1991, she headed to Tech and so did her steady boyfriend, Tracy. For the record, Tracy was one of Jack’s 11:30 p.m. guys.

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TRACY & AMY ON WEDDING DAY-JANUARY 7, 1994



SUSAN, JACK, CINDY & AMY ON AMY'S WEDDING DAY 1994

The Odoms' relationship began on a baseball field in Snyder in the summer of 1990 and continued while at Texas Tech. The two married in January of 1994. "Tracy is the calming influence in my life, and the one person I can always count on," Odom said.

In February of 1994, Odom began working in the marketing department at The MED Group in Lubbock as a part-time college student. She received her Bachelor of Science in Agricultural Communications in 1995. In 2000, she was named associate director of marketing. While at The MED Group she met former NRRTS administrator, Judy Vance, and Simon Margolis, NRRTS' current executive director.

With the birth of their first son, Trey, in 1999, and some professional good fortune for her husband, the time seemed right for Odom to fulfill her dream of becoming a stay-at-home mom. After prayerful consideration, she left The MED Group in 2002, but as faith would have it, Vance convinced her NRRTS needed her talents and caring heart. After a bit of hesitation, Odom said, "Yes."

For her and her family it was an answered prayer. She would work primarily at home, except for occasional travel to a tradeshow or to a meeting. She would also be able to take care of all her boys, including Tracy. Following their mom's lead, Trey and

second son, Sam, are waist deep in school and extra-curricular activities.

Odom and her family love attending Texas Tech sporting events, going to Texas Rangers games and any other sports events. The Odom boys don't stand a chance as both of their parents and their grandparents are proud Texas Tech alums.

It should come as no surprise that like her parents, Odom's dedication to her two boys is also unwavering. When asked what she has learned most about motherhood, Odom paused for a moment and said, "I never thought I could love anything as much as I love my boys. The nurses put this little baby in your arms, and this baby has done nothing. Instantly, you would give up your life for your child. I would have never thought that was possible," Odom said.

Her thoughts and feelings regarding the dedication of the professionals in the rehab industry have the essence of the relationship between a mother and her child.

"They are all phenomenal human beings. They're very caring and are willing to do whatever they can to help the consumers. They are just some of the best people in the world. I consider it a real privilege knowing them," Odom said.

Time and time again, Odom has witnessed their unwavering commitment and service.



TRACY, AMY & TREY - OCT. 27, 1999



TRACY, AMY & SAM - MARCH 9, 2006

They have dedicated their lives to so many who are simply seeking a little help in their quest to gain their independence.

The consumers have also touched her life in ways she could never have imagined. The strength, courage and determination they exhibit on a daily basis is humbling, inspirational and a blessing to Odom. Their stories make it easy for her to continually recharge, reload and help fight the constant funding battle facing every consumer and NRRTS Registrant. It is a very worthy endeavor.

It is Odom's prayer to be a member of the NRRTS family for many years to come. It is her faith, reflected in her favorite Bible verse, which provides her peace and assurance. It may have taken her a little longer than lickety-split to get to where she is today, but from the looks of things she's found a home. So Amy, go ahead and find a shade tree, a comfy chair and icy cold Lone Star and stay awhile. Our guess is Jack and Cindy are mighty proud of their little sheep raisin' FFA girl from Ira High and valedictorian, too.

"Trust in the Lord with all your heart and lean not on your own understanding; in all your ways acknowledge Him, and He will make your path straight." Proverbs 3:5-6

CONTACT

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TRACY, AMY, TREY & SAM - FALL 2010
TAKEN BY FAST ACTION PHOTO

THE CONSUMERS
HAVE ALSO
TOUCHED HER
LIFE IN WAYS SHE
COULD NEVER HAVE
IMAGINED.

The WHEELCHAIR Wizards

from Pasco, Washington

Written By Randy Christian



JOSH ANDERSON



DAVID LIPPES

YOU WOULD BE HARD-pressed to find someone who has not seen — or in many cases, used — a wheelchair. Even for those who have had little contact with a wheelchairs or its user, one can easily understand the basic principles of its design and benefits. Surprisingly, its origin dates back to the fashioning of the first wheel. Archeologists uncovered 525 A.D. Chinese engravings that clearly indicate the use of a wheeled chair to transport the disabled. There is also evidence the Chinese used their wheeled contraptions to move the sick and disabled to so-called “Fountains of Youth.”

The Greeks and Romans have their versions of wheelchairs, too.

Ironically, they were used to move people outdoors and into the fresh air and sunshine. Often times, the wheelchair-bound individual was pushed into the fields and encouraged to tend the crops as best they could.

Records show that in 1595, Spain’s King Phillip II used a custom-made, rolling chair with a specially designed foot rest. History also tells us other sovereigns and nobles such as King Louis XIV used wheeled chairs either temporarily or permanently.

In 1655, Stephen Farfuler, a paraplegic watchmaker, created his own self-propelled wheeled chair through his own ingenuity. His design foreshadowed today’s wheelchair used by many disabled athletes. The bicycle pedal-like geared configuration of Farfuler’s wheelchair allowed him to use his upper body and arm strength to propel himself forward at atypical speeds, and to enjoy independence unavailable to most wheelchair users of his day.

In America, it wasn’t until the Civil War that more and more wheelchairs began to crowd the hallways of hospitals and sanitariums all across America. They also made their way into the homes of many war veterans who would spend the rest of their lives in very primitive, uncomfortable wheelchairs.

All the wheelchairs available at the turn-of-the-century were heavy, clumsy, awkward and less than user-friendly. Their design was not intended to offer the user much, if any, freedom or independence. Instead, they perpetuated a life of dependence, anxiety and often-cruel isolation. Even President Franklin D. Roosevelt’s wheelchair immortalized, in a bronze statue at his memorial in Washington, D.C., made it very difficult, if not impossible for him to navigate even the shortest distances without being pushed by an assistant. He constantly relied on the energy of others to get from point-A to point-B. It is hard to imagine as president of the United States, Roosevelt’s independence was governed by others, and his freedom was unduly abridged.

If there were ever someone who deserved the unofficial title of “Wheelchair Historian,” it would be David Lippes, chairman and CEO of TiLite. In a matter of minutes, Lippes had meticulously shared “nuts and bolts” information regarding the evolution of the modern-day wheelchair. It was fascinating as well as eye-opening. His splendid tutorial

If there were ever someone who deserved the unofficial title of “Wheelchair Historian,” it would be David Lippes, chairman and CEO of TiLite. < did, however, reveal the hardships, discomfort and isolation endured by those stuck in early wheelchairs. It seems a shame they went for so long with wheelchairs that impeded their ability to reclaim the independence stolen by accident or illness. Thank God, times have changed.



The generation of wheelchairs that came after FDR were somewhat smaller, but still clunky, clumsy, 60-plus pounders. The steel-framed wheelchairs many of us still encounter as either a patient or caregiver in hospitals were designed primarily to be pushed by a friend or caregiver. Their wheel position, frame structure, weight, balance and overall size made it virtually impossible for someone with a long-term or permanent disability to even consider propelling themselves for any length of time. They were monstrosities best suited to sit motionless, leaving their riders the ability to go nowhere. Even more forward thinking wheelchair creations of the '70s and early '80s didn't evoke a spirited sense of freedom that so many disabled individuals longed. Then — along came TiLite.

At the time Lippes bought TiLite, it was a thriving business headquartered in Kennewick, Wash., located in the southeastern corner of the state on the banks of the beautiful Columbia River. Its focus was making products, such as custom bicycle frames out of an ultra light and incredibly tough material called titanium. Not only was titanium virtually indestructible; it was also very customizable when placed in the hands of master craftsmen like those already working at TiLite. It would not be long before a shadow of great opportunity would gently fall over the pristine water of the Columbia River and TiLite's Headquarters.

It was a chance encounter with several people in wheelchairs that sparked Lippes' imagination. It also raised the question: Could TiLite take its talent and skills and produce a custom-made wheelchair that would revolutionize the industry? Lippes would soon have his answer.

(continued on page 42)



TOP: CHELSEA MCCLAMMER TILITE TR USER AND MEMBER OF THE 2008 US PARALYMPIC TEAM.

BOTTOM: THE ZRA IS TILITE'S FULLY ADJUSTABLE TITANIUM CHAIR. THE CHAIR UTILIZES 1.25" AEROSPACE GRADE TITANIUM TUBING FOR INCREDIBLE RIGIDITY AND VIBRATION DAMPENING.

The Wheelchair Wizards

(continued from page 41)

> They knew
> instantly this
> wheelchair
> would be
> a “game
> changer.”

“One of the first things I did was hire a couple of guys who used wheelchairs. I told them to do what they wanted to do. Be creative and build whatever it is they’d like to ride. I told them to let their minds wander and have fun with it,” Lippes said.

The TiLite team accepted the challenge and began their quest to design and build the best, lightest and most durable compact wheelchair in the world. Fortunately, their imagination flew well beyond their initial idea. Why not build a wheelchair that could be tailor-made for each and every customer—a vehicle that would become an extension of the user’s body?

The “wheelchair wizards” began with a custom titanium frame. They then made the nuts, bolts and clamps that are common for custom configuration disappear, resulting in even greater fit, durability and weight savings. Next, they conjured up ways for the customer to add personal “bells and whistles.” The magic of a custom, titanium wheelchair that would catapult disabled men, women and children everywhere to new and unheard of levels of freedom and independence was within their grasp. It wasn’t work; it was a dream come true.

The wandering minds of the TiLite team created something wonderful. They knew instantly this wheelchair would be a “game changer.” One of the inventors hopped from his old chair and into the new TiLite. Needless to say, smiles were abundant. They knew the look and feel of their creation was not only radical and revolutionary, but in its own way, it seemed to have a soul. You could almost hear it say, “Pick me, pick me! Let’s go for a ride!”

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TILITE UTILIZES FEA TESTING TO OPTIMIZE THE PERFORMANCE OF IT CHAIRS.

With the spirit of a custom-designed racing bicycle, it was sure to satisfy the long overdue wants, needs and desires of so many people aching for more freedom, independence and adventure. No longer would a wheelchair simply be a medical device prescribed by a physician. Its destiny was that of a "hot" consumer product sure to charm most every prospective customer. Now, instead of being forced to buy and live with a "no-name" clunky hospital wheelchair, you can have the four-wheeled equivalent of a pair of Nike's Air Jordan. How much fun!

The first TiLite wheelchair was dubbed a success by its creators and band of 'test pilots,' but would the marketplace agree? Tough questions regarding the future of the new TiLite wheelchair began to raise their ugly heads. Could they produce it at a reasonable cost? Could they convince people they would be in business in two, three or four years and able to provide parts and service? These were all valid questions that deserved answers.

"We had a very cost-effective manufacturing facility, so we were able to produce a custom titanium frame at approximately a 20 percent to 25 percent price premium to aluminum frames. It was low enough to allow us to gain a foothold in the market. Word-of-mouth endorsements by clinicians and care providers helped as much as anything regarding the question, "Will TiLite be in business tomorrow?" Lippes said.

Repeatedly, TiLite supporters would remind potential customers of the strength and durability of titanium. They also offered assurance that the TiLite product was built to a much higher level of sophistication and tolerance than others offered in the market. Historically, titanium wheelchairs are seldom sent back for warranty work. The frames virtually last forever.

It is just far
more efficient to
propel a chair
that fits me.

Over time, the tough questions that raised their ugly heads turned out not to be so ugly. The market began to embrace TiLite making their new ultra light, tough-as-nails, world-class

wheelchair poised to be a "rock star," but one important puzzle piece in its rise to fame was missing. The need for an easy, step-by-step system so clinicians could gather precise measurements and customer requests regarding wheelchair customization was an absolute necessity. Without correct data, the promise of a custom frame and configuration would be impossible. After much blood, sweat and a few tears, a detailed, easy to follow wheelchair mapping system was created. You can see the system on the TiLite website under order forms.

Working with the consumer, the clinician carefully records the height, width, curves, turns and twists on the Order Form. The information is then sent to TiLite headquarters in Pasco, Wash. On arrival, it is translated and then transformed into a TiLite wheelchair sure to exceed expectations of its owner.

The painstaking details collected by the clinician assure the wheels are positioned correctly so there is less stress and strain on shoulders and arms allowing the rider to "jet" from point "A" to point "B." Its compact size and reduced weight makes it easier for car transfers too. An amazing array of colors are available for the choosing, as well. Whether subdued or psychedelic, customers can stylize their chair to match their personalities and reflect their lifestyles. Not only does

(continued on page 44)

The Wheelchair Wizards

(continued from page 43)

TiLite offer a rainbow of colors, but it also offers more than 50 rear-wheel options, which are twice as many as the competition.

Customer testimonials on the company website provide vivid evidence of the love affair between TiLite customers and their chairs. Over and over again the customers share how their wheelchairs have changed their lives—for the better. Josh Anderson, vice president of marketing for TiLite, is one of those people who loves his TiLite wheelchair.

“It just far more efficient to propel a chair that fits me. What I mean when I say my chair fits me, it’s not just the right seat width and depth, but every single aspect was tailor-made to my needs and dimensions. At TiLite, we call that ‘TiFit’ it refers to a level unmatched in our industry. The TiLite TiFit makes it so when I’m going around a corner, I can make the turn by just shifting my hips and never grabbing the wheels. I can do that because the TiFit makes the chair a part of me,” Anderson said.

Anderson, like so many other customers, love the ride and style of the wheelchair, but it will always be the TiFit and

configuration, that separate TiLite from the competition. The joy, that comes from a wheelchair designed specifically for an individual’s body is priceless. The two become one creating a fluid experience that transforms someone with a disability into a spirited rider. The relationship between chair and rider can also be the catalyst for the courage to seek new adventures, the confidence to pursue professional goals and the energy to chase a dream or two.

As Lippes said, “What we strive to do at TiLite is to take the consumers’ level of abilities they now have due to their injury or illness and provide a product that allows them to maximize those abilities to their fullest.”

Thanks to TiLite, one’s independence need not be governed by others, nor their freedom be unduly abridged. ➤

CONTACT:

David Lippes may be reached at dlippes@tilite.com.

Josh Anderson may be reached at janderson@tilite.com.



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The Journey to Success is Never a Bed of Roses, **UNLESS YOU'RE** *Leslie Rigg*

Written By **Randy Christian**

IN THE 1800S MANY MEMBERS OF PASADENA'S Valley Hunt Club had moved from the Midwest and East Coast to escape the bitter cold winters and piles of snow that often littered the city streets and blanketed the country side well into March and April. The opposite was true of their new Southern California paradise where even in January sunshine was abundant and the temperature mild. To celebrate the region's attractive climate and its enviable lifestyle, the Hunt Club led the charge to create an event that is now considered by many as much a part of the American culture as apple pie, the Fourth of July and the Star Spangled Banner. On Jan. 1, 1890, the Tournament of Roses Parade rolled down Pasadena's Colorado Boulevard, which for many years was a portion of the famous Route 66 highway.

On that New Year's Day, more than 2,000 people lined the street and watched with great pride, as horse-drawn carriages of all shapes and sizes adorned with locally grown

flowers paraded through Pasadena. Thus began a tradition that has grown into a spectacular, one-of-a-kind anti-winter celebration known worldwide.

Today, people from across the United States who have grown up watching the parade on TV often include just one trip to the Rose Parade on their bucket list. In 2011, more than 500,000 people journeyed to Pasadena and fulfilled their dream of attending what has become known as "America's New Year's Celebration."

Leslie Rigg grew up in Pasadena and is quick to point out that it is the home of the Rose Parade. Oddly enough, Rigg's life has been a parade of interesting journeys to a variety of places in California and across the country. Each stop exposed her to different geography, cultures and experiences, good and bad, which remain vivid in her memory.

"I went to school in Turlock, Calif., not far from Modesto. They filmed the movie *American Graffiti* in the area. After graduation, I began a teaching career, but quickly found that this was really not for me. My grandparents lived in Warrensburg, Mo., and had offered to help with my education for a number of years," Rigg said. "They needed help on the farm, and I needed a something new. So I moved to Missouri and received my master's in speech pathology from Central Missouri State University."

Oddly enough, Rigg's life has been a parade of interesting journeys to a variety of places in California and across the country.

The time spent with her grandparents on the farm in Missouri was triply rewarding. Not only did she get to ride horses, bale hay and spend time with her grandparents, but thanks to their generosity, she was able to go to graduate school and received a master's degree in speech pathology.

Several of her friends moved to Texas where jobs were plentiful. Their endorsement was reason



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enough for Rigg to say goodbye to her grandparents and head for Beaumont, Texas, which is located on the far southeastern corner of the state. It is a blue-collar town, which is a little rough around the edges. It's overrun with energy-related businesses and is home to the nation's fourth largest seaport.

"I didn't appreciate Texas as much as I thought I would, but I did get a job as a special services coordinator at an assisted living facility for mentally challenged individuals where I used my speech pathology skills," Rigg said.

I really didn't like the cockroaches or the heat so when my brother called to invite me to visit in Boise, Idaho, I did."

Rigg's brothers, who were living in Boise invited her to come up and visit them during the holidays. Boise was nothing like Beaumont and seemed to be a better fit for Rigg. It felt like a place where she might have liked to live and maybe even put down some roots. With that idea in mind, she applied for a job at an Idaho state school and hospital in Boise. She got the job and immediately moved to Boise and has called it home ever since.

"Oh, it's a beautiful place to live. I really enjoy Boise. The mountains are nearby for great skiing in the winter, and rivers and forests to enjoy in the summer," Rigg said.

At the state school, Rigg worked daily with people who were nonverbal and severely and profoundly disabled. Because they were nonverbal, one of Rigg's initial goals was to find a way to attach communication boards to patient wheelchairs. Her goal was actually twofold. First, find a place on the wheelchair that would make the communication devices more user-friendly, and second, make them less difficult to lose. Preventing the loss of the communication boards was a constant battle.

She enlisted the help of her co-worker and physical therapy assistant, Robert Krogh, who was in charge of the wheelchairs at the state school. Together, they worked to position the patients and the communication board. After overcoming countless obstacles, they achieved their goals.

(continued on page 48)

The Journey to Success...

(continued from page 47)

> Our business started when the
> rehab industry was in its infancy.

RIGG AND EMILY SKIING
WITH RECREATION UNLIMITED



It was a rewarding, yet exhausting experience for Rigg, which left her needing a break, and time to recharge and evaluate her life and career. So, yet another journey began which she called her “walkabout of New Zealand.” She traveled for a month to most every corner of the South Pacific island oasis. Her intent was to re-energize and go back to work at the state school after her return, but that was not to be. Fortunately for her, there was a movement in Idaho to place qualified state school patients into family residents within the community. It was an effort to mainstream, or as some would say, de-institutionalize the physically and mentally disabled. The real reason, of course, was to save money.

For Rigg, the movement provided an opportunity to re-enter the workforce as an itinerant speech pathologist. She worked at various developmental centers throughout the Boise area that were created to provide services to the physically and mentally challenged who were being integrated into the community.

As Rigg traveled from center to center in Boise, she saw many of the newly mainstreamed state school patients were in desperate need of resources for seating and positioning equipment and expertise.

“At the time, there was no business in our area that felt that seating had any real merit or that there wasn’t any future in that kind of work,” Rigg said.

She rejected the idea “that there wasn’t any future in that kind of work,” and instead heard the sound of opportunity knocking at her door. Its steady pounding helped secure her feelings that now were the right time for her and her former state school co-worker, Robert Krogh, to use their education and experience to not only provide much-needed services to hundreds of people and their families, but also start a new business in Boise.

Rigg’s argument that success was a real possibility finally swayed Krogh. He quit his job at the state school, and soon after, they opened the doors of ATS Wheelchair and Medical. That was 1988.

“I remember in the early days of our business, you’d spec-out a chair, write down the MSRP, and then send it in for approval. It would come back the next day with a ‘Yes’. You’d get the

wheelchair to the customer, and you’d get paid in a week. That doesn’t happen anymore,” Rigg said.

Today the complexity of the system can be overwhelming. The twists, turns and myriad of codes that must be precisely coupled in order for the process to move forward creates an environment that results in considerable delays and frequent denials. Even when approval is granted and equipment has been delivered, businesses, and Rigg, have learned to diligently monitor their accounts receivable. It is not uncommon for paperwork to be lost in transmission or placed in “pending” status without notification. Snafus, such as incorrect payment, are also disconcerting.



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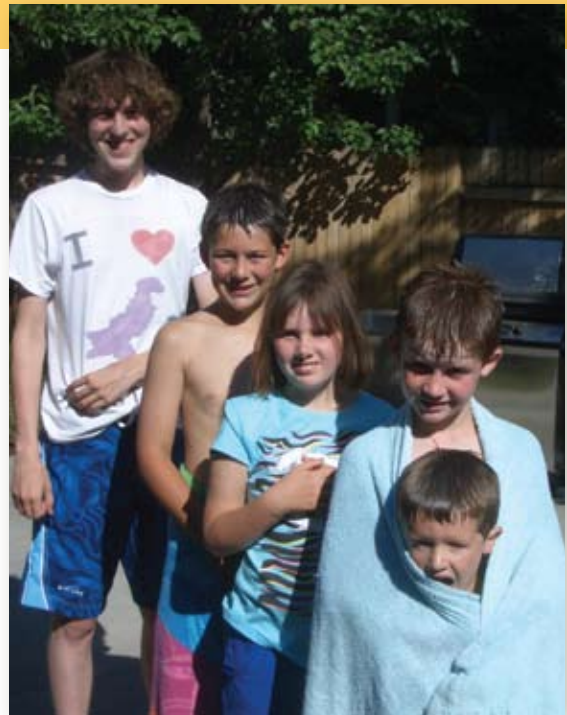
NRRTS Registration Amnesty Program

NRRTS recognizes there are many rehabilitation technology professionals working in the field who have a great deal of experience and expertise who are not yet NRRTS Registrants. In honor of NRRTS’ 20th anniversary and to encourage these individuals to join, NRRTS has established an “amnesty” program running from **October 1, 2011 to December 31, 2011.**

During this period, any individual who has been in the employ of a Complex Rehab Technology Company for at least the three years prior to applying and has been in good standing with RESNA as an ATP for at least three years will be awarded the CRTS® credential upon acceptance of their Registration application. Applicants awarded the CRTS® designation under this program will have to meet the requirements of the new NRRTS Points System within their first 12 month Registration period. Please go to www.nrnts.org/amnesty for complete details. Current NRRTS Registrants waiting to be granted the CRTS® designation who meet the above requirements should contact the NRRTS office via e-mail at jdexter@nrnts.org.



SPRING SKIING IN MCCALL



ALL THE NIECES AND NEPHEWS

“Our business started when the rehab industry was in its infancy. We’ve not only grown with the industry, but we’ve also grown with the products, regulations, billing, documentation and the increased number of codes, too. I have great respect for those people just now coming into the industry, because the learning curve is so sharp,” Rigg said.

Even though the learning curve is sharp and somewhat treacherous, the personal reward of helping others is still within reach. The question of reasonable financial rewards and job security in this industry is one which has yet to be answered satisfactorily. With chronic cuts in funding, additional insurance exclusion and policy changes, plus the never-ending push to deepen discounts, business owners are forced to search for ways to reduce expenses and fine-tune their operation. This includes Rigg.

“Yes, there is a certain amount of uncertainty we live with, but it also makes you look closer at your own business, which is not a bad thing. We’ve looked a lot at our processes and done some streamlining that’s made us more efficient,” Rigg said.

Even though times are tough, Rigg’s commitment to help raise the level of industry standards and professionalism is unwavering. Not only is she an active board member of NRRTS, but is also one of its strongest advocates, especially when it comes to easy access to complex rehab related and manufacturers’ online seminars and training. The networking opportunities with others in the industry who face similar problems and challenges are also a vitally important benefit

Even though times are tough, Rigg’s commitment to help raise the level of industry standards and professionalism is unwavering.

of NRRTS. Being an NRRTS Registrant also displays your personal commitment to continually increasing your professional skills, knowledge and expertise. As Rigg said, “In some respects, NRRTS helps ‘weed out’ those who don’t have the ‘want to’ or the real desire to increase their skill levels.”

In 1890, the Rose Parade was created with the idea of removing a bit of the bitterness associated with the cold and discomfort of winter. In 1988, when Rigg opened the doors of ATS Wheelchair and Medical, her idea was to help take the isolation and discomfort that consumes the lives of the disabled and their families everyday. The Rose Parade uses the wonders of nature. Rigg and her team use the wonderful nature of caring. One lasts for a few hours each New Year’s Day. The other is a parade of joy that will last a lifetime. 🌹

CONTACT:

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Products Proposed for Round 2 of **COMPETITIVE BIDDING** **UNDERScore NEED** for *Separate Recognition* of Complex Rehab Technology

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

SEPTEMBER 2011

THE CENTERS FOR MEDICARE AND MEDICAID

Services (CMS) continue to proceed with the implementation of Round 2 of the Medicare Competitive Bidding program in the 91 identified competitive bidding areas. The current published timeline is: Fall 2011- CMS announces bidding schedule, begins bidder education, and begins bidder registration; Winter 2012- bidding begins; Spring 2012- bidding closes; Fall 2012- winning bid amounts announced; Spring 2013- winning suppliers announced; Summer 2013- competitive bidding supplier contracts and payment amounts go into effect.

The most recent activity was on Aug. 19, 2011, with the publication of the Round 2 Product Categories and the specific product codes to be bid. Unfortunately, the newly created product category “Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories” has major problems and requires immediate review and revision by CMS. Without the necessary changes to the codes included in this product category, Medicare beneficiaries with significant medical conditions and disabilities will be put at major risk of inappropriate products, improper provision, decreased supportive services and reduced access. There are three primary problems with this product category that require resolution by CMS.

The product category includes products that are specialized and individually configured (complex rehab technology) and are not suitable for competitive bidding. These seven specialized and individually configured codes are low volume, have a low potential for savings, and have a very high impact on the medical well-being and care of Medicare beneficiaries:

In 2008, Congress recognized certain specialized and individually configured products should not be included in a competitive bidding program and passed legislation to exempt complex rehab power wheelchairs and accessories from inclusion. The specific specialized and individually configured codes that must be excluded are: ultra-lightweight manual wheelchairs (K0005); specialty skin protection and positioning adjustable wheelchair cushions (E2622-E2625); manual wheelchair push activated

power assist (E0986); and wheelchair accessory, ventilator tray, gimbaled (E1030).

These seven specialized codes are estimated at less than one-half percent of the units being bid and only one percent of the total dollars being bid (\$14.5 million out of the product category total of \$1.2 billion based on 2009 data). These items do not offer an opportunity for significant savings, but their inclusion presents major risks to the well-being and medical costs of Medicare beneficiaries with significant medical conditions and disabilities. For example, the cost to heal a wound from a pressure sore can

Unfortunately, the newly created product category “Standard (Power and Manual) Wheelchairs, Scooters, and Related Accessories” has major problems and requires immediate review and revision by CMS. < exceed \$40,000. Even a statistically insignificant increase in the incidence of skin breakdown of only a tenth of a percent would increase overall health care expenditures exponentially as compared to any potential savings from these competitively bid adjustable skin protection cushions. < Power wheelchairs and manual wheelchairs, which are distinctly different technologies, have been combined into this single product category. < While many suppliers provide basic manual wheelchairs, they do not also provide power wheelchairs. The reverse is also true. Power and manual wheelchairs have significantly different levels of complexity and

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- > Temporary codes developed in the early 1990s no longer represent current technology, nor do they provide adequate differentiation among the hundreds of models on the market today.

service requirements, yet have all been grouped into one category. The fact that these different products are in one category unfairly forces a bidding supplier to now provide all these items, even if they have no experience or expertise. It also doesn't acknowledge the financial investment for suppliers to enter new markets. This makes it much more difficult for suppliers to participate and increases the risk of bidding suppliers offering to provide products they do not have the ability and competency to provide. Manual wheelchairs and power wheelchairs are not provided at the same time or to the same beneficiary. Combining products with major differences in required supplier competencies and supporting services into one category will put Medicare beneficiaries at significant risk.

The included manual wheelchair codes do not adequately differentiate the wide variety of available models and configurations.

Temporary codes developed in the early 1990s no longer represent current technology, nor do they provide adequate differentiation among the hundreds of models on the market today. This is particularly problematic for the high strength lightweight manual wheelchair code (K0004) and the ultra-lightweight manual wheelchair code (K0005), which have been included in this product category. Additional codes must be established to allow adequate product differentiation.

(continued on page 52)

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... Competitive Bidding ...

(continued from page 51)

REMEDIAL ACTIONS NEEDED FROM CMS

To provide necessary safeguards and prevent risks to Medicare beneficiaries, CMS must take the following actions relating to the "Standard (Power and Manual) Wheelchairs, Scooters and Related Accessories" Round 2 product category:

- Remove the seven complex rehab and specialized cushion codes identified above (K0005, E2622, E2623, E2624, E2625, E0986, E1030) from inclusion in Round 2.
- Establish a policy stating any related accessory supplied for use with a complex rehab wheelchair base in a competitive bidding area can be provided by any qualified Medicare supplier and will be paid at the traditional fee schedule.
- Create separate competitive bidding product categories for standard manual wheelchairs and for standard power mobility to ensure suppliers with appropriate knowledge, skill and experience are allowed to participate in the bidding process.
- Conduct an immediate review of the manual wheelchair HCPCS codes, particularly K0004, in collaboration with clinicians, manufacturers and suppliers, to identify and implement the additional codes needed to allow for adequate manual wheelchair product differentiation.

NCART and NRRTS have begun meetings and dialogue with CMS to review these concerns and seek remedial actions. These are important changes that must be made, and we will also be seeking Congressional intervention to help ensure the necessary corrective steps are taken. In addition, this underscores the need for a formal recognition of Complex Rehab Technology as a separate benefit category within the Medicare program. A key provision of our proposed Separate Benefit Category legislation provides for an exemption of CRT from competitive bidding programs. ➤

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➤ Visit www.ncart.us for more information.



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The CONSUMER and the Supplier:

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

A PARAMOUNT RELATIONSHIP

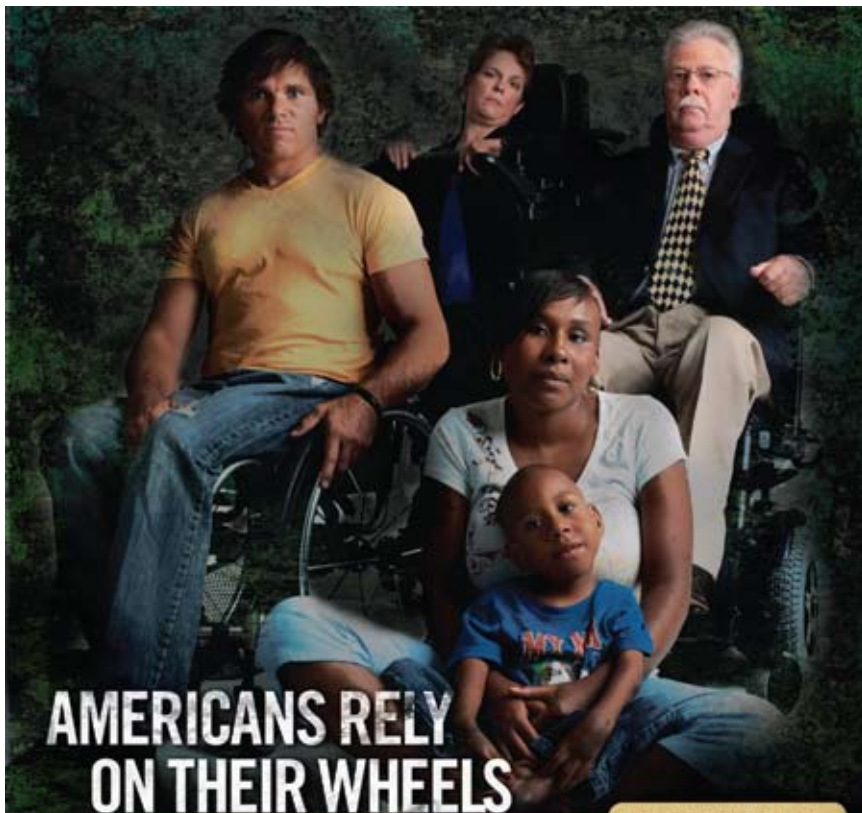
SINCE THE LAST USERSFIRST ARTICLE WAS published, we have signed up hundreds of new subscribers. We also attended the Abilities Expo in Houston as one of the programs of United Spinal Association where 120 people signed up for UsersFirst and a new National Spinal Cord Injury Association (NSCIA) chapter is in formation. Access to wheelchairs is a hot topic for all stakeholders (consumers, suppliers, clinicians and manufacturers), and UsersFirst, with the support of United Spinal Association, is building momentum like never before.

We are part of the nation's largest membership organization dedicated to people with mobility related disabilities. We have the opportunity to listen to a wide range of consumer concerns, frustrations and wishes (United Spinal/NSCIA has a team of six people who manage the Spinal Cord Central consumer call center). Consumers are overwhelmingly frustrated with insurance policies that limit access to appropriate wheeled mobility. And, overall, consumers considerably value the relationship with a qualified supplier.

The supplier, an essential part of the service delivery process, is the professional with the most contact and personal interaction with the consumer. Essential may not be a strong enough word. Paramount might be better suited to describe the responsibility and expertise needed to connect Americans with equipment that provides the opportunity for independence—the opportunity to live the lives we choose.

A qualified supplier must have a working knowledge of the crucial elements of the service delivery process. The World Health Organization's (WHO) definition of health, as of 2001, sheds light on how sophisticated this process can be. Health is no longer the mere absence of disease. The current definition of health includes the

following components, which are all elements the supplier must incorporate into the service delivery process for a successful outcome: body structures and functions, activity, participation, personal factors, and environment. The environment includes: supports and relationships/attitudes, physical-architectural space, products and technology, services, systems, and policies. This is a sophisticated job and consumers rely on qualified suppliers to connect them with equipment that allows for increased independence, health and life. One consumer stated without the right equipment, we are vulnerable and dependent, and everything we have



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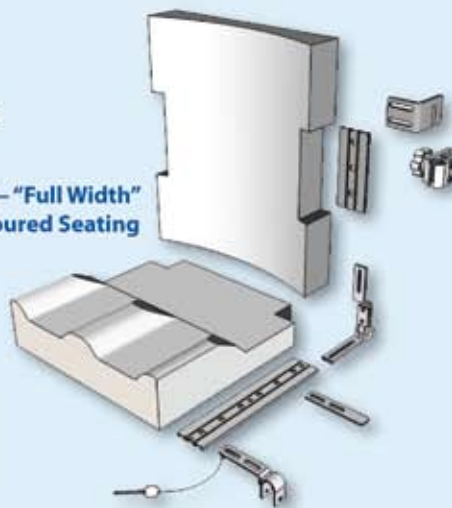
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worked for (access and disability rights) will come to a screeching halt if we do not have appropriate wheeled mobility. The supplier and consumer relationship is paramount.

UsersFirst will continue to shed light on the fact that insurance companies, both private and public, adopt definitions of medical necessity and health that do not come close to resembling the World Health Organization's definition. UsersFirst educates policy makers about the complexities of delivering technology that actually allows fellow Americans the opportunity for independence. UsersFirst literally knocks on the doors of third-party payers and inquires or challenges policies that limit access to the equipment allowing for independence.

UsersFirst strongly believes we need all stakeholders connected and involved to make positive policy change. Tell us about your policy challenges; let's stay connected. Our goals: 1. Provide guidance through the service delivery process, 2. Challenge discriminatory policy.

It is our job, our responsibility and mission to build upon our existing membership and nationwide network of affiliates to foster a grassroots effort to accomplish the above two strategies.

We must stay connected. ➡

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The opinions expressed in this article are those of the individual author and do not necessarily represent the opinion of the National Registry of Rehabilitation Technology Suppliers, its staff, board members or officers.

Addressing **MULTIPLE NEEDS** for a Child with *Cerebral Palsy*

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

MANY ASSISTIVE TECHNOLOGY ARTICLES cover a specific area or application of assistive technology. I believe it is helpful to step back and look at everything in context periodically and to “put a face on it.” In this article, I would like to introduce you to Mackenzie.

Mackenzie is a 5-year-old girl with the diagnosis of cerebral palsy. She is non-ambulatory, non-verbal and her gross and fine motor skills are significantly impaired. She also has a very strong will and a killer smile. I first met Mackenzie when she was 4. Her speech language pathologist, Jill, had referred Mackenzie to me to evaluate her positioning and access. Jill was working with Mackenzie to determine the most appropriate speech generating device (SGD) to provide independent communication, but Mackenzie was positioned poorly, greatly impacting her ability to use her body to access the device. So, I took the long drive out to the house and met Mackenzie, her mom, her physical therapist and Jill.

The home was full of equipment—therapy balls, mats, a stander and a few different adapted chairs. Mackenzie was on the floor, her usual spot, showing off her extension and trying very hard to see everyone standing around her. I introduced myself to everyone, got some consensus on the team goals and went to work.

POSITIONING

I started with positioning. Without stability, Mackenzie was going to have quite a bit of difficulty accessing an SGD or anything else. I placed Mackenzie in each of her seating systems and evaluated the results. None of these adaptive seats provided the level of support and stability she required to do more than maintain sitting without falling over. She tended to extend her pelvis and rotate forward on the left. Her arms and legs were extended, scapulas protracted, and her head was typically flexed forward.

With Mackenzie seated in one of these bases, I placed her pelvis in neutral and held her in this position with my hands. With her pelvis in a neutral alignment and stable, her extension in her legs was greatly improved. Next, I moved onto her trunk. While holding onto her pelvis (being an OT, I really have four arms), I also pulled back on the anterior

shoulders, providing scapular retraction and upper trunk extension. Now, Mackenzie was able to hold her head upright and her arms were no longer in extension. She required a seating system that could maintain her pelvis in neutral and provide trunk extension and scapular retraction.

The seating system needed to prevent the posterior upper pelvis from moving back and also keep the pelvis from sliding forward anteriorly. A custom molded seating system (Aspen Seating Orthosis or ASO) was fabricated to hold the pelvis snugly posteriorly and laterally. A pelvic positioning belt placed at 60 degrees helped to maintain the pelvis in this pelvic well. A build up in front of the ischial tuberosities (sometimes referred to as an anti-thrust) helped to prevent forward sliding/thrusting. A build up between the knees also minimized hip adduction—a component of extension.

Aggressive pelvic positioning was required as Mackenzie would not tolerate any restraint of her feet. Allowing those feet to move around makes sustaining a neutral pelvis very challenging. She was able to tolerate a dynamic anterior lower leg strap to minimize knee extension and keep the feet on the footplates. She uses this intermittently. The back of the ASO positioned the chest just posterior to the pelvis, which promotes trunk extension and also wrapped around the sides of her chest for lateral support. A chest harness supported the trunk and

Mackenzie < minimized her tendency
 requires more < to pull forward, which
 practice to learn < had led to head flexion
 how to sustain < and upper extremity
 contact with < extension. The last
 her elbow, as < component to be decided
 she is so used < upon was the head
 to activating < support. Although a
 this only < neutral pelvis, trunk
 momentarily in < extension and scapular
 scanning. < retraction greatly
 assisted an upright head
 position, Mackenzie
 tended to hyperextend
 her neck. In combination
 with her reflux, this
 placed Mackenzie at risk

MACKENZIE USES A SWITCH MOUNTED
BEHIND HER LEFT ELBOW. >



for aspiration. A Stealth i2i head support was recommended. This uniquely shaped head support provides support under the occiput to encourage a neutral head position.

WHEELCHAIR

A tilt-in-space manual wheelchair was recommended as a dependent mobility base. Mackenzie required a tilt to assist with her positioning, minimize reflux and manage fatigue. The base folds, as the family does not yet own an accessible vehicle. The ASO is removed, the base folded and everything fits in the trunk of the car. Mackenzie is delighted with the shiny purple frame color.

ACCESS

I was anxious to look at access at the initial evaluation, despite not yet having an adequate seating system. Enlisting several members of the team to literally hold Mackenzie at the hips and shoulders, I started looking for a switch site. Even with optimal positioning, Mackenzie did not have adequate motor skills for direct (finger to display) access of the SGD. She was going to need a switch to activate the SGD through scanning. One switch activation would begin the scan (the SGD was set up for row column scanning). The rows were scanned first. When the correct row was highlighted, Mackenzie needed to activate the switch again to begin a scan of the columns within that row. When the desired choice was highlighted, final switch activation selected and spoke that choice. Mackenzie needed to access a switch numerous times throughout her day to communicate with others. We needed to identify an optimal switch site and type. An ideal switch site uses a small, isolated, non-reflexive, repeatable movement.

When assessing a client for an ideal switch site, I tend to follow a hierarchy. I typically start at the hands. Mackenzie's upper extremity movements were mostly in a large pattern of bilateral extension and adduction. This pattern also pulled her head forward. Although she was able to press a switch placed distally and midline on a tray, the movement was large and pulled in a lot of overflow. This takes too much time and effort. Patterns of movement tend to worsen when utilized repeatedly as well. Release of the switch can also be more difficult when using a pattern of movement. Finally, Mackenzie needed to see the SGD

display and this pattern tended to pull her head, and eyes, down. Next on the hierarchy of switch sites is the head. During the initial evaluation, Mackenzie did not yet have adequate head support. She was also not used to keeping her head up very much and so head control was only fair. She was unable to activate switches with her head at the time.

Next on the hierarchy are the lower extremities. As with the upper extremities, Mackenzie did not show isolated control in her legs, but rather moved these in large patterns of extension and adduction. After the lower extremities come the upper extremities. We had looked at the hands, but I wanted to go back to other arm movements. With some effort, Mackenzie was able to overcome the strong extension pattern of movement and pull her left arm back into elbow flexion. A switch was placed behind her left elbow (see photo), and she began to pull back and access this. The movement was difficult, as her tone tended to pull her forward, but the movement was small, isolated and accurate. She began scanning through choices on the speech language pathologist's SGD. Mackenzie was very excited! Of course, we were, too.

It was going to take some time to get funding approval for a new seating system and speech generating device. In the meantime, we modified one of her adaptive seats as much as possible and Mackenzie started practicing with a switch on a universal switch mount accessing a loaner SGD. She also practiced with switch toys to provide independent play and a variety of motivating practice opportunities.

EQUIPMENT DELIVERY

Finally, funding approval was obtained, the seat was fabricated and secured to the manual wheelchair, and the SGD and mount arrived! I returned to Mackenzie's home to ensure her access was still optimal after months of practice and in her new seating system. She was tolerating the new seating system well. Minor adjustments had been made and I made a few more to optimize her positioning and function. Mackenzie's team stated they

(continued on page 58)

Addressing Multiple Needs...

(continued from page 57)

would like the switch placed in front of her, distal and midline on the tray again. This site was re-evaluated, but this position continues to lead to upper extremity extension and adduction patterns of movement as well as neck flexion. The site behind the left elbow continues to work well for her. Mackenzie can activate this repeatedly, accurately and with a small, isolated movement. She can also keep her head upright during access. She is using an AbleNet Jellybean switch on a universal switch mounting system and a permanent mount is being ordered (ASL armrest mount). She is able to use her SGD very well and is expanding her vocabulary. One of her favorite activities is to control her Buzz Lightyear remote controlled toy through the Prentke Romich Vantage Lite SGD. This toy is controlled by infrared commands that can be “learned” by this SGD. She can make him move forward, backward, spin and even dance!

FUTURE NEEDS

Now that positioning, access to the SGD and play were addressed, we had one more major area to explore: mobility. Mackenzie does not have the motor control to use any type of manual wheelchair. She uses a gait trainer with very limited mobility. For functional and independent mobility, Mackenzie was going to need a power wheelchair. Mackenzie is using an SGD with multiple pages of vocabulary, so she certainly has the cognitive skills to understand how to use a power wheelchair (a typical 24-month-old child can drive a power wheelchair).

I told Mackenzie I was going to be her motor and the switch behind her elbow was now “forward.” When she activated the switch, I pushed her manual wheelchair forward. When she let go of the switch, I stopped. We added a switch at either side of her head for directional control using universal switch mounts. Mackenzie was able to activate these switches fairly well while positioned in her new seating system and with the new head support. When she pressed the switch by the left side of her head, I moved the chair to the left, and moved the chair to the right when she activated the switch by the right side of her head. Mackenzie requires more practice to learn how to sustain contact with her elbow, as she is so used to activating this only momentarily in scanning. The next step: I planned on seeing Mackenzie again soon with the equipment supplier and a loaner

power wheelchair (placing the ASO into this base) for a more formal power wheelchair evaluation. Given her age, we would record her driving and send in a DVD with the report to help with funding. However, I don’t accept her funding source, so she went to a local seating and mobility clinic which does. They completed this last step.

She will require a power wheelchair that can support driving with three switches, has a power tilt (for the same reasons she requires a manual tilt) and that has the required electronics for her to control the SGD through the power wheelchair access method. This will require one more switch (a reset or mode switch) that will allow Mackenzie to choose which mode the wheelchair is in. In drive mode, the three driving switches will control forward, left and right. The power wheelchair can be programmed so when the mode switch is activated, the chair enters power seating mode. Now those driving switches will control the power tilt. For example, the left switch may tilt the chair back, and the right switch may tilt the chair forward. When the mode switch is activated a second time, the chair will enter an auxiliary mode. Now, the forward switch will send a signal to the SGD for communication. Another mode switch activation will return the chair to drive mode. The mode switch can also be used to access reverse and speeds if these features are enabled.

Mackenzie still has a long way to go. Although she has had a formal mobility evaluation, funding will probably be a battle and she will require some mobility training for optimal use. The family will need to explore an accessible vehicle once a power wheelchair is obtained. Years of speech therapy will be required to continue to develop Mackenzie’s language skills and expressive vocabulary. Eventually, she will be able to use the SGD to control a variety of devices in the home, such as audiovisual equipment and even a power door opener. The SGD can also be used as an alternative computer access method for schoolwork and other tasks. Identifying an optimal positioning system and a means to access assistive technology are only the first steps, but very important steps indeed.

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QUALITY FOR LIFE

LIFE After Rehab

Written By Lois Brown, MPT, ATP, SMS

A COMMUNITY BASED MODEL OF CARE FOR POST REHABILITATIVE EXERCISE FOR INDIVIDUALS WITH DISABILITIES AND MUCH MORE

CHRISTOPHER WYNN WAS AN ATHLETIC

veteran when a swimming accident 18 years ago left him with a diagnosis of C5-6 quadriplegic. Through the years, he has dealt with a multitude of health issues stemming from the accident including severe muscle spasticity, decreases in muscle mass, bone density and aerobic capacity, the onset of osteoarthritis, neuropathy, and muscular pain. He has tried to exercise and maintain a healthy lifestyle to combat many of these symptoms; however, he has struggled to find accessible and convenient fitness facilities. It has been especially difficult to find facilities with experience and willingness to support individuals with cervical level spinal cord injuries. In response to the lack of resources for himself and those in similar situations, Wynn has started the Buckeye Wellness Center in Cleveland, Ohio, to provide accessible and experienced guided fitness programs.

The idea of fitness is not a new concept for individuals who have a disability or life-changing illness or injury. As stated in *Outspoken* earlier this year, “Research has proven that exercise can lead to a healthier lifestyle. This is vitally important for people with paralysis who are already at risk of health complications related to their injury.”¹ However, access and acceptance at community fitness centers is not commonplace. It is especially important for those with mobility impairments who do not typically get introduced to sports and recreation. There is a widespread disparity in availability of accessible facilities and programs to accommodate those with a disability in the for-profit health club model. Despite the Americans with Disability Act, clients often try to return to their community gym and are told

the gym is uncomfortable with them exercising there, even with clearance from a doctor.

Scott Dillman noticed the same lack of accessible fitness opportunities in his area of Philadelphia. His response is the Fighting Back Program to advocate for every participant and support their fitness needs. Merry Sue Condon, diagnosed with multiple sclerosis 14 years ago, has been involved in the Fighting Back Program for more than five years. In the time she has been in the program, she has worked extensively on cardiovascular fitness, stretching and strengthening her upper body to improve activities of daily living. According to her trainer, Mike Dusza, BS Exercise Science, NSCA, ASFP, ISSA, Fighting Back has helped Condon in a variety of areas.

“Merry Sue has maintained her strength and current function for the past five years and her attitude has been nothing short of optimistic and grateful. She works hard every time she comes in, even on the not so good days,” Dusza said. “She loves to be surrounded by the other participants in the program who are ‘fighting back’ along with her, as well as, the training staff who are there for motivation and support.”

“As a client with multiple sclerosis, my strength, balance, range of motion and coordination have improved as a result of this program and have positively impacted my day-to-day activities,” Condon said.

Depending on the individual’s illness or injury, there could be a range of personal obstacles to face when returning to a fitness routine. These can include cognitive, vestibular, visual perceptual, time management, spasticity, autonomic dysreflexia, transfer to machine and upper and lower extremities positioning on equipment, balance, tremors, and/or behavior, frustration tolerance, and safety awareness.

Fighting Back is one of a few private community-based personal training programs in the United States for individuals with any type of disability. The name speaks volumes. The program places a strong emphasis on creative rehabilitative exercise programs, but reaches far beyond physical exercise to provide a safe transitional environment in which to cultivate courage, desire and perseverance in individuals throughout the



CHRIS GAINS POSTURAL STABILITY, UPPER EXTREMITY STRENGTHENING, AND A POSITIVE ATTITUDE CONTINUING TO WORK ON HIS PHYSICAL CONDITIONING.



The idea of fitness is not a new concept for individuals who have a disability or life-changing illness or injury.

recovery and community reintegration process. The encouragement, guidance and psychosocial aspect are just as therapeutically beneficial as the physical exercise.

As a rehab physical therapist, transitioning patients to a community-based fitness center was most rewarding. I greatly appreciated the continued support I knew my clients would receive from the Fighting Back program. As a board member, I have the opportunity to see the progress these clients continue to make 17 years post-rehab. Working

directly with personal trainers and clients, the program bridged the gap from inpatient therapy to “life after rehab.”

Part of what makes Fighting Back such an exceptional program is the host of additional benefits participants gain while working out, including cognitive achievements. Depending on their disability, clients may work on problem solving, safety awareness and working with distractions. Fighting Back created a team of personal trainers to help individuals with a range of injuries and illnesses. The trainers help clients with a brain injury to desensitize to the loud environment and distractions, and work with spinal cord clients learned to work out sitting down while surrounded by those standing.

For many clients, the social aspects of the program are as beneficial as the physical. It is simply the only social event outside the home. The interactions with both the trainers and other clients provide a social outlet. The social aspects are also reinforced by an annual awards night dinner. “My patients build self-esteem and confidence in managing their limitations. The camaraderie and social support is mood-enhancing,” said Janet Belitsky, PsyD MSS.

Wynn does not hesitate in sharing his belief in the importance of exercise. “All of the complications I’ve suffered due to my injury have been physically and mentally exhausting. But this, I can say. When I exercise, I feel better. When I feel better, I have a better day. When I have a better day, I’m in a better state of mind. Depression is easy to come by after a spinal cord injury, especially if you don’t have your health. This goes without mentioning. The increases in strength that exercise provides enable you to better perform activities of daily living.”

¹Fitness - Getting it right: world’s first physical activity guidelines for individuals with a SCI (2011). Outspoken, 26-27. ➡

CONTACT THE AUTHOR:

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TOP: IF THERE IS A WILL, THERE IS A WAY. CHRIS UTILIZING THE FITNESS EQUIPMENT IN HIS NEW FITNESS CENTER

MIDDLE: MERRY COMES WITH A POSITIVE ATTITUDE KNOWING WHAT SHE IS GETTING OUT OF THE FIGHTING BACK PROGRAM.

BOTTOM: ADAPTATION IS THE KEY-MERRY UTILIZES FITNESS EQUIPMENT AT THE FIGHTING BACK FITNESS CENTER.

NEW REGISTRANTS

Congratulations to the newest NRRTS Registrants. (July 13, 2011 through Sept. 21, 2011)

Jonathan C Adams, ATP, RRTS®
Klingensmith HealthCare
404 Ford St.
Ford City, PA 16226
Telephone: 724-763-8889 x.5219
Toll Free: 800-272-2322 x.5219
Fax: 724-763-4284
Registration Date: 8/22/2011

Chuck Dowell, RRTS®
Angels of Care Medical Equipment
& Supplies
8015 S. HWY 75
Sherman, TX 75090
Telephone: 903-502-5656 x.5651
Fax: 903-532-5665
Registration Date: 7/25/2011

Conrad L. Perez, RRTS®
DMR Corporation
10418 NW 31st Terrace
Doral, FL 33172
Telephone: 305-666-9911
Toll Free: 800-851-0312
Fax: 305-666-1601
Registration Date: 9/20/2011

Joe Simpson, RRTS®
Medical Necessities, Inc.
2000 E. Matthews
Jonesboro, AR 72401
Telephone: 870-935-4825 x.102
Toll Free: 800-920-4242
Fax: 870-935-5744
Registration Date: 8/15/2011

David Bruinsma, ATP, RRTS®
Colonial Medical Supplies
614 E Altamonte Dr
Altamonte Springs, FL 32701
Telephone: 407-849-6455
Fax: 407-849-6458
Registration Date: 8/18/2011

Gerald Erkhart, RRTS®
Roosevelt Warm Springs
6391 Roosevelt Hwy.
Warm Springs, GA 31830-1000
Telephone: 706-655-5211 x.5215
Fax: 706-655-5217
Registration Date: 8/2/2011

Anthony J Pitifer, RRTS®
Pitifer Ace Medical Equipment, Inc
745 A 82nd Ste. A
Lubbock, TX 79424
Telephone: 806-771-4976
Toll Free: 866-771-4976
Fax: 806-771-2433
Registration Date: 7/28/2011

Anthony M. Thornton, RRTS®
Sunshine Pharmacy
421 9th St N
Naples, FL 34102
Telephone: 866-781-1264
Fax: 239-262-3058
Registration Date: 8/2/2011

Jeff Cysewski, ATP, RRTS®
National Seating & Mobility, Inc.
3255 Executive Blvd. #105
Beaumont, TX 77705
Telephone: 409-842-5924
Fax: 877-367-4187
Registration Date: 7/19/2011

Daniel Galvan, RRTS®
National Home Health Care
3615 SW 45th Ave
Amarillo, TX 79109
Telephone: 806-379-7311 x.414
Toll Free: 800-658-9270
Fax: 806-379-2077
Registration Date: 8/10/2011

Dale Schlitt, ATP, RRTS®
Home Care Medical
5665 S. Westridge Dr.
New Berlin, WI 53151
Telephone: 262-786-9870 x.593
Fax: 262-957-5566
Registration Date: 8/29/2011

Jeff Wilson, RRTS®
Angels of Care Medical
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8015 S Hwy 75
Sherman, TX 75090
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Fax: 903-532-5665
Registration Date: 7/25/2011

Michael DeRosie-Drye, ATP, RRTS®
United Seating & Mobility
3 E. Cleveland Ste E
Spokane, WA 99207
Telephone: 509-484-6720
Toll Free: 877-295-8958
Fax: 509-484-6723
Registration Date: 8/1/2011

Ruben Jones, RRTS®
Active Mobility Innovations
8110 Ulmerton Rd
Largo, FL 33771
Telephone: 727-535-6100 x.200
Toll Free: 800-828-4188 x.200
Fax: 727-535-6466
Registration Date: 8/1/2011

Richard Dion, RRTS®
Hudson Seating & Mobility
470 Wildwood Ave. #4
Woburn, MA 01801
Telephone: 781-897-6100 x.526
Toll Free: 800-321-4442
Fax: 781-933-0777
Registration Date: 9/6/2011

Julie M. Keith, ATP, RRTS®
National Seating & Mobility, Inc.
4493 Robertson Rd
Madison, WI 53714
Telephone: 608-223-1927 x.209
Fax: 608-223-1932
Registration Date: 8/4/2011

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 July 13, 2011 through September 21, 2011.

Michael R. Sivori, ATP, CRTS®
Central Kentucky Mobility, LLC
Louisville, KY

James Edwin Stuckey, II, ATP, CRTS®
Border Mobility, Inc.
McAllen, TX



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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 July 13, 2011 through September 21, 2011. For an up-to-date verification on Registrants, visit www.nrnts.org, updated daily.

Marjorie Ard, ATP Valdosta, GA

David Kruse, ATP Milwaukie, OR

Neill Rowland Charlotte, NC

David E. Bouslog, M.Ed., ATP Philadelphia, PA

Kevin Lathrop Portland, OR

Jerel B. Stevens, ATP Olathe, KS

Russell Eskew, ATP Phoenix, AZ

Brad Looper Duncan, SC

Gary A. Thompson, ATP Madison, WI

Gabreal C. Gordon Goodlettsville, TN

Lynn Marschand Indianapolis, IN

Arica Graner Minot, ND

Kevin Marshall Tallahassee, FL

Scott Greenbank, ATP Phoenix, AZ

Matt Maurer, ATP Norfolk, VA

David A. Jolly, ATP Kansas City, MO

Donald Bradley Moore, ATP Monroe, LA

Guy F. Joyce, ATP Hudson, NH

James Moore Albany, GA

John Kenny Lakewood, NJ

David M. Reavis, ATP Lawton, OK

ATP CREDENTIAL

Congratulations to NRRTS Registrants who earned the ATP credential. Depending upon their registration date, they will be awarded CRTS® upon completion and approval of the renewal following fulfillment of required registration. Names included are from July 13 through September 21, 2011.

James Edwin Stuckey, II, ATP, CRTS®

Border Mobility, Inc.
McAllen, TX



We are seeking case studies for DIRECTIONS from NRRTS Registrants and clinicians.

All case studies must be reviewed and approved by the DIRECTIONS Editorial Board prior to publication. Upon acceptance for publication of the case study:

- The author will receive a \$250 honorarium.
- The author will receive 50 reprints of the case study (if requested).

The following criteria will assist in writing the case study.

- Construct a template, in your mind or on paper, which will be the guide throughout the writing process. This will improve how the document looks, feels and reads. Consistency in these three items is key to a good case study.

- Draw your reader in with a unique title. It should attract the reader and make them want to read more.
- Begin writing the paper. Start by identifying the problem that is being addressed in the case study.
- Explore the problem, including cause and effect. Give as much background as possible on other solutions that were attempted.
- Discuss the solution you selected and/or how this problem was specifically addressed. Tell what methods were used in determining your solution.
- Describe benefits of the approach you chose. Tell how the benefits might impact other individuals with similar presentations. Discuss the limitation of your approach.

- Use before and after photographs to document your solutions.
- Utilize the general-to-specific-to-general approach. This is the approach to use because it draws the reader in, demonstrates a specific example, and then shows how it applies to the group as a whole. It also shows the reader how they can address their own problem this way.

NRRTS Editorial Board staff will be available, if requested, to review your case study prior to completion to ensure the study meets our criteria.

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