CLINICAL PERSPECTIVE

Complex Rehab Invests in the Future

CEU ARTICLE REVIEW

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

WRITTEN BY: Lois Brown, MPT, ATP/SMS

Introduction

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

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

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

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

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

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

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

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

CLINICAL PERSPECTIVE

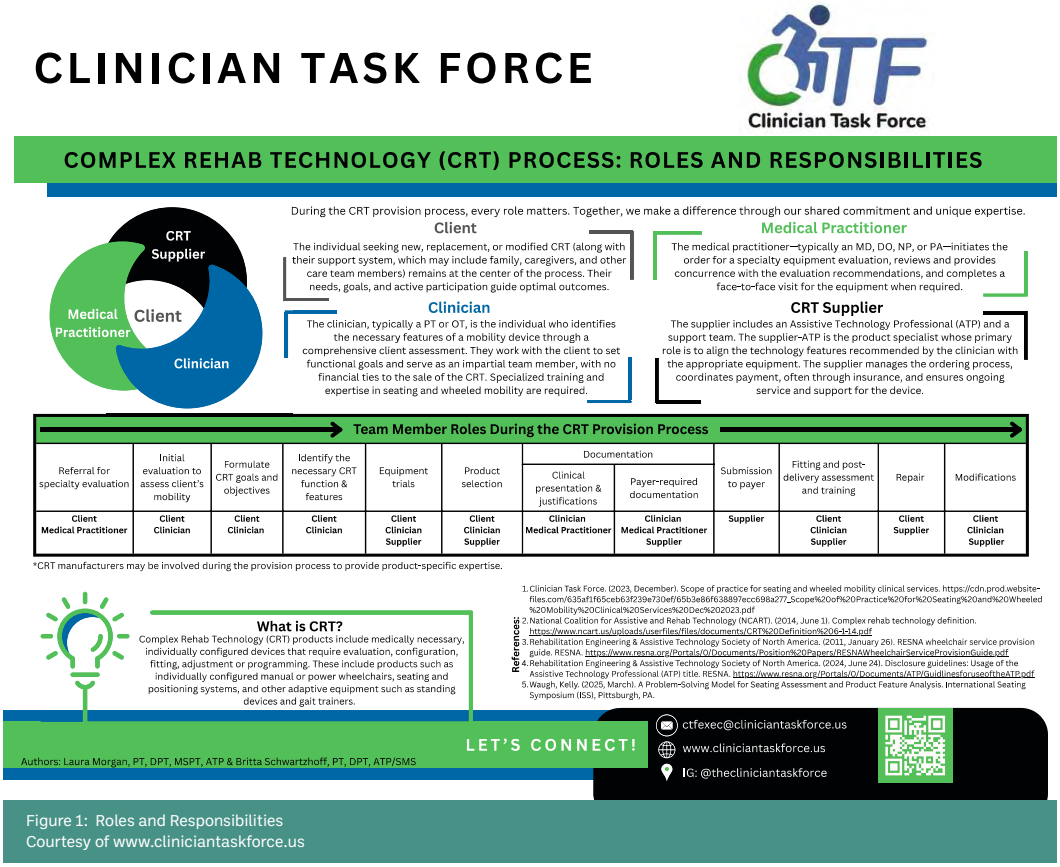

Figure 1: Roles and Responsibilities
Courtesy of www.cliniciantaskforce.us

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

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

FROM THE FIELD

When the bottleneck has a name

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

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

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

Two Roles, One Journey: Suppliers and Service Technicians

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

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

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

CONTINUED ON PAGE 22

CLINICAL PERSPECTIVE | CONTINUED FROM PAGE 21

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

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

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

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

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

FROM THE FIELD

Knowing where the line is

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

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

Building Defined Educational Pathways

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

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

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

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

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

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

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

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

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

FROM THE FIELD

Caught in supervised practice

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

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

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

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

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

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

Mentorship and Intergenerational Knowledge Transfer

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

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

CONTINUED ON PAGE 24

CLINICAL PERSPECTIVE | CONTINUED FROM PAGE 23

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

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

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

FROM THE FIELD

The debrief that taught a pattern.

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

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

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

FROM THE FIELD

Mentoring in both directions

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

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

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

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

Continuing Education in a Changing Field

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

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

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

FROM THE FIELD

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

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

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

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

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

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

Putting It Into Practice: A Workforce Development Framework

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

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

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

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

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

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

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

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

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

CONTINUED ON PAGE 26

CLINICAL PERSPECTIVE | CONTINUED FROM PAGE 25

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

Widening the Entry Point: Vocational Pathways and the Profession

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

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

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

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

Workforce Sustainability is Market Growth.

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

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

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

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

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

REFERENCES

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

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

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

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

CLINICAL PERSPECTIVE | CONTINUED FROM PAGE 25

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

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

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

ATLAS TECHNOLOGY
#1 In CRT Workflow Software
ATLAS RPM
REVENUE PROCESS MANAGEMENT
ATLAS RCM
REVENUE CYCLE MANAGEMENT
ACES-ATP
CRT EVALUATION SOFTWARE
ATLASREMOTE F2F
TELE-MED SOFTWARE FOR CRT EVALS
SCHEDULE A DEMO
BUILDING A BETTER PROVIDER BUSINESS!