iNRRTS
THE JOURNAL OF COMPLEX REHAB TECHNOLOGY

DIRECTIONS

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THROUGH THEIR EYES

User, Family, Caregiver Perspectives

Rehab Case Study by Cathy Carver and Alice Cherry

Five Technical Fundamentals Every CRT Technician Should Master

Looking Beyond the Prescription Editorial by Sheila Buck

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FROM THE EDITOR-IN-CHIEF

Serving Those Who Serve Others

WRITTEN BY: Amy Odom, BS

As we move into another exciting season for iNRRTS, the International Registry of Rehabilitation Technology Suppliers, I would first like to welcome my good friend, **Tom Simon, ATP, CRTS®**, as the new president of iNRRTS. I would also like to congratulate my friend **Alex Biello, ATP, CRTS®**, on his new role as a review chair on the board. I look forward to working with both of them, and the rest of the iNRRTS Board of Directors, as we continue advancing our mission and serving our profession.

I encourage each of you to take time to read the outstanding articles featured in this issue. The human-interest stories are inspiring, the clinical content represents some of the best expertise in our field, and there is something valuable for every reader. Also, be sure to take advantage of the CEU article. You can apply the continuing education unit credits earned toward both iNRRTS Registration renewal and RESNA Assistive Technology Professional recertification, making it an excellent opportunity for professional development.

I would also like to extend my sincere thanks to the iNRRTS staff: **Andrea Madsen, Bill Noelting, Kathy Fisher, Lois Bodiford, Sandi Noelting and Weesie Walker.** Their dedication, professionalism and commitment help ensure that our partners, iNRRTS Registrants and IFONs, Individual Friend of iNRRTS, receive the support and service they deserve. Their hard work often takes place behind the scenes, but it is essential to our organization's success.

At iNRRTS, we are here to serve you so you can continue serving the individuals who rely on complex rehab technology every day. Everything we do focuses on supporting the professionals who make independence, mobility and participation possible for the end users we serve.

And finally, on a personal note, my Texas Tech University Red Raiders are playing football, which means it is officially the best time of the year.

Wreck 'Em!

Amy Odom, BS



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Amy Odom joined iNRRTS in 2002 and has served as director of operations since 2013. Her career in Complex Rehab Technology began in 1994 with The MED Group, and she brings more than three decades of industry experience to her role. A graduate of Texas Tech University, Odom is dedicated to advancing the mission of iNRRTS and supporting individuals throughout the CRT community. She and her husband, Tracy, have two sons, Trey and Sam; a daughter-in-law, Clancy; and a grandson, Kip.

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FROM THE NRRTS OFFICE

Honored to Serve, Inspired by Our Future

WRITTEN BY: Tom Simon, ATP, CRTS®

Dear iNRRTS Registrants,

With tremendous gratitude and humility, I write my first president's letter. Being entrusted with the role of president of iNRRTS is one of the greatest honors of my professional career. I am deeply thankful for the confidence you have placed in me, and I look forward to serving this remarkable organization and its Registrants.

First, I would like to express my sincere appreciation to the leaders who have served before me. Their dedication, vision and countless volunteer hours have helped shape iNRRTS into the respected organization it is today. Our history is built on the commitment of professionals who believe quality Complex Rehab Technology services change lives, and I am grateful for the strong foundation they have established.

I also thank our board of directors, committee members, volunteers and staff. iNRRTS's strength has always been in its people. Every achievement of our organization is the result of Registrants who willingly share their expertise, advocate for our profession, mentor future leaders and work tirelessly to advance our mission.

On a personal note, I extend a heartfelt thank you to my colleagues, mentors, friends and teammates who encouraged and supported me throughout my professional journey. Your confidence, guidance and friendship have helped shape me as a professional and a leader, and I am grateful for the opportunity to represent this organization.

As we look ahead, our profession continues to face both challenges and opportunities. Advances in technology, evolving health care environments and increased awareness of the importance of individualized mobility and seating solutions continue to transform the CRT landscape. Through it all, one thing remains constant: the need for qualified professionals who are committed to excellence, ethics, education and advocacy.

As president, my goal is to build upon the tremendous work already underway while fostering greater engagement, collaboration and innovation throughout our organization. I want every Registrant to feel connected to our mission and empowered to contribute unique talents and perspectives. Together, we can strengthen our leadership pipeline, expand educational opportunities, elevate professional standards and continue advocating for the individuals and families we serve.

What I value most about iNRRTS is that we are more than an organization. We are a community united by a shared purpose. Every day, our Registrants make a meaningful difference in the lives of people who depend on CRT to achieve independence, mobility and participation in their communities. That purpose connects us and inspires us to continue moving forward.

Call to Action

As we begin this next chapter together, I invite each of you to deepen your involvement in iNRRTS. Whether that means serving on a committee, mentoring a colleague, contributing to educational initiatives, participating in advocacy efforts, supporting registration growth or simply sharing your ideas and experiences, your voice matters.

The future of iNRRTS will not be defined by its president or board alone. It will be shaped by engaged Registrants who are willing to collaborate, lead and invest in the success of our profession. Our greatest strength always has been the collective knowledge, passion and commitment of our Registrants.

I encourage you to reach out, get involved and help identify new opportunities to better serve our Registrants and advance our profession. Together, we can build an even stronger iNRRTS for the next generation of CRT professionals.

Thank you again for the privilege of serving as your president. I am excited about our future and confident that, working together, we will continue to strengthen our community, elevate our profession and make a lasting impact on the lives of those we serve.

With sincere appreciation,

Tom Simon, ATP, CRTS®

President, iNRRTS



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MOMENTS WITH MADSEN

The Future is Ours to Build

WRITTEN BY: Andrea Madsen, ATP

I left Springfield, Missouri, with a smile on my face.

I had just spent an evening celebrating the 20th anniversary of Alliance Rehab and Medical Equipment. As I looked around the room at employees, colleagues, friends and industry partners gathered to celebrate two decades of work, I found myself thinking about something bigger than an anniversary.

I was thinking about the future of our profession.

A few weeks later, I found myself in Toronto at the Canadian Seating & Mobility Conference surrounded by another group of people who have dedicated their careers to helping individuals live more independently through Complex Rehab Technology. Different country. Different setting. Different event.

Yet the feeling was remarkably similar.

Something Special Happening in Our Profession

It is easy, particularly when we are immersed in the daily challenges of CRT, to focus on what is difficult. We know the list well: workforce shortages, reimbursement challenges, access barriers, administrative burdens, increasing complexity and the ongoing need to explain the value of what we do.

Those challenges are real. But they are not the whole story.

What I saw in Springfield and Toronto reminded me that another story is unfolding, one centered on commitment, innovation, collaboration and possibility.

Twenty Years is About People

Alliance Rehab's 20th anniversary was, at its heart, a celebration of people.

Twenty years does not happen by accident. It represents thousands of decisions made over time to invest in people, relationships, service and purpose. It reflects employees who have chosen to build careers in CRT and leaders who have continued to believe the work is worth doing.

Alliance has been a longtime Friend of iNRRTS and has supported our work in countless ways, from participating in leadership activities to supporting members serving on our board of directors to championing the development of the CRT Supplier Certificate Program. I have personally appreciated that partnership, but what struck me most during the anniversary celebration was seeing the pride within the organization itself.

There was pride in the company, certainly. But there was also pride in the work.

That matters.

Our profession needs people who understand that what they do is about more than selling or providing equipment. We are part of a process that can transform a person's ability to move through the world, participate in the community, pursue an education, work, care for family members and live the life he or she wants to live.

That is something worth being proud of.

Then I Went to Toronto

At the Canadian Seating & Mobility Conference, I experienced that same sense of possibility from a broader perspective.

Walking through the conference, listening to conversations and reconnecting with colleagues, I was reminded that CRT is filled with people who remain curious. They want to learn. They want to improve. They want to understand new technology and new approaches. They want to share what they know.

And they want to find better ways to serve the people who depend on them.

That curiosity is one of our greatest assets.

Technology will continue to evolve. Products will become more sophisticated. Clinical approaches will change. Regulations and reimbursement environments will undoubtedly continue to challenge us.

But our greatest opportunity may be investing in the people who will navigate all that change.

That is one reason I am so passionate about the work we are doing at iNRRTS, the International Registry of Rehabilitation Technology Suppliers.

Building the Profession We Need

I believe the future of CRT depends on elevating the CRT supplier profession.

That means creating meaningful pathways for people to enter the field, developing opportunities for continuing education, recognizing professional



Alliance Rehab and Medical Equipment team. Photo credit: Matt Jones.



Andrea Madsen, Jason Kelln and Linda Norton at CSMC 2026.



Andrea Madsen, Kathy Fisher and Linda Norton at CSMC 2026.

excellence and encouraging the knowledgeable, ethical and compassionate service our clients deserve.

It means moving beyond the idea that workforce development is simply about filling open positions.

We need to build professionals.

We need to mentor them, educate them, challenge them, support them and give them reasons to view CRT not simply as a job, but as a profession where they can build a meaningful career.

I believe our CRT Supplier Certificate Program is an important part of that future. But it is only one piece of a much larger commitment to strengthening our profession. Education, professional standards, advocacy and opportunities for continued growth must work together to build the knowledgeable, skilled and confident CRT supplier professionals our industry needs.

More That Connects Us Than Separates Us

One of the things I value most about working in an international organization is the opportunity to see our profession from different perspectives.

Whether I am speaking with someone in Missouri, Toronto or elsewhere, I continue to be struck by how much we have in common. We want people to have access to the technology they need. We want professionals to have the knowledge and resources necessary to provide it effectively. We want the public to understand the importance of CRT. And we want the next generation to believe this is a profession worth joining.

Those shared goals provide an incredible foundation for the future.

We do not have to agree on everything. We do not have to approach every challenge in exactly the same way. But we can come together around what matters most.

That is where I see opportunity.

The Future is Not Something We Wait For

As I reflect on these two events, I feel incredibly grateful. Grateful for the people who have spent decades building this profession. Grateful for those just beginning their careers. Grateful for organizations willing to invest in education, advocacy and professional development. And grateful for the opportunity to serve an organization dedicated to elevating the CRT supplier profession.

I have been in this field long enough to know that progress rarely happens overnight.

It happens because people keep showing up.

They keep learning.

They keep advocating.

They keep mentoring.

They keep believing tomorrow can be better than today.

That is what I saw in Springfield.

That is what I felt in Toronto.

And that is what gives me such optimism about where we are headed.

The future of CRT will not be defined by the challenges we inherit. It will be defined by what we choose to build.

So let us build a profession that attracts talented people, develops exceptional professionals and recognizes the value they bring.
Let us build a profession grounded in knowledge, ethics, compassion and excellence.
Let us build a profession that advocates fiercely for the people we serve. And let us build a future in which being a CRT supplier professional is recognized for what it truly is: a meaningful, respected and essential profession.

The future is not waiting for us.

It is ours to build.



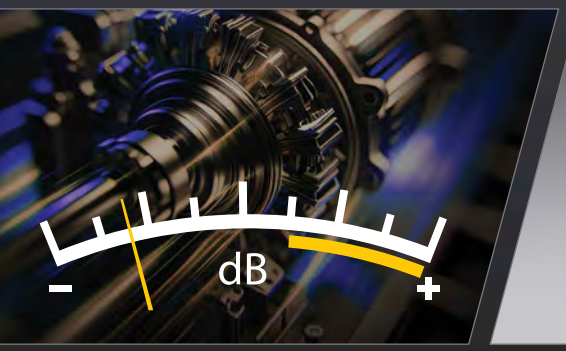
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NOTES FROM THE FIELD

Serving His Father's Complex Rehab Needs Sparks Rewarding Career for Biello

WRITTEN BY: Barbara Hazelden



Alex Biello reviews emails before the workday begins.



Kendry and Alex Biello repair a power chair.

Alex Biello, ATP, CRTS®, still vividly remembers that 1987 hospital visit. Earlier that day, his mother had delivered some devastating news to young Biello, then in the fifth grade.

Biello's father, police officer J.J. Biello, had been shot during a restaurant armed robbery, which left him paralyzed. J.J. was rushed to the local hospital, where he received initial treatment before being transferred to Atlanta's Shepherd Spinal Center.

Biello initially thought his father's injury wasn't so bad. But when heentered that hospital room, he realized this catastrophic injury would profoundly alter his father's life.

"When I saw him at the hospital with all the tubes running down his throat, I remember thinking this was going to be much worse than I thought it was going to be," Biello reflected.

He compared his father's post-injury rehab experience to Shepherd's current protocols. "You got to know everybody more on a personal level. There were fewer rooms, and you stayed longer," he said.

Learning About Wheelchair Mechanics

J.J.'s rehab experience provided his son with intensive exposure to wheelchair mechanics. Biello also saw firsthand how a wheelchair malfunction impacted the entire family. To preserve his father's mobility, mechanically minded Biello learned to repair his father's wheelchair and lift. "I'd replace the fuse or belt or take apart [the motor]. I'd go to the hardware store and find [the parts] needed to get it working again."

After graduating high school, Biello added electrical work and construction to his skill set.

In 2000, Biello channeled his rehab equipment repair skills into a career. Wolf Medical was a local startup near where Biello lived. He passed his two-week trial with flying colors and was soon promoted to head technician. Within a year, he accepted an invitation to become a Wolf Medical partner.

Stellar Service

While Biello served Wolf Medical's rehab clients, J.J.'s well-being occupied a special place in his son's heart. He noted that his father's post-injury achievements made his son "slightly merciless" with patients hesitant to push through obstacles.

However, a wheelchair malfunction essentially immobilized county commissioner J.J. Biello. He was traveling in his van when the

wheelchair backrest broke. J.J. called Biello, who jury-rigged extension cords and cables and tied the chair segments together. Biello performed a temporary repair, transferred his father into his house and helped him into his backup chair. “That was one of the crazier ones,” Alex said.

On another occasion, J.J. was traveling to a business meeting at Atlanta’s downtown Fish Market. A wheel suddenly fell off his wheelchair, but a quick reinstallation couldn’t return the chair to normal operation.

Once again, he dropped everything to help his father. He fabricated a small part and crawled under the conference table to install it. “I was underneath the table working on his chair while they were having a meeting,” Alex explained.

Although J.J. passed away in 2019, Biello is grateful for the opportunity to help his father enjoy a better quality of life. “He's my greatest success story, and he’s the reason I’m in it [the Complex Rehab Technology industry].

Alex Joins the Numotion Team

In 2014, Biello began a full-time role at Numotion’s Norcross, Georgia, office. Based at Atlanta’s Shepherd Center, he partners with patients’ therapists to execute wheelchair modifications and minor repairs. Numotion technicians perform more complex repairs in the company’s fully equipped shop. Although a battery replacement could be completed within a day, a blown motor could take two weeks.

Insurance pre-authorizations threaten to derail many patient projects. He and other Numotion associates work to streamline the pre-authorizations, but they aren’t always successful. Despite this obstacle, however, the Shepherd/Numotion team remains focused on providing each patient with the right wheelchair.

For a first-time user, Biello and the patient’s therapist will review solutions that have proven successful in similar situations. Alex makes minor adjustments upon delivery.

Designing a second or third chair is easier, as each patient knows what features they like (or don’t like). Some tweaks are usually required. Even better, a patient will occasionally tell him, “This was the greatest thing I ever had. Just Xerox copy it.”

Terry’s Uplifting Story

Although Biello has worked with hundreds (perhaps thousands) of Numotion patients, a recent success story stands out. Terry, who recently received a standing chair, requested a few small tweaks to improve the chair’s integration with her body movements.

Terry has been delighted with the result, Biello said, and the better-fitting standing chair has improved her quality of life. “She talks about what a great impact it's made. She stands up and smiles and talks about how great everything fits, how much better it works and how it’s helped her,” Biello said.

Tori, a physical therapist at Shepherd, has also been part of Terry’s success story. Due to fatigue caused by multiple sclerosis, Terry was losing her ability to drive. “Tori suggested a micro-mini joystick that Terry could operate with just her finger. Being able to stand and use that finger to control everything made the biggest difference,” Biello said.

Biello said Terry’s positive attitude made her a joy to work with. “She's just such a great person, and you really wanted to go above and beyond for her. Being able to do it made a difference. It made me happy to be at the job,” he said.

Biello derives great satisfaction from providing patients with the solutions they hope to achieve. “Maybe it’s fixing a flat tire, speeding up their chair a little bit or giving them a whole new chair. If you can put a smile on someone’s face and make their day better, that’s my goal.”

Emerging Technologies Spotlight

The Shepherd Center benefits from early introductions to emerging CRT. Biello also acknowledged assistive technologies’ role in helping patients become more independent. “Someone’s goal is just to operate their TV or answer their phone in their high quad. Assistive technology is right there, and sometimes there’s a quick, simple solution for that person. We’re discovering new things all the time.”

Today, previously wish-list capabilities are now firmly mainstream. “Some of the craziest ideas turn out to work, like eye gaze. Five years ago, I would have told someone it was impossible to drive with their eyes. Today, I'm setting up eye gaze systems so people can drive their chairs. They can control everything throughout their entire home, with just their eyes,” Biello said.

As a CRT industry leader, Numotion highlights new technologies via frequent virtual showcases. Every two years, the company hosts a similar brick-and-mortar event. Biello enhances his equipment knowledge through online research, customer inquiries and continuing education unit course content.

However, certain older-school technologies still have value. “Sometimes, you go right back to the very simplest thing that you did in your first year on the job — and it’s still helping people,” Biello observed.

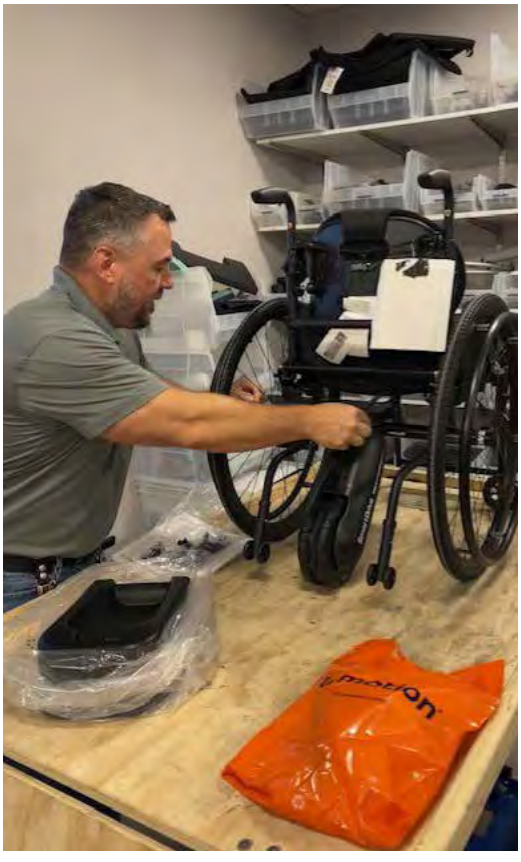
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NOTES FROM THE FIELD | CONTINUED FROM PAGE 9



Ed shows Alex Biello a footplate adjustment he made to a new chair.



Alex Biello prepares a manual wheelchair with power assist for delivery.



Alex Biello and Celeste, a physical therapist, review a potential equipment option for a client.



Alex Biello prepares a loaner chair while the owner awaits insurance approval.



Marat and Alex Biello review a power system to ensure all available options are considered for a client.

Supplier, designations from iNRRTS, the International Registry of Rehabilitation Technology Suppliers. Although states typically do not require either designation, multiple states and rehab programs mandate that suppliers hire staff with a RESNA ATP, Assistive Technology Professional, certification.

Biello affirmed that the CRTS® designation recognizes professionals with substantial consumer-focused service experience. “That’s a great designation, because they’ve had to be involved in the industry for a while to get it.” He has been an iNRRTS Registrant since 2007. “I think it's a great organization. I've always been a proud part of it.”

Besides encouraging more CRT professionals to join iNRRTS, Biello urged more people to contact lawmakers about access for people with disabilities.

“The biggest minority we have in the United States is not an ethnic group. It's people in wheelchairs. It's people with disabilities. They're voters. They’re ignored until you know somebody who's in a wheelchair,” Biello emphasized, adding that compliance with the Americans with Disabilities Act and curb cutouts are two primary areas of concern.

Personal Life in Flux

Biello and his wife, Bethany, live in Ballground, Georgia. The couple shares two high-achieving sons, one in the Army's college program and the other

a high school senior with a part-time job. "I'm almost at the empty nest stage of my life, and that's been a big shock," Biello remarked.

Today, he is mulling over a full-time hobby. He has tried clay shooting and is considering golf. Not a lifelong sports fan. "I probably need to find myself a good sports team to support," he said. When he chooses a likely candidate, he'll regard that team with the same enthusiasm he brings to his complex rehab technology work.



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Alex Biello, ATP, CRTS® is a Review Chair on the iNRRTS board. In 1987, J.J. Biello, Biello's father, a police officer, was shot and paralyzed during an armed robbery at a restaurant, and after being rushed to the hospital he was transferred to Shepherd Spinal Center, where he spent much of his youth learning firsthand about wheelchairs and the challenges families face when a loved one relies on mobility. As he grew older, Biello began repairing chairs, lifts, and other equipment whenever something broke, and in 2000 Biello turned that experience into a career by joining a small company called Wolf Medical, eventually becoming head technician and later a partner. More than two decades later, Biello is proud to serve as an Assistive Technology Professional (ATP) and Certified Rehabilitation Technology Supplier (CRTS ®). Biello works Numotion and invests substantial time at the Shepherd Center in Georgia, where he has seen how the high cost and limited availability of advanced mobility equipment can make it difficult for individuals and families to access what they need, and where they remain committed each day to helping people achieve greater independence and mobility through innovative solutions and dedicated support. Biello has been an iNRRTS Registrant since 2007.



INDUSTRY LEADER

Gearheart Identifies Key To Successful CRT Career:
Improving Patients' Lives, Building Strong Company Culture

WRITTEN BY: Barbara Hazelden



Kevin Gearheart and Rehab Medical's leadership team accepts New Hope of Indiana's Partner of the Year Award.



Kevin Gearheart and the Rehab Medical leadership team accepts the Best Places to Work award.

Building a successful Complex Rehab Technology company begins with a clear mission: improving people's lives. Ethical business practices and a commitment to service provide the foundation for achieving that goal. Kevin Gearheart, president of Rehab Medical, embraces both principles. While leading the company's growth, he also focuses on fostering a strong culture that encourages employee development and collaboration.

Based in the Indianapolis, Indiana, area, Rehab Medical serves patients in 19 states. Founded in 2005, the company provides custom mobility solutions, including power wheelchairs, pediatric wheelchairs and bariatric wheelchairs. In addition to patient advocacy, Rehab Medical places a strong emphasis on employee engagement and community involvement.

Finding Reward in Service

As president, Gearheart spends much of his time focused on company oversight and strategic planning. In that role, he has the opportunity to see the impact Rehab Medical has on patients and communities. "Taking care of patients has become a very rewarding experience for all of us," he said. "We've managed to put offices in various locations across the country, especially in rural communities where access to CRT services may be limited. Being able to provide CRT to these patients who otherwise may not have had access to this equipment has given us all a sense of purpose."

Gearheart acknowledged that obtaining mobility equipment can be a complex process involving multiple stakeholders and equipment components. "Navigating the challenging CRT journey becomes worth it in the end when we see how that piece of equipment gives a patient their independence back. It just reinforces our compassionate culture," he said. He also finds satisfaction in building a strong organizational culture. "By looking at things from a team standpoint, we're able to build a culture that supports one another and are aligned around a common mission: improving lives."

Fostering a Strong Company Culture

Gearheart believes Rehab Medical's culture directly supports the company's ability to serve patients. "We are committed to building a strong company culture and advocating for our customers as we carry out our mission of improving lives," he said.

According to Gearheart, employee support is a cornerstone of that culture. "I think it's about supporting our employees in a lot of different ways," he said. "We have a program called RISE that integrates professional and personal development. We also invest in programs that focus on employee well-being. Promoting a healthy workplace culture is incredibly important."

Those initiatives also help create an environment in which employees can pursue individual growth while working together to achieve common goals. "We want a culture where everyone is working hard together," Gearheart said. "At the same time, we're supporting one another as employees focus on growth and development."

Looking more broadly, Gearheart said the company's mission extends beyond

patients. "We're trying to take care of people," he said. "Sometimes it's taking care of patients. Sometimes it's taking care of employees. Sometimes it's taking care of people in our communities."

RISE's Community Impact

The RISE program also encourages employees to support their communities. "We set aside a certain amount of money every year to give back to communities," Gearheart said. "But we don't want to just write a check. We also encourage employees to donate their time. The more employees become involved, the greater our impact."

One example is Rehab Medical's partnership with Servants at Work, a nonprofit organization that builds wheelchair ramps for people with mobility challenges. "Many of these individuals can get around inside their homes, but they can't access their communities because they don't have a ramp," Gearheart said.

In addition to providing financial support, Rehab Medical employees volunteer on ramp-building projects throughout the year. "We support SAWS through donations, but we also send teams to participate in builds," he said. "While we're giving back to the community, our team members are supporting one another and helping someone else at the same time."

Gearheart said those experiences often leave a lasting impression. "Team members realize it's about something bigger than themselves," he said. "That helps build a strong company culture. I've participated in a couple of those ramp builds, and they always end in tears."



Rehab Medical's leadership team participate in the American Foundation for Suicide Prevention Out of the Darkness Walk.



Kevin Gearheart speaking at Rehab Medical's company conference.

Three Remarkable Success Stories

Since its founding in 2005, Rehab Medical has helped improve the lives of thousands of individuals and families. Three memorable stories stand out.

A Disney princess dream come true

Rehab Medical partnered with Make-A-Wish Texas Gulf Coast and Louisiana to help a young girl spend more time outdoors with family and friends.

Together, the organizations provided her with a custom off-road wheelchair featuring a backup camera, hydration station and sunshade. To make the experience even more special, they embroidered her name in sparkling pink lettering that complemented Disney princess dresses donated for the occasion.

Cevin's high-tech Cubby Bed

Rehab Medical's Houston team partnered with Cubby Beds and Make-A-Wish Texas Gulf Coast and Louisiana to provide 5-year-old Cevin with a specialized Cubby Bed.

Designed to enhance comfort, safety and sleep quality, the bed addresses Cevin's unique needs while providing his caregivers with greater peace of mind.

Juan's custom wheelchair

Juan Jr. was born with cerebral palsy and brain damage. Without the resources to purchase a custom wheelchair, his parents carried him wherever he needed to go.

A nonprofit organization, Sam's Wish, raised funds for the equipment. When months passed without progress, the organization contacted Rehab Medical CEO Patrick McGinley.

The company stepped in and provided Juan with the custom manual wheelchair he needed, helping improve his mobility and independence.

Vision for Growth

Rehab Medical has clear strategic plans centered on continued growth.

"First, if we're growing, we believe we're taking great care of patients," he said. "That allows us to continue serving more people. Growth also means expanding into markets where there are still CRT access challenges."

According to Gearheart, growth benefits employees as well. "If we're growing, we're creating jobs," he said. "If employees want to advance and take on more responsibility, growth creates those opportunities. I want to continue doing that."

Innovation is another key component of his long-term vision. "I want to figure out how we can continue to innovate and create opportunities for exceptional patient care," Gearheart said. "Whether that's better communication with patients or the integration of new technologies, how do we ensure everything we do delivers service excellence? How can Rehab Medical set the standard

for patient care in this industry? We're constantly challenging ourselves to improve."

A Collaborative Industry

Gearheart believes collaboration is one of the CRT industry's greatest strengths. "I want people asking, 'How are you doing this?'" he said. "Then we can share ideas so everyone gets better. Hopefully, that helps the industry as a whole. A rising tide lifts all boats."

He regularly sees providers, therapists and manufacturers working together to achieve the best outcomes for patients. "The thing I like about the CRT industry is that there's a lot of collaboration and support," Gearheart said. "Everyone is trying to work together to make sure we achieve the best outcomes."

Life Beyond the Office

Gearheart is a devoted family man. He, his wife and their three sons spend much of their free time outdoors, hiking, exploring and creating memories together. Many of their favorite vacations center on visits to America's national parks, where they enjoy new trails, scenic landscapes and outdoor adventures.

In addition to his professional responsibilities, Gearheart is active in his community as a youth sports coach. He also serves on several boards, contributing his leadership and expertise to organizations and causes he supports.



Kevin Gearheart works with the nonprofit, Servants at Work, to build a ramp for a mobility user.



Kevin Gearheart and Patrick McGinley during a quarterly Town Hall.



Kevin Gearheart celebrates winning the Indianapolis Business Journal Fast 25, an annual ranking of the 25 fastest-growing privately held companies in central Indiana.



Kevin Gearheart and his team at a Run (317) 5K charity event.



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Kevin Gearheart is a seasoned executive, operator and business leader with more than 20 years of experience building high-performing organizations. As president of Rehab Medical, one of the nation's largest Complex Rehab Technology providers, Gearheart leads the company with a steadfast commitment to its mission of improving lives. Under his leadership, Rehab Medical has achieved sustainable growth while fostering a strong culture centered on service excellence, employee engagement and professional development. Gearheart has helped guide numerous organizational achievements, including Rehab Medical's recognition as HME Provider of the Year by HME News, multiple appearances on the Inc. 5000 list of the nation's fastest-growing private companies, Central Indiana Top Workplaces honors and the Better Business Bureau Torch Award for Ethics, recognizing a culture built on trust. Before joining Rehab Medical, Gearheart served as chief operating officer of Dr. Tavel Optical Group, Indiana's largest eye care provider. He earned a Bachelor of Arts in psychology from Wabash College in Crawfordsville, Indiana, and a Master of Business Administration from Indiana University's Kelley School of Business, which has dual locations in Bloomington and Indianapolis. His operational expertise and people-centered leadership style have helped establish a strong foundation for long-term organizational success.

CLINICALLY SPEAKING

Danner's Natural Patient Rapport Drives Occupational Therapy Success Stories

WRITTEN BY: Barbara Hazelden

An effective occupational therapy experience can help transform a challenging situation into a patient's celebrated achievement. With guidance from an occupational therapist, caregivers can build confidence and provide better support for those in their care.

At Cincinnati Children's, the Aaron W. Perlman Center integrates innovative therapy modalities, assistive technology and expert clinical support. Through the use of assistive technology, occupational therapist **William Danner, MOT, OTR/L, ATP, CPST,** empowers individuals with disabilities to connect, participate, and engage more meaningfully in everyday life.

Occupational Therapy Journey

Danner's career path was influenced by his ability to build rapport with others.

"I've always been able to interact well with people. I saw occupational therapy as a way to use that gift to help others," he said.

A former college baseball player, Danner, experienced his share of injuries and rehabilitation. Those experiences sparked his interest in occupational therapy and prompted him to compare the profession with physical therapy.

"When I compared physical therapy with occupational therapy as career paths, I saw my interests in psychology and holistic medicine as a better fit for occupational therapy. My personality is geared toward healing and helping others. This is a practical way I can do that every day," he said.

Danner also addressed growing concerns about artificial intelligence replacing jobs.

"I see our profession as one that's not going to be replaced anytime soon by AI. There always must be the human element in our field," he said.

Evolution of a Career

During more than 20 years as an occupational therapist, Danner has worked in multiple settings including home health, acute care, long term care and outpatient clinics.

Early in his career, he used sensory integration techniques to help adults and children improve sensory processing skills.

He later transitioned into home health occupational therapy, helping older adults manage daily activities through functional exercise and endurance-building tasks. He also incorporated balance training to improve patient safety.



The William Danner family.

The Aaron W. Perlman Center specialty Clinic

In 2015, Danner's career took another turn when he joined the Aaron W. Perlman Center at Cincinnati Children's. The specialty clinic has a strong focus on assistive technology.

"As an ATP, I work with all kinds of assistive technology," Danner said.

"The equipment and devices include power wheelchairs, complex manual wheelchairs and augmentative and alternative communication devices. I also work with upper extremity supports, including

CLINICALLY SPEAKING



William Danner and his son, Nathan, take in a Reds game a few years ago.



William Danner and his daughter, Ellie, at the beach in Hilton Head.

robotic, mechanical and powered options, and adaptive car seats and strollers. Assistive technology also includes hospital and safety beds, activity chairs, bath chairs and toileting chairs."

A Typical Week

Danner draws on his broad occupational therapy experience to serve patients with diverse needs.

On Mondays and Fridays, he works primarily with behavioral populations, using specialty equipment to assist children with sensory and behavioral challenges. He frequently recommends specialty car seats, strollers and safety beds.

On Tuesdays, Danner serves adults at the Norwood outpatient clinic. His patients have conditions such as cerebral palsy, Duchenne muscular dystrophy, spinal muscular atrophy and other neurological disorders or injuries.

These patients often require mobility and activities of daily living equipment, including power wheelchairs, power-assist wheelchairs, complex manual wheelchairs, specialty bathing equipment and upper-extremity supports.

On Wednesdays and Thursdays, Danner works with a mix of behavioral and medical patients at the Perlman Center's primary outpatient location. Most are children ages 2 to 12. Depending on individual needs, he may recommend wheelchairs, car seats, beds, activity chairs and bathing equipment.

Collaboration Across Disciplines

Some patient populations benefit from multiple therapies. Danner frequently collaborates with colleagues to provide augmentative and alternative communication support.

"I do augmentative and alternative communication evaluations with my co-worker, Mitzi Hinton, a Perlman speech therapist," he said. "We primarily help obtain communication devices for nonverbal patients. We mainly work with adults and young adults on the autism spectrum, although we also see younger children. These cases often involve severe behavioral and sensory challenges."

Danner also consults with other Perlman Center therapists on complex cases and works closely with equipment vendors to meet his patients' needs.

Two Remarkable Success Stories

Over the course of his career, Danner has helped hundreds of patients improve their quality of life. Two cases remain especially memorable.

Billy's Improved Behavior Management

Danner recently worked with Billy, a teenager with autism and severe behavioral challenges.

"He is around 16 to 18 years old, weighs about 255 pounds and is more than 6 feet tall," Danner said. "Billy was getting out of his car seat and becoming extremely aggressive in the backseat. Imagine trying to drive while your son is attempting to hit you or grab the steering wheel."

Billy's parents already owned an EZ-ON harness, but they were not using it properly.

"I had a quick telehealth appointment with Billy's mom," Danner said. "I educated her and showed her how to use the harness correctly. Once she did that, Billy couldn't get out of the seat. It was much safer for him and the family.

"There are solutions, but most people don't realize that this type of equipment exists. I try to point them in the right direction."

Anna's Enhanced Mobility

About two years ago, Danner met Anna, a 28-year-old mother of two with spinal muscular atrophy Type 1.

CLINICALLY SPEAKING



William Danner enjoys a hike at the Abbey of Our Lady of Gethsemani, a Catholic monastery near Bardstown, Kentucky.

The condition severely limited her movement. She could move her hand and elbow slightly, but much of her body remained immobile.

Anna came to Danner seeking help obtaining a JACO robotic arm to improve her independence.

"Her ability to operate her power wheelchair showed me she had the ability to use the robotic arm because it is controlled through the wheelchair system," Danner said.

During an upper-extremity evaluation, Anna trialed the JACO robotic arm.

"No other arm was appropriate for her because they all required more muscle control or movement," he said.

To Danner's surprise, Anna quickly mastered the controls.

"Amazingly, she could intuitively control the JACO right away. It's not easy to use, and most people need time to learn it," he said. "I knew during the evaluation that she needed this arm."

Securing funding proved difficult.

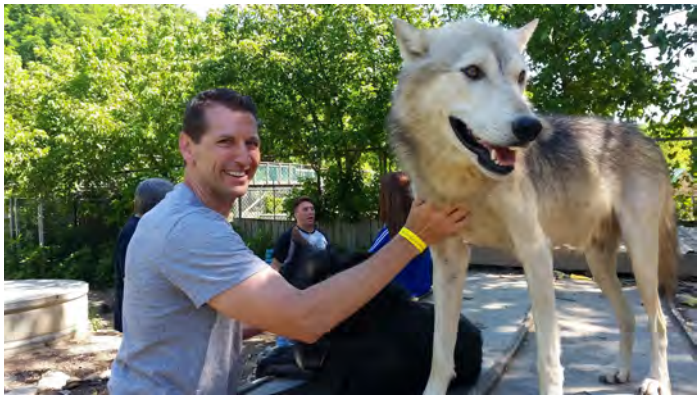
"It took two years to get the robotic arm approved," Danner said. "It kept coming back



William with two of his children at the Star Wars exhibit in Dayton, Ohio.



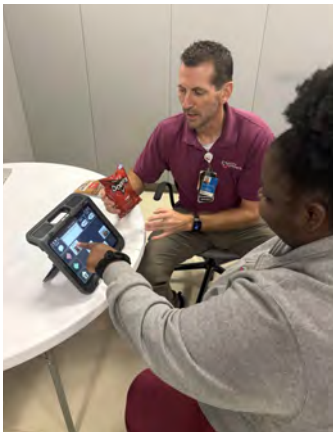
A Danner family group photo.



William Danner at a wolf sanctuary.



William Danner uses an augmentative and alternative communication device for choices with a client.



Requesting items during an AAC session.



William Danner assesses a client's proper propulsion mechanics.



William Danner helps fit a client's seating components.

denied, and Anna changed insurance coverage twice because of personal circumstances. It was a long fight."

Eventually, the device was approved.

"Anna sent the sweetest letter along with pictures," he said. "She's thankful she can be more independent at home. She can play with her sons, help feed them and care for them. She can also help feed herself."

The experience left a lasting impression.

"It was incredibly touching. It made me cry when I read it," Danner said. "Those are the stories that remind you why we do this work."

Finding Purpose in Service

Danner says helping others remains the most rewarding aspect of his career.

"I love working with people, especially those who have been dealt a difficult hand in life," he said. "Many of the children I meet don't even realize they have a disability or that others may see them as different. Their positive energy is inspiring.

"I can honestly say that every day I go to work, I help people. Not many professions can say that."

An Enriching Personal Life

When he isn't helping patients at the Perlman Center, Danner enjoys spending time with his wife and four children. The family enjoys outdoor activities and making the most of their time together.

For Danner, balancing a fulfilling career with an active family life offers the best of both worlds.



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William Danner, MOT, OTR/L, ATP, CPST, has been an occupational therapist for over 20 years. He currently works at the Aaron W. Perlman Center at Cincinnati Children's, where he specializes in assistive technology.



William Danner sizes an adaptive car seat.

LIFE ON WHEELS

Crawford's Life Transition Sparks Effective Disability Advocacy

WRITTEN BY: Barbara Hazelden

As the warm afternoon sunlight danced on Jackson, Mississippi's reservoir, the wavelets glistened like diamonds. Sailing with his friends on a spirited little J-22 racer, Scott Crawford was in his element. As the nicely trimmed sails powered the little boat forward, Crawford made small tiller adjustments to keep the sails full.

Finally, the J-22 was perfectly trimmed, allowing Crawford to lean back and simply enjoy the ride. Completely immersed in the sailing experience, his face reflected absolute joy. That day, he felt a sense of freedom he hadn't known for years.

During the late 1990s, Crawford built a successful neuropsychology practice through University of Miami Health System. He worked with clients with known or suspected cognitive issues. "My life was always about service to others. I felt called to be a psychologist, to be a helper, to be a healer in that space. I was fascinated with neuroscience, so I did that, too," he remarked.

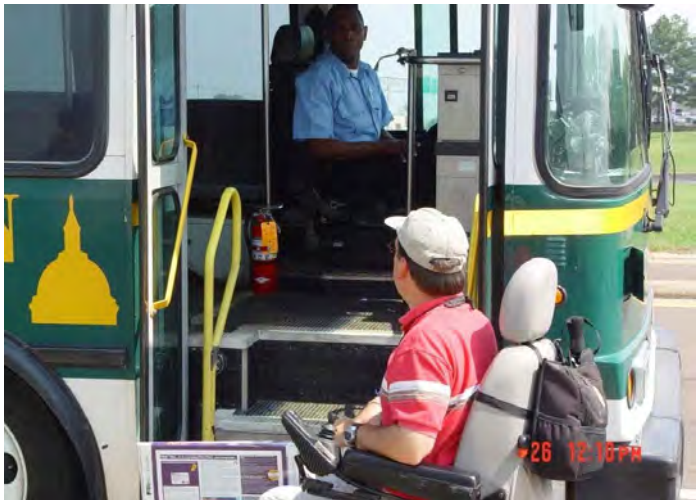
During Crawford's free time, he indulged his passion for sailing and windsurfing. When the inland trails called, he packed up his mountain bike and cycled for hours. Life was good.

Multiple Sclerosis Changes Everything

In May 1999, however, Crawford sensed that something was wrong. Diagnosed with shingles, he felt there was another underlying issue. He was experiencing leg weakness and spasms, and he developed a slow, shuffling gait.

In April 2000, Crawford's symptoms had further progressed. He also developed memory problems, became very weak and found himself unable to talk or move. After being forced to close his practice and give up his car and third-floor apartment, Crawford felt a loss of dignity. He also became clinically depressed and angry. "When I lost all that, I lost my identity and my reason for being," he said.

Finally, healthcare professionals at the University of Miami School of Medicine diagnosed Crawford's condition after finding undiscovered lesions. He was diagnosed with primary progressive multiple sclerosis. A chemotherapy drug provided a 30% improvement in symptoms, but the disease didn't go away.



Jackson, Mississippi, the state's capital, now has mostly accessible transportation service (JTRAN) that is compliant with the Americans with Disabilities Act.

Reinventing Himself in Jackson, Mississippi

With the foundations of his Miami life stripped away, Crawford returned to Jackson, Mississippi, in 2006. Growing up, he spent considerable time there while his construction engineer father managed large building projects. Now, his Jackson-based family could help ground Crawford as he reestablished his life.

"I had to reinvent myself as everybody with an acquired disability does. You have to reinvent yourself and find another reason to live. That was intensely painful. I won't sugarcoat it. I still get depressed, and I still get angry. You don't ever fully get over the loss of your former life," Crawford remarked.

Jackson's Woefully Inadequate Transit System

Now that Crawford's wheelchair was integral to his life, he discovered Jackson's transit system was completely inadequate. In short, the entire transit network was inaccessible to wheelchair users.

The fixed-route buses typically had broken lifts. The paratransit buses were run-down and often unavailable. If a wheelchair user happened upon an acceptable bus, the lack of curb cutouts meant he or she couldn't board it.



Scott Crawford boarding a fully accessible fixed-route JTRAN bus in Jackson, the capital of Mississippi.



More recently, Scott Crawford happily rides with a friend on one of Jackson, Mississippi's accessible paratransit buses.

More than once, Crawford was left at a bus stop. Finally, he donned a fluorescent yellow vest and resorted to riding in the street. This practice had already proven fatal to several wheelchair users.

Taken together, these issues represented widespread violations of the Americans with Disabilities Act. The city of Jackson should have developed a viable compliance plan and executed those transit network upgrades by 1995.

Disability Advocacy Begins

Finally, Crawford had enough. He channeled his psychological knowledge and high-level education into a mission to improve access to transportation, sidewalks and streets and structures for people with disabilities. He regularly engages with decision-makers at all levels to transform his mission into reality.

Although Crawford would appreciate his own access, he acknowledged that accomplishing his goal will benefit a surprisingly large community. "It's about everybody else. One in four Americans has some form of access or functional need, a disability. We just can't afford not to have a welcoming society," he emphasized.

A Repeatable Playbook

Changing entrenched attitudes toward access for people with disabilities has been a 20-year battle, so far. "You start friendly, and you start informal. Then, you get more formal and more assertive as you go on," Crawford said. "[You use] psychology. You try to build empathy, but sometimes you can't do that.

"Then, you have to insist. Sometimes, they dig in because it is not in their bottom line to obey the Americans with Disabilities Act. That's when you have to get lawyered up and get the Department of Justice and authorities involved. [In this case, Disability Rights Mississippi filed a lawsuit in a federal court.]

"That's not an easy thing to do. It has a lot of personal costs, and one will be vilified. You have to steel yourself against what will come when you go to the mat for a civil rights community. [This applies to] any civil rights — in particular, disability rights," he noted.

Jackson, Mississippi, Turnaround Has Begun

Crawford's persistent advocacy has finally begun to pay off. After his settlement of lawsuit, Crawford notes that Jackson leaders continue to work toward the transit system's ADA compliance. In 2026, the J-Tran, Jackson transit system, operates mostly accessible buses with reasonably good on-time performance. "I can get on the fixed-route buses here in Jackson. I have way more accessible sidewalks than I used to have.

"However, we still have a long way to go. It is a very long marathon to run. But if one's motivation is creating a better world for the next generation, that's the way to do it," Crawford reflected.

Access Challenges in 2026

Crawford acknowledged progress on the disabled community's access front; however, two significant challenges still exist in 2026.

"I just had a friend return from a conference in Savannah. Her less-than-a-year-old Complex Rehab Technology wheelchair had been damaged badly. And that is just a disaster for people like us," Crawford said. "We depend on our custom wheelchairs as our legs.

"If an abled person had to give up their legs to get on the plane, and they broke your

legs, it would be front-page news. But it's just another day at the airport for people like us, and it's tragic."

Crawford periodically flies to Washington, D.C., to discuss accessible air travel with the Federal Aviation Administration. On the same trip, he may visit members of Congress to support additional funding to find a cure for multiple sclerosis. Fearing his custom-built wheelchair could be damaged, he leaves it at home. Instead, he takes

a collapsible backup chair that's painful to use.

Crawford launched a similar mission in 2016. He met with FAA leaders at the U.S. Department of Transportation and participated in a discussion panel. Major airline representatives were also present.

"We begged and begged airline representatives to make their aircraft fully accessible to people in their mobility devices so we can roll onto a plane and be secured like we are on a bus or a train," Crawford emphasized.

Home and Community-based Services

Crawford also described the current challenges facing home- and community-based services. He supported the right of affected residents to receive the help they need to remain vital members of their local communities.



Scott Crawford often risked his life using his wheelchair in traffic because of the lack of accessible sidewalks. More than a half-dozen people in the area died from this risky practice because people are forced to use their wheelchairs in the streets with traffic.



Full-size rendering of a sailing trip: Scott Crawford got the rare opportunity to go sailing in April 2024 with the assistance of friends at the Jackson Yacht Club. Crawford stated it was incredibly therapeutic, and certainly one of the best experiences he's had since being diagnosed with multiple sclerosis. Photo Credit: Chase Tinnon.



More recent photo of Scott Crawford assessing recent sidewalk reconstruction, done perfectly!



December 2015: Scott Crawford spoke to the Federal Aviation Administration and airline representatives at the Department of Transportation in Washington, D.C., about the need for wheelchair-accessible aircraft. As it is, people with disabilities must be separated from their custom mobility equipment, which is often mishandled and returned damaged.



Scott Crawford at the tiller (steering the J-22) with a look of pure joy on his face.



Crawford got to test-ride a four-wheel-drive off-road mobility chair on trails that lead to the Pearl River in Jackson, Mississippi. He found being in nature again beautiful and therapeutic.

"People have a right to live in the communities of their choice. That means getting assistance in the home that allows them to live outside of an institution. [This home-based assistance also enables them to] maintain control over their lives and their decision-making. [They can continue] being part of the community that they love," Crawford remarked.

Multifaceted Personal Life

Today, Crawford enjoys caring for his cats and attending Jackson-area cultural events. He also contributes his advocacy skills to the MS, the National Multiple Sclerosis Society.

Crawford has also rediscovered the great outdoors. In early 2026, he took a four-wheel-drive wheelchair on a test drive to the nearby Pearl River. "That was flipping awesome, and [it took me back to my] old mountain biking days," he said.

He has also experienced the joys of sailing once again. During his unforgettable afternoon sail on the reservoir, Crawford soaked up the sun's warmth, felt the gentle breeze and enjoyed feeling perfectly trimmed sails respond to the wind. "I love sailing. You put me on a sailboat, and I'm a happy camper. All's right with the world," he happily remarked.

Today, Crawford's dream encapsulates his sailing and mountain biking passions. "When I get my miracle cure, my fondest wish is to go buy the most expensive mountain bike I can find and just cycle everywhere. I'll cycle to the place where I go sailing. Then, I'll cycle back," he concluded.



Scott Crawford in Pre-Accessible Sidewalk Era - Riding in the Street



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Scott M. Crawford, Ph.D., was a practicing neuropsychologist in Miami where he enjoyed cycling and sailing, until he developed a rapidly progressive form of multiple sclerosis and had to give up his career in 2000. Crawford uses a power wheelchair for mobility, and copes with severe fatigue, spasticity, and dysphonia (weak vocal cords). A passionate advocate for people with disabilities, Crawford specializes in the areas of transportation and public access to streets, sidewalks, and buildings. He sits on many relevant boards and committees and engages local, state, and national decision makers to improve access for those living with disabilities. He lives in Jackson, MS, where he enjoys taking care of his cats, watching classic sci-fi movies, and attending symphony concerts and other cultural events.

TECH CORNER

Five Technical Fundamentals Every CRT Technician Should Master

WRITTEN BY: Bill Noelting

Complex Rehab Technology has grown more sophisticated every year, and the technician's role has evolved alongside it. What once involved tightening bolts and replacing motors now often requires electronic drive programming, custom seating fabrication and troubleshooting systems that have more in common with a laptop than a wheelchair.

This Tech Corner article steps back from any single product or component and focuses on five technical areas that appear most frequently in service calls and that distinguish technicians who can keep CRT equipment functioning from those who can keep it functioning safely and correctly. Before I step onto my soapbox, here are, based on research and a little common sense, five areas every CRT technician should master.

Seating and Positioning Systems

Seating is where the client directly interacts with the equipment and where small technical errors can have the greatest clinical consequences.

Technicians need to understand pressure redistribution and how foam, gel, air-cell and honeycomb materials perform differently under load and over time. Custom-molded seating adds another layer of complexity, requiring technicians to understand mold orders, recognize when a shell or cover has shifted or deteriorated and know the tolerances involved in refitting versus replacing equipment.

Positioning hardware, including tilt, recline and elevating leg-rest actuators, should be inspected for proper function and correct angle ranges. Even a small drift in tilt-in-space calibration can undo months of clinical positioning work.

Technicians who approach seating adjustments as purely mechanical tasks, without understanding the postural support and pressure-management goals behind them, risk making repairs that are technically correct but clinically inappropriate.

iNRRTS, the International Registry of Rehabilitation Technology Suppliers, offers extensive online education on this topic. Anna Sokol's on-demand webinar discussing the benefits of various back-support materials is particularly valuable.

Power Wheelchair Drive Electronics and Programming

Modern power wheelchairs rely on programmable controllers, making a technician's ability to read and adjust programming just as important as traditional mechanical skills.

This includes understanding drive profiles such as acceleration, deceleration, torque and turning-speed settings, along with how those settings interact with a client's access method and environment. Technicians should also be comfortable using manufacturer diagnostic software, interpreting fault codes instead of simply clearing them and distinguishing between wiring or connector issues and actual component failures.

Firmware updates are increasingly becoming part of routine service. Technicians need a reliable process to verify compatibility among controller, motor and seating-actuator firmware before installing updates. Mismatched firmware versions remain a common and entirely preventable source of service callbacks.

And no, we cannot simply wait for artificial intelligence to do all the work for us.

Battery Technology and Power Management

Battery-related concerns account for a significant portion of service calls and, as Larry Carter of MK Battery has often taught us, are frequently misdiagnosed as motor or controller failures.

Technicians should understand the practical differences among sealed lead-acid, gel, absorbed glass mat and emerging lithium battery technologies. This includes knowing their charging requirements, expected life cycles and the warning signs that distinguish an aging battery from one that is merely undercharged.

Charger compatibility is just as important as battery selection. Using an incorrect charging profile can dramatically reduce battery life, even when the battery itself appears to be functioning properly.

For lithium-based systems, technicians must understand the role of the battery management system. A battery management system fault can create symptoms identical to a failed battery, even when the battery cells remain healthy.

Alternative Access and Drive-control Methods

Not every client drives with a standard proportional joystick.

Technicians increasingly encounter head arrays, sip-and-puff systems, proximity switches and specialty joysticks. Each system requires its own calibration process, and incorrect configuration can do more than reduce performance.

It can make the chair unsafe or unusable for the individual relying on it.

Technicians should understand how switch sensitivity, dwell times and scanning rates are configured. They should also understand how alternative-access systems integrate with environmental-control units and communication devices mounted on the same wheelchair.

Because these systems are highly individualized, documentation is critical. Knowing the original configuration is often the only way to verify that a repair has restored the client's baseline performance rather than a close approximation.

Michelle Lange and several other experts have excellent educational resources available through the iNRRTS education portal.

Preventive Maintenance and Diagnostic Troubleshooting

The most valuable technical skill is often the one that prevents a service call from occurring in the first place.

A comprehensive preventive-maintenance program should include inspections of drive motors and gearboxes, caster and wheel bearings, frame integrity, tilt and recline systems, connectors and wiring. Chafed cables remain one of the most common causes of intermittent failures.

Effective troubleshooting requires a structured process. Technicians should work methodically from the power supply to the controller and then to the actuator, rather than replacing parts based on assumptions. This approach saves time, reduces costs and minimizes unnecessary component replacement.

Staying current on manufacturer service bulletins and software updates is also an essential part of the process. A documented solution that already exists is almost always faster than discovering one through trial and error in the field.

None of these five areas exist independently. Seating adjustments affect drive programming. Drive programming affects battery performance. And all of it depends on disciplined preventive maintenance to function as intended.

As CRT continues to become more electronically sophisticated and increasingly customized, technicians who invest in these core fundamentals will be the professionals clients and clinicians trust most.

A Moment on the Soapbox

This is where I step onto my soapbox.

The technical expectations for CRT technicians continue to rise, but our industry has not kept pace in supporting the professionals meeting those expectations.

Continuing education cannot be something technicians are expected to pursue entirely on their own time and at their own expense. Ongoing training should be built into the way CRT providers operate and budget for professional development, just as they do for clinical continuing education.

Likewise, the technician role should no longer be viewed primarily as a stepping stone to becoming an Assistive Technology Professional. It should be recognized as a profession in its own right, one worthy of appropriate credentialing, respect and compensation.

A well-trained technician is not simply an expense to be minimized. That technician reduces callbacks, protects equipment investments and helps ensure clients remain safe and mobile. In other words, a highly skilled technician is a profit center, not a cost center.

Until our industry begins treating technicians accordingly, we will continue losing talented individuals to trades and professions that more accurately compensate them for their expertise.

iNRRTS will continue advocating on this issue, and I encourage every CRT supplier, provider, manufacturer and technician reading this article to join us in that effort.



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Bill Noelting has 40 years of experience serving the pharmaceutical and health care industries. For the past 30 years, he has focused on the seating and mobility, Complex Rehab Technology and assistive technology industries, including more than 20 years as chief information officer and senior vice president of marketing and strategy for National Seating & Mobility.

Since 2017, Noelting has provided consulting, advisory and production services as principal of Noelting Creative Productions. His podcast, "Talk Rehab," chronicles the world of seating and mobility and the people who make it possible.

He currently serves as acting director of marketing for iNRRTS. More information is available at Noelting.com.

CLINICAL PERSPECTIVE

It's more than just fit and function:

CEU ARTICLE REVIEW

Using the 'F-words' to Gain Insights into Children's and Families' Perspectives on Mobility and Positioning Technologies

WRITTEN BY: Lisa K. Kenyon, PT, DPT, PhD, PCS

OVERVIEW

Mobility and positioning technologies play a critical role in supporting participation, access and independence for children who have mobility delays or limitations. When assisting children and their families in obtaining these technologies, we must focus on a variety of factors to ensure success. But how might a child or their parent view and evaluate these technologies? This article uses the F-Words for Child Development (Function, Family, Fitness, Fun, Friends and Future) as a framework for gaining insights into children's and families' perspectives on mobility and positioning technologies. Drawing on research evidence, clinical experience and the voices of children and families themselves, the article explores what matters most to those who use these technologies every day. Practical examples and real-world quotes illustrate how incorporating children's and families' perspectives can support meaningful, family-centered provision of these technologies.

INTRODUCTION

Every child has the right to grow, develop, play and learn within a safe and healthy environment that maximizes their highest potential.[1] Mobility and positioning technologies can profoundly influence participation in everyday activities and overall quality of life for children who have mobility delays or limitations. Wheelchairs, standing devices and other forms of adaptive equipment are not merely therapeutic tools designed to address physical impairments; they are integral to a child's ability to engage with their families, peers, schools and communities. Consequently, decisions regarding the selection, provision and use of these technologies must extend beyond considerations of fit, function and clinical need to encompass the goals, preferences and priorities of children and their families. Understanding the perspectives of children and parents is therefore fundamental to effective technology provision. While Complex Rehab Technology suppliers contribute expertise in mobility, positioning and health outcomes, children and families are uniquely positioned to provide insight into how technologies affect daily participation, independence, social inclusion and family life. Incorporating these perspectives into our clinical practice helps ensure that mobility and positioning technologies are not only clinically appropriate but also meaningful, acceptable and supportive of the child's participation in the contexts that matter most.

The importance of considering children's and parents' perspectives is reflected in contemporary models of disability and rehabilitation, including the F-Words for Child Development (Functioning, Family, Fitness, Fun, Friends, and Future) detailed in Table 1.[2,3] Grounded in the principles of the International Classification of Functioning, Disability and Health,[4] the F-Words offer a holistic, strengths-based framework that promotes health, development, participation and well-being for all children.[2,3] Originally developed within the field of pediatric rehabilitation, the F-Words challenge us as professionals to reconsider, reframe and recreate how we think about and support children and families. Many of us were likely taught a biomedical approach that emphasized diagnosis and treatment as the primary means of addressing disability.[2,3] Although these remain important components of care, traditional biomedical approaches often conceptualized disability as a problem that can, and should, be 'fixed."[2,3] This focus on "fixing" the child often overlooked the plethora of personal, social and environmental factors that influence children's experiences and typically discounted alternative pathways to achieving meaningful function and participation. In contrast, contemporary biopsychosocial frameworks, such as the International Classification of Functioning, Disability and Health, recognize that disability emerges through interactions among health conditions, personal factors and environmental contexts. These frameworks encourage us to move beyond notions of normality and remediation and instead focus on children's participation, inclusion, growth and development. From this viewpoint, the perspectives, experiences and priorities of children and their

TABLE 1. THE F-WORDS FOR CHILD DEVELOPMENT (Rosenbaum & Gorter, 2012; Rosenbaum, 2022)

F-Word	Description
Functioning	• The activities children do in their daily lives. • Acknowledges that function in childhood may look different than it does in adulthood. • Emphasizes what they can do, not how or how well they do it.
Family	• Encompasses the entire family, including parents/caregivers, siblings, grandparents, etc. • Recognizes the diversity and unique composition of contemporary families. • Acknowledges the central role of families in supporting children's development, participation, and well-being. • Emphasizes family-centered care and collaborative partnerships between families and professionals. • Values family priorities, strengths, experiences, and expertise in decision-making.
Fitness	• Reflects both physical and mental well-being • Emphasizes health promotion including increasing physical activity and ensuring adequate nutrition, and sleep while preventing and managing pain, contractures, and body shape distortions.
Fun	• The structured or unstructured activities that an individual child enjoys doing. • Emphasizes the need to adjust and adapt activities as needed to allow children to pursue and participant in the activities they want to do.
Friends	• Reflects friends and friendships. • Emphasizes children's social, emotional, and developmental wellbeing. • Emphasizes the importance of inclusion and belonging.
Future	• Emphasizes children's potential and the opportunities available to them across the lifespan. • Reflects the hopes and aspirations of children and families for their child's participation, independence, and quality of life. • Includes proactive efforts to promote health and well-being and to minimize potential long-term challenges. • Encourages a focus on what is possible.

Additional information about the F-Words, as well as tool for helping to implement the F-Words

in practice can be found at no cost at: https://canchild.ca/research-in-practice/f-words-in-childhood-disability/.

families become essential for understanding how mobility and positioning technologies can best support meaningful participation in everyday life.

Although there is naturally some overlap within the F-Words (e.g., Functioning should be Fun and may include Family or Friends; Fitness may support the Future but should also be Fun and may involve both Family and Friends), the F-Words provide a useful framework for gaining insights into children's and families' perspectives on mobility and positioning technologies. Rather than focusing solely on physical function or impairment, the F-Words encourage consideration of individually meaningful outcomes that are important in the everyday life of a specific child and their family. As such, in this article, we will explore children's and parents' perspectives within the F-Words framework.

FUNCTIONING: HOW CAN I DO WHAT I WANT AND NEED TO DO?

Within the F-Words framework, **Functioning** shifts the focus of attention from what a child cannot do to what they can do. As such, **Functioning** is more than just the sum of a child's physical abilities. **Functioning** is about whether children can do what they want and need to do in contexts that matter to them, not just simply whether they can perform a physical task. It is about supporting what children are able to do and providing opportunities in their daily lives for them to participate in meaningful activities that they want to do. As CRT suppliers, we likely are all aware of the critical role that mobility and positioning technologies can play in supporting function by enabling children to explore their environments, make choices, access learning opportunities and participate more fully in everyday life. However, from a child's perspective, **Functioning** may be defined by their ability to do desired activities, access preferred environments and exercise greater control over daily experiences. Children may value technologies that enhance independence, foster self-direction, reduce reliance on others and allow them to participate in age-appropriate activities. For many children, the most meaningful outcome is not necessarily improved physical performance, but rather the ability to perform activities and accomplish goals that matter to them.

The following quote from a 15-year-old young lady with cerebral palsy illustrates her perspectives about **Functioning**. When asked why she wanted to use a powered wheelchair standing device rather than her regular power wheelchair, she explained:[5]

> I want to be an independent person and … I want to go to college … and I want to be able to live on my own. And that's part of the whole entire thing: The less somebody (has to) be there to help me … the better. (Before I got my powered wheelchair standing device) I was (depending on others to) transfer into a stander at school every day, which was really frustrating. I would be out of class for like 20 minutes minimum … So that's not really great, especially since I am in honors classes.
>
> … And at home, when I am standing in my powered wheelchair standing device, I'm able to reach the microwave and the dishes in the cabinet so I can eat. I can make popcorn. When I am cooking eggs or something random on the stove, I'm able to see what I'm cooking versus before (I had my powered wheelchair standing device), I would have to guess if my eggs were cooked.

Parents and other family members may also view **Functioning** through the lens of everyday life and may value technologies that support their child's independence and participation. Parents frequently describe their children's **Functioning** in terms of increased autonomy, opportunities for skill development, greater engagement in family routines and greater independence. To parents, the ability of mobility or positioning technologies to fit within the realities of daily family life may be just as important as their clinical characteristics. The following quote from the mother of a 15-year-old girl with cerebral palsy illustrates her perspectives about her daughter's **Functioning** in a powered wheelchair standing device in terms of accomplishing meaningful activities and achieving greater independence, but in a slightly different way than her daughter:[5]

> I think the best thing is that she can really, literally stand up for herself. So, we obviously want her to stand (in her powered wheelchair standing device) for her health, but I think it's huge for her to be able to advocate for herself. Teenagers are going through so many changes and using a powered wheelchair standing device has given my daughter the chance to experience more independence. Using it has really helped my daughter's confidence — just being able to stand up when she is gives a presentation at school or when she sings in the choir.
>
> … And being able to take charge more of her own health. Putting that power in her own hands by saying to her, "Standing is important for your health. Your doctor wants you to be standing, but it's up to you. You have the power to stand, but it is up to you to actually do it."

Together, these perspectives illustrate how **Functioning** extends beyond physical performance to encompass the ability to exercise choice, develop independence and participate in meaningful activities within everyday contexts. For the teen, the powered wheelchair standing device provided opportunities to accomplish activities that were important to her, such as remaining in class, preparing food and planning for greater independence in adulthood. Her mother similarly valued the powered wheelchair standing device as a means of supporting her daughter's autonomy and participation, but also emphasized its role in fostering self-advocacy, confidence and ownership of her own health. Although their perspectives differ in emphasis, both highlight the importance of technologies that enable children to have greater control over what they do, how they participate and how they engage in their daily lives. Thus, **Functioning** may be understood not simply as what a child is physically able to do, but as the opportunities that technology creates for the child to act, participate and pursue what is meaningful to them.

FAMILY: HOW DOES THIS TECHNOLOGY FIT INTO OUR FAMILY'S LIFE?

Within the F-Words framework, **Family** recognizes that children do not live and function in isolation. Children's opportunities to participate, develop skills and pursue meaningful activities are influenced by their families and the routines, relationships, values and environments that surround them. For children who use mobility and positioning technologies, families often play an important role in supporting access to and integration of these technologies into everyday life. However, **Family** is more than simply considering the needs or preferences of parents and caregivers. It encompasses the priorities, routines, relationships, resources and experiences of the entire family and recognizes that what works for a child must also be meaningful, feasible and sustainable within family life. Families bring unique knowledge of their children, including their child's preferences, strengths, challenges and goals, and this knowledge is essential to identifying technologies and approaches that support participation in everyday activities. At the same time, families may have their own goals and concerns related to safety, independence, caregiving responsibilities, time, space, transportation, finances and the practical demands of incorporating technology into daily routines. Thus, considering **Family** means understanding not only what a technology enables a child to do, but also how it affects and is integrated into the lives of the people who support them.

As CRT suppliers, it is also important for us to recognize that families may have mixed emotions about their child's use of mobility technologies. These concerns are highlighted in the following quote from the parents of a toddler with cerebral palsy who was considering having their child trial an Explorer Mini to provide their exploratory mobility in hopes of supporting the child's development:[6]

> Could standing in the Explorer Mini help strengthen his legs and hips by encouraging more correct standing? Or could using a power mobility device theoretically make him lazy because now he doesn't have to move his legs to get somewhere?

Another parent of a toddler with cerebral palsy expressed this mix of emotions about trialing a power mobility device:[6]

> We are just excited to give him something new. We don't want to shut any doors when it comes to opportunities for him and to help him in terms of his development or making (therapy) fun for him. But we were wondering: Will using a power mobility device hinder him, or will it help him? He has just started to crawl. And it's like, OK, if we go put him in a (power mobility device), is it … going to hinder his ability to crawl or his (desire) to crawl?

Together, these parents' perspectives illustrate the complex decisions families may face when considering mobility technologies, especially for their young children. Although both parents were enthusiastic about providing their children with new opportunities for exploration and participation, they also questioned whether introducing power mobility might interfere with developmental skills such as standing, crawling or walking. While research evidence strongly suggests that using a power mobility device does not interfere with a child's development of gross motor skills,[7] these concerns highlight how families may simultaneously view technology as a means of expanding their child's opportunities and as a potential source of uncertainty about their child's development. Supporting a **Family**, therefore, may involve acknowledging these questions and concerns, providing families with evidence-based information and helping them make decisions that align with their child's needs, their family's priorities and their goals for development and participation.

The concept of **Family** also reminds us how technologies can support relationships. For example, when asked what she liked most about her powered

wheelchair standing device, an 8-year-old girl with spinal muscular atrophy stated:[5] "Well, I can dance with my dad," and when asked about his goals for his use of a powered wheelchair standing device, a 13-year-old boy with cerebral palsy stated, "I want to be able to really hug my mom and dad. It's hard to really hug someone when you are sitting down all the time."[5]

These perspectives illustrate how the role of **Family** extends beyond selecting, obtaining or supporting the use of mobility technology. Furthermore, success is not only measured by what technology enables a child to do, but also by how it supports the child's relationships and becomes part of the life of the family.

FITNESS: HOW DO THESE TECHNOLOGIES SUPPORT HEALTH AND PHYSICAL WELL-BEING?

Despite the historical emphasis on remediating impairments in body structures and functions, **Fitness** has received relatively limited attention within childhood disability research and practice. Children with physical disabilities may have lower levels of physical fitness and physical activity than their typically developing peers, which may affect their health and well-being.[2,3] **Fitness** therefore emphasizes health promotion, physical activity and wellness-oriented approaches that support children in leading active, healthy and fulfilling lives. Rather than focusing solely on remediation of impairments, **Fitness** encourages consideration of how mobility and positioning technologies may contribute to both physical and psychological well-being.

The concept of **Fitness** also reminds us that technology's benefits may extend beyond physical health. When asked what he could do in his powered wheelchair standing device that he could not do in his regular power wheelchair, a 10-year-old boy with cerebral palsy stated:[5]

> (When I stand in my powered wheelchair standing device) I am a lot taller than most adults. And it's funny, because they're like: "No! He's taller than me now!" And then they're like, "You're almost as tall as me!" When they say that, it lifts me up. It makes me feel cheerful. Like some days at school, (I might) not be having a good day, but then when they tell me that, it lifts my spirits.

This child's perspective illustrates how **Fitness** encompasses more than physical health. For this child, standing provided an opportunity to experience physical and social changes that positively influenced his mood and sense of well-being. Thus, mobility and positioning technologies may support **Fitness** not only by promoting physical health and activity but also by contributing to children's emotional and psychological well-being.

FUN: IS IT ENJOYABLE?

Play is a fundamental right for every child and an essential component of healthy development.[1] Through play, children learn about themselves and the world around them, develop relationships, explore their creativity and imagination, and acquire important cognitive, social and emotional skills. The concept of **Fun** also encompasses children's participation in play, recreation, leisure and community activities. Rather than expecting children to adapt to available opportunities, we must consider how technology can be used to support children's interests and preferences.[2,3] Children with physical disabilities may require environmental modifications, specialized equipment, adult support or other accommodations to facilitate play and interaction with peers.

Importantly, **Fun** is not simply an added benefit of intervention or something that occurs after therapeutic goals have been achieved. Enjoyment is an important part of meaningful childhood experiences and can motivate children to explore, engage, practice new skills and participate with others. As noted by the mother of a 5-year-old boy who was learning to drive a powered wheelchair: [8] "When (learning) became a game, he wanted to keep practicing."

Technologies that are enjoyable and relevant to children's interests may also help transform therapeutic activities into experiences that children want to engage in, rather than activities they are expected to complete. Supporting **Fun**, therefore, involves not only promoting play within intervention sessions but also enabling children to participate in recreational activities, community programs, celebrations and other experiences that bring enjoyment, foster belonging and contribute to a meaningful childhood. As such, children should not have to choose between therapy and childhood.

For children who use mobility and positioning technologies, **Fun** may be supported by adapting technology to fit naturally into the activities and experiences that children value. This may include a teenager using a special beach powered wheelchair when on vacation, as shown in Photo 1; incorporating a tea party into a powered wheelchair training session, as shown in Photo 2; or incorporating mobility equipment into a child's Halloween costume, as shown in Photo 3. These examples illustrate that supporting **Fun**



Photo 1. A teenager with cerebral palsy uses a beach power wheelchair.



Photo 2. A 6-year-old girl with cerebral palsy enjoys a tea party while learning to use a power wheelchair.



Photo 3. Incorporating mobility equipment into a child's Halloween costume

does not necessarily require creating separate activities for children with disabilities. Instead, technology can be incorporated into activities a child already enjoys and can create opportunities for a child to participate alongside peers, family and community.

FRIENDS: DOES IT HELP ME FEEL THAT I BELONG?

Friendships and relationships with peers are an important part of childhood and adolescence. Through friendships, children develop social skills, learn about themselves and others, experience companionship and support, and develop a sense of belonging. For children with physical disabilities, however, opportunities to develop and maintain friendships may be limited by physical, environmental or social barriers. Mobility and positioning technologies can play an important role in reducing some of these barriers by enabling children to move toward their peers, participate in shared activities and engage more independently in social environments. In this way, **Friends** is not simply about whether a child has friends; it is about whether children have opportunities to develop relationships, participate with peers and experience a sense of belonging.

For children who use mobility and positioning technologies, a sense of belonging may be fostered and supported when technology enables them to participate in the same activities as their peers, move through social environments with greater independence and interact with others without always relying on an adult to facilitate those interactions. Technology may also influence how children are perceived by their peers and how they perceive themselves within a social group. Importantly, supporting **Friends** means considering not only whether technology allows a child to physically access a social environment but also whether it enables meaningful, reciprocal participation once they are there. A child may be physically present at a birthday party, in the classroom or on the playground, but may not feel included. The goal is, therefore, not simply to have access to a group, but to have opportunities to be part of the group, as illustrated in the following quote from an 11-year-old with cerebral palsy about using his powered wheelchair standing device at church:

> I usually stand (at church) for the songs. Like when all the rest of the people are standing up. It makes me feel like I really belong.

These concepts of **Friends** are further illustrated in Photo 4, where a teenager attended her high school's homecoming dance with her friends. These examples illustrate that belonging is not simply about being physically present with peers but about having opportunities to participate in shared experiences and see oneself as a valued member of the social group.



Photo 4.
A teenager attends homecoming.

FUTURE: WHAT DO I WANT MY FUTURE TO LOOK LIKE?

Within the F-Words framework, **Future** shifts attention from what a child can do today to thinking about what they hope to experience, accomplish and become, encouraging us to consider the possibilities children and their families envision for tomorrow. Children and their families may have hopes and aspirations related to education, employment, relationships, independence, community participation, travel and other aspects of adult life. These aspirations may not always align with traditional developmental expectations or clinical measures of progress. Rather than defining a child's future by their diagnosis,

impairments or anticipated limitations, **Future** encourages us to listen to what children and families want and hope to achieve and consider how mobility and positioning technologies may help make those possibilities attainable.

For children who use mobility and positioning technologies, thinking about the **Future** asks us to look beyond immediate improvements in mobility or participation. Experiences gained through the use of technology may provide opportunities to develop the confidence, problem-solving skills, self-advocacy and independence that may be important as children move through different stages of life. Learning to independently navigate a school, participate in community activities or make decisions about how and where to move may represent more than an accomplishment in the present. These experiences may also help children develop a sense of what they are capable of and how they envision their future. In this way, **Future** is not about predicting what a child will become but about creating opportunities for children to imagine and pursue the futures that are meaningful to them.

Future also reminds us to think ahead about transitional periods in children's lives. Whether a child is going to school for the first time, transitioning into middle school or high school, or preparing to enter adulthood, their mobility and positioning technologies will change as they grow and develop. Planning for these transitions requires consideration not only of what a child needs today but also of how their mobility and positioning needs, environments, routines and goals may change over time.

For children and families, looking ahead can bring both opportunities and uncertainty.

As a child grows and develops, their use of technology, and the size of that technology, may change. This may create uncertainty for parents. For example, parents of children who are starting to use a powered wheelchair or who have grown into a larger powered wheelchair may worry about their children being able to use a powered wheelchair in their home and think, "Do I need a ramp? Are the doorways in the house wide enough for the powered wheelchair to fit through? How can I rearrange my furniture to accommodate the footprint of a larger powered wheelchair? Should we move into a new apartment or a different house that might provide accessibility for my child?"

Parents may be anxious about how to cover not only the cost of a powered wheelchair but also the non-equipment costs related to their children's use of powered mobility (home modifications, power wheelchair accessible transportation, etc.). The father of a 7-year-old boy with cerebral palsy compared his concerns about the costs of his son's powered wheelchair to trying to pay for college:[8]

> (When we were expecting our son, people said that) I should start saving for college for (our unborn son) … but nobody told me … "Hey, you should start saving for (a powered wheelchair) and a ramp van for your (child)."

These concerns illustrate that **Future** is not only about anticipating a child's developmental or equipment needs. It also involves preparing for the practical, financial, environmental and emotional changes that may accompany the introduction and continued use of mobility and positioning technologies. For families, planning for the future may require substantial adaptations to their homes, transportation, routines and expectations. Supporting **Future**, therefore, includes helping families anticipate these changes and providing information and support to navigate them.

For families of children who have progressive conditions, thinking about the **Future** may evoke other emotions. For example, parents of children who have cerebral palsy may come to view a powered wheelchair as a way of giving their child independence and autonomy. For the parents of a son who has Duchenne muscular dystrophy, however, starting to use a powered wheelchair may serve as a reminder of the changes in their child's abilities and their loss of independent walking. The father of a 7-year-old boy with Duchenne muscular dystrophy expressed his concerns about how using a powered wheelchair would only become more difficult for his son:[8]

> He … caught on (quickly to driving a powered wheelchair but) … for him, I think (driving a powered wheelchair is) a degenerative ability … I think his obstacles (to driving a powered wheelchair) are (going to) come as he gets older (and loses more motor function).

These perspectives remind us how the F-Word **Future** is not necessarily synonymous with optimism or prediction. It involves acknowledging uncertainty, anticipating change and supporting children and families as they navigate transitions over time. Importantly, planning for the future should not be limited to anticipating loss or increasing needs. It should also include identifying opportunities for continued participation, independence, relationships and meaningful experiences as children grow. Ultimately, supporting **Future** means helping children and families prepare not only for what may change but also for what may be possible.

CONCLUSION

Mobility and positioning technologies are more than devices used to address children's physical impairments. They are tools that can influence how children participate in meaningful activities, connect with others, experience their childhood, support their health and well-being and envision their futures. The F-Words framework provides a way to broaden our thinking about these technologies by shifting attention from what children cannot do toward what technology can help make possible.

Furthermore, the concepts of **Functioning, Family, Fitness, Fun, Friends and Future** represent interconnected dimensions of children's lives. **Functioning** encourages us to consider whether children can do what they want and need to do. **Family** reminds us that technology must fit within the routines, priorities, relationships and realities of family life. **Fitness** highlights the importance of supporting physical and emotional well-being. **Fun** recognizes enjoyment, play and meaningful childhood experiences as important outcomes. **Friends** emphasize belonging and opportunities to develop reciprocal relationships with peers while **Future** encourages us to anticipate change while supporting children and families in imagining and pursuing meaningful possibilities.

Importantly, these dimensions cannot be considered in isolation. Technologies that improve a child's ability to move independently may also allow them to participate in family routines, engage in physical activity, join their friends, experience greater enjoyment and develop skills and confidence that support future independence. Similarly, a technology that is effective from a physical or clinical perspective may have limited value if it does not fit within family life, supports the child's interests or provide opportunities for meaningful participation. The perspectives of children and families are therefore essential to understanding whether technology use is truly successful.

Finally, the goal of mobility and positioning technology should not simply be to help children move. **It should help children live.** By considering the F-Words, CRT suppliers can broaden their definition of successful technology use and focus on what matters most: creating opportunities for children to participate, connect, experience joy, develop their potential and pursue meaningful lives.

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REFERENCES

1. United Nations Convention on the Rights of the Child. United Nations Children's Fund (UNICEF) https://www.unicef.org/child-rights-convention/convention-text. Accessed 14 August 2026.

2. Rosenbaum P, Gorter JW. The 'F-words' in childhood disability: I swear this is how we should think! Child Care Health Dev. 2012;38(4):457-463.

3. Rosenbaum PL. The F-words for child development: functioning, family, fitness, fun, friends, and future. Dev Med Child Neurol. 2022;64(2):141-142.

4. International Classification of Functioning, Disability and Health: ICF. Geneva, Switzerland: World Health Organization; 2001.

5. Kenyon LK, Aldrich NJ, Behl SL, Bazany SG, McDonagh ER, Miller WC. Enabled to stand: a single-subject research design study exploring pediatric power wheelchair standing device use. Pediatr Phys Ther. 2024;36(3):316-327.

6. Kenyon LK, Sloane BM, Beers LN, Chung KJ, Doty J, Erlenbeck AR, Herrenkohl M, Logan SW, Feldner HA. Tiny drivers, big decisions: parental perceptions and experiences of power mobility device trials for young children with cerebral palsy. Disabil Rehabil Assist Technol. 2025;20(5): 1566-1573.

7. Feldner HA, Logan SW, Otieno S, Fragomeni A, Kono C, Riordan K, Sloane B, Kenyon LK. Short-term powered mobility intervention is associated with improvements in development and participation for young children with cerebral palsy: a randomized clinical trial. Phys Ther. 2025;105(1): pzae152.

8. Kenyon LK, Mortenson WB, Miller WC. 'Power in mobility': parent and therapist perspectives of the experiences of children learning to use power mobility. Dev Med Child Neurol. 2018;60(10):1012-1017.



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CLINICAL EDITORIAL

Looking Beyond the Prescription:
Life Experiences At Its Best

WRITTEN BY: Sheila Buck, B.Sc. (OT), OT Reg. (Ont.)

Throughout my years as a clinician prescribing complex rehabilitation equipment, it has been the people and their experiences that have kept me focused, motivated and passionate about being the best advocate possible, not simply the job itself.

As budgets shrink, timelines become shorter and policy changes affect access, it becomes even more important to remember why we do this work. It is not just about completing a prescription or delivering equipment. It is about understanding and listening to what a client needs to truly live.

More importantly, it is about helping people live better and experiencing opportunities they may never have had before or thought they had lost forever. We must also remember that every dead battery or broken part can take away hours, days or even weeks of participation in daily life. In some cases, equipment failure can even prevent someone from getting out of bed.

We must listen, respond and understand the lives we affect through the decisions we make. What may seem like a small detail to us can make a world of difference to a client.

It is the device that gives a parent or caregiver valuable hands-free time while their child stands independently in a standing frame, allowing both the child and caregiver to engage in daily life.

It is the standing wheelchair that brought tears to the eyes of an 18 -year-old with a spinal cord injury when he placed his hands in his pockets for the first time since his accident. He could not do that from a seated position, and the moment had tremendous meaning for his self-image and confidence.

It is the father who "walked" his daughter down the aisle in his standing wheelchair on her wedding day.

It is the pet owner who could place food and water bowls on the floor using power seat elevation set at its lowest position and then raise the seat to walk a beloved dog through a favorite park without asking for assistance.

It is the young accountant who started his first office job without requiring special accommodations because his power standing wheelchair allowed him to access desks, supply cabinets and workplace interactions independently.

It also enabled him to join co-workers for after-work social gatherings.

It is the parent of newborn twins who, with a custom tray and changing-table system mounted on the front of her wheelchair, was able to interact with her babies in ways she never thought possible.

It is the father who could take his children to the park and travel alongside them on their bicycles because a power-assist device allowed him to navigate grass and uneven terrain.

It is the Paralympic gold medal curler who never imagined winning an Olympic medal, much less carrying his nation's flag while using a manual wheelchair equipped with power assist to access not only the stage, but the world beyond it.

It is the child in Haiti with hydrocephalus who had always been carried by her father and finally experienced the freedom of sitting upright in a supportive seating system. For the first time, she could observe her hands, bring them to midline and engage in play.

It is the brother of a man in Uganda who rode miles on a bicycle, chickens balanced on the handlebars to barter for a wheelchair for his brother, who had never before been able to travel independently beyond his home.

It is the husband and wife who shared a dance while he stood in his wheelchair after believing he would never again stand and hold her in his arms. After sustaining a traumatic brain injury and spinal cord injury, he entered long-term care at age 45 and spent his days in a manual tilt wheelchair. With a comprehensive assessment, appropriate equipment, training and support, he now independently drives a power wheelchair with standing and dynamic seating |functions. Recently, he and his wife celebrated by taking a 10-day anniversary cruise together, something they never thought possible.

It is about transferring in and out of a bed in an "accessible" hotel room that was not truly accessible until power seat elevation made the transfer possible.

It is the young man who discovered wheelchair basketball and found something he had been missing. He felt the excitement

of hearing the ball swish through the net and the joy of being part of a team again. As he told me, "I would never have found this joy if I hadn't been put in a specialty wheelchair that enabled me to play basketball."

These are the real moments in my career that should inspire us all. They remind us why we do what we do and why we should be proud of our profession.

We must continue striving for optimal functional posture, adhering to best-practice guidelines, conducting thorough physical and functional assessments, and practicing effective teamwork. Each individual deserves a personalized approach.

Our responsibility is not to provide identical equipment to two people simply because they share the same diagnosis. Instead, we must listen carefully, observe closely and understand the differences that make each person unique. We must develop equipment recommendations that reflect an individual's body, environment, goals and life story.

In the end, it is the stories that matter.

They are our clients' stories, but they become part of our stories as well. We share in the pride, the tears and the smiles when equipment opens doors to possibilities once thought lost.

We help make dreams possible.

And when that happens, it is one of the best feelings in the world for everyone involved.



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Buck has presented on seating and mobility concepts across the lifespan throughout Ireland, Norway, Oceania and North America. Her audiences have included physical therapists, occupational therapists, nurses, physicians, case managers, durable medical equipment providers and manufacturers of seating and mobility products. Her expertise in assistive technology and mobility is reflected in her book, “More Than 4 Wheels: Applying Clinical Practice to Seating, Mobility and Assistive Technology, Third Edition.” The book is used as a clinical resource worldwide and has sold more than 1,500 copies. Buck is also a contributing author to “Seating and Wheeled Mobility: A Clinical Resource Guide.” She is widely recognized for her commitment to client advocacy and for advancing education and best practices throughout the seating and mobility industry.

DIRECTIONS CANADA

Now is Time to Move 'Forward Together More Than Ever'

WRITTEN BY: Dominique Sedlezky, BBA, MBA, and Linda Norton, B.Sc.OT, MSc.CH, Ph.D., OT Reg. (Ont.)

The CSMC, the Canadian Seating & Mobility Conference, was held Sept. 15-16, 2026, in Toronto. As Canada's premier seating and mobility conference for nearly 40 years, CSMC welcomed more than 700 attendees from across Canada and the United States.

Participants represented a diverse range of professions and organizations, including occupational therapists, physical therapists, rehabilitation specialists, mobility equipment providers, suppliers and manufacturers. The event continues to unite professionals dedicated to improving outcomes for individuals requiring complex rehabilitation and mobility solutions.

This year marked an important milestone in CSMC's mission of moving the industry "Forward Together." Earlier in 2026, CSMC expanded its reach by launching CSMC East in Moncton, New Brunswick. Held in partnership with the Maritime Home Medical Providers Association, the inaugural event attracted more than 400 attendees. This marked the first time CSMC partnered with an industry association to bring its educational programming to a new region, expanding access for professionals across Atlantic Canada.

The spirit of collaboration continued in Toronto, where CSMC served as a central gathering place for key industry stakeholders to share knowledge, discuss innovation and foster meaningful partnerships.

During the opening session, Linda Norton, M.Sc.CH, Ph.D., OT Reg. (Ont.), presented an update on the Assistive Devices Education Program for Therapists (ADEPT) Academy, a collaborative initiative among Ontario Home Medical Providers Association (OHMEPA), Motion and the Ontario Society of Occupational Therapists. Norton provided attendees with an overview of the program and encouraged Ontario-based therapists to participate in the professional development opportunity.

Also during the opening session, Andrea Madsen, ATP, executive director of iNRRTS, the International Registry of Rehabilitation Technology Suppliers, recognized Jason Kelln, ATP, CRTS®, for his groundbreaking leadership as the first Canadian iNRRTS Registrant, the first Canadian president of the iNRRTS Board and a Simon Margolis Fellow, the organization's highest honor.



Dominique Sedlezky addressing conference delegates at CSMC opening session. Photo credit: Mike Black PhotoWorks.

These presentations demonstrated CSMC's growing role as a hub where industry leaders, educators, clinicians, providers, manufacturers and associations come together to strengthen the seating and mobility sector.

Dominique Sedlezky, BBA, MBA, director of supplier and member relations at VGM Canada, emphasized the importance of industry collaboration.

"By working together as an industry, we can strengthen advocacy, support funding discussions and improve access to mobility and rehabilitation equipment. CSMC provides a valuable platform for this level of collaboration, bringing together clinicians, providers, manufacturers and industry partners to move the industry forward."

2026 Leader of the Year Award

One of the highlights of Day One was the announcement of the 2026 Leader of the Year Award.

Following a highly competitive nomination process, a distinguished selection committee reviewed submissions from across the industry. The committee included:



Linda Norton presenting update on ADEPT Academy during opening session. Photo credit: Mike Black PhotoWorks.



Andrea Madsen and Kathy Fisher providing iNRRTS update to opening session conference delegates. Photo credit: Mike Black PhotoWorks.



Dominique Sedlezky and 2026 Leader of the Year Award recipient Blake Scott. Photo credit: Mike Black PhotoWorks.



New to CSMC this year the Kid Zone dedicated event space focused exclusively on pediatric solutions. Photo credit: Mike Black PhotoWorks.



Exhibit hall neighbors Andrea Madsen and Linda Norton pose with the iNRRTS listing of Canadian Registrants. Photo credit: Mike Black PhotoWorks.

- Shelley McGrath, Etac
- Maria Handley, Motion
- Evan Kellett, Macdonald's Home Health Care
- Kelli Vriend, AMG Medical
- Brenlee Mogul-Rotman, Permobil

The three finalists for the award were:

- **Allen Boyd,** vice president of growth, Cheelcare
- **Blake Scott,** vice president of healthcare, Harding Medical
- **Lori Dalcourt,** occupational therapist, Homestead Kids + Medical Equipment

The 2026 Leader of the Year Award was presented to **Blake Scott** in recognition of his outstanding leadership, commitment to industry growth and significant contributions to advancing access to care and mobility solutions across Canada.

Congratulations to Scott and to all nominees whose dedication continues to strengthen the seating and mobility community.

Introducing the Kid Zone

New to CSMC this year was the highly anticipated **Kid Zone,** a dedicated event space focused exclusively on pediatric seating and mobility solutions.

Held prior to the opening of the exhibit hall on Day One, the Kid Zone gave attendees the opportunity to explore innovative pediatric technologies, learn from industry experts and discuss emerging trends.

The success of CSMC 2026 was made possible through the valued partnership of Amylior, Etac, Permobil, Pride Mobility and Sunrise Medical. Their continued commitment to CSMC reflects a shared dedication to education, innovation and advancing the seating and mobility industry. Together, these partnerships help create a collaborative environment where clinicians, providers, manufacturers and suppliers can connect, learn and move the industry forward.

Exhibit Hall

The exhibit hall featured 49 exhibitors and remained open to participants throughout most of the conference. The hall was consistently busy, with attendees engaged in meaningful discussions with exhibitors.

iNRRTS was well represented in the exhibit hall, providing information and resources for clinicians and conference delegates. Attendees were eager to find their names, or the names of their colleagues, on the listing of Canadian iNRRTS Registrants.

Celebrating Innovation

The conference concluded with the presentation of the Harding Award for New Product Innovation, recognizing excellence in product development and innovation within the seating and mobility industry.

Blake Medical received the award for its EPPUR SKEED wheel braking system, a solution that exemplifies the innovation and commitment to improving user outcomes that continue to drive the industry forward.

As CSMC continues to grow and evolve, the conference remains committed to its mission of bringing together professionals, organizations and innovators who share a common goal: improving lives through better seating, mobility and accessibility solutions.

"Forward Together More Than Ever" is more than this year's theme. It is a reflection of the collaboration, leadership and innovation that continue to shape the future of the seating and mobility industry across Canada.



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Dominique Sedlezky, BBA, MBA, is director of supplier and member relations at VGM Canada and brings more than 20 years of experience in the medical device and accessibility sector. Previously, she served as senior director of operations and funding at Sunrise Medical Canada, leading national operations, logistics and funding initiatives. Sedlezky serves on the boards of the Ontario Home Medical Providers Association (OHMEPA), Home Medical Equipment Providers Association of British Columbia (HEMPA) and the Canadian Seating & Mobility Conference (CSMC). Originally from Quebec and fluently bilingual, she is committed to advancing accessibility and industry collaboration in Canada's mobility and rehabilitation community.



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Linda Norton, B.Sc.OT, MSc. CH, Ph.D., OT Reg. (Ont.), is an occupational therapist passionate about the provision of appropriate seating and mobility equipment and the prevention of chronic wounds. Her diverse experience in hospital, community and industry settings, as well as in roles including clinician, educator, manager and researcher, provides a unique perspective. Norton has completed the International Interprofessional Wound Care Course, earned a master's degree in community health with a focus on pressure injury prevention and received a doctorate in occupational science focused on chronic wounds.

REHAB CASE STUDY

Disability Across Six Decades:
Adapting Through Milestones in History

WRITTEN BY: Cathy Carver, PT, DPT, ATP/SMS, and Alice Cherry

Introduction

My name is Cathy Carver, and I am a practicing physical therapist with 30 years of experience at UAB's outpatient seating and wheeled mobility clinic.

I met Alice Cherry in April 2022 when she came to our outpatient wheelchair clinic for modifications to her power wheelchair and seating system. After reviewing her history and speaking with her, I quickly realized how much history she had lived through. Her story deeply interested me, and we began talking regularly. She shared stories of growing up in rural Alabama during the Civil Rights Movement. She later underwent rehabilitation at a time when barriers for people with disabilities were significant, and few laws existed to address them. She witnessed the Americans with Disabilities Act become law and has lived long enough to see both the progress made and the work that remains.

Through her stories, I have carried several powerful lessons with me both personally and professionally. Human kindness often goes further than any law ever will. Listening is always better than talking, especially when helping someone obtain the appropriate equipment to achieve independence. We were never meant to go through life alone, and surrounding yourself with trustworthy people is invaluable.

Cherry and I have more in common than might be apparent at first glance. We share the same Christian faith, the same desire for accessibility and inclusion and a deep love for Alabama. Our differences in age, race, mobility and geography matter little compared with the bond we share and the encouragement we offer one another. It is a privilege to share her story.

For 62 years, Cherry has lived at the crossroads of disability, race, gender and history, navigating a world that was not built for her while helping reshape it along the way. Now 83, she reflects on a life spanning segregation, the Civil Rights Movement, the birth of the disability rights movement and the evolution of Complex Rehab Technology.

Her story is one of resilience, advocacy, humor and an unshakable belief that accessibility is not a privilege. It is a right.



Alice Cherry at a Valentine's dance.

"Although I have been paralyzed for 62 years, I can truly say that I have enjoyed the journey," Cherry said. "It really is a journey."

Early Life in Rural Alabama

Cherry was born and raised in Butler, Alabama, in Choctaw County. The second of four children, she grew up in a close-knit family and attended Choctaw County Training School, a historically Black school during segregation. She graduated as valedictorian in 1961.

Education was her path forward, and she embraced it fully. At age 18, she entered Tuskegee Institute, now Tuskegee University, as a biology major. She did not yet know her career path, but she knew she was headed somewhere.

Sudden Injury, New Reality

In the summer of 1964, at age 21, Cherry was working in Atlantic City, New Jersey, when she felt a sharp pain in her back and collapsed.

She was rushed to Graduate Hospital in Philadelphia, Pennsylvania, where a myelogram revealed a congenital malformation of blood vessels. A clot had formed, causing a T7 spinal cord injury. The diagnosis was spinal telangiectasia, a rare vascular condition involving abnormal blood vessels within or near the spinal cord.

She underwent a thoracic laminectomy, but the damage was permanent. Rehabilitation at Magee Rehabilitation Hospital became her new reality and occupied the next six months of her life as she learned to navigate a body that no longer followed familiar rules.

Even then, her goal remained unwavering: return to Tuskegee and graduate.

REHAB CASE STUDY

Returning to College Before Accessibility Existed

Returning to Tuskegee in 1964 meant returning to a campus with no ramps, no elevators, no accessible bathrooms and no ADA.

Her mother insisted she return anyway and even persuaded Cherry's younger sister, Debbie, to enroll so she could help. Debbie mostly helped by not helping, which ultimately encouraged Cherry's independence.

Students carried her upstairs. Professors moved classes to first-floor locations. She navigated a world that had not yet imagined how students with disabilities could fully participate.

And she graduated.



Alice Cherry at Tuskegee Institute, now Tuskegee University, graduation, May 1966.



Alice Cherry and her late sister, Debbie.



Alice Cherry at work.



Alice Cherry transfers from her wheelchair to her car.

A Career in Cytotechnology

After graduating from Tuskegee, Cherry was accepted into the cytotechnology program at Thomas Jefferson University. She was the only African American and the only wheelchair user in the program.

She earned a fellowship and monthly stipend. Her first position was at the Naval Hospital Philadelphia, where she worked from 1967 to 1992. The military environment offered structure, accessibility and respect.

When the hospital closed, she transferred to a civilian facility and immediately encountered barriers. There was no accessible restroom on her floor, and it took a year to secure the accommodations.

"It was easier to get things done before the ADA. After the ADA, people got angry when you challenged them," Cherry said.

Driving, Independence and the Cost of Disability

Cherry purchased her first car in 1974. Because state agencies did not offer training for hand controls, she received private instruction. Family members questioned whether she could drive.

Her response was simple: "I don't know how I'll drive, but I'll figure it out."

And she did.

Over the years, she became familiar with the financial realities of disability:

• Power wheelchairs

• Custom seating systems

• Accessible vans

• Medical equipment

• Insurance challenges

"I have a million-dollar body, and nobody's buying you an $80,000 accessible van," Cherry said.

Advocacy Before Advocacy Had a Name

While living in Philadelphia, Cherry joined Disabled in Action of Pennsylvania, a cross-disability civil rights organization founded in 1973. There she found both community and her voice as an advocate.

After returning to Alabama in 1995, she joined Partners in Policymaking Alabama, where she learned about policy, leadership and people-first language. She later delivered a keynote presentation on the parallels between the Civil Rights Movement and the disability rights movement, a topic she knew firsthand.

The Evolution of CRT

Cherry's first wheelchair was a 50-pound Everest & Jennings chair with a foam cushion.

Her assessment of the equipment was straightforward: "Terrible."

Over the decades, she dealt with nerve pain, pressure injuries and shoulder problems, all common experiences for long-term wheelchair users. Her first custom wheelchair did not arrive until around 2000.

Today, Cherry credits UAB Spain Rehabilitation Center and her CRT suppliers with providing the most comfortable power wheelchair she has ever used. "They are accurate, knowledgeable, and they listen. That makes all the difference."

Social Life, Relationships, Humor and the Invisible Label

Cherry describes herself as "100% female" and someone who genuinely enjoys meeting people.

With humor, she jokes that she must have an invisible sign on her forehead that attracts the wrong men. Despite occasional disappointments, she continues to create her own opportunities for joy.

She attends church, concerts and theatrical performances, and recently celebrated her 60th Tuskegee reunion.



Alice Cherry at the 60th Reunion Banquet of Tuskegee Institute.

Accessible Travel

Rolling through the world: A wheelchair traveler's guide to going everywhere anyway

Cherry says: "Let's get one thing straight: I've been using a wheelchair for 62 years, and I've still managed to see more cities than some people who brag about their wanderlust while never leaving their couch. I've traveled by airplane, train, bus, car and minivan, sometimes all in the same week, and I've learned that accessibility isn't just a feature. It's a negotiation, an adventure and occasionally a comedy routine."

Traveling with a wheelchair means developing a sixth sense that combines optimism, strategy and the hope that a ramp is more than decorative. It means evaluating a space almost immediately and knowing that accessibility varies greatly from place to place.

Airplanes: The high-flying circus

Air travel is where accessibility and absurdity often intersect.

"I've been lifted, tilted, rolled and rearranged like a piece of oddly shaped luggage," Cherry said. "I've had gate agents look at my wheelchair like it's a spaceship they're afraid to touch. And yet, I fly, because the world is too big and too beautiful to let a narrow aisle stop me."

Trains: The smooth ride, mostly

Trains are Cherry's preferred method of transportation when accessibility is handled well.

She appreciates the ability to roll directly onto a railcar without feeling as though she is participating in a stunt show. At the same time, she laughs about stations where temporary construction seems to have lasted for decades.

When accessibility works, trains feel like "freedom on rails," she said.

Buses:
The wild card

Buses provide an unpredictable travel experience.

Will the lift work? Does the driver know how to operate it? Will other passengers become impatient?

The uncertainty is part of the experience, but Cherry continues to ride because sometimes the bus is the only connection between a traveler and a worthwhile destination.

Cars and minivans:
The classics

Cars and minivans remain dependable, accessible forms of transportation.

Cherry has crossed states, cities and regions using accessible vehicles. The open road continues to bring joy, even when the accessible restroom advertised along the route proves difficult to find.

Why She Keeps Traveling

Cherry continues to travel because she believes the world belongs to everyone, including those who use wheelchairs.

Accessibility is not a favor; it is a right.

Each new destination offers an opportunity to demonstrate that disability does not eliminate adventure.

As she puts it: "Frankly, I'm having too much fun to stop traveling."

What She Wants Readers to Know About Travel

Accessible travel is not about perfection. It is about persistence, creativity and maintaining a sense of humor strong enough to survive unexpected obstacles. It is about advocating for better accessibility while still enjoying the journey.

After 62 years on wheels, Cherry remains convinced that the world is worth exploring. "I can say this with confidence: The world is worth exploring. And I plan to keep rolling through it for as long as there are places left to see."

Faith as Her Foundation

Raised in a Baptist church, Cherry was playing piano for church services by eighth grade, earning her first paycheck.

After her injury, she searched for accessible churches and eventually found a spiritual home in an Episcopal congregation in Philadelphia.

Her prayer has always been simple: "Lord, you put me in this position. It's up to you to take care of me."

Aging, Wisdom and the Long View

Cherry's advice is straightforward:

- Take care of your body early.
- Eat well.
- Move when you can.
- Establish healthy habits.

"People with disabilities age just like everyone else," she said. "We just start earlier."

Supporters and Lessons Learned

Cherry credits people born with disabilities as some of her greatest teachers. She also recognizes her family, professors, fellow students and advocates who came before her.

She describes herself as "an advocate for life," and her actions reflect that commitment.

When Tuskegee University's chapel repeatedly denied accessible seating accommodations, Cherry spent three years advocating for change and ultimately succeeded.

Cherry's Message to Individuals with Disabilities

"You can go on, but you need support. Family, chosen family and real friends. You find out who your real friends are."

And Her Message to Individuals Without Disabilities

"If we live long enough, we will all have some type of disability. Be kind. Prepare. Help make the world more accessible now."

Conclusion

After 62 years of paralysis, Cherry says something few people expect: "I enjoyed the journey."

Her story is defined not by limitations, but by leadership; not by what she lost, but by what she built for herself and for future generations.

REHAB CASE STUDY



Alice Cherry at the Senior Citizen's Sneaker Ball.



Alice Cherry and Cathy Carver at UAB Spain Rehabilitation wheelchair clinic.



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Cathy Carver, PT, DPT, ATP/SMS, has practiced physical therapy for more than 30 years, spending most of her career in the Wheelchair and Seating Clinic at UAB Spain Rehabilitation Center in Birmingham, Alabama. She has worked primarily with adults who have mobility disabilities across a wide range of diagnoses, backgrounds and stages of disability. Carver has lectured, taught and written about the clinical aspects of Complex Rehab Technology provision for more than a |decade. In 2016, she launched a community disability awareness program, "Come Roll with Me," designed to bridge gaps between wheelchair users and non-wheelchair users while promoting accessibility and inclusion. After meeting Cherry in the clinic several years ago, Carver began learning more about her experiences and realized she had important insights to share about disability, advocacy and the milestones that have shaped both history and society.



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Alice Cherry is a retired cytotechnologist from Butler, Alabama, in Choctaw County. She grew up in a loving home and described her childhood as happy. At 18, she enrolled at Tuskegee Institute, now Tuskegee University. After completing her junior year, she was working in Philadelphia when she experienced the sudden onset of paraplegia caused by a genetic disorder. Her injury occurred during the 1960s, a period marked by racial segregation and significant barriers for African American women. Following rehabilitation at Magee Rehabilitation Hospital in Philadelphia, Pennsylvania, Cherry returned to Tuskegee and completed her degree. She went on to build a successful career while navigating life as a wheelchair user. Throughout the decades, she has refused to let her disability prevent her from pursuing her goals and interests. Her life experiences have given her a unique perspective as she has witnessed the Civil Rights Movement, the passage of the Americans with Disabilities Act and the continuing evolution of accessibility and disability rights.

RESNA

RESNA Provides Its Early Fall Update

WRITTEN BY: Andrea Van Hook, RESNA Executive Director

Milestone Reached

RESNA's ATP certification program has reached a significant milestone: more than 5,000 Assistive Technology Professionals are now certified. The program has grown by 8% since 2024.

In previous years, receiving 20 ATP examination applications in a month was considered a strong result. This year, the monthly average has increased to 44 applications. In addition, 128 people registered for RESNA's September Certification Pop-Up, a free monthly webinar that provides an overview of the examination and eligibility requirements.

Most ATPs continue to work in seating and mobility, entering the profession as new practitioners and replacing those who are retiring. However, the certification's popularity has expanded to other areas, including clinicians, K-12 assistive technology professionals and those working in blindness and vision services.

This growth reflects the ATP certification's original intent. Assistive technology service delivery is a team effort, and when all team members hold ATP certification, they share a common approach, language and code of ethics. Individuals with disabilities benefit from a holistic approach to assistive technology, resulting in better outcomes and greater participation in society.

The SMS, Seating and Mobility Specialist, certification also continues to see growth, which is encouraging. RESNA has long viewed the ATP credential as a broad certification that establishes a standard for assistive technology professionals. The SMS certification, by contrast, is an advanced credential for professionals who specialize in complex rehab seating and mobility. We are pleased to see increasing interest in that credential as well.

Supporting RESNA's certification programs requires hundreds of volunteer hours each year. In addition, RESNA invests more than $100,000 annually to ensure both examinations remain current, reflect contemporary practice and maintain their rigor.

We are proud that the ATP program meets the standards established by the National Commission for Certifying Agencies. NCCA sets the national benchmark for high-quality voluntary certification programs.

Congratulations to all members of the Professional Standards Board, past and present, as well as the subject matter experts and examination-development volunteers whose efforts have made this achievement possible.

Renewing Your ATP Certification Soon? Follow These Tips

Nearly 1,000 professionals will need to renew their ATP certification between October and February. Follow these tips for a smooth renewal process:

- Use RESNA's online renewal form and upload digital copies of your continuing education certificates and other required documentation up to three months before your certification expiration date. RESNA is currently accepting December 2026 renewals.
- If your certificate files are too large to upload, submit one certificate with your renewal application. Then combine the remaining certificates into a single PDF and email it to certification@resna.org. Please do not mail paper copies.
- Ensure your RESNA online account information is current. Your username is the email address on file with RESNA. If necessary, you can reset your password. Be sure to check your spam or junk folder for the password reset link.
- Pay your renewal invoice promptly. Once we receive your paperwork, we will post an invoice to your account and email it to you. If you have not received an email within three business days, log in to your RESNA account to see if the invoice is available before contacting the office.
- Verify that you have the required continuing education credits and digital copies of all completion certificates. ATP renewals require 20 hours of continuing education earned during the previous two years. Of those 20 hours, at least 10 must be IACET-accredited continuing education units or credits earned through a preferred provider, such as American Occupational Therapy Association, American Physical Therapy Association or a university program. Both iNRRTS and RESNA are IACET-accredited providers.

Remember that the same continuing education credits used for ATP recertification may also be used to renew your iNRRTS registration. iNRRTS Registrants renew annually and must document 1.0 CEU of continuing education.

Individuals who successfully renew their iNRRTS registration have already met the continuing education requirements necessary to renew their ATP certification. The primary difference is that ATP certification is renewed every two years, while iNRRTS registration is renewed annually.



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CRT UPDATE

NCART Provides Updates on Late-Summer Happenings in CRT

WRITTEN BY: Wayne Grau

CRT Awareness Week

As of this writing, CRT Awareness Week has begun. This long-standing initiative raises awareness of the Complex Rehab Technology industry while highlighting the importance of every member of the CRT community, including patients, advocates, providers, therapists and manufacturers.

Each stakeholder plays a role in ensuring patients remain the focus of efforts to provide the most clinically appropriate equipment. The goal is to help individuals achieve greater mobility, improved health and a higher quality of life.

Thanks to all of you for your commitment. While CRT Awareness Week lasts only one week each year, it provides an opportunity to show the public who we are and why every participant in the CRT industry is critical to the individuals who depend on CRT equipment.

Preparing for 2027

It is hard to believe, but 2026 is quickly coming to a close, and preparations for 2027 are already underway.

Although several legislative issues remain active, most state legislatures have concluded their 2026 sessions. With the election only weeks away, many states will soon begin pre-filing legislation for the next session. NCART, the National Coalition of Assistive & Rehab Technology, and other organizations use tracking systems to monitor pre-filed bills and identify potential issues before they advance.

We also continue to address regulatory matters and gather supporting data related to power-standing technology, which is expected to be a major issue in 2027.

We encourage everyone to become involved and help advance positive regulatory policies and legislation. While we achieved several important victories in 2026, we need additional progress in 2027 to ensure patients maintain access to CRT equipment.

Final Push to Pass S 247

On the federal front, Congress has returned to session for several weeks before breaking for the election.

The CRT industry continues to advocate for passage of S 247, the Senate companion bill, to HR 1703, which has already passed the House of Representatives. Known as the Choices for Increased Mobility Act, the legislation would expand Medicare beneficiaries' wheelchair options by establishing two HCPCS codes for titanium and carbon-fiber wheelchair frames.

Under the proposal, consumers could pay the additional cost of an upgraded wheelchair frame without being required to pay for the entire manual wheelchair. Because Medicare's costs would remain unchanged, the legislation is considered budget-neutral and would not increase costs for taxpayers.

This is an important piece of legislation, and now is the time to secure its passage.

Let Your Voice Be Heard

I encourage each of you to vote in the upcoming November election.

Our representative democracy depends on citizen participation to ensure elected officials reflect the people's will. If you believe one vote cannot make a difference, consider that the margin in Florida during the 2000 presidential election was just 537 votes.

Your vote matters.

Thank You

I'll keep this brief: Thank you for getting up every day and delivering hope, independence and mobility to the patients and customers you serve.

In my book, you are the true heroes.

Advocacy Quote

"One person can make a difference, and everyone should try."
— John F. Kennedy



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

CLINICIAN TASK FORCE

Caregivers' Perspectives on CRT Across the Lifespan

WRITTEN BY: Jennifer L. Lewis, PT, DPT, ATP

"I don't know how I would live daily life without the adaptive equipment."

— Surveyed caregiver

Adaptive equipment for children and adults ranges from low-tech tools and supports, such as grab bars, transfer benches and push-button switches, to advanced technologies, including power wheelchairs with power seating functions, overhead lifts and other accessibility devices.

Adaptive equipment and Complex Rehab Technology are designed to help individuals perform functional activities safely, effectively and with the fewest possible limitations. Caregivers are critical stakeholders in the successful use of this equipment. They are often the first to assess needs, evaluate available resources and assist users throughout the equipment procurement process. Caregivers also play an important role in considering the environment in which the equipment will be used, available transportation options and their willingness to learn how to operate and maintain the equipment. These factors can significantly affect long-term outcomes for the end user.

Key Perceptions

Caregivers' perceptions of adaptive equipment often vary during the evaluation and delivery process.

For example, when a newly injured individual requires a wheelchair or patient lift for the first time, caregivers may experience feelings of grief or loss because the equipment serves as a reminder of increased support needs. Parents of young children receiving adaptive equipment may be excited about the independence a mobility device can provide. Conversely, some may view the equipment as a reminder of their child's developmental challenges.

Regardless of these differing perspectives, clinicians should acknowledge the emotional impact of adaptive equipment recommendations. Communicating directly with caregivers, providing appropriate education and maintaining transparency throughout the procurement process can help support positive outcomes for both caregivers and equipment users.

Caregivers also have legitimate concerns about equipment durability. Darin Lewis, a parent of two children who use adaptive equipment and CRT, emphasized the importance of dependable equipment.

"When my son received his first wheelchair, I felt confident and relieved because it was durable, dependable and gave him more independence," Lewis said. "We rarely had to contact the wheelchair company until he needed a new chair.

"Now, instead of feeling confident in his equipment, I often feel frustrated and worried because his newer wheelchairs seem to require repairs every week. Something that should make life easier has become another source of stress because the equipment no longer seems as durable or reliable as it once was."

Survey of Caregiver Perspectives

A survey of caregivers supporting individuals across the lifespan revealed several common themes. The open-ended questionnaire was distributed electronically, and the study collected 12 complete responses over a three-week period.

More than half of respondents indicated that obtaining equipment can be difficult. Caregivers expressed a desire for a more streamlined and organized process. Several respondents noted that greater consistency among durable medical equipment suppliers could improve the experience.

Respondents also indicated that visual guides from funding sources and providers could help caregivers better understand the procurement process. Another frequently cited concern was the lengthy time required to receive approved equipment.



Darin Lewis and family.

Caregivers reported that additional physician visits needed to obtain medical documentation were often burdensome. Finally, respondents emphasized that equipment trials are essential for making informed decisions and determining proper fit.

In response, Andrew Gilberti, ATP, CRTS®, with Numotion, emphasized the importance of setting expectations early.

"Dealers should set the right expectations from the start for equipment coverage," Gilberti said. This includes explaining funding sources, outlining the procurement process and partnering with providers who have experience serving specific patient populations.

Although additional work may be required at the beginning of the process, those efforts can lead to greater efficiency

and reduce the likelihood of unforeseen issues. Working with knowledgeable providers also helps ensure that equipment recommendations appropriately match the client's needs and abilities.

Trish Toole recalled challenges she faced while seeking a mobility system for her child.

"I wanted him to have a small wheelchair, one that was the right height for his preschool friends and his little brother to push, one that would let him sit at the short table with his friends," Toole said. "I was told this didn't exist and my only option was a stroller at an adult height.

"Later, I met a child using a 10-by-10 ultralight wheelchair, and I learned they do exist. Nobody listened to me because they thought they knew best what I needed."

Equipment Maintenance Challenges

Caregivers are also responsible for equipment maintenance, adding another layer of responsibility to already demanding daily routines.

Several parents indicated that regularly scheduled maintenance would help ensure equipment functions properly while reducing caregiving stress. Another caregiver noted that easier methods for cleaning equipment would be beneficial.

Equipment hygiene is particularly important for users who are incontinent, receive nutrition through a gastrostomy tube or regularly explore their environment through touch and sensory interaction.

Advice from Experienced Caregivers

Experienced caregivers provide valuable insight for those beginning their caregiving journey.

Many recommend partnering with therapists who understand both the equipment procurement process and the wide range of available technology options.

One caregiver offered this perspective: "Things are going to happen when it comes to mobility equipment. Things break, screws come loose and paint gets scratched. Instead of worrying about those issues, know that it often means your child is getting good use out of the equipment."

Another caregiver stressed the importance of understanding insurance coverage and how funding affects equipment acquisition.

The Clinician Task Force has developed educational resources outlining the equipment procurement process and the roles and responsibilities of team members involved in CRT evaluations and recommendations.



Survey respondent with son.

What Caregivers Value Most

Overall, caregivers report that adaptive equipment is both helpful and essential to daily life.

Most respondents identified mobility equipment as particularly valuable because it improves positioning during daily activities and increases access to community environments. Thirty percent of surveyed caregivers indicated that lighter-weight and more compact equipment would be especially beneficial.

Another common theme was the desire for multiuse equipment rather than separate devices for individual activities.

One respondent suggested that a gait trainer and adaptive bicycle could potentially be combined into a single system through the addition or removal of accessories. Another caregiver expressed frustration that customization options often result in additional costs and are not always covered by funding sources.

Survey respondents reported using a variety of adaptive equipment and CRT, including:

- Wheelchairs
- Supportive bathing systems
- Standers
- Gait trainers
- Safety beds
- Adaptive tricycles
- Activity chairs
- Augmentative and alternative communication devices

Considering Caregiver Body Mechanics

Clinicians who recommend adaptive equipment and CRT should also evaluate caregiver body mechanics.

The ability to safely push, lift and transfer individuals is essential to caregiver health and well-being. Proper equipment selection helps ensure caregivers can continue providing effective care over time.

For example, handle heights on wheelchairs and adaptive strollers can affect posture and pushing mechanics. Survey respondents also identified the bulkiness of adaptive car seats as a challenge when transferring children in and out of vehicles.

These concerns warrant careful observation and equipment adjustment by clinicians. Training caregivers in proper positioning techniques and body mechanics is equally important.

Takeaway Message

The strongest message expressed by surveyed caregivers was simple: Teamwork matters.

Having the right team in place is essential to successful equipment selection, procurement and use.

One survey respondent offered this advice: "Stay vigilant. Ask for assistance."

Another recommended "being proactive across the board when it comes to keeping up with doctors and therapy appointments, understanding the process and funding, and keeping up with maintenance."

Caregiver perspectives provide valuable insights for clinicians, suppliers and manufacturers. Their experiences can help shape equipment procurement and repair processes while informing educational programs designed for caregivers and end users.

REFERENCE

Morgan, L., PT, DPT, MSPT, ATP, and Schwartshoff, B., PT, DPT, ATP/SMS. CRT Process: Roles and Responsibilities. Clinician Task Force. Available at: www.cliniciantaskforce.us.



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