Pictorial: Kids on the Go!

2014 Funding

What's the Outlook for CRT?

Seat Cushion Marketplace
When You Need to be Nimble

Kimba® Kruze

The newest member of the Kimba line — Kimba Kruze — weighs as little as 25 lbs and folds into a compact package for easy transport. But this stroller is no lightweight when it comes to performance. RESNA crash tested for safety, this E1236 category Kimba easily accommodates passengers weighing up to 165 lbs and provides a secure ride through a five-point padded harness. A variety of handy accessories add to the stroller’s versatile value. Call your Ottobock Sales Representative at 800 328 4058 to see for yourself!

www.OttobockUSMobility.com
"Sometimes life throws you a big curve. You can either sit and watch the ball go by, or you can take a swing at it. Each day I take a swing and work to create mobility products that make a difference and that feels like a homerun. That’s my Edge."

SHANE O’NEILL
Quantum® Design Engineer

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quantumrehab.com

Q6 EDGE® shown in True Blue

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Kids on the Go!

Why stay at home when there's a whole world to explore? These assistive technology products support kids and their families at school, outdoors and in their communities.

22 cover feature

2014 Funding Update

As the year draws to a close, the CRT community anticipates a new face-to-face requirement for DME, waits for word on capped rentals, and pins its ultimate hopes on a separate benefit category for Medicare.

Editor's Note

MMBeat

Clinically Speaking

The Power of Early Intervention

Product Revue

Marketplace: Seat Cushions

Classifieds/Ad Index

What's New Online: MobilityMgmt.com

The year may be winding down, but the seating, mobility and accessibility news cycle is 24/7. So keep checking MobilityMgmt.com and the eMobility newsletter for updates, particularly on evolving funding issues, including developments on the proposed rule for capped-rental DME and CRT, as well as news on the enforcement date for the new DME face-to-face exam requirement and of course, the latest news on competitive bidding.
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Now You’re Going Places
Bigger Picture, CMS, Bigger Picture

Everyone — private citizens, families, businesses — needs to stay solvent to survive. Get it.

Despite my general indifference to numbers and math, I do a good job of staying within my Mobility Management editorial budget, for instance.

But maintaining a balanced budget is only part of the equation, right? And if saving money comes at the cost of everything else, what’s the point?

Example: Could I honor a budget of $100 a month in my personal life? Sure. Example: Could I spend no more than $100 a month? Yes. But really, isn’t there a bigger picture?

Every fair-minded person understands the need to prevent abuse of the Medicare system, and to responsibly manage the Medicare trust funds so the program can continue to serve beneficiaries in the future. But there is such a thing as going too far. Medicare’s policies are making it so difficult to access services and technology that seniors, their families and Medicare’s professional partners — from DME suppliers to CRT providers to physicians — are giving up.

Editor’s note

Bigger Picture

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Another Freedom First...

The NXT™
Specialized
Tilt-in-Space
Wheelchair

NEW!

Freedom's LEAF is an option on NXT folding and rigid frame models. LEAF is a robust hinged front seat frame that adjusts 22° from midline. Once adjusted, LEAF bolts into position so NXT frames can help accommodate abduction, adduction or wind swept leg positioning challenges. LEAF adds NO width to frame and NO significant weight...so NXT frames remain lightweight, compact and easy to lift and stow into small spaces.

NEW!

Freedom's MAPS is optional footrest plate attachment hardware that connects Freedom aluminum footrest plates to Freedom pop up or swing away footrest hangers. With MAPS, footrest plates rotate to adjust horizontally, laterally and vertically for planter and dorsiflexion, inversion, eversion and rotational foot and ankle positioning needs.
Northern Exposure: Permobil & TiLite Sign Canadian Deal

Permobil sales representatives will be selling TiLite ultralightweight manual chairs in Canada, the two manufacturers have reported.

TiLite will continue to provide customer service and support, the company said in a news announcement.

TiLite CEO David Lippes said of the new agreement, “There is one company in the world that matches TiLite’s vision that what matters most in mobility is quality and performance, and that company is Permobil.”

Larry Jackson, Permobil’s North American president/CEO added, “As Permobil continues to expand our marketshare in the Canadian market, we are pleased to work with TiLite and our Canadian sales team to help TiLite expand in this market as well.”

Jackson noted that the two manufacturers — TiLite is based in Pasco, Wash., while Permobil’s American headquarters are in Lebanon, Tenn. — “share similar business models, and the joint efforts of TiLite and Permobil are a natural fit.”

The fact that TiLite exclusively sells manual titanium and aluminum chairs while Permobil concentrates on complex rehab power chairs — with the exception of the manual Helium standing chairs that Permobil distributes — is actually a good match, Lippes said.

“The combination of TiLite’s manual mobility with Permobil’s power mobility will provide our Canadian sales team with the most advanced mobility product line in the world,” he noted.

And Jackson predicted that the new sales model would work well: “It will be an easy transition for the Permobil sales staff to offer TiLite manual wheelchairs when a power chair is not needed.”

Logistically, the announcement stated, “New Canadian order forms with pricing in Canadian dollars coupled with Permobil partnership will ease the way for dealers across Canada to sell the TiLite product line. For TiLite’s current partners in Canada, there will be no changes: All orders will still be processed directly through TiLite, and everyone will have the same customer service and support in addition to direct representation on the ground.”

Sunrise Launches Compatibility Service for Seating & Mobility Orders

One of the challenges of building customized seating & mobility systems is the volume of parts numbers that go into building a wheelchair. The large number of choices can help ATPs to select products with features most likely to lead to a great outcome for their clients. The difficulty, though, is making sure all of those different parts work well together without interfering with each other.

Supporting that effort is the goal of Sunrise Medical’s new business service, called Compatibility Assurance.

In a news announcement, Sunrise explained how the new service works: “Through Compatibility Assurance, customers order a mobility base and seating system on one order, and Sunrise Medical will issue one invoice, tie the shipments’ tracking numbers together, and inspect the order for compatibility between the seating system and the mobility base before it leaves the plant. This inspection ensures that the hardware mounts properly, that no interference occurs between the seating system and wheelchair components, and that the seating system is not over- or undersized compared to the mobility base. If an interference is found, the customer will be contacted immediately to determine the solution.”

This new offering, Sunrise added, could reduce the need for providers to call multiple manufacturers and re-order parts.

“By assembling the seating products and mobility base before shipping, we’re preventing what could cause a significant delay in getting the products to the consumer,” says Tim Morrison, Compatibility Assurance manager. “Trying to remedy a product incompatibility is much simpler when a manufacturing associate has the products in front of them than when the products are hundreds of miles away.”

ATPs interested in the service can check the “Compatibility Assurance” box in the Order Details section when placing orders. Check with your Sunrise rep for more information.”
The I-drive is equipped with an on-board CPU, eliminating the need for a secondary controller box.

This CPU introduces a new level of performance in head array technology. Superior processing speed provides the end-user with a much more responsive interface with their mobility option. This increased response time equates to smoother acceleration, more controlled veering, and an overall improvement in driving confidence.
Pride to Distribute Autochair Lifts

**Pride Mobility Products** has partnered with Autochair, a lift & transfer technology manufacturer based in Great Britain. Under the agreement, Pride is the exclusive North American distributor of Autochair’s Milford Person Lift and Olympian AutoLift. Andrew Pyrih, Pride’s senior VP of domestic sales, said of the new agreement, “Pride Mobility is excited and honored to partner with Autochair in delivering these highly adaptable, consumer-friendly products to a larger market segment. Autochair has an exceptional reputation overseas, and we are pleased to bring that quality and innovation to Pride’s markets.”

Autochair was founded by engineer David Walker, who became a wheelchair user following a car accident in 1975. Failing to find a product that met his needs, he soon began developing his own wheelchair transfer system.

The Milford Person Lift is a wheelchair-to-vehicle transfer system accommodating consumers weighing up to 330 lbs. The lift can be fitted to the driver’s or passenger’s side of a vehicle, or to middle or back seats. Sling sizes range from extra small to extra large, with amputee versions available. The lift operates at the touch of a button, and has emergency switches and optional manual operation.

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*Olympian AutoLift*

The Olympian AutoLift is designed to fit most vehicles and is easily removable and transferable. It’s available in two versions — to accommodate user weights of 260 lbs. and 440 lbs. — and works with power chairs, scooters and manual chairs. The Olympian operates by remote control, powered by the vehicle’s battery, and comes with a tailored fitting kit and in several color options.
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Kris R.

www.AbilitiesExpo.com

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Chicago
June 27-29, 2014
Schaumburg Conv. Cntr.

Houston
July 25-27, 2014
Reliant Center

Boston
September 5-7, 2014
Boston Conv./Exhib. Cntr.
Bodypoint’s Site: A Champion for Positioning

Bodypoint has launched a redesign of its Web site — and is taking the opportunity to focus less on individual components and hardware and more on consumer and therapist goals and end results.

Headquartered in Seattle, Bodypoint (bodypoint.com) has long been known for designing and manufacturing seating & positioning components with an exacting eye for detail. The new Web site, says Dana Pruett, marketing & communications manager, gives the manufacturer the chance to highlight and celebrate that crucial cause.

“The right positioning can mean so much to a person’s life,” Pruett explains. “We are champions of positioning. We are helping people to achieve their full potential.”

Bodypoint’s homepage features revolving stories of how very exact positioning opens up worlds of possibilities. An example: Todd Stabelfeldt, who has C4 quadriplegia and uses Bodypoint’s Tri-lock Rotating Shaft to access his power chair’s controls.

“My world is in millimeters,” Stabelfeldt says. “My Bodypoint Midline Joystick, gives me independence, allowing me to drive with my chin — this is critical to my success!”

Within each story are links to the products and, more importantly, photos and videos that demonstrate technology in action.

Product-wise, the new site sorts Bodypoint’s offerings by where the product will be used: Pelvic Positioning, Lower Body, or Upper Body. There are also categories for Specialty products (such as those for shower environments, for kids, and for athletes and active users); Power Chair Components; and Hardware.

Once a clinician, provider or consumer chooses a particular item — for example, the Sub-ASIS compatible belt — the site helps to narrow product selection by, in the case of the Sub-ASIS belt, first showing available sizes. Once a size has been chosen, the site shows available buckle types, pull style, attachment hardware and attachment points.

Providers can sign in to get a price quote, while consumers can search for a Bodypoint “partner” who sells the product. The site includes a Partner Center, which will soon include educational opportunities and already includes access to product literature and product images, among other items.

Pruett indicates that the site is evolving, with additional features and functions planned for roll-out in the future — but the site is already a fun and inspiring place to explore. ● — Laurie Watanabe

SUDDENLY, ANYTHING SEEMS POSSIBLE

THE FIRST EVER FOLDABLE WHEELCHAIR WHEELS

• 24” wheels fold to 12.5”
• Travel in smaller cars
• Fit in airplane bins
• Fail-safe design prevents wheels from folding when in use

see how it works ▶ MORPHWHEELS.COM
Congratulations to the crew at Home Care Medical, honored as the Wisconsin Association of Medical Equipment Services’ (WAMES) HME Provider of the Year at the organization’s recent annual conference. Pictured here: Jim Spellman, Home Care Medical’s director of operations, given an Industry Excellence Award for his advocacy efforts, and Donna Smith, who won her Industry Excellence Award for her work on WAMES’s respiratory committee. Spellman will also serve as WAMES’s president in 2014. Home Care Medical is headquartered in New Berlin, Wisc., and has three additional locations… Good news regarding a drug to treat spinal muscular atrophy (SMA). Families of Spinal Muscular Atrophy reports that children with SMA who were given a drug called ISIS-SMNRx showed improved motor function when examined nine to 14 months later. The improvement was most pronounced in kids who received the highest dose (9mg in a one-time injection) during the phase 1 study. More studies are being conducted. The drug is designed to treat all types of SMA… Ottobock has named Andreas Kannenberg, Ph.D., to the newly created position of executive medical director for North America. In the news announcement, Ottobock said, “The new role was created to focus on the entire product lifespan and patient care cycle through managing studies, research and development and patient outcomes.” Kannenberg is a native of Berlin, Germany, and was licensed to practice medicine there and in Europe in 1991. His clinical background includes general and family medicine, general surgery, rheumatology, orthopedics and rehabilitation medicine. He joined Ottobock in 2003. ●
Kids and mobility go together — so much so that when very young children are deprived of the ability to move and explore their environments, their development suffers on many levels.

The different examples of technology in this pictorial all have the same major goal: To get kids moving at home and beyond.

— Laurie Watanabe

Clip Stroller
With its wheels on ball bearings to make this stroller easy to handle and push, the Clip seems to be focused on being lightweight. But it also provides a comfortable ride for kids with moderate positioning capabilities, and the Clip grows with children via a host of accessories. The Clip has a 167-lb. weight capacity.

**What Makes It Go!** The crash-tested Clip folds umbrella-style and is easy to take on trips, since it weighs just 24 lbs.

Innovation In Motion
(800) 327-0681
mobility-usa.com

Chill-Out Chair
Even the most active kid needs a little time away from his or her wheelchair. Chill-Out Chairs are made of multi-density foam and have a deep V design to give comfort and support to kids with spastic muscle movement. Options such as a rear push bar and a feeding/communications tray can be added according to each kid’s needs; the Rock’er version has a curved base to encourage back-and-forth movements. The chairs are available in five sizes to accommodate kids from 27” to 68” in height and from 15 to 175 lbs.

**What Makes It Go!** The Roll’er version has wheels for easy transport from room to room.

Freedom Concepts
(800) 661-9915
freedomconcepts.com

Twist
Designed from the ground up especially for kids, the Twist offers 2” of seat width growth and 3” of seat depth growth — that means no parts or growth kits to buy. Seat width/depth starts at just 8” to fit your littlest adventurers. The Twist's 1” aluminum frame design makes it easy to install seating components, and TiLite’s Tru-Fit system provides for infinite adjustment.

**What Makes It Go!** Offers independent mobility to encourage exploration and learning new skills... but the easily removable Center-Mounted Push Handle option lets Mom or Dad lend a hand when needed.

TiLite
(800) 545-2266
tilite.com
Stand Bigger Kids!

Call or visit easystand.com/medium to request new literature or a free product demonstration of the Bantam medium.

800.342.8968 easystand.com

EasyStand® Bantam medium
K450 MX
What a view! A 3" to 26" adjustable seat height on Permobil’s K450 MX enables kids to transfer to floor level in the classroom, or rise to the occasion for other indoor/outdoor activities. Optional 45° tilt offers additional positioning support, and one-time free growth kit keeps up with growing kids.

Permobil Inc.
(800) 736-0925
permobil.com

Litestream Junior
How creatively configurable is the Litestream Junior? It’s available with a folding or rigid frame, can be set up with front- or rear-wheel propulsion, and grows 3” in seat depth. (Width adjustment is available in the rigid configuration.) The ultralight chair weights 23.5 lbs. and has weight capacities of 125, 150 and 175 lbs. (in short, medium and long frames). A wide range of seating options and accessories meets kids where they are.

What Makes It Go! WC19/WC20-compliant, this chair goes from classroom to playground and everywhere else a busy kid needs to explore.

Quantum Rehab
(866) 800-2002
quantumrehab.com

Kidabra Cushion
Made for kids at moderate to high risk for skin breakdown, the Kidabra seat cushion is anatomically designed with a molded viscoelastic/HR foam combination that includes a pre-ischial contour, trochanteric shelf and beveled front end. Options include pelvic obliteration kit, leg-length discrepancy kit, and a seat-depth reduction system. The Kidabra is available in 15" and 14" widths, and 14" and 15" depths.

What Makes It Go! The moisture-resistant zipper-covered inner cover and moisture-resistant breathable outer cover protect the cushion against accidents that could otherwise slow a kid down.

Invacare Corp.
(800) 333-6900
invacare.com

K450 MX
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What Makes It Go! Options like a flip-up seat and a basket for treasures make the Nurmi Neo a great companion for short or long adventures.

Ottobock
(800) 328-4058
ottobockus.com

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(800) 333-6900
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You Choose:
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- Grip sizes to fit your hand
- Smooth or coated surfaces

This is all about YOU

K300/M300 PS Junior
Active kids can choose between the K300 (front-wheel drive) and M300 (mid-wheel drive) power bases, each with a 165-lb. user weight capacity. The bases have growth built right in, with widths of 11-16” and depths of 5-18” attainable. And to ensure kids can keep up with (or surpass!) their pals, the bases come with 6-mph (M300) or 5-mph (K300; upgrade to 6.5 mph available) top speeds. What Makes It Go! Larger drive wheels and casters navigate the terrains of childhood, including grass, mulch, dirt trails and playgrounds. Plus. Crash-tested securement points for riding in the car.

Permobil Inc.
(800) 736-0925
permobil.com

WC20 Seating
Therafin Corp.’s transit seating system is a combination of hardware, seats and backs that have passed crash-testing as seating used while in a car (user weight = 48 to 250 lbs.). Seats and backs can be ordered together or separately, and the components can be chosen from Therafin’s WC20-approved list so providers can select the items that will create the best solution for each client. What Makes It Go! Used with a WC19-approved mobility base, this system makes it easy for parents and kids to hit the road.

Therafin Corp.
(800) 843-7254
therafin.com

Decaf Java
As the kids’ version of the popular Java back, the Decaf’s mounting system provides adjustability through five axes for terrific flexibility supporting the child’s pelvis and balancing his/her trunk.

The center-mounted FlexLock multi-axial mounting system enables the Decaf (E2615) to fit any chair from 10’’ to 15’’ in width. Accommodates lateral trunk supports and universal head support mount. What Makes It Go! For transport, the Decaf removes easily from the chair with the flip of two release levers.

Ride Designs
(866) 781-1633
ridedesigns.com

Transit Option
A transit option is only as helpful as it is easy to use. With that in mind, each Convaid EZ Rider, Cruiser, Rodeo and Metro chair is available with four bright red anchors, H-harness positioning safety belt, foot positioner and headrest extension. The chairs are available in sizes 10, 12, 14, 16 and 18 for kids up to 170 lbs. What Makes It Go! Convaid’s lightweight folding chairs are designed (and have been crash tested) to be used as seating in motor vehicles.

Convaid
(888) CONVAID
convaid.com

Mobilitymgmt.com
pediatric series

Kids on the Go!

Kidwalk
This “dynamic mobility device’s” patented movement allows a child to move multi-dimensionally, much like his/her natural gait. Kidwalk’s duplication of that natural gait assists children in learning to step correctly while using their hands to interact with and explore their environment — just as they should! The Kidwalk is available in two sizes for children with inseams up to 22” (Kidwalk) and 28” (Kidwalk II).
What Makes It Go! A removable mast assembly and quick-release wheels make it easy to pack Kidwalk into a compact space for transport.
Prime Engineering
(800) 827-8263
primeengineering.com

DYN0
Don’t be fooled by the sleek frame. The DYN0’s frame is also capable of creating a highly adaptable and therapeutic seating environment for kids who need positioning support. Seat depths are available from 8.5” to 13.5”, with seat widths from 7” to 14”. Hip angle adjustment is available in 85-90° and 130°. The DYN0 is WC19 crash-tested to 80 lbs. and weighs 26.5 pounds.
What Makes It Go! Light weight + tool-less adjustments + stand-and-fold-feature = Ease of use anywhere!
Stealth Products
(800) 965-9229
stealthproducts.com

Wallaby
WC19-approved with the headrest extension and five-point harness, the Wallaby comes in two sizes (12” and 14” seat widths) and boasts a powdercoated steel frame, nylon upholstery, pelvic belt with reversible cover, and height-adjustable push handles. Options include width-/height-adjustable headrest, elevating legrests and anti-tippers.
What Makes It Go! Folds to a width of just 12” for easy storage for families on the move.
Wenzelite Re/hab, division of Drive Medical
(877) 224-0946
drivemedical.com

Power Tiger
Thanks to its truly low seat-to-floor heights, Power Tiger users can roll right up to preschool classroom tables. Thanks to its Invacare Tiger detachable plate (standard), the top can also be taken off the frame and attached to a manual base. Standard MK6i electronics are fully programmable and can provide more complex capabilities as the child’s competence grows. The Power Tiger is available in seat sizes from 6x6” to 12x12”.
What Makes It Go! This modular chair comes apart in three sections. Total weight is just 116 lbs. with batteries.
Adaptive Switch Laboratories
(830) 798-0005
asl-inc.com

Recaro Monza Reha
With a five-point positioning harness, adjustable lateral supports, full-swing-out lateral supports, the Monza booster seat is designed to safely transport kids (33.1-110.2 lbs.) with special needs. But the optional swivel base — for easier transfers in and out of the car — keeps caregivers in mind, too. Includes integrated headphones; options include seat-depth extension, long or short footrest and abduction blocker.
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EasyStand Bantam Medium
This all-new Bantam stander combines sit-to-stand with supine functions for bigger kids (4’ to 5’6”, up to 200 lbs.). Wheels measure 5” (optional locking front swivel casters are available) with 5” locking rear swivel casters — and they make positioning and moving the Bantam quick and easy.
What Makes It Go! The Bantam’s versatility in positioning choices creates opportunities for kids to interact with peers in the classroom and attend therapy sessions, while reducing the number of time-draining transfers, too.
Altimate Medical
(800) 342-8968
easystand.com

Axion Rotary Interface
Attachable to most wheelchair headrests and hardware, the Axion Rotary Interface allows headrests to freely rotate and can be used by children with limited head control/range of motion or field of vision. Range of rotation can be easily stopped or limited via a simple knob control. The Axion is available in six versions/sizes of balls, and allows 60° or 90° of total rotation.
What Makes It Go! The Axion can offer kids the head support they need to visually explore their surroundings.
Symmetric Designs
(800) 537-1724
symmetric-designs.com

Optima TSS
Because optimal positioning is a 24/7 kind of goal, the Optima Toilet & Shower System (TSS) offers complex positioning options for support in the shower and while toileting. The adjustable height frame (rolling or stationary) fits over the toilet or can be used as a bedside commode; the rolling version can move into the shower as well. The frame accommodates three seat cushion sizes as kids grow.
What Makes It Go! Optima TSS disassembles into a compact package to fit into a car trunk.
Columbia Medical
(800) 454-6612
columbiamedical.com

Spirit APS
The Spirit Adjustable Positioning System (APS) has the style and good looks of a car seat you’d find at a big-box store, but boasts positioning features such as optional swing-away trunk and hip supports. Designed for kids weighing 25-130 lbs. (and up to 66” tall), the Spirit comes standard with a soft-padded head support, low-profile sides for easier transfers, five-point safety harness and a recline bar for optional recline.
What Makes It Go! The car’s vehicle shoulder belt can be used as a tether in most cases, for quick and easy installation.
Columbia Medical
(800) 454-6612
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SunMate Foam-in-Place Seating
Liquid SunMate Foam-in-Place Seating (FIPS) is a mix-and-pour, direct custom-contouring system to create foam cushion inserts for advanced postural control and pressure relief. The system comes in half units for molding smaller inserts. Extra-soft and soft formulations are designed to provide comfort and support for light weights. The FIPS Bag Pack contains all three ingredients, separated in sections and perfect for providers on the road. Ingredients are combined in the bag via shaking and kneading, then poured into a molding bag for a custom cushion in minutes.
What Makes It Go! This economical, fast and easy-to-use system is ideal for molding replacement cushions for growing kids.
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Annie & Me: The Importance of Early Mobility Intervention

When I met 3-year-old Annie Linden, my first thought was, “Wow this little girl has a lot of energy!” She reminded me of my niece, who was the same age at the time, and I was always chasing after her in my power chair, trying to keep up.

Yet, what made 3-year-old Annie unique was that she was in her own wheelchair — an ultralight manual with complex rehab seating to address her kyphosis — and she propelled it as intuitively as my 3-year-old niece darting about.

“When Annie was 2, we knew she could benefit from a manual chair,” recalls her mom, Holly. “She was at the age where toddlers walk, and through the really advanced use of her arms, we knew she’d do well in a manual chair.”

Annie was very fortunate because while many therapists today understand the importance of early intervention of complex rehab technology, many insurers still question it at times, wondering if the child is ready. But Annie received a manual chair that another child outgrew.

“It was an unbelievable gift,” shares Holly. “The little boy had spina bifida just like Annie, and the seating and all fit her perfectly. We had to show her the concept of pushing, but after that, she was off and going!”

What’s seen through Annie, now 5 and active in kindergarten, is that a child’s introduction to mobility technology should be based on his or her physical and cognitive skills, not a preconceived notion of a fixed “right age.” As Annie illustrates so well, if a child with a disability is ready at 2 — a logical age of mobility progression for most ambulatory children — then a manual or power wheelchair is often appropriate. Put simply, intervention should occur when a toddler or child demonstrates a deliberate desire to move, and thereby can be assessed and fitted with appropriate mobility technology.

The Importance of Autonomy

It’s said that autonomy is the Holy Grail of early childhood development. For those with disabilities, this is no different. The ability to develop independence builds self-esteem. We’ve all seen the face of a 3-year-old light up as he or she says, “Look at what I did, Mommy!”

Mobility is, of course, synonymous with autonomy, and it’s arguably the most vital aspect of the early intervention in applying manual or power chairs. When I was 3, I lived in a very small world, where unless I was carried or pushed in my manual wheelchair, I couldn’t move. I had no control over my own being.

Think for a moment how that had to affect my sense of self — that is, I had no autonomy and thereby extremely low self-esteem. I couldn’t even go get a ball from across the room. My autonomy — the vital developmental aspects of self-esteem and worth — was stunted, putting my future emotional health and autonomy — the vital developmental aspects of self-esteem and worth — was stunted, putting my future emotional health at risk.

The Learning Curve

Many wonder whether children under the age of 5 have the cognitive ability to learn to use a manual or power chair.

Although each child is an individual, the statistics are telling. It takes the average 2-year-old 1,000 hours to go from standing with assistance to independently walking. Yet, a 1984 study showed...
children between 20 and 37 months of age learned to drive a power chair proficiently in just 16 days. This shows that as long as physical and cognitive abilities are present, children exhibit a remarkably fast learning curve toward mobility technology.

Now, what’s vital to recognize is that just because a toddler can use a mobility device, parental supervision doesn’t stop. To the contrary, all children need adequate supervision with their newfound mobility. Just as supervision and safety devices like “baby gates” are used for ambulatory toddlers, they are prerequisites for children using mobility devices as well. There’s no more danger in a child using an appropriate mobility device than one who’s ambulatory. However, there’s no less danger, either. Although children’s mobility needs differ, attentive parenting doesn’t change.

How to Approach Early Intervention
First, it’s important to recognize that mobility technology is only part of therapeutic early intervention. Although a wheelchair may be absolutely needed, other therapies, such as gait training and ambulation, may still apply. Therefore, a wheelchair should be seen as a part of the early intervention process, not the whole.

Secondly, no one technology should be assumed, but assessed. In the case of power chairs, tools like the Pediatric Powered Wheelchair Screening Test (PPWST), by Los Amigos Research and Education Institute, is a great assessment and screening protocol. Such processes used by therapists and seating clinics are invaluable to finding the right technology per child.

Kids Just Being Kids
Beyond clinical practices and theory, early intervention is ultimately about one goal: allowing children to be children, regardless of disability. Through the right mobility technology, at an early age for those children who have the properly assessed abilities, we know that early intervention fosters emotional, cognitive and social growth. This creates not just a child’s mobility, but his or her health and happiness.

As for Annie, while her wheelchair serves her well, she’s expanded her mobility in ways many might not assume. On the weekends, in a custom wetsuit, she sees her wheelchair from afar as she lies belly down on a surfboard, catching waves off of the San Diego coast. It’s astounding where the right mobility at the right age can lead a child’s spirit.

Mobility is, of course, synonymous with autonomy

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You don’t have to look far to find funding challenges on the complex rehab technology (CRT) landscape — even with many CRT wheelchair codes excluded from competitive bidding.

As 2013 draws to a close, the industry is bracing for a couple of potentially new funding-related regulations to adapt to in 2014.

(A disclaimer: This content was accurate as the issue went to press. Look for funding and policy updates in eMobility newsletter additions.)

New Face-to-Face Exam Enforcement

Asked which reimbursement issues he’s hearing most about, Jim Stephenson, CMC, rehab reimbursement & coding manager for Invacare Corp., cites the new Medicare requirement for face-to-face encounters. Many types of DME, from hospital beds to standard manual wheelchairs, will require “detailed written orders for face-to-face encounters conducted by the physician, physician’s assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS) for certain DME items,” according to MLN Matters article MM8304.

The Centers for Medicare & Medicaid Services (CMS), citing “continued concerns that some providers and suppliers may need additional time to establish operational protocols necessary,” says it will begin “actively enforcing and will expect full compliance with the DME face-to-face requirements beginning by a date that will be announced in calendar year 2014.”

Stephenson’s concern: “The effective date is going to remain July 1, 2013. It’s not being enforced right now, that’s basically what the delay is, they’re not enforcing it. Whenever they decide to flip the switch and say OK, we’re enforcing it now, and RAC and CERT and all the other auditing contractors start grabbing claims, they’re going to be looking back till July 1, 2013, for face-to-face information.”

That revelation was announced, Stephenson reports, during a September Webinar that was presented by NHIC Corp., the DME MAC for Jurisdiction A.

“So between July 1 and the day of this Webinar, people just assumed that the effective date was not going to be in place until [2014],” Stephenson points out. “[An NHIC representative] got on this Webinar and explained that the effective date is written in legislation — [Medicare] can’t change the effective date without an act of Congress, so it’s just delaying enforcement at this point.”

The potential problem: “If they’re leaving the [effective] date as July 1, 2013, then whenever enforcement kicks in, people could technically be on the hook for anything that’s happened since [July 1]. So there could be some pretty significant challenges coming down the pike providing that the enforcement and effective date don’t become one at some point.”

Since many providers aren’t yet collecting face-to-face documentation — a fact acknowledged by CMS and cited as the reason for the implementation delay till 2014 — Stephenson predicts “with auditors and so forth, that’s going to be low-hanging fruit for them. That’s something that’s going to be easy to recoup, probably every single claim that gets filed.”

Assuming that the July 1, 2013, effective date by law cannot be changed, Stephenson says the hope is that CMS will instruct its auditing contrac-
tors not to look for or demand DME face-to-face documentation from claims filed prior to the to-be-announced implementation date. "It’s really too early to tell right now," he says.

A couple of other DME face-to-face notes to keep in mind: Stephenson says power mobility devices (PMD) covered under the existing PMD face-to-face regulation will not be impacted by the DME version. In general, the DME face-to-face regulation is less involved. "There’s not anything that says the visit has to be for the sole purpose of assessing somebody for a standard wheelchair, like it is with power wheelchairs," he explains. "[The visit] just has to have been done within the six months previous to when the order is written."

Plus: "If a physician’s assistant or a nurse specialist is the one that’s writing [the prescription], for the new face-to-face requirement the physician still has to sign off on it." With the PMD face-to-face requirement, "a nurse practitioner or PA or nurse specialist, as long as they’re working within the confines of their licensure in the state where they’re working, can sign exclusively without having a physician sign off on it."

New Capped-Rental Proposed Rule: Now Waiting for a Verdict

As we went to press, the industry was also waiting for CMS’s next move regarding the capped-rental proposed rule that could impact dozens of CRT HCPCS codes, from the E1161 adult manual tilt-in-space wheelchair, to the E1235 pediatric adjustable wheelchair with rigid frame, to the E2325 sip-and-puff interface.

The comment period for the proposed rule closed on Aug. 30. Since then, says Rita Hostak, VP of government relations for Sunrise Medical, "There is not a lot of additional information other than that our comments are in. A lot of key organizations submitted very thoughtful, very detailed comments. We all shared key concerns and key points to be sure everybody was covering as much of the important pieces as possible."

And now, the industry waits. "Historically, CMS has held the position that they cannot discuss regulation that’s currently under development or comment period," Hostak says.

At stake for the CRT community: Whether those dozens of complex rehab codes, currently paid for up front, will be forced into the capped-rental payment category.

CRT stakeholders contend that the capped-rental payment model — in which Medicare pays for a piece of equipment over time via 13 monthly payments — is inappropriate for CRT items. Typically, capped-rental items are ready-to-use, out-of-the-box products needed by Medicare beneficiaries for a short amount of time. Medicare therefore saves money by paying a monthly rental fee rather than buying the item outright, and when the item is no longer needed, it is returned to the equipment supplier, who typically rents it to another beneficiary. CMS has said that on average, beneficiaries need capped-rental products for only eight months.

In contrast, CRT experts say, complex rehab products are used by people with severe and permanent disabilities. People using a head
2014 CRT Funding

control proximity switch or a manual wheelchair power-assist system — both items are on the capped-rental proposed list — will need that equipment for much longer than eight months.

“That contradicts [CMS’s] whole theory of savings, of saying the average person uses it for eight months and then turns it back in,” Hostak says.

As for the theory that CMS perhaps wants to rent CRT equipment because the agency expects its beneficiaries to pass away before the 13-month rental period ends, Hostak points out that’s not the most likely scenario.

“Even if you say, ‘But what about patients with ALS’ — they’re not using manual chairs, most likely. Most likely, they’re going right into power. And complex rehab power has already been exempt [from the capped-rental rule]. So even if you look at that population of people who have a prognosis of a shorter lifespan, typically they’re not getting [proposed capped-rental] equipment at the end-of-life sort of stage.”

So why did CMS include so many complex rehab items in the capped-rental proposed rule?

“I think what we have to assume is that the people who were writing the proposed rule said, ‘We’re going to look at equipment that is expensive and may or may not have high utilization,’” Hostak says.

Given CMS’s goal of implementing the new capped-rental rule at the start of 2014 — barring an implementation delay, which is still possible — Hostak adds that the industry should get replies to its comments in the near future.

“It’s at the point now that we probably won’t hear anything out of CMS until the very end of October or the first of November, somewhere in there,” she says. “There’s obviously a notice period, and they’re looking at this being implemented by January of 2014.”

As the industry waits, Hostak suggests stakeholders keep talking to legislators. If nothing else, the proposed capped-rental changes provide a perfect transition to discuss a separate benefit category for CRT.

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“The pretty picture for general-use backs,” Garven says, “is the qualifications are you just have to have a wheelchair that’s not captain’s-style seating. If you qualify for the wheelchair, you can get a general-use back, so that is beautiful. The bad news on most of the competitively bid chairs is who is going to qualify for general-use and not positioning [backs]. That’s where the funding issues happen.

“The nice thing about the general-use category is it’s not diagnosis specific. So if you have somebody who does need increased stability or who has needs for a better-than-upholstery solution, but they don’t have a diagnosis that qualifies, that’s where the general-use back code fits in. That general-use category of offerings is very broad, from the very simple to those that are very similar to versions of positioning backs.”

McCausland adds, “Sadly, the other codes for the positioning backs have some fairly tight verbiage with regards to the requirements to fit into...
Creating Your 2014 Retail Realm

Devising a retail strategy is not a new idea, of course — DME dealers have been putting canes, lift chairs and scooters into storefront windows nearly since the advent of storefront windows.

So what has changed?

Who you’re selling to. While the retail mobility end user may be the same — often, a senior with strength, stamina or aging-related issues — the person doing the buying or at least the initial browsing may be different.

“We’ve seen that the caregiver from a retail standpoint is very much involved in the decision-making process, helping whoever the individual is who needed the product, helping with the selection,” says Cy Corgan, director, Pride Mobility Products corporate sales. “They’re taking Mom or Dad down to the provider to sit in all the chairs, to drive the scooters, to drive the power chairs. And a lot of times, if there are a couple of sons or daughters, they could be the ones from a cash standpoint also paying for the product for the person who’s going to use it.

“More and more providers are taking that into consideration, that the caregiver is the one they’re actually marketing to.”

How he/she shops. A generation ago, consumers and family members looking for DME thumbed through the Yellow Pages delivered to their doorsteps. But not now.

“That mid-40s mom, she’s not likely to drive up and down your street and walk into your store,” says Mike Serhan, executive partner, Drive Medical Design & Mfg. “She’s going to get on the Internet and educate herself on what’s out there.”

That can be good news for the provider who’s ready not just to turn a quick sale, but to be a resource.

“People aren’t familiar with medical products like power wheelchairs,” Serhan explains. “They know they exist; they really don’t know what they’re for or what the best one is. An event has just happened: Someone has fallen or something has triggered this person to look for medical equipment.”

How should the savvy retail supplier respond? "Whatever you can do to educate them as quickly as possible about what is the right equipment for the needs that they’re looking for,” Serhan says.

How they find providers to work with — and how providers are finding them. A generation ago, the line between consumer and DME supplier was much more direct.

“Back then,” says Corgan, “[the consumer] would’ve been given a lift by a discharge planner, case manager, or clinician who said, ‘Here are three or four companies in the area that carry lift chairs and scooters,’ and that’s where they would go.

“Now providers are reaching out, making sure they’re advertising, educating, running commercials to create the awareness for the products so that it’s not just the typical demographic who sees them.

In other words, many of the more effective Web sites don’t just push products for sale. Instead, they also include ‘editorial’ articles that don’t necessarily tie to products directly, but seek to teach consumers.

Some possibilities: Real-life case studies of consumers the provider has worked with; how to make rooms in the house more accessible on a budget; photos of the provider’s staff volunteering at a health fair. Serhan says consumers who find such a Web site could think, “I’m looking at this provider’s Web site, and I see all the great things that they’ve been doing, I see the education that they have out there for different diagnoses, some of their success stories, and it makes me feel like I’m going to get taken care of the way I need to based on whatever my condition is and whatever my functional limitations may be! It is a huge advantage for a lot of providers, to ensure that they are really marketing to their clients, not trying to sell to them as much as trying to put them at ease, letting them know, ‘This is the company you want to be working with.’”

The role of the retail store and displays. In the past, retail displays attracted passersby and enticed them to browse. Today, much of that browsing occurs virtually, as consumers and family members streamlining the process by going online before starting up the car.

Serhan says knowing your neighborhood’s demographics is key to determining whether or not to create a traditional retail display space: “A huge showroom in the right spot can be very helpful,” he notes. “A huge showroom in the wrong spot is just going to put you out of business.

One advantage of providing consumers a retail display space: It can help them to visualize how the equipment will fit into their homes.

“You want to look like you have a suite of products in your home, that you haven’t cobbled something together, that it looks like you did it on purpose,” Serhan says of consumers. “Because no one wants their house to look like a hospital room. They want their house to look like they wanted these items, not that they needed it.”

For more on the retail market for power wheelchairs and scooters, see Mobility Management’s October 2013 cover story, “Should You Be Selling Consumer Mobility?”
2014 CRT Funding

Separate Benefit Category: Making Progress

So many CRT funding challenges, from competitive bidding to capped-rental changes, segue naturally into the larger conversation of a separate benefit category for CRT. It’s an effort that has been building for years, and 2013 marked the first time the industry has had separate benefit category bills active in both the U.S. House and the U.S. Senate.

“We’re happy with the progress we’re making,” says NCART Executive Director Don Clayback. (At press time, H.R. 942 had 77 co-sponsors, and S. 948 had five.)

“As more people sign on,” Clayback adds, “particularly as we start working with the staff on the key committees within Congress — the Ways & Means committee on the House side and the Finance committee on the Senate side — we’ll be explaining in more detail what we’re trying to accomplish, what the problems are, and why we think this is the solution. And then we’ll look to educate them and get their input, and see if there’s modifications that they may need. Then we’ll have discussions around that.”

Another item to anticipate: A score from the Congressional Budget Office (CBO) to estimate the cost of establishing the separate benefit.

“Once the bill moves farther down the road and starts getting more attention, that’s when we’ll get in the to-do line of the CBO, and scoring would be part of the process before it would get ultimately attached to something and pass,” Clayback explains.

As far as next steps, Clayback says, “We’ll be competing as always to make sure our issue doesn’t get lost in the fray. It’s a small bill, and I don’t think a controversial bill, so we can work towards getting attached to a larger piece of legislation. That’s the good news. The bad news is we are a small bill, so to make sure we get enough awareness and get some of our champions in Congress to make this a priority really is really part of the strategy.

Those working on the bills are watching for upcoming possibilities to attach to other bills.

“You’ve got the physician fee schedule reduction that’s scheduled. Certainly Congress is going to pass something to either delay that for a year or potentially eliminate it,” Clayback says. “So that’s a Medicare issue that’s going to be addressed, and that might be an opportunity for us to get attached. And then the more controversial thing you’ve got is health-care reform. That’s a very partisan issue, you’ve got a lot of discussion going on around that.”

The separate benefit category bills’ supporters point out that they have bipartisan support, and that the industry commissioned its own independent study to estimate the cost of the bills.

“The bottom line with the scoring,” Clayback says, “is that we understand the cost of any bill is important, and we would love it if we could have a CBO score today. Knowing how Congress works and that a CBO score is down the road, we went out and spent a significant amount to have a D.C. firm give an estimate using a CBO model. And that’s where we got our $56 million [estimated cost] from. So we can share with Congressional members: We’d love a CBO score, and if you can get it for us, great. If not, here’s what we’ve done to give some indication of what the cost would be. We think it’s a small population of consumers, it’s a small group of specialized equipment, and so they’ve come up with this $56 million. That doesn’t include any offsets, such as people getting the right equipment the first time, or the right evaluation so they don’t develop pressure sores and require hospitalization. We’d like you to sign on based on the merits of the legislation, and we understand the CBO score is certainly a threshold that we need to work through somewhere down the road. If the CBO comes up with some estimate that’s much higher than that, we’re going to have some work to do to help educate the CBO and see what modifications we need to make to be sure this is something that Congress can get behind and pass.”

CRT’s current funding issues — such as the newer proposed capped-rental rule — give stakeholders another opportunity to point to the separate benefit campaign as a chance for real reform, rather than continuing a “Band-Aid” response when CRT gets caught up in a CMS funding net.

“It’s another example of why we need a benefit,” Clayback says of the proposed capped-rental changes. “To their credit, if you go back to round 2 of competitive bidding, CMS was going to include complex rehab manual wheelchairs. They did include them in their first announcement of the billing codes. CRT stakeholders came together, we met with CMS and to their credit, they listened to us and pulled those out.

“I’m not naive, but we’ve got some precedent where we’ve brought these issues up, and we’ve been successful in getting CRT treated the way it needed to be treated. This, I think, will be another example. I also think it helps bolster our position with Congress on why we need this [separate benefit category]. People say, ‘Why do you need this?’ Here’s another example of where we’re getting included in these things, when really these products shouldn’t be, and it’s taking a significant amount of time to get this resolved. We have to involve Congress, and a lot of people get engaged, and it’s something that in our minds is fairly straightforward and obvious.”

It has and continues to be a long haul, but Clayback contends it’s also one capable of making real changes to the system.

“Legislation is a very lengthy and time-consuming process, but in the mean time, there have been some good things that have come as a result of this initiative. The removal of complex rehab manual chairs from round 2 was a direct result in my mind of our effort around CRT advocacy. We’re making inroads with some Medicaid programs, and we’ve got discussions going on with them: in some states it might be legislation, in other states it might be working with the Medicaid department to provide a better delineation between CRT and DME. So there are those little steps that we’re making towards improvement. The challenge is that as many steps as we make forward, new issues pop up that we need to battle. That’s just the reality of the healthcare arena.”

Those codes. If a product doesn’t fit into one of those unique buckets, the only other code that the government’s got right now is general-use.”

Instead of grouping very simple and much more complex backs into the same general-use category (and with the same reimbursement), would the industry — including end users — benefit from having more specific codes to delineate different functions and features of different backs?

“Absolutely,” McCausland says. “Look at the seating codes. You’ve got [cushion] codes that are general-use, skin [protection], positioning, combination skin-and-positioning, and then you’ve got adjustable and non-adjustable. If they did that same thing in the back category, you’d have 12 codes. That’s not a huge number, but you’d be able to address their unique features.”

The reality of the healthcare arena.”
**Product Revue**

**Titan Power Chair**

With its front-wheel-drive configuration, the new Titan can maneuver easily in tight spaces, and climb over obstacles, too. But it also is a good road-trip companion: It’s designed to disassemble without tools to fit into a car or van for transport. The Titan is available with a low-back or full-size captain’s seat in 18” or 20” widths and a 300-lb. weight capacity. Interchangeable blue and red color panels enable the Titan to better match its owner’s style.

*Drive Medical*

(877) 224-0946

[drivemedical.com](http://drivemedical.com)

**Health-Airs Cushion**

This new E2622 seat cushion features neoprene-encased latex air cells designed to create a low-shear, moisture-resistant, anti-fungal/anti-bacterial and breathable sitting environment for wheelchair users. The cells are available in 2” and 4” heights, and in a range of widths (16-20”) and depths (16” or 18”). Includes fitted cover, hand pump and repair kit.

*Healthwares Manufacturing Corp.*

(800) 492-7371

[healthwares.com](http://healthwares.com)

**Paralysis Resource Guide**

Here’s a (free!) new resource for your clients: The third edition of the Christopher & Dana Reeve Foundation’s Paralysis Resource Guide can be accessed via smartphone and tablets/e-readers. The reference starts with a Portraits section — biographies of people living well with paralysis. After that come descriptions of conditions that can cause paralysis, followed by a health management section that discusses such topics as conditions secondary to paralysis (autonomic dysreflexia, deep vein thrombosis, urinary tract infections). The guide also discusses difficult realities such as insurance options, and gives advice on everyday challenges such as travel, caregiving, active living and tools & technology. The Guide is also available as a pdf or as a hard copy.

*Christopher & Dana Reeve Foundation*

(800) 539-7309

[paralysis.org](http://paralysis.org)

**Innowalk**

Ottobock’s latest partnership — with Norway-based Made for Movement — brings Innowalk to North America. Innowalk offers the possibilities of dynamic standing, walking and movement to consumers, even those without independent standing ability. The motorized system can move legs in a gait similar to normal walking while allowing flexion and extension of hip, knee and ankle joints. Innowalk is available in two sizes to accommodate users from 40” to 55” (small size) or 50” to 70” (medium). Both sizes have weight capacities of 165 lbs.

*Ottobock*

(800) 328-4058

[ottobockus.com](http://ottobockus.com)

**Spinergy**

(866) 517-4501

[spinergy.com](http://spinergy.com)

We’ve been waiting for this one since taking it on a joyride last spring. Spinergy’s ZX-1 Power Add On gives high-performance manual wheelchair users the ability to push geographical boundaries without pushing their shoulders past their limits. The ZX-1 clamps onto the frame of a rigid manual chair — a super-quick process — and then provides joystick-controlled driving thanks to its self-contained power base. The Power Add On has a five-mile range with a top speed of 4 mph, and weighs just 87 lbs. Handling wise, it’s highly nimble and retains an ultralight’s maneuverability skills. When the consumer wants to go back to self-propelling, he/she just hits one button to release the ZX-1. Yup, it’s just that fast.

— *Laurie Watanabe*

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**Drive Medical**

(877) 224-0946

[drivemedical.com](http://drivemedical.com)
APK2
This battery-powered alternating cushion is designed to treat pressure sores by changing pressure points as often as 30 times per hour. It can also be customized to offload under an existing pressure sore so the client can continue to sit and be mobile during the healing process. Features include adjustable firmness and cycling action, customized internal alternating air bladders, waterproof foam exterior, antimicrobial cover and optional remote control and moisture-control fan.

Aquila Corp.
(866) 782-9658
aquilacorp.com

Balanced Aire
This adjustable air seat cushion (E2622) is made to provide the ultimate level of pressure redistribution to assist in preventing and treating pressure ulcers. It’s constructed of flexible, independent, interconnected air cells to immerse the client. An air pump is provided to enable adjustment of the cushion to the client’s comfort level. A low-shear, fluid-resistant stretch cover helps to maintain sensitive skin. The Balanced Aire is available in 4” and 2” height profiles.

Drive Medical
(877) 224-0946
drivemedical.com

Aerial
The E2624-coded Aerial was created for wheelchair users who need a lightweight cushion that promotes heat and moisture dissipation, while simultaneously providing skin protection and positioning. The cushion is made of breathable reticulated foam with a breathair insert, plus a Darlexx fabric cover with an easy-to-open, corner-to-corner zipper. The Aerial is available in widths from 15” to 20” and depths from 16” to 18”. It weighs 1.74 lbs. and has a weight capacity of 300 lbs.

Ottobock Healthcare
(800) 328-4058
ottobockus.com

Synergy Solution
For wheelchair users who need both positioning support and pressure management, the Synergy Solution consists of a high-density, high-resiliency polyurethane foam base with a twin-cell gel insert and a viscoelastic foam top layer. A moisture-wicking four-way stretch cover with an inner incontinence liner helps to reduce shear. This E2607/E2608 cushion is available in widths and depths starting at 10”, but custom sizes are also available.

Quantum Rehab
(866) 800-2002
quantumrehab.com

Forward
Ride Designs’ Forward cushion surrounds the wheelchair user’s pelvis with supportive contours while reducing pressure around at-risk bony prominences. This combination helps to improve postural control without compromising skin protection. The breathable spacer mesh outer cover — machine washable — helps to keep skin cool and dry. The inner cover is non-absorbent and can be sponge clean. The E2607 cushion is available in sizes from 12x12” to 20x20”.

Ride Designs
(866) 781-1633
ridedesigns.com

Contour Select
The Contour Select is aimed at clients with a range of needs, from increased stability to lower-extremity alignment. It’s also created for clients with a history of skin breakdown, current pressure ulcers, or flap surgery. The Contour Select, made of neoprene rubber, offers air cell heights of 2”, 3” and 4” all in the same cushion. And the cushion’s design positions the client’s pelvis back in the wheelchair, and centers the user comfortably in the middle of cushion. The cushion has an unlimited weight capacity when it’s properly sized to the client.

ROHO Inc.
(800) 851-3449
therohogroup.com
JAY Ion
A comfortable and convenient-to-use cushion for consumers who need moderate skin protection and positioning, the JAY Ion offers a soft, contoured foam base for stability and a layer of Visco memory foam to increase sitting tolerance. The Ion also features a stretchable inner cover with anti-wicking seam thread and Aqua-guard zipper for an easy-to-clean surface. The washable outer cover uses anti-microbial, silver-impregnated X-static fiber.

Sunrise Medical
(800) 333-4000
sunrisemedical.com

Stimulite Slimline
This lower-profile cushion is intended for consumers with lower risk of pressure sores, but who are still seeking pressure relief, reduced shearing and ventilation to control heat and moisture throughout the day. Compliant honeycomb cells contour to body shape to enable bony prominences to sink into the cushion while uniformly distributing weight across its surface. Air flows both vertically and horizontally through the perforated honeycomb cells. Cushion and cover are machine washable.

Supracor
(800) 787-7226
supracor.com

Meridian
The E2634/E2625-coded Meridian was created for clients with high risk of skin breakdown and who require a high level of symmetrical positioning, including prevention of posterior pelvic tilt. It’s an adjustable, self-inflating, dual-chambered, multi-stiffness foam-and-air cushion with dual valves. Choose from a tailored mesh or incontinence cover. Options include Wave contoured closed-cell bases for added postural positioning, and a closed-cell Wedge.

VARILITE
(800) 827-4548
varilite.com

Airpulse PK2™
Alternating pressure sore treatment cushion
Specifically designed to Treat Pressure Sores. It works by offloading pressure full time at the sore while alternating throughout and is capable of changing pressure points up to 30 times per hour.
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Permobil.com