

Person-Centered Mobility and Adaptive Equipment Provision



“Raise Hand”

1. Click “Raise Hand” in the Webinar Controls



2. We will be notified that you have raised your hand

3. Click “Lower Hand” to lower if needed



Note:

- Windows you can use **Alt+Y**
- Mac you can use **Option+Y**

Use the Chat Feature

You can also use the Chat Feature

1. Click on “More” at the bottom right of your controls
2. Then Click on “Chat”. A dialogue box will appear



Person-Centered Care is not a new term

What does it mean in relation to Mobility & Adaptive Equipment Provision?

- ▶ We ask, what are your goals, what is your lifestyle, where do you work; not what is wrong with you?
- ▶ The client &/or the caregiver are equal experts with the whole TEAM
- ▶ Their input matched to the TEAM's expertise becomes the basis of what is recommended.
- ▶ Improves client satisfaction and long term health outcomes
- ▶ FMA Outcomes Tracking helps us stay accountable

Objectives

- ▶ Intro to Action Seating & Mobility
- ▶ Group discussion on Challenges faced by individuals with significant disabilities when obtaining and maintaining complex and custom mobility and adaptive equipment
- ▶ Challenges for caregivers
- ▶ Case Studies

Your presenters:



Viola Perez, PT, ATP
Area Manager - Denver



Mike Harris, ATP, CRTS
President Action Seating & Mobility



Rusty Jones, ATP
Regional Sales Manager

Intro to Action Seating & Mobility

Action Seating & Mobility

- Complex Rehab Technology (CRT)
- Established in April of 2007

Our focus is custom and consumer mobility, rehab and assistive technologies

Coming to Denver! Our newset location

Opening Mid
July!!!



788 West 8th Avenue
Denver, Colorado 80204



Scope of Services

- ▶ Complex disabilities and medical conditions such as:
 - ▶ Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Traumatic Brain and Spinal Cord Injury, Amyotrophic Lateral Sclerosis, or Spina Bifida.
- ▶ CRT products enable these individuals to deal with their daily physical, functional and cognitive challenges and play a critical role in addressing the complex medical needs of these children and adults and in keeping them active and functional within their homes and communities.

Specializing in:

- ▶ complex rehab power wheelchairs
- ▶ highly configurable manual wheelchairs
- ▶ adaptive/custom seating and positioning systems
- ▶ complex bathing and hygiene
- ▶ gait trainers and standing technology.

The Challenges

Too often, individuals with significant disabilities are held back from pursuing their dreams by worn or ill-fitted technology that makes it impossible for them to live life to the fullest.

Poor service providers or financial obstacles can keep the best solutions out of reach.

We are here today to discuss how we KEEP THEM MOVING in the most appropriate, best fitting technology

Challenges - Group Discussion

What are some of the challenges you or your clients face when trying to obtain equipment for your clients?



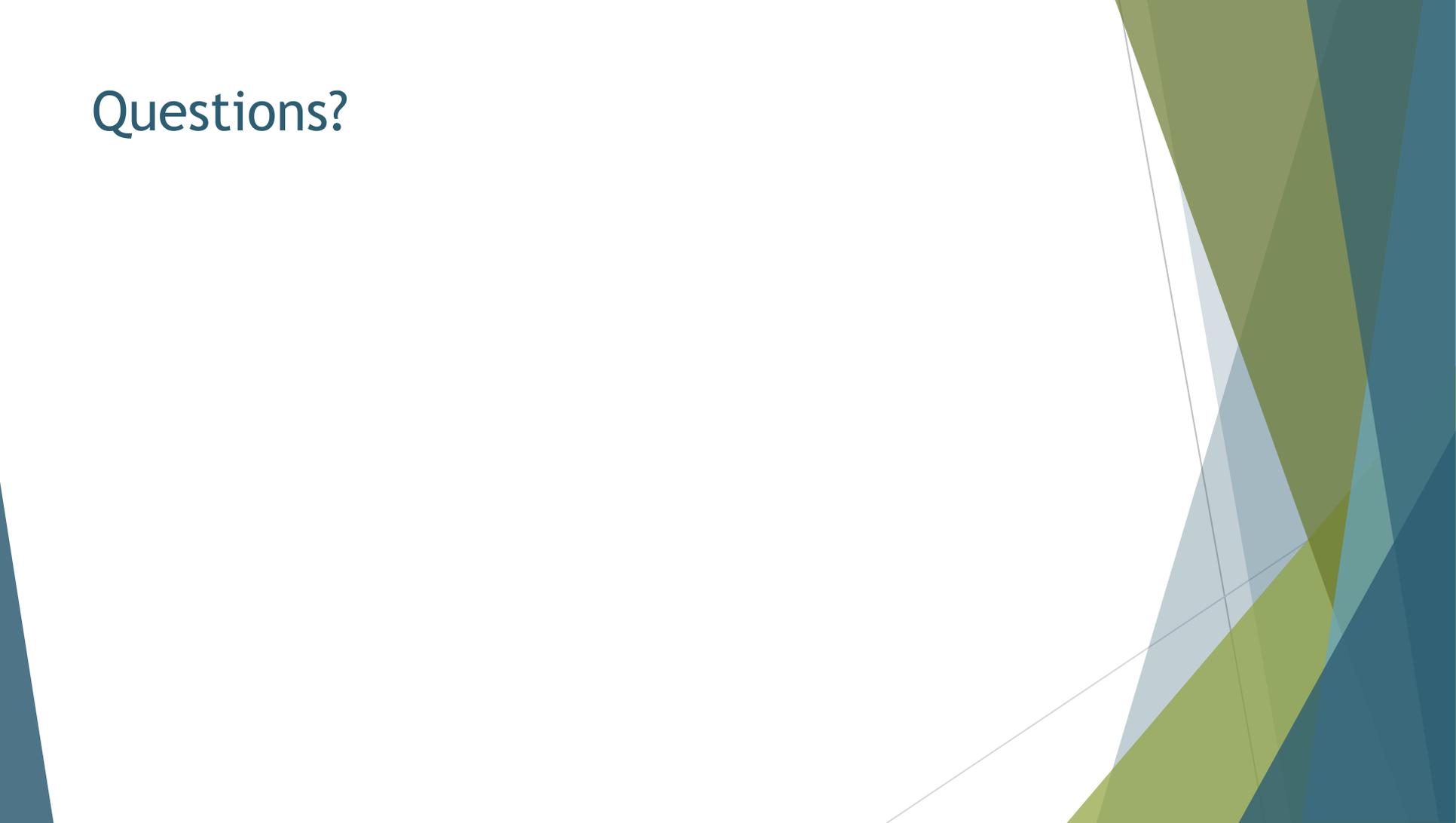
What we often hear from new clients

- ▶ Long Timelines to obtain new equipment or repairs
- ▶ Caregivers / Client left out of the conversation
- ▶ Ill-Fit Equipment: Appropriate evaluation, and recommendation of needed equipment not performed.
- ▶ Limited Options available
- ▶ Knowledge of documentation requirements
- ▶ Lack of communication - They do not hear from the provider when issues arise
- ▶ Lack of follow up

These challenges can lead to poor outcomes

- ▶ Decreased activity - inability to participate
- ▶ Increased risk of injury - Falls
- ▶ Increased risk of pressure injury
- ▶ Increased risk of further deformity due to improper positioning
- ▶ Can lead to depression & additional negative health outcomes

Questions?



Our Mission

Action Seating & Mobility offers our clients the freedom to move towards their goals by skillfully and compassionately providing and maintaining the most appropriate and best-fitting solutions available.



Case study #1

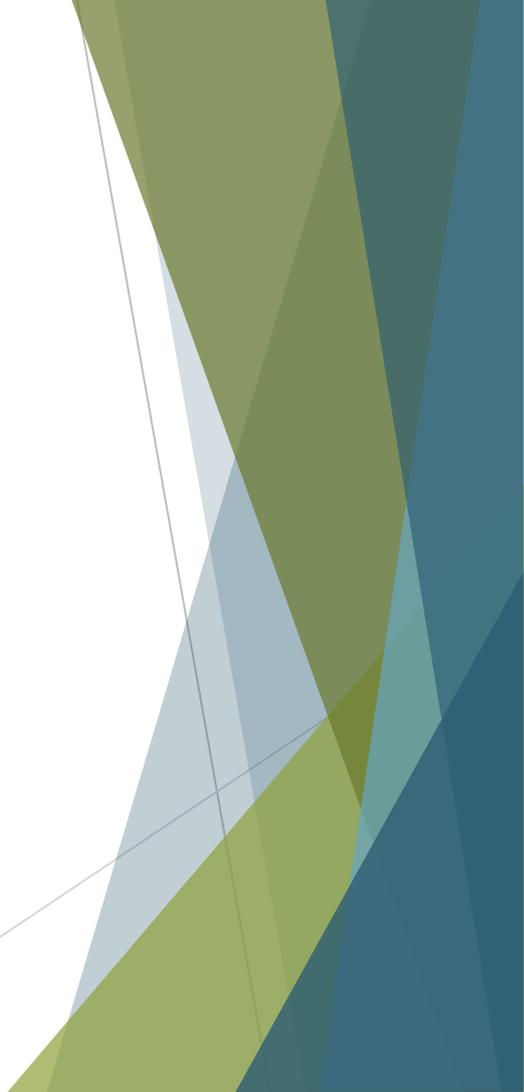
Harold E

Diagnosis- CP

History

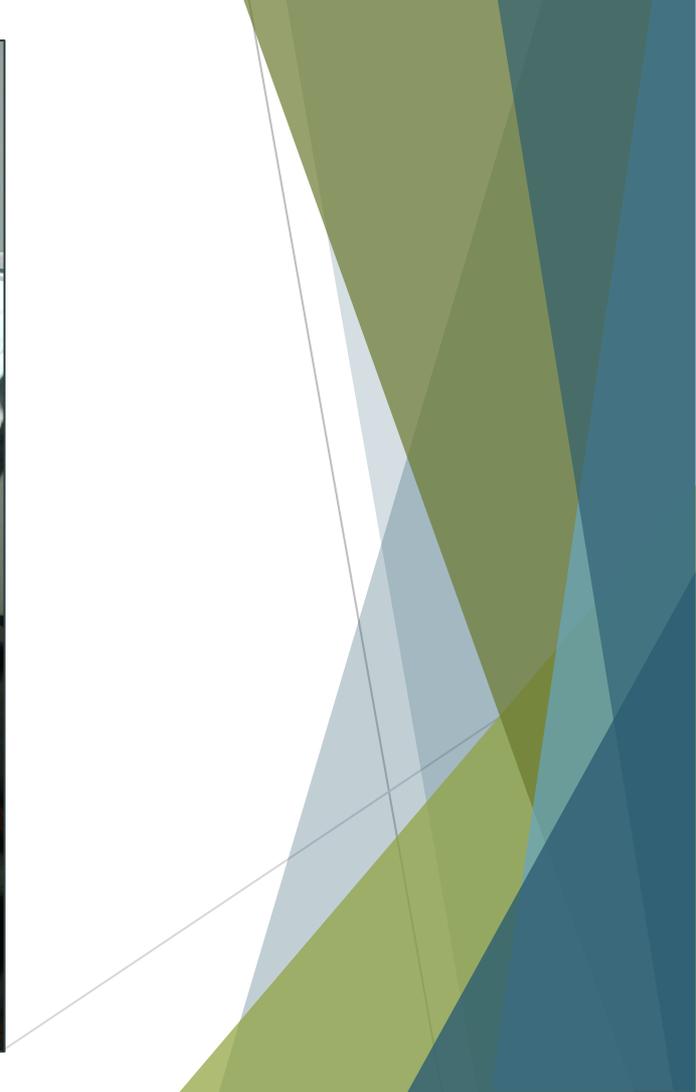
I met Harold when he was in his late teens, living in a state institution for intellectually and developmentally challenged individuals.

- Harold was non- verbal but was able to communicate through facial expressions and vocalizations.
- Harold's cognition was normal, had a great spirit and personality.
- Harold began his life presenting with right hemiplegia.
- However, with little to no therapy intervention/equipment and spending most of his young life in a crib in a state institution gravity started to take over his body.
- I worked with Harold over 20+ years from living in the institution to moving into the community as a result of a federal lawsuit to move individuals with IDD into the community.











RIDE®







Questions about Harold?



Case study #2

Denise B

Diagnosis- Spina bifida

History

- Met Denise at the state institution in her late teens in an E&J sling seat and back MWC
- Great personality and wanting independence
- Lived in the state institution for 16 years







After Hisom



Basinger speaks for those who can't

Denise Basinger, a 25-year-old resident of The Hissom Memorial Center, is the resident advocate on The DHS Planning Committee for the Homeward Bound to oversee the placement of Hissom's residents into community settings. "I love it," Denise says. "It's about time they asked somebody who knows what they're talking about. Because there are a few out there who don't."

The committee met in Oklahoma City three days a month for three consecutive months. Denise was chosen because she is very articulate and an outspoken advocate. She has been a resident of Hissom since she was 9 because she has Spina bifida, one of the more severe congenital neurological disorders involving defective closure of the spine.

Denise is on the advocacy subcommittee, whose job is to see that residents have transportation and everything else they will need once they are placed. Since Denise uses a wheelchair, she is in a position to understand.

In September, Denise hopes to be able to move out on her own with her best friend, Debbie Hilton. Debbie is a year older than Denise and the two have been best friends since they came to Hissom. Debbie has cerebral palsy and has difficulty with her speech, but she and Denise have a special way of communicating.



Denise takes a break from her committee meeting.



Denise works with Chase Gordon (left) and Paul Rowe (standing) on the advocacy subcommittee to see that Hissom residents have everything they need when entering the community.

"Debbie has a communication board and some people don't understand what she is saying," said Denise. "Sometimes she'll point on the board and sometimes she'll just communicate with her hands. Sometimes I can figure out what she's saying—sometimes it's hard." Other times they can just look at each other and know what the other one wants, said Denise.

Denise says she was "kind of worried" when she first heard about the closing of Hissom. "I was worried about the kids in the infirmary and those like Debbie. But I know Debbie will be okay—she'll be with me. I'll take care of her and she will take care of me. We take care of each other." Denise says she feels good about the decisions and the progress being made by the committee.

When she and Debbie move out, Denise would like to find a job working with small children or babies. She loves kids and worked in the multihandicapped unit at Hissom for a while. "I really miss that. I would just talk to them, play with them and just touch them." Denise was there to provide the human touch that the children needed.

A Special Olympian, Denise enjoys the

wheelchair race and the slalom, but her favorite event is the shot put. Denise was the only representative from Hissom who went to the 1988 Special Olympics International Competition at the University of Notre Dame in Indiana. She plans to continue competing in the Olympics after she is on her own.

Denise has special plans for her future and a vision of how to achieve her goals. The prospect of being on her own does not scare her. "I'd like to be on my own. I can take care of myself. I just need somebody every now and then," said Denise. When reflecting on Hissom she says, "It's a good place, but I'm ready to go."

—Sheree Burroughs

(Refer to DHS Planning Committee story on page 3)

MIKE, from page 1

will. For I have lived through one nightmare. I can't go through two. I know more about life than most would ever see. Because I have been on both sides of the fence.

The only way to get over a handicap is to push yourself to the limit. I know it is harder to do but if you have a dream you will try harder to get to your goal. I have a dream to be a pro-bowler. The only way to reach a goal is to do the best you can, it's all you can do. I know dreams and goals are hard to come by. But if they were easy, everyone would be rich. Dreams are how we make it day by day. We with a reading problem have dreams of our own. For we see the world through different eyes. The U.S.A. is fighting the war of drugs. We are fighting the world of words and we are winning the war of words. I know I am winning because my heart is beating faster every day. I want to know the feeling you get when you can read a book without putting it down.

SNATCHING TIME

If you redirect 20 minutes each day, you will have 10 hours of new time each month or 120 hours each year.

—TIPS from COMMUNICATION BRIEFINGS

GOODWILL

Meeting The Challenges Of Tomorrow's Workplace Today.



Supplement to the Tulsa World, Sunday, July 23, 1995

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Questions about Denise?



Assemble the TEAM

Person Centered Evaluation Process requires a
TEAM Approach

The evaluation TEAM can consist of:

- ▶ Client/Patient
- ▶ Caregiver/s
- ▶ Therapist/s
- ▶ ATP
- ▶ Day program staff
- ▶ Doctor

Our TEAM



Some of our Manufacturers



Efficiency - Specialty Evaluation Software

- ▶ Evaluation Completed
- ▶ Combines therapist & ATP data, and specific equipment chosen
- ▶ Builds LMN based on evaluation
- ▶ Decreases time spent on documentation after evaluation
- ▶ No need to fax or email completed LMN
- ▶ Allows us to track every aspect of the order
- ▶ Integrated Outcomes Tracking with FMA

Functional Mobility Assessment - FMA

An assessment tool created at the University of Pittsburgh and implemented by U.S. Rehab.

Allows us to compare patient outcomes with new equipment & stand by our mission by verifying that we provided the most appropriate best fit equipment to your clients.



Functional Mobility Assessment - FMA

Follow up system for the life of their wheelchair

The client will receive a call at 21, 90, 180, and 365 days and once a year after equipment provision to follow them through the life of the chair we provide.

Goal is to obtain positive outcomes. The FMA is used to gauge consumer's ability to function using rehab equipment on self-reported assessments. The FMA tool measures a patient's satisfaction and ability to perform Mobility-Related Activities of Daily Living by comparing their new equipment to their old equipment.

Action Seating tracks patient health and outcomes that can be used for a variety of applications.

- ▶ Type of equipment is appropriate for a give diagnosis.
- ▶ Validate the importance of the TEAM approach and the importance of ATP's and Therapist evaluated mobility needs together.
- ▶ Evidence that quality equipment provided by certified medical professionals directly improves patient outcomes.

Allow us to show you

We can set up regular interval service, fit & function checks for your clients

- ▶ 6mo or 1yr intervals, you choose
- ▶ Preferably multiple clients in your facility, or we can schedule a specific day for your clients at our new office
- ▶ You will get a feel for how we process orders

Allow us to do a new equipment evaluation with your client/s

- ▶ We can work with your therapist/s, or coordinate an evaluation with a local therapist or seating clinic,

Come Visit Us In Denver!

Grand Opening
Mid July!!!



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Denver, Colorado 80204





We Keep You Moving!

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