

Equipment and Mobility with Special Guest Leslie Todd – Part I

Guests: Leslie Todd – Assistive Technology Professional, NuMotion | Kjirsti Myles – Physical Therapist & Purple Team Lead, Pediatric Developmental Therapy

NuMotion is a nationwide mobility equipment company. NuMotion came to be through a number of acquisitions of smaller mobility equipment companies as well as the merger of the nation's two largest mobility equipment companies. The creation of a large nationwide company was key for giving previously acquired regional equipment companies the ability to have increased buying power as well as increased lobbying representation in Washington.

Leslie has been working as an ATP for over 13 years. He has been working with Pediatric Developmental Therapy for 10+ years. The collaboration and teamwork that NuMotion brings to the table is extremely valuable to getting the best equipment for our families as well as getting it in a timely manner.

Collaboration is key to a healthy ATP / therapist relationship, and the number one ingredient to having a successful outcome for the patient and their family. The ATP counts on the therapist's knowledge of the patient and relationship with the family to get an understanding of the patient's goals and family's needs. The therapist depends on the ATP's knowledge of equipment options to best fit the need / goal. The entire effort is collaborative and, when done correctly, allows for both professionals to learn from each other and the patient to receive the best care and equipment possible.

The entire equipment process is a problem solving task between the ATP and therapist. There is no perfect answer, but each professional brings their expertise to the table to get the best solution for the patient and their family.

Trust between the ATP and the therapist is crucial to the process. Open lanes of communication should exist between the two professionals in order to allow one another to challenge each other's reasoning, in a professional manner, with questions like "Why..." and "How come..." These questions allow both parties to learn more from each other's professional expertise as well as give assurance to the patient and family that the suggested equipment is the best solution for their goals & needs.

The number one thing that the ATP needs to support the therapist is a solid understanding of what the therapist is trying to achieve to include short term goals and long term goals. This allows the ATP to tailor their evaluation to what equipment could possibly work towards achieving those goals and meet the financial / funding requirements of the patient and their family.

Therapists need to be comfortable asking questions to the ATP as well as answering numerous questions that the ATP will have regarding the patient and their goals. ATP's have to focus their effort on making sure they find the best piece of equipment for the patient's extended goals because funding for new equipment purchases is usually limited to once every 2 – 5 years. It is imperative, therefore, that equipment should be able to grow with the patient.

Therapists should prepare to get the most out of the evaluation time with the ATP. First, the therapist should be in communication with family and patient about a "game plan" for the patients continued development and where equipment could play into this plan. *A parent / guardian should never walk into an evaluation with an equipment vendor not knowing what is going to be presented and discussed.* Second, the therapist should already be in communication with ATP about the patient's goals and needs *as well as* the family's receptiveness to certain types of equipment.

One of the real challenges for the pediatric population in regards to equipment, especially patients under 3 years of age, is not the family's understanding of the need for a supportive / assistive device, but their emotional acceptance of that need. It is very hard for families to make that first step.

One of the common misconceptions for equipment, especially in early intervention, is the piece of equipment is going to be what "fixes" the patient / child. It is imperative that patients and families understand that the equipment is not a fix per say, but at tool at their disposal to manage their day to day activities as they continue to work towards other goals.

Trust between the therapist and the family is also key to the process so the family and patient can have confidence the therapist's suggestion to do an evaluation with the ATP. Likewise, the dynamic of relationship between the therapist and ATP in the evaluation is key to getting all parties on board. A two-year to five-year decision by a family on 1 piece of equipment requires them to trust the therapist and ATP. If there is not trust displayed between the two professionals, then it probably won't be shown by the family either. The family and patient should be able to walk away from the equipment evaluation feeling confident that they are with the best people that are going to get the best solution for their particular situation.

Early in Leslie's career he primarily focused on pediatrics, but as his pediatric patients have grown he now treats adults and children. The biggest challenge, in Leslie's experience, in working with a pediatric population versus the adult population is managing the family. This is due to the trust factor and emotions that are more involved with pediatric patients. Another

challenge is the fact that pediatric population is continually growing so equipment choices have to be made not only for long term goals, but long term physical growth of the child. Another consideration that is more present for the pediatric community is all of the environments that equipment will need to be used in to include school, home, community, different family vehicles, and more.

The ability of the ATP to bring demos of equipment can be really beneficial to the family in order to allow them to see the benefits of the equipment for the patient. Demos are also especially important for families where the parent / guardian may also have a disability, and it's important for them to see if they have the ability to transport and assist the child with that equipment.

The job of the ATP and the therapist in the choice of equipment is to help the family make the right choice. The choice is the family's. It is important, then, to allow families and patients to have as much hands on experience with equipment demos as possible.

There can be differences in patient's / family's receptiveness to equipment. Families of patients under 3 years of age as well as patients / families that need equipment due to traumatic injury or accidents tend to not be as receptive. Patients that have grown up with congenital disorders from early on are generally more accepting of the equipment because they recognize the equipment as their tool for continued development and mobility.

Growth is probably the biggest obstacle with equipment for the pediatric population. Equipment has to be adapted for sudden growth spurts as well as weight gain. Equipment can't be built too big allowing the patient to grow into it because it will be uncomfortable, cumbersome, and the patient will not want to use it. This is especially challenging because most pediatric equipment is custom built.

The decrease in available funding for families is also a challenge for pediatric patients because families have less options on getting multiple pieces of equipment. An example of this is wheelchairs. At one time families could get a motorized and manual base for the chair. Now families have to make the decision between motorized and manual, and the decision lasts for 5 years. Also, changing direction later down the road (i.e. – switching from motorized to manual) can throw up red flags for insurances.

The collaborative job of the ATP and therapist is to find the most clinically appropriate piece of equipment that is cost efficient.

The working relationship between the ATP and therapist happens with conversations that begin long before the appointment. Many times the ATP will allow demos to stay in the clinic or therapy site for a few weeks so different things can be trialed with the patient and family. As the therapist trials different types of equipment they should be in contact with the ATP to let them know what progress or limitations they are experiencing with the demo equipment, and get the ATP's insight on other equipment or specific modifications that could be a best fit for the child. Therefore, the decision process for a piece of equipment for the pediatric population is an ongoing relationship with lots of communication between both professionals.

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