

Technology drives complex rehab

by: [John Andrews](#) - Friday, January 27, 2017

There are many technological options available for complex rehab patients—if only they knew it.

Indeed, many patients are unaware of the high-end connectivity and electronic control options that can be added to their mobility equipment and it is up to providers to inform them of it, rehab manufacturers say.

“Many customers don’t know that some of these solutions are available—they are not always discussed,” said Dave Jones, national sales manager for Cape Coral, Fla.-based Merits’ Avid Rehab Division. “(Yet) they have become increasingly common. This type of technology is something that we knew we needed to implement from the beginning.”

Mike Babinec, manager of clinical education for Elyria, Ohio-based Invacare, says the growth in consumer technology is “anticipated to continue expanding.”

Several manufacturers offer wheelchair mounts for cell phones and tablets, along with blue tooth and other wireless protocols to allow a wheelchair driver to operate computers and cell phones through the joystick or an alternative driver control, Babinec said. Moreover, he said, several wheelchair manufacturers and aftermarket companies offer a USB charger port for wheelchair drivers to keep their cell phone charged.

“It was about 10 years ago that color LED screens began to appear on some manufacturers’ joysticks,” he said. “As soon as one became available, the other manufacturers began to hear from wheelchair drivers requesting the same. Today, all major wheelchair manufacturers in the U.S. offer these and some are already on their second generation.”

Working with partner Curtiss-Wright, Avid Rehab offers various electronic technologies, from its VR-2 joystick with a simplified actuator input to high-end R-Net capabilities, Jones said. Moving forward, with client, ATP, technician and clinician input, Avid Rehab’s goal is “to continue to develop this technology to enhance the customer experience and improve provider’s operational efficiencies,” he said.

In addition to the current availability to interface with most consumer electronic devices, applications for remote technical evaluation and medical compliance are two concepts the company is developing to help advance technology as the market matures, Jones said.

To illustrate how electronic options have expanded, Cody Verrett, president of Carson, Calif.-based ROVI Mobility, pointed to a USB charging port as standard equipment in the company’s ROVI X3 model.

“That kind of thinking was non-existent five years ago,” he said. “It’s our goal to appeal to the power mobility consumer and mimic or connect to the consumer electronics industry whenever possible.”

The challenge for power mobility manufacturers is volume, he said, using mobile device manufacturing as an analogy. For instance, where the iPhone 7 sold 75 million units in its first quarter, the most cutting-edge joystick might sell just 10,000 units during that same period.

“That type of disparity in volume makes it incredibly challenging for power wheelchair manufacturers and drive control companies to offer the same high-tech, consumer oriented features found in mainstream devices and remain viable from a funding perspective,” he said.

Funding constraints

Jim Stephenson, rehab reimbursement manager for Invacare, says even though advancements have forged ahead in complex rehab, technology funding has been somewhat stifled and constrained.

“Most funding sources are looking for ways to pay less for technology, not more,” he said. “Although there are some technology advancements that could help reduce costs long term, funding sources tend to look for instant gratification without much concern for future savings. With that said, the cost of most technological advancements is either being passed on to the consumer or not being provided at all.”

While Gregory Sims, CEO of U.K.-based Matrix Seating USA in Gainesville, Fla., agrees that the U.S. has been slow to recognize the value of technological advancements, it is slowly changing, he said.

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“The wheel is turning,” he said. “Providers in many countries—especially Europe—are reimbursed for custom-shaped, connected and hinged laterals as a preventative and corrective measure for wheelchair occupants. And as corrective seating becomes more widely practiced in the U.S. and clinical studies prove its effectiveness, many people in the industry are hopeful that payers will recognize the benefits of corrective seating over surgery. As a result of advances in material science, utilizing wheelchair seating as an orthotic to prevent and even cure scoliosis will become a vastly more attractive methodology over spinal rod surgery, benefiting both the patient and the payer.”

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