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Now you can move through indoor spaces in an upright position with the TEK-RMD from Innovations Health. The TEK-RMD is a vertical mobility device that features a remote control that lets you summon it to your bed or chair, mount from the rear to quickly stand, and instantly move about in an upright position. With a tiny footprint and precise control, the TEK-RMD allows you to gracefully weave around people and objects, taking you places a regular wheelchair could never go.

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Recommended User Profile

Indications for Use – Present as paraplegic. Hand & arm strength required for self-mounting; joystick control for self-driving. Other conditions as prescribed by physician.

Height – 4’8” to 6’3”
Weight – 85 to 255 lbs

Technical Data

Max Speed 3 MPH
Battery Capacity DC 24V (2x12V) 22Ah
Turning Radius 23.6”
Weight (empty) 242.5 lbs
Charger 24V 5A
Range 3.7 Miles
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Cover/Contents Illustration by Doug Davis
The Numbers Game

We are on a collision course. Two opposing forces are gathering momentum like waves headed in opposite directions, and when they meet head on, chaos and confusion will prevail.

We are in an era of unprecedented medical innovation. More and more medical breakthroughs are coming into play or on the drawing board. At the cellular level, such as with stem cell implants and manipulation of brain and spinal cord resiliency (plasticity), we are seeing a growing body of successes in treating diseases and conditions that were previously considered untreatable. And at the product level, such as with exoskeletons or epidural stimulation devices — whether implanted or transcutaneous — the future holds more promise than ever before.

But an opposing force driven by a wave of economic uncertainty has been with us for a long time and is growing at an especially alarming rate. Individual states have had serious budget problems for years, but the federal funding impasse may now be even more critical. This negative wave affects New Mobility readers in at least two major ways.

First, newer processes and products, no matter how beneficial they may be, are harder to finance and bring to market. Second, coverage approval from Medicare, Medicaid and private insurers is getting tighter.

Is there an answer? I’m no economic expert, but I have to believe that tax reform that frees up more tax revenue from the wealthiest corporations and individuals will go a long way toward meeting our ongoing medical needs, as will larger insurance groups, but only if legislators make it happen. Crowdfunding, however limited, is a bright spot.

It’s always about the bottom line.

But it’s the health care delivery system that has me really worried.

Anyone with experience in dealing with private insurance companies knows that we are already caught up in an unacknowledged triage system. The medical insurance industry professes to be in the business of caring for people’s health, but we all know that in reality they are all about spending as little as possible, and doctors’ expertise can be undermined in the process. It’s always about the bottom line. This system works great for two groups of people — those who have the most money to spend on the best insurance coverage, or those who are fortunate to work for a large company that can afford to provide their workers with the best coverage. Everyone else has to do with less, and in some cases, that means untreated medical conditions, and even death.

The federal dollar crunch affects the Centers for Medicare and Medicaid Services in a different, yet similar way. Basic Medicare coverage (most affordable) keeps shrinking, while expanded Medicare Advantage plans (most costly) deliver the best care. State Medicaid programs can be stingier than Medicare. Once again, it’s about the bottom line more than our health needs.

What can we do? We must speak up for our health needs. We must join with allies. It’s all about numbers. To fight the negative effects of the bottom line model, we need more of everything — more people, more voices, more influence with legislators and the media.

— Tim Gilmer
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ADAPTIVE TOOLS & TECHNOLOGY

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*Available from Innovations Health, 800/659-4548; or
www.innovationshealth.com*

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*Available from Mac’s Lift Gate Inc., 800/795-6227; www.macslliftgate.com*
Bill comes home, parks his car in the garage, gropes for the keys to the door, wheels into a dark home and fumbles to find the light switch. Ted also parks in the garage, but before rolling out of his van, he unlocks the door with his smart phone, then wheels across the threshold and turns on the kitchen lights and the bathroom heater with the same device. In the morning before getting out of bed, he uses the phone to turn the coffee maker and gas fireplace on, so he can be warm while reading the paper and drinking his cup of joe.

Environmental control units can be your friends, making life simpler and easier. The ultimate convenience for many, ECUs can be a godsend and life-saver for people with disabilities, enhancing independence and widening their world. That increased independence can reduce the need for a paid attendant, cut down on demands of the family, and provide some much-needed privacy for all involved. That’s what one did for Michael Kelly.

After Kelly, of Spring Hill, Fla., was diagnosed with amyotrophic lateral sclerosis, the condition gradually began eating away at his independence. Now, autonoME, a custom ECU, is helping him get some of it back. The device is manufactured by Accessibility Services, Inc., of Homosassa, Fla.

“Communicating was becoming extremely difficult for him, and even simple tasks such as changing a channel or making a phone call got to be problematic,” says Kelly’s daughter, Erin Shutt. “We were having to go in to change channels, do the lights and stuff, and he felt bad about constantly asking us to do all this. Now he’s able to use the ECU to control his television, the lights, his bed, the phone and the computer. He even began using Facebook to communicate with family and friends. It’s definitely helped everybody. He even can activate an alarm to call me for help at night when he needs me, as his hands are too weak to activate the call button he was using.”

Though Kelly doesn’t yet rely solely on the speech generation feature, he has recorded a number of common phrases for use when that time comes. “That way,” says his daughter, “he’ll be able to continue to talk with his own voice — with the blink of an eye.”

The speech generation program is a feature of the software installed on the autonoME called The Grid. Kelly operates it by scanning letters of the alphabet and using a sip-and-puff switch to select letters or pre-programmed phrases to type out what he wishes to say. The computer then generates the message into speech. The system is similar to that employed by Stephen Hawking.

The autonoME unit comes as either an 11-inch or 18-inch tablet computer and uses Windows 8 and Z Wave home automation to operate most any device or appliance that is activated with an infrared signal. In addition to controlling a TV, lights, a bed, phone and computer, the system can also control doors,
thermostats, a Kindle, computer games, email and Skype.

When Kelly is up and on the go in his chair, he still has access to the unit, as it can be attached to his chair. Brice Green of ASI says the auto-noME can be operated either by voice command, sip and puff, eye gaze, head mouse or touch.

Kelly operates his 11-inch tablet primarily using either eye gaze or sip and puff. Outside the home, he can use the unit to surf the Web or for voice generation. Kelly often uses the unit in the back yard under the lanai for either the computer or speech generation.

A Vietnam War vet, Kelly had his unit, which cost about $10,000, funded through Veterans Affairs. ASI’s Green says that insurance funding is difficult and rare, though they have had success by going through various state programs, such as Florida’s Brain and Spinal Injury Program, Vocational Rehabilitation (if the computer is used for employment), and worker’s compensation programs. ASI offers a variety of ECU systems for home and hospitals and has installed systems in 10 VA hospitals across the country.

A WORLD OF CHOICES

Not all ECUs are as elaborate as Kelly’s. Most simply allow users to control one or more aspects of their environment that operate with electricity via remote control. ECUs can be simple or as sophisticated as a system that allows a person to control most everything in the home, from a home theater system to a phone to lights to automatic doors to computers to a variety of appliances, even adjustable beds.

When I visited Craig Hospital’s new Assistive Technology Lab, Erin Muston-Fisch, one of the lab’s AT specialists, gave a tour. Just as I’d been reading, pretty much anything that operates with electricity can be operated remotely. Who knew we could all be living the life of the Jetsons?

As with Kelly’s ECU, many systems can be operated multiple ways. Though most usually are activated either by voice, finger touch or mouth stick, they are increasingly operated with a smart phone or tablet. When a command is sent to an ECU unit, that unit — say a plug wall socket or a switch for a fan or light dimmer — then tells the appliance to do as ordered, such as turning itself on or off. Any appliance, whether it be a TV, radio, lights, VCR, DVD, motorized drapes, door locks and deadbolts, sensors and security cameras or a motorized hospital bed, can be operated remotely with an ECU.

Consumers now have myriad choices of ECUs, ranging from simple light controls to whole house systems. Those light controls can be as simple as a $20 Clapper — a sound activated socket — a big off/on button switch or key fob-activated on/off switch outlet. For $45 there’s the VOCCA voice-activated light bulb adapter (say “go VOCCA light” to activate), or a $12 Zap remote control plug-in outlet (or $30 for a five-pack with a remote). If remotes for the TV/DVD are too small, big button remotes are readily available, as are phones. Don’t want to get back in your chair to turn on the lights? Try a screw-in light control adapter or the $70 Phillips Hue light bulb with the ECU built in. Either can be controlled remotely with a smartphone or tablet.

If you’re in the market for a very responsive, never complaining wait-person, the Amazon Echo might fit the bill. The system is voice controlled — sort of like Siri — to do your bidding. The unit is a 3-inch by 9-inch circular tower, equipped with multi-directional microphones to hear you from anywhere in a room, even with music playing. If you wish to control the Echo while not in the room with it, there’s a remote available. The Echo seems eerily sci-fi. It connects lights and switches through plug-in modules marketed by four manufacturers — Wink, WeMo, SmartThings, or Philips Hue — and allows you to control whatever device is plugged into the module, whether it be lights, appliances like coffeemakers, fans or space heaters, etc.

Echo connects to Alexa, a cloud-based voice service, which not only controls different appliances but also provides information, answers questions, plays music, reads the news, checks sports scores or the weather from local radio stations, National Public Radio and ESPN, and reads you audio books. Alexa will let you access Pandora, iHeartRadio, Wikipedia or do web searches while delivering remarkably good room-filling sound. Think of Alexa as Samantha’s (from the movie Her) benevolent and always obedient little sister, eager to comply and control your environment for you without ever complaining. It begins working as soon as it hears you say “Alexa,” followed by your request. Echo can also be controlled with a smartphone or tablet.

CONTROL YOUR ENTIRE HOME WITH ONE DEVICE

If you’re looking for something more elaborate and powerful, try Insteon, a home automation system that allows you to control lights, thermostats, appliances and security systems. You can manage your entire home with a handheld remote, a wall keypad, a computer or a Web-enabled device like a tablet or smartphone via radio frequency and your home’s Wi-Fi network. Set-up involves connecting the Insteon HUB to your existing home router and then adding devices. Available control units include a wall dimmer, a thermostat with humidity sensor, wall outlets, or controls for ceiling fan or lights, all of which require some simple hard-wiring. Other modules include plug-in lamp dimmers, on/off modules to control standard appliances such as a fan, fluorescent light, coffee maker or home entertainment center, none of which require hard-wiring. You can connect and control thermostats, security cameras, motion detectors or moisture sensors to your system and monitor your home while you’re there or away. Units will even send you email or text alerts with sensors monitoring motion, door and window status, water leaks or smoke.

Setting up an Insteon network involves determining which lamp or appliance to control and then deciding how to control it, often with a phone or tablet. Directions are included with all modules.

Although an Insteon system is potentially more ro-
bust, capable of controlling a broader range than Echo, Amazon is continually adding more capabilities. Either one will also control your TV with a special hub adapter, managed with a phone or tablet tap screen. Apple products’ (phone or tablet) accessibility feature includes touch, sip-and-puff or voice-switch scanning. 

Sad to say that chances of Medicare funding for ECUs is slim to none. For help with funding, we’re left with following the advice of ASI’s Green to try to find funding through state agencies, Voc Rehab, worker’s comp or an independent funding source. 

Want to go whole hog and buy a complete home system? They’re available, many with voice control, some with switch scanning, allowing you to control your entire environment, even adjustable beds and fireplaces. Most whole-house units come with a tablet computer remote. While whole house systems like Kelly’s are available, they also carry a hefty price — $6,000 to $10,000 — require professional installation, and often come with a monthly service fee. But with Insteon, Echo and other options offering whole house control for much less money, you may not need to break the bank. 

Most of the systems outlined here operate via Wi-Fi, radio frequency, the home’s hard-wiring or some combination of the three. Many who go from room to room throughout the day prefer to mount their tablet or home system remote on their chair for easy access. 

You might decide on a single ECU like the Clapper or Vocca light, an elaborate and highly sophisticated whole-house system either out of necessity — as Michael Kelly did — or simply because you can. Controlling your environment is a simple touch or voice command away.

**RESOURCES**

- Amazon Echo, www.amazon.com/echo
- AutonoME, Accessibility Services, Inc., 800/933-8400; info@asi-autonome.com, asi-autonome.com.
- Clapper, chia.com/home-goods/the-clapper. This product is available via Amazon, Ace Hardware and many drug stores such as CVS or Rite Aid.
- Insteon, www.insteon.com. The starter kit is available at most places where electronics are bought.
- Philips Hue, www2.meethue.com/en-us. Available at Amazon, Best Buy, Staples, Walmart and similar outlets.
- VOCCA light, voccalight.com
- Wink, 844/WINKAPP; questions@wink.com, www.wink.com

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Over the years creative minds have developed numerous cool solutions to allow people with limited to no hand or arm function to control computers and other input-sensitive electronic devices, like video games and phones. From high-tech sip-and-puff controllers (“Accessible Gaming,” May 2014) to low-tech stick and mouth solutions, the market is as rife with options as it has ever been. But what if you could control your computer with nothing but your face — no sip-and-puff straws, no sticks, no paraphernalia — just your face? That’s the vision that programmer Markus Pröll has realized in the KinesicMouse, next-generation software that relies on facial recognition to allow users an unprecedented level of hands-free control over their computers.

Imagine raising your eyebrows to right click, puckering your lips to left click or slightly tilting your head to move the mouse. More complex key combos can also be assigned to the 50-plus unique signals KinesicMouse is able to detect, thanks to a new generation of 3D cameras.

“It’s all about signals. Everything that is detected from your face is called a signal, and I can use all the signals that are detected to control any mouse inputs, joystick inputs or keyboard shortcuts, and I can even write macros for games that combine multiple keys in one action,” says Pröll.

Pröll, who lives in Austria and doesn’t have a disability, has been developing KinesicMouse since 2012. Earlier this year his patience paid off when he won the $25,000 grand prize and a $10,000 prize for “Best Mobility Solution” in the AT&T Connect Ability Challenge, a three-month challenge to spur new tech solutions for people with disabilities.

“In the beginning I could not imagine that someone would want to buy this, but over time technology has improved and [KinesicMouse] has become really valuable for people who use it for gaming and work stuff,” he says.

Pröll has spent most of the last two years incorporating the feedback of over 60 testers and tuning the program’s recognition as the 3D camera technology has improved. He says trained users can get up to 14 additional inputs, allowing them to easily control complex programs, games and more.

In a live online demonstration I watched him do all sorts of basic computing with his head and face while holding a lively back-and-forth conversation with me. I was impressed the software could pick up minute movements he made to control things while differentiating from his speech. Users can customize the sensitivity and configuration depending on their abilities or needs. Pröll says the software can identify and function with as little as 1-3 degrees of head rotation, allowing people with severely limited mobility new freedom. As exciting as that is, Pröll says he is just scratching the surface of what is possible.

“What we see now is just about 15-20 percent of what would be possible,” he says.

“That’s the neat thing about this — any other solution is pretty much maxed out, but this one has some really big potential.”

Pröll is hoping to use the recognition he gained from winning the Connect Ability Challenge to keep growing and improving KinesicMouse. To this point he has built everything himself and spent most of his time on development, but coming to the States to receive the award opened his eyes to how much more he needs to do to help the product get to the people who would benefit from it. He wants to develop a subscription-based model to alleviate some of the product’s current cost ($393 plus the cost of a 3-D camera).

All you need to use the software is a 3-D camera, either the Microsoft Kinect camera or an Intel RealSense camera. Currently the software only works on Windows 8, 8.1 and 10.

For more information on KinesicMouse, visit kinesicmouse.xcessity.at.

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* Based on NHTSA safety recall data

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HEALTH & HYGIENE

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FINALLY, A HOME WHEELCHAIR SCALE

By Tim Gilmer

Brenda Baraniak, 59, a T7-8 para for 26 years, has been frustrated since her injury at the absence of wheelchair scales to track her weight. The best she could do is weigh at her annual physiatrist’s appointment. “So I was thrilled to find the Lilypad home scale on Facebook. I contacted them right away, became a tester during the development phase of the product and was able to purchase one on a special deal for $500.” How has it worked for her? “I have lost nearly 25 pounds since I started using it in May.”

Baraniak, like so many wheelchair users, has been unable to keep a close watch on her weight until now. “I weigh every day. The scale is very sensitive, so the weight will vary a little, but it is accurate over a period of time. It may vary by as much as 2 pounds from day to day depending on how you sit in your chair, but that’s because it is so sensitive to your every movement.”

The scale is lightweight, foldable, and portable. It uses a rubber mat for its base. The weighing mechanisms are plastic, battery-operated sensing pads, one for each wheel, that attach to the 32-by-36-inch mat with Velcro strips. Each of the four pads is approximately 8 by 6 inches, but the weighing surface is half of that — 3 by 4 inches, which requires careful positioning of wheels. To set the scale up, the user first rolls on to the mat and centers herself. Ideally, a second person marks the center point of each tire. Then the Velcro strips are applied at those locations on the mat, and finally the pads are attached to the Velcro. To place the sensing pads just right for your individual chair takes some fine tuning, but it is a relatively simple process.

The design of the unit is basic and uncomplicated, but getting a readout of your weight takes downloading a special free app that connects with Bluetooth. Most users simply use their smart phones to connect to the scale, wait to be told that the scale is ready, then roll on, click “weigh,” see the readout on their phones and roll off.

The key to losing weight is, of course, exercising and eating right. But a scale is essential to the process for two reasons — recording your weight and motivation. Not being able to weigh regularly is a hindrance to keeping your weight down. Also, weight charts are not made for people with bodies of different shapes and sizes due to atrophy or certain congenital characteristics. The Lilypad app allows the user to record the weight or weights of individual wheelchairs, so it automatically subtracts that weight from your total weight when you roll on the scale.

OTHER THAN HOME USE

The Lilypad can also be used in a medical setting, preferably in a small private practice. However, each time a different sized wheelchair is used, the sensing pads have to be adjusted to fit the particular wheelchair user’s chair. Also, the unit is not sturdy enough to weigh power wheelchairs. However, power chair users who can transfer to a manual or shower chair can weigh from a designated lightweight chair whenever they want. Baraniak has a friend with multiple sclerosis who transfers from her power chair into Baraniak’s TiLite manual chair to weigh on her Lilypad.

Dr. Edgar Miller, in his 80s, has been a practicing osteopathic physician for decades. His office manager, Babette Antognoni, told him about the Lilypad after her husband learned of it at Olin College, where he teaches. The founders of the Lilypad, Molly Farison and
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Amos Meeks, developed the product in an engineering class at Olin. Using the Lilypad, Antognoni weighs an elderly wheelchair user who has Parkinson’s and is overweight. She also plans on using it to weigh a friend of hers who is a wheelchair user.

Baraniak credits her success in losing weight to not only weighing daily, but also to three-per-week workouts while she watches Lisa Ericson’s Seated Aerobics video, twice weekly sessions on a Nu-Step exercise machine at her local wellness center, and eating right. “Lisa Ericson’s video is the best I’ve ever seen for seated aerobics,” says Baraniak.

Rick Hayden, 60, a T8 para for 39 years, participated in a 30-day home trial of the Lilypad. Some New Mobility readers may know Hayden as the president of United Spinal Association’s Southern California chapter. He also headed up Colours wheelchairs from 2009 to 2012. “I think the Lilypad is a very nice product,” he says. Hayden posted a review of the Lilypad on his chapter website (www.scchapter.org) for anyone who is interested.

Hayden likes to set up his wheelchairs with a tapered front end and a very short wheelbase, which positions his casters quite a bit inboard from his rear wheels. To access the Lilypad, he had to pop a wheelie to get over the first pair of sensor pads, since they are set up for the rear wheels at a different width. It was a minor inconvenience, but worth mentioning for those who use wheelchairs with very short wheelbases.

While Hayden likes the product, he decided not to buy one. “I figured, I’ve gone 39 years without a scale, so do I really need it?” Part of his decision had to do with the price. “Almost $700 [$638 is the actual retail price online] is a lot to pay,” he says, “especially if you can go to your rehab center and weigh if you want to, but I understand that not everyone has access to wheelchair scales, so the Lilypad would have more appeal to them.”

I also tried out a Lilypad as part of my preparation to write this article. I had an initial problem getting the pads just right so my chair was stable and would not roll off the pads. But once I got them positioned right, there was no problem staying on them and weighing. However, I did have two pads malfunction for some unknown reason. One started weighing light, and the other had difficulty connecting to the app. But when I called customer service, they were prompt in sending out new pads to remedy each situation quickly. Both Baraniak and Antognoni said the batteries that power the sensor pads on their scales died after a few months. Each sensor takes two, so a total of eight AA batteries must be replaced whenever they run out of juice. “I decided to replace them with rechargeable batteries,” says Baraniak. “I found their customer service to be really responsive. They are really nice people, and they try hard to please.”

For more information on the Lilypad scale, go to www.lilypad.com

The Lilypad can connect with any device equipped with Bluetooth 4.0 to give the user his or her weight.
Jen Lane, 53, of Port Charlotte, Fla., was injured eight years ago and has a C4-6 incomplete injury. She went to Jackson Memorial Rehab in Miami. She uses a wheelchair full-time, has partial use of fingers, good biceps but no triceps, so she fumbles with things from lack of good dexterity. “I can’t tell you how many times I’ve accidentally dumped my leg bag trying to empty it.”

At first she tried intermittent cathing, had problems with urine backing up, swelling and infections, so she changed to a Foley but had occasional infections with that, too. Her bladder regimen gradually evolved into a hybrid system of wearing a Foley for three consecutive days each week, followed by IC for four days. “Neither system by itself does the job, but the combination of the two works best for me.”

She started using the Melio self-emptying leg bag system with her Foley about a year and a half ago and has no complaints about it. In fact, she says it has made a big difference in her life. “I don’t have to worry about overflowing or leaks, and I don’t have to worry about dumping it on myself. The system makes it easy, no bag rupturing or backing up.” The bag signals when it is time to empty (two-thirds full).

While her Florida Medicaid won’t pay for it, she says, she received a free starter kit and subsequent replacements from Melio for trying out the system and giving feedback and suggestions. “They are nice people who are really concerned about making it the best product it can be.” At first she thought the system wouldn’t work for her because the pump module attached to the bag might weigh too much and make handling difficult. “But that didn’t happen at all,” she says. “When I started using it, I didn’t have any problems.”

She likes the freedom from worry and hassle that the system gives her when she is in a public restroom, or any restroom. “You don’t have to worry about hiking your leg on a toilet, you just free up the discharge tube, aim it at the toilet, press the button and empty.”

Bert Burns, 54, of Sewanee, Ga., is no stranger to New Mobility readers [“Becoming an Entrepreneur,” March 2013]. A C6-7 quad since the age of 20, Burns started up UroMed in 1996, and later, the nonprofit Life After Spinal Cord Injury. He sold UroMed just last year. Burns also was a gold medalist in the 1992 Paralympics.

Burns opted to have a suprapubic catheter system post-injury. A suprapubic drains an indwelling Foley catheter into a leg bag from a stoma near the belly button. Until he learned about the Melio self-emptying leg bag system, he did the best he could emptying his own leg bag, which strapped to his calf. But limited finger dexterity caused occasionally problems. “Sometimes I would spill pee on myself, usually on my foot. Or I would even lose my foot in the toilet trying to handle my leg bag, or I would dump pee on the floor.”

Then there was the problem of encountering a nondisabled person camped out in the accessible stall, forcing use of a urinal. Now with his Melio system he can pull a tube from his waistband, aim it, press a lever-button on his waistband controller and pump a stream of pee directly into the urinal or the toilet. The obvious advantages are greater privacy, less hassle, quick action and little danger of spillage.

SELF-EMPTYING ON A PLANE

Burns says there is another advantage. During his travels as an inspirational speaker for LASCI, he no longer has to limit his fluid consumption before boarding a plane. “I just put a magazine over my lap or lean to one side and push the controller lever and pee into an empty bottle. No one even notices. I usually bring an empty Gatorade bottle or some colored bottle with me.”

He had a little difficulty at first putting the system on by himself, but with just a few days practice, he got the time down to about two minutes. He says he thinks this system is great for quads in the C5-7 range, or others with less use of their arms and hands who can use an attendant to help.

Burns has done a commercial for Melio and sometimes speaks at rehab centers accompanied by a salesman for AssuraMed (a urological company that sells the Melio system), and he uses a Melio system himself most of the time. “If I wear shorts, I use a sports bag, but with long pants I use the Melio system,” he says.

Joe Digiorgio, 27, of Point Pleasant,
N.J., a C5 quad for three years, says the Melio system has improved his quality of life. At Kessler Rehab, he was outfitted with a Foley catheter and a leg bag strapped to his calf. He had difficulty bending over, emptying the bag and sitting upright again. When he went home he was dependent on family members to do it for him. “I didn’t want to be a big bother asking them to get down on one knee and empty it.” He had an attendant for one month, but no more. Not wanting to ask for help from complete strangers in public kept him from going out by himself. He lives with his family at home.

In August of 2014 he saw an ad for the Melio system in New Mobility and contacted the UK-based company. He purchased a system out of pocket in December 2014 and has been using it ever since. There is a one-time cost for the waistband controller ($109), which lasts for three to five years; two leg bags, two night bags and simple accessories cost him $70 a month. Since May of this year, he says his Medicare coverage has kicked in and he has not yet received any bills.

As for putting on the system and using it, “I am completely independent now,” he says. “It’s the only reason I leave the house by myself. I take Access Link (call-up bus service) and go wherever I want, but sometimes I don’t get the pick-up time I want.” His worries about having an autonomic dysreflexia incident have been put to rest. “Before, I would worry about not being able to empty my bag and my bladder getting backed up and triggering AD. Now the Melio system signals me when to empty, and I do it with the waistband controller. The other change is I’m not afraid to drink as much water as I want or need. Before I would sometimes get dehydrated from not drinking for fear of having problems.”

Digiorgio is currently going to community college and has plans to attend a university or college and earn an engineering degree. He has his driver’s license for hand controls and is looking forward to being able to purchase his own van with help from voc rehab. “Once I get my own vehicle,” he says, “I’m all set.”

For more info, contact www.meliolegbag.com

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The sport of standing curling first caught my eye at those 2010 Winter Olympics when the Norwegian men’s team wore curling pants that were so colorful, loud and over the top that they now have their own unofficial Facebook page (www.facebook.com/NOCTP). I was surfing through the channels on my television one night when I saw those pants. I stopped surfing long enough to hear the party in the stands and the announcers speaking in a language spiced with jargon that sounded almost as wild as the Norwegian pants looked. Rock? House? Hogline? Bonspiel?

The flash got my attention, but as I watched the sport I realized there was so much more to it than the party and the fun. Curling was a game of strategy and control. Come for the pants, stay for the strategy. That’s me in a nutshell.

It wasn’t until the winter of 2013 that I finally decided I wanted to take the plunge and try wheelchair curling. I was between back surgeries, feeling too much “I can’t” and looking for something new to explore.

First off, I turned to the Internet, where I found a world of curling articles, videos and pictures. After daydreaming briefly about frolicking in wild pants at the Paralympics in my international curling debut someday, I got down to the serious research.

I learned that one of the great things about adaptive curling is that it requires a lot less strength and physical ability than a lot of other adaptive sports. It’s a matter of pushing with a stick. It is also a sport that doesn’t require obtaining a lot of specialized equipment. Come as you are with your own wheelchair and
Club dues and fees are generally the biggest financial commitment for a recreational curler.

The sport of wheelchair curling was adapted from the sport of ambulatory curling in the 1990s. There are four people on each mixed-gender team, and all members take turns pushing the “rocks” (most wheelchair curlers routinely curl in standard curling leagues, so recreational rules may vary). The basic premise (this is my simplified version — it’s actually very strategic and requires a lot of teamwork) is that you sit in your chair and use a delivery stick to push a 44-pound rock 120 feet down a sheet of ice and try to get as close to the center of a 12-foot wide target (the house) as possible.

Most of the rules are basically the same for both standing and wheelchair curling, except wheelers don’t have the sweepers that standard curling does, and you use a delivery stick to push the rock instead of your hand. The goal in both types of curling is for your team to try to get your rocks closer to the center than your opponents’ rocks and to have a lot of fun knocking each other’s rocks out of the way and blocking the path of the opponent’s rocks. It’s kind of a cross between shuffleboard and lawn bowling. Just, you know, on ice.

Yes, I said “ice” and “wheelchair” together. Behold the wonder of curling!

After the Internet research I decided that I wanted to give it a try. The USA Curling webpage led me to a curling club about an hour north of me, so I contacted that club.

I need to take a timeout here to tell you that this was my first big lesson of adaptive sports, and people bent over backwards to help me get involved, which has held true for every adaptive sport opportunity I have experienced since then.

The curling club didn’t have a wheelchair group, but they’d had wheelchair users in the past, so they had a portable ramp to the ice. Not only that, but they knew a coach who lived a couple of hours south of us who had worked with people at my local club in the past, and they got in touch with him on my behalf. Then he got in touch with me and offered to spend an evening showing me how to wheelchair curl for free. And the curling facility let me and the coach spend a couple of hours on their ice for free.

It still amazes me how generous and patient people are when it comes to new participants in an adaptive sport. We are blessed to have some amazing partners out there.

So I took this amazing coach and amazing facility up on their respective offers and I went curling.

**CURLING 101**

Before heading out to try curling, you need to dress for curling. You’ll be sitting in a
chair on the ice for a long period of time. Unlike standing curlers, we wheelers do not generate much body heat while curling, so it gets cold. As much as I adored the whimsy of the Norwegian curling pants, I opted for long underwear and insulated ski pants, an insulated jacket, insulated boots, stocking hat and gloves. Even with all of that, I got a little chilly.

Prior to heading down the ramp onto the ice ("sheet"), I learned that curling ice is tended with reverence. The quality of the ice determines the quality of the experience. Unlike an ice rink, curling ice is actually textured ("pebbled"), which is how you get the rock to move across the ice and to spin in the direction you want ("curl"). You need to respect the integrity of the ice. Tires get cleaned off before getting on the ice. Then you roll your chair around a bit to cool the tires off on the out-of-play section of the ice, so that your warm tires don’t melt spots on the playing surface. It’s all about the pebbles (kind of like respecting the well-tended greens in golf).

Now I’m from Northern California and have lived in the Pacific Northwest for over 15 years, so ice is not my native surface. I was concerned that I wouldn’t get any traction on the ice and that someone would need to push me. And I hate being pushed in my wheelchair. So I was pleasantly surprised when I could move quite easily in my chair on the ice. I really wanted to get up some speed and spin some donuts, but that would not be respecting the ice. Too bad, that would have been a blast!

While the basic idea of curling is pretty easy, and it’s not difficult to move the rock down the ice, it is not easy to make the rock go where you want it. Not to mention you take turns with your opponents, so there are people knocking your rocks out of the way and placing their rocks in front of where you want your rocks to go. How rude!

I could go into a lot of details (and there are a lot of details), but here are the basics that I learned on the ice. The delivery stick slips over the handle of the rock, and a small, smooth rotation of the wrist determines whether the rock curls left or right. So the movement of the rock is determined by how hard you push, how much you spin, the condition of the ice and your ability to combine the three factors to make the rock go where you want. That’s a big part of the skill involved. The strategy comes when you match wits and skill with the opposing team.

It sounds simple but it’s hard to be good. Like most sports you can get as serious about it as you want to, but at its heart, curling is a social sport where the real goal for most participants is to hang out with friends, have fun and enjoy some good-natured competition.

If you want to try curling, contact your nearest curling club. There is some type of curling presence in 45 states in the United States and across Canada. Keep in mind that wheelchair curling is really still becoming established as a sport. If you are the facility’s first wheelchair curler, you may have to blaze the trail at the club.

Many clubs have open houses where the public can come in and try the sport for free. Talk to someone at the club before you go. Make sure they have the accommodations to get you down on the ice, someone to help with instruction, and delivery sticks for you to use. Make sure you clearly communicate your needs to them (manual wheelchair versus power, if you might have trouble gripping the delivery stick, etc.). Keep in mind that many of these facilities are older and may not have accessible restrooms and other facilities.

Now get out on the pebbles and rock that house!

RESOURCES
• Wheelchaircurling.com, www.wheelchaircurling.com
• USA Curling, www.teamusa.org/usa-curling
• World Curling Federation, www.worldcurling.org/about-wheelchair-curling
• Paralympic Wheelchair Curling, www.paralympic.org/wheelchair-curling
In my life I have gone through many changes having Duchenne muscular dystrophy, some good and some bad. One of the best changes is getting my new iLevel chair! I love to go to sporting events, and now when I’m at eye level, I feel a part of the crowd instead of the crowd looking down on me. Each day my life gets better and better! I think the measure of a person’s success is if you are happy with yourself and your life. I have always been happy with myself and my iLevel makes me happier with my life!

Bryson Foster
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The Track Chair Ripchair 3.0 has generated a lot of media buzz, ranging from the Discovery Channel to Fox Sports, and for good reason. It is a serious adaptive off-road vehicle for wheelchair users with options that can do a wide variety of work tasks.

The Ripchair 3.0 is manufactured by Howe and Howe Technologies, a company that specializes in extreme vehicles for use in military, police and firefighting work. Geoff Howe, CEO, explains that the Ripchair 3.0 was designed for wheelchair users with a focus on three goals — ease of transfer, ability to go anywhere and ruggedness.

The company eliminated the transfer issue altogether — the user stays in their own wheelchair, manual or power, and backs it into the Ripchair’s unique ramp design, which lifts and locks in place, providing 10 inches of ground clearance. Next, an overhead bar pulls down and locks the chair in place, becoming the front bumper. A four-stroke gasoline engine delivers 29 horsepower to the Ripchair’s 11-inch wide, aggressive rubber tracks that provide superior traction and a zero turn radius. The engine runs approximately eight hours on a five-gallon tank of gas.

A click through the videos on the company website shows that when it comes to adaptive off-road ability, the Ripchair 3.0 is in a league all its own. It has a top speed of 17 mph (set to a max of 10 mph at the factory), can handle marsh, sand, snow and mud; and it can go up, down and across slopes as steep as 60 percent (for safety and liability reasons the owner’s manual recommends avoiding slopes steeper than 20 percent).

In addition to facilitating outdoor exploration, the machine is a workhorse equipped with front and back trailer hitches that can tow up to 1,000 pounds. Many customers use it to tow lawn and field mowers; others attach a snowplow.
blade. Howe says the Ripchair can also run an excavator and frontend loader. He says he has a customer in Nebraska who uses a Ripchair to work his farm and two customers in California who use them to tend their vineyards.

One of the vineyard customers is Mark McCue, 58, in his 25th year as a C6-8 quadriplegic. “I use the Ripchair to tend the zinfandel grapes on my small vineyard as well as tow a mower on my hilly property in San Miguel” near Paso Robles, Calif., he says. “Before the Ripchair I used an ATV, which was really difficult to transfer onto and didn’t enable me to get up to the vines like I can in the Ripchair.”

The serious vehicle also comes with a serious price. The paraplegic version retails for $35,500 and the quadriplegic version, with a computer-controlled joystick, is $39,500. Howe explains that each Ripchair is 100 percent hand-crafted and takes six to eight weeks to build. He says the price is at a nonprofit “break even point” for the company. “These are high-quality machines engineered to be easily repairable by a local small engine repair shop or an automobile shop using off-the-shelf parts available anywhere in the United States,” he says.

Mike McLaughlin, 64, who has multiple sclerosis, got his Ripchair in July. “I’m an outdoor person,” he says, “and it is better than anything I can imagine.”

Up until five years ago McLaughlin rode horses on his ten-acre property — half pasture and half woods — about a mile from the Platte River near Omaha, Neb. But his MS progressed to the point where he could no longer ride horses, so he started using a power chair. “Then I saw the Ripchair on the Internet and had to have one,” he says. “I can just drive into the Ripchair and go outdoors and explore my property, or visit my neighbors.”

Howe says that 20 customers have received a Ripchair since the first one was delivered last year. He adds that Ripchairs are completely customizable to meet specific needs or requests. “Our goal is to make kick-ass machines for adventurous people who want to get into the outdoors.”

RESOURCES
• Rip Drive 3.0, trackchairextreme.com
• Howe and Howe Technologies, howeandhowe.com

The Ripchair “is better than anything” Mike McLaughlin can imagine for navigating his Nebraska property.
PATIENT LIFT SYSTEM
Equipment includes a full range of floor model and ceiling mounted lifts that are available in a variety of configurations (multiple function and air tube or electric models, for example) and slings to meet the individual’s needs. Additional equipment include privacy curtains for an institutional setting.

Available from Barrier Free Lifts, Inc., 800/582-8732; or www.barrierfreelifts.com

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Available from EasyStand, 800/342-8968; or www.easystand.com

MONSTER BAG
As big as they come! Diestco MFG’s Monster Bag straps behind your scooter or wheelchair providing the largest storage for shopping, laundry, groceries, etc. Made in the USA from high quality, water resistant polyester. Also, check out all our other great products, including armrest bags, seatback bags, tiller bags and more!

Available from Diestco Manufacturing Corp., 800/795-2392 or https://www.diestco.com
Until recently, wheelers with limited arm movement and/or limited endurance had to choose between a manual chair and power chair. This changed when Spinergy introduced the ZX-1, a unique power drive unit that turns a manual chair (rigid or folding) into a joystick-controlled power chair — in seconds.

Attaching the ZX-1 is simple. Just back your manual chair between the unit’s tubular armrests and press the “chair mount button” on the joystick. This engages a clamshell-like tube that robotically clamps around the chair’s camber tube (for folding chairs, the clamp goes around a ZX-1 add-on swing-away/quick-release camber tube) and lifts the rear wheels slightly off the ground. Voilà! — you now have a power chair that can cruise pavement, grass, gravel and slopes up to six degrees. Top speed is set at 3.5 mph, but can be reprogrammed to 5 mph after you become comfortable with operating the chair. The range is 5 miles with standard batteries and 9 miles with optional lithium batteries.

The ZX-1 weighs 82 pounds with standard batteries and 75 pounds with Lithium batteries. Quick release armrests make it easy for strong friends to load the compact unit into the trunk of a car or for airline employees to load onto a plane. However, for air-travel, Spinergy also offers a rugged, waterproof, TSA-approved ZX-1 travel case that can be made mobile with click-on casters.

Six years ago Daniela Schirmer, now 29, was faced with the power chair/manual chair dilemma when she sustained a C5-6 incomplete spinal cord injury. Her rehab facility suggested a power chair, but she went with a manual chair because she couldn’t afford a van and also wanted to be able to ride in friend’s cars. “I could get around the house in my manual chair, but didn’t have the endurance to push any kind of distance, so I got power assist wheels,” she says. “Then I moved to San Luis Obispo, Calif., to attend graduate school at Cal Polytechnic University. Going from class to class on the hilly campus while trying to hold onto a lap full of books wasn’t cutting it with power-assist wheels, especially on downhill sections.” Schirmer had seen a ZX-1 prototype at Project Walk a year and a half before they went on sale to the public. “When I saw it, I had to have one, so I kept in contact with Spinergy and bought one as soon as they were available” [in 2013]. Although Schirmer paid cash for her ZX-1 using a fundraising site called HelpHopeLive.org, the ZX-1 is covered under Medicare with the proper medical documentation.

“I love it because it gives me mobility and joystick operation,” says Schirmer. “I can use it when I want, or use my manual chair when I want. If I am going to go in a friend’s car, I can leave it behind, or have a friend put it into the trunk or back seat. It made college much easier, and I’ve now purchased a van so I take it with me all the time.” As an unexpected bonus, Schirmer’s enthusiasm for the ZX-1 landed her a job at Spinergy as a social media and marketing specialist.

Manufacturer’s suggested retail price is $9,995 and minimum advertised price is $7,995.

RESOURCES

Daniela Schirmer, a C5-6 quad, found the Spinergy ZX-1 to be so useful she went to work for Spinergy.
**FREEDOM CHAIR**
The Freedom Chair is a mobility aid chair that can get people out and about. It allows access to trails, parks and beaches, plus can enable people with mobility impairments to go up and down stairs. It folds compact, is very rugged and can provide freedom to those in need.

*Available from Crosswind Concepts, 707/523-7535; www.crosswindconcepts.com*

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**SHOCK ABSORBER/SOFTROLL CASTER**
Frog Legs shock absorbers protect the rider from the pounding effects of rolling that cause muscle spasms, fatigue and pain. Frog Legs’ EPIC Soft Roll wheels provide high-floatation, energy efficient rolling and feature an exclusive Frog Shields that fit over the wheel bearings to protect them from damage due to debris, water, hair and anything else nasty.

*Available from Frog Legs, Inc., 641/682-0220; or www.froglegsinc.com*

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**IBEX TRAN SEAT700H**
The IBEX Tran-Seat 700H has the ability to both descend and ascend stairways safely and easily. The IBEX Tran-Seat 700H is the perfect in-home solution to assist people with mobility impairments in getting up and down stairs. Specially designed “tracks” allow for the chair to ascend stairs without the need for the operators to lift.

*Available from EVAC+CHAIR North America, 516/502-4240 or www.evac-chair.com*

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**TEK VERTICAL MOBILITY DEVICE**
The TEK is an entirely new class of indoor mobility device, with a brilliant design that provides rear entry from a bed or wheelchair to lift you in a standing position. Once standing, the TEK’s small footprint and smooth operation lets you access places no power or manual wheelchair can go.

*Available from Innovations Health, 800/659-4548; or www.innovationshealth.com*
On August 4, 2015, Max Mobility started shipping their highly anticipated MX2, the next generation of its SmartDrive power assist for manual wheelchairs. New Mobility columnist Mark Smith was so impressed with the SmartDrive MX1 that he devoted his entire December 2014 Innovations column to it (see resources). In mid-August I received an MX2 for an extended demo. I found the MX2 does even more with less than the MX1.

For those unfamiliar with the SmartDrive, it is a motor and drive-wheel unit that quick connects onto a hitch mounted on the center of the camber tube on a manual wheelchair. Mark Richter, president of Max Mobility, says the company has adaptations that will fit virtually any variation of rigid or folding chair.

At first glance, the MX2 looks like the MX1, but closer inspection reveals the 8-pound battery, which slid under the seat on the MX1 and required plugging in a pigtail power cord into the drive unit, has been eliminated. This reduces the time it takes to put the unit on or off the chair from about a minute for the MX1, to 5 seconds for the MX2! Total weight of the MX2 is 12.5 pounds.

Another new MX2 innovation is a motion-sensing Bluetooth LE [low energy] sports wristband that communicates drive commands with the power unit. The wristband has a push-button on/off switch and provides feedback about mode and acceleration via a small red/green light and silent buzzes akin to an incoming cell phone call on mute setting. The wristband senses when you push on the rim and holds that push speed — from 0.5 mph to 5.5 mph — like a cruise control, and has a 12-mile range. To disengage the motor, you simply tap the push rim with the wristband hand. Optional “Thumb Throttle” buttons, which fit on the frame, enable starting from a stop by pushing a button. A continuous push will accelerate it up to 1.5 mph, about the speed of a slow walk, a useful feature for starting on ramps or hills.

Richter says a primary goal of the SmartDrive is to prevent overuse damage in shoulders. The idea is for wheelers to get SmartDrive at the first signs of shoulder pain, before damage occurs, and allow shoulders to rest, heal and stay healthy for the long haul. To that end, the MX2 is approved by Medicare and the VA with medical necessity documentation. Some examples of medical necessity include pain in shoulders or wrists, becoming easily fatigued by pushing, or having difficulty pushing over carpet, up ramps or hills.

This brings up the importance of seeing a physician if you develop shoulder or wrist issues, to help identify and heal the problem, and for documentation. Anecdotally, I am 55, a T10 complete para, 30 years post-injury. Over the years I’ve had several bouts of lingering shoulder pain. Each time I went to my primary care doc, who did a check-up and gave me a referral to a sports therapy clinic, which helped a great deal. However, as a manual chair user, resting my shoulders to help them heal wasn’t an option.

My MX2 test drive actually started when I first used the MX1, three years ago, at a time when both shoulders had become extremely painful due to overexertion from trying to get back in shape too fast. The MX1 enabled me to rest and heal my shoulders despite a busy work-travel schedule. Without the MX1, I was likely heading for permanent damage.

My first impression of using the MX2 is that the Bluetooth wristband makes controlling the drive unit super easy — although it did take a day or two of wheeling before the wristband signals became instinctive rather than having to rely on “recall.” I also found the MX2 interprets long, smooth push strokes when reading acceleration better than short jerky strokes, a reminder that when I am in a hurry, my push strokes become less efficient. Like the MX1, I don’t notice the MX2 is on my chair when it is in the “off” mode.

Out of curiosity I removed the SmartDrive and counted my push strokes while wheeling the three-quarter mile route from my home to my PO. Box — exactly 425 push strokes. The next day, the same route with the MX2 took 12 strokes, including stopping and starting at a stoplight and opening the door at the post office.

TEST DRIVE: SMARTDRIVE MX2 POWER ASSIST
BY BOB VOGEL

The updated SmartDrive MX2 features a Bluetooth controlled wristband that senses when you push and holds the push speed.
MOBILITY & SEATING

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I also timed how long it took me to unhook the MX2 and load it into my car, then unload and hook the MX2 to the back of my chair — 20 seconds each way. I can see it will also be a huge bonus for airline travel, with one trick to figure out — how to get the power unit to fit in the overhead.

SECOND OPINION

Joe Bohl, 62, in his 28th year as a T4 incomplete para, started having painful twinges in his shoulders 11 years ago that slowly got worse. “Over the last two years my shoulders have become so bad, especially my left one, that I was considering shoulder replacement surgery. So I switched to a ramp van, but my shoulder throbs even from minor pushing, especially climbing the ramp into my home. It was severely affecting my ability to get out of the house and enjoy life,” he says.

In February 2015, Bohl got an MX1 for an extended demo. “It changed my life. It enables me to take Lloyd, my lab/mastiff service dog who needs lots of exercise, on daily 4-mile round trips to the dog park,” he says. “It enabled me to enjoy the summer and cancel shoulder surgery, at least for the foreseeable future.”

Bohl was ready to order an MX1 when he heard about the MX2. “After demoing the MX2 for three days last weekend, I’m sold,” he says. “I’m impressed with the way the Bluetooth wristband works. Being able to tap the push rim to disengage the motor is super easy, convenient and safe, especially in tight spaces like wheeling up the ramp into my van.”

Bohl also appreciates the thumb accelerators. “They saved my shoulder a couple times when I stopped in the middle of my ramp,” he says. “Having to start uphill by push rim would have been excruciating. A simple push on the thumb accelerator made it easy.”

Following the demo, Bohl sent a message to his doc to start the paperwork to order a MX2 through Medicare.

Manufacturer’s suggested retail price remains the same as the MX1: $6,450; minimum advertised price: $5,805

RESOURCES

• New Mobility Innovations: “Smart Drive — Taking the Push Out of Pushing,” www.newmobility.com/2014/12/smart-drive/
• SmartDrive by Max Mobility, 800/637-2980; www.max-mobility.com

Joe Bohl was ready to order an MX2 as soon as he tried it out. “I’m sold,” he said.
FREEDOM TRAX

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Available from WHILL, 844/699-4455; or http://whill.us
FUNDING FOR WHEELCHAIR EQUIPMENT IN SERIOUS JEOPARDY

BY BOB VOGEL

What is CMS thinking? How can making wheelchairs more expensive and harder to obtain be good for anyone?

On Jan. 1, 2016 it will become much more difficult, and in some cases impossible, to get Medicare to pay for seating and positioning equipment including wheelchair cushions, wheelchair backs, controllers and other items deemed “accessories” that wheelchair users need. This is because of the Centers for Medicare and Medicaid Services Final Rule 1614-F, which is scheduled to take effect in January 2016. It will reduce how much they will pay for complex rehab technology (CRT). Anything beyond a standard (hospital or “drugstore style”) wheelchair is considered CRT.

These cuts will make it much more difficult, and in many cases impossible, to get funding for the proper seating and positioning equipment that users of complex manual and/or complex power wheelchairs need to stay healthy. To make matters worse, private insurance companies and Medicaid programs generally follow Medicare payment guidelines.

It is vital to stop these reimbursement cuts and it is up to each of us to do so. Go to wh.gov/iQ51K to sign a White House petition to stop Medicare from making these cuts. For the petition to actually go to the White House it needed 100,000 signatures by October 23, 2015. At press time it had a ways to go, so it is still imperative that people contact their representatives and let them know how devastating the proposed action would be.

United Spinal is working with a range of stakeholders in the disability community to fight this change, including the National Multiple Sclerosis Society, Christopher and Dana Reeve Foundation, Paralyzed Veterans of America, the ALS Association, Muscular Dystrophy Association as well as the National Coalition for Assistive and Rehab Technology and the American Association for Homecare. To find out how you can help more, visit access2crt.org/protectmyindependence or unitedspinal.org/action-center.
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Motor vehicles have two basic functions: first, to transport passengers or goods from point A to point B; second, and perhaps most important, to provide that transportation safely. In order to accomplish this, vehicle manufacturers have developed a variety of features meant to enhance passenger or driver safety. These include such items as lap belts, shoulder harnesses, headrests and air bags that deploy from all sides to cushion us in the event of a collision or crash.

All of those safety features are designed specifically for passengers and drivers who are seated in vehicle seats. In order to assure their safety, the National Highway Traffic Safety Administration maintains a database of the results of required side and frontal crash testing of vehicles. The tests are conducted by the Insurance Institute for Highway Safety to determine the extent of damages to vehicles and passengers in event of a collision or crash.

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There are several means of anchoring wheelchairs firmly in place during travel. These include docking systems, like those available from EZ Lock and Q’Straint. Their locking devices can withstand an impact from any direction, holding a wheelchair in place as long as the matching tie-down bolt welded to the bottom of the chair is secure. Those devices work great for people who drive by themselves, or who ride in the same location in a private vehicle, as they lock automatically when the wheelchair is positioned properly.

Companies that do conversions on lift-equipped pickups and SUVs use the docking stations in a variety of ways. All-Terrain Conversions, Mobility SVM and Ryno Mobility have models that come equipped with a docking station on the lift itself, in order to hold the wheelchair in place and even secure it in the position where it will ride in the moving vehicle. Because of the way these lift systems are designed, the driver or passenger using a wheelchair may be able to take advantage of the same safety belt and shoulder harness as would be used by an individual who is sitting in the vehicle’s seats.

Eddie Riveira, owner of Absolute Mobility Center in Woodinville, Wash., has completed several conversions that included docking devices for drivers or passengers who use manual wheelchairs. Since many power wheelchairs are already equipped with headrests, when it comes to manual chairs, he recommends the addition of a power retractable head-rest that will deploy from the vehicle to prevent whiplash injuries in the event of a collision from the rear. J.R. Harding, a quad from Tallahassee, Florida, uses one of these retracting headrests even though he is a power chair user. The headrest has built-in switches to operate turn signals and other features when he moves his head, which keeps both hands free for driving his van.

For passengers who have someone to tie down their wheelchairs, several companies make straps that provide similar security. There is a potential weak link when it comes to sitting in a mobility device during vehicle travel, however: the wheelchair itself.

THE MISSING SAFETY LINK
Dolores Carron, Newington, Conn., wants more people to become aware of what she has discovered about the safety of using a wheelchair as a vehicle seat. She uses a power chair due to primary lateral sclerosis. Because of some trouble she has experienced, she learned that, unlike for wheelchairs, neither IIHS or NHTSA does testing or maintains data about the safety of those who ride in wheelchairs while traveling.

The problem she is dealing with arose because her Medicare-designated vendor for the region had advised her that she was going to receive a replacement wheel-
Carron’s concerns on this subject were initiated by a warning that accompanied her new wheelchair, advising that it should not be used as a seat in a motor vehicle: “WARNING!! This wheelchair seating system in combination with the wheelchair base has NOT been crash tested and may NOT be used as a vehicle seat! Your (brand name here) Power Positioning System (in combination with the OEM wheelchair power base) has not been tested to the requirements of ISO 7176-19:2001 or ANSI/RESNA WC-19 and may not under any circumstances be used as a vehicle seat or to transport the user in a vehicle. Using a wheelchair that does not fulfill these criteria as a vehicle seat can lead to the most severe injuries and even death in the event of a traffic accident.”

Carron was understandably concerned. “Until I received this wheelchair with the warning label, I had no idea that there was testing available,” she says, “or that I might be at risk anytime I used it in a motor vehicle.” Since this was a mobility device she intended to use every day, there was no way that she would be able to leave it at home whenever she traveled in her van.

Her appeal to Medicare for their help in correcting this problem resulted in no action. The vendor did eventually offer to reimburse her for the amount he received for the wheelchair, but advised that he would not sell her another one to replace it even though the seating system had been switched without the customer’s knowledge. That series of frustrations led her to seek out the organization that was mentioned in the warning regarding her wheelchair. She learned that standards do exist for testing of wheelchairs in simulated crashes, similar to the impact studies being performed on motor vehicles.

## Wheelchair Safety Testing

Unfortunately, unlike the NHTSA requirement for vehicle testing, there is no requirement for wheelchair manufacturers to submit their products for crash testing. Instead, the Rehabilitation Engineering and Assistive Technology Society of North America has established a set of voluntary safety standards, known as WC18, WC19 and WC20. These standards set design and performance requirements for wheelchairs that are occupied by users traveling in motor vehicles, as well as for tiedown and restraint systems and seating systems.

Wheelchairs that meet the WC19 standard are equipped with four specific attachment points for the use of a strap-type tie-down system. The wheelchair must also have a pelvic safety belt that is capable of being connected to a vehicle-anchored shoulder belt. That results in a secure connection between the vehicle and the passenger, as well as the mobility device. They are tested with crash test dummies strapped into the seat.

The University of Michigan’s Transportation Research Institute was the designated rehabilitation engineering research center on wheelchair transportation safety for 10 years, and is now funded by

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All-Terrain Conversions features a docking station on the lift itself to allow users to securely drive pickups like this one.
by other sources. That institute has the task of performance testing wheelchairs and securement systems. Miriam Manary is the senior engineering research associate at UMTRI, where she has worked since 1988. While she has seen many improvements during that time, she feels that the “head in the sand” approach to the issue of passengers seated in wheelchairs needs to end. “Wheelchair users are going to use their mobility devices for all aspects of their lives,” she says, “and travel in a motor vehicle is an important part of that. They need to travel for shopping, visiting friends and relatives, attending school, commuting to work or for medical appointments. Assuming that they will not do that travel is unrealistic.”

Convincing funding agencies and insurers to provide consumers with mobility devices that are sturdy enough for everyday tasks, including travel outside the home, certainly seems like a great place to start. Manary says she is only aware of one agency that has required the purchase of equipment that meets the WC19 standard in the awarding of a bulk purchasing contract. “Veterans Affairs tried that several years ago,” she says, “but as far as I know, they only tried that one time.”

As someone who has been involved in the field of testing wheelchairs and securement devices for many years, Manary feels there are other steps that can be taken to assure that wheelchairs are safe. “Prescribers, clinicians and consumers should expect that a wheelchair will be used as a seat in a vehicle,” she states, “and [they] should let manufac-

RESOURCES
- Absolute Mobility Center, 800/376-8267; www.absolutemobilitycenter.com
- All-Terrain Conversions, 855/324-3085; atconversions.com
- Electronic Mobility Controls, 207/512-8009; www.emc-digi.com/explore.cfm/powerheadrests
- EZ Lock, 888/952-5625; www.ezlock.net
- Lists of crash-tested products, 734/936-1108; wc-transportation-safety.umtri.umich.edu/crash-tested-product-lists
- Mobility SVM, 877/658-1512; www.mobilitysvm.com
- Ryno Mobility, 800/799-4806; www.RynoMobility.com
- University of Michigan Transportation Research Institute, 734/936-1108; wc-transportation-safety.umtri.umich.edu

Only because of the warning that she received with the chair. It is also unusable because the Medicare-designated vendor equipped it with leg rests that are too long to clear the ground, so it cannot move.
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I attended the No Barriers Summit in Park City, Utah, in July, to discover what it’s all about. I’m a big risk taker, which ends up not being the best idea all the time, but I had full faith that this would be a weekend to remember.

For those unfamiliar with the annual four-day conference, the mission of No Barriers Summit is to “unleash the potential of the human spirit” through transformative experiences and inspiration. The conference brings together scientists, inventors, academics and people of all backgrounds and abilities to create a truly diverse network of attendees. Events range from adaptive sports workshops like rock climbing to a concert by the Grammy-award-winning Blind Boys of Alabama. This mix of activities fostered joy among conference attendees while allowing us to stretch both our bodies and our minds.

Each year, the Summit and No Barriers University, which takes place every evening, brings in an impressive roster of speakers. One of the closing speakers, and perhaps my favorite of the entire Summit, was Cara Elizabeth Yar Khan. Born in India and raised in Canada, Yar Khan, 43, wowed me with her personal and professional achievements in the face of a rare progressive muscle-wasting genetic disease known as hereditary inclusion body myopathy. There are less than 1,000 known cases in the world. In her speech, Yar Khan mentioned always having big dreams and plans for her life. When she was diagnosed at the age of 30, the doctor told her to basically go back home and just ride out her remaining time. Yar Khan did the exact opposite of what the doctor said and moved abroad. She has traveled around the world, and in her past role as a child protection specialist with UNICEF, she used the challenges of her disease as a source of inspiration to fuel her work of helping people all around the globe.

The Summit was not just about inspiring people and achieving personal growth, but also dealt with helping people around the world. One of the conference’s core tenets is that our world should not be defined by limits. Whether it is technology pushing the limits of biology and physics or raw human spirit pushing past the limits thrust upon us by others…
or ourselves, No Barriers schools you in living life to the fullest.

**A WIDE VARIETY TO CHOOSE FROM**
There were 850 attendees, a film festival, community yoga, a slew of scientific presentations and about 50 adaptive workshops, including art clinics on topics from writing to painting to music. I chose to go the more adventurous route and opted for the sports clinics. With everything from water sports to sled hockey to challenge courses, it was hard to decide which clinics I actually wanted to attend. I ultimately ended up choosing the outdoor rock climbing clinic, adaptive skateboarding and fishing. Unfortunately my skateboarding clinic was canceled due to rain. However, the other two were great.

Even though I was nervous, I was looking forward to the outdoor rock climbing clinic the most. It did not disappoint. We drove about 45 minutes away from Park City in a wheelchair-accessible vehicle and went to Big Cottonwood Canyon, where the climbing took place on real Alpine rock. The mountains were breathtaking, but I’ll admit that thoughts of going up the rock started to terrify me when I realized how huge they were. The professionals at the summit calmed my nerves and assured me that climbing would not only be possible for me, but safe as well.

There were all kinds of harnesses. I used one that was basically like a seat. It had a padded cushion and full back support, just like being in a chair. I don’t have a lot of upper body strength due to SMA, so pulling myself up the mountain wasn’t easy, but I did make it a few feet up with the help of the staff. That may not seem far, but it was awesome to see that it was possible and how much adaptive equipment there is.

“This activity required extensive problem solving and teamwork. We made it work and figured out how I can climb further next time,” says Daman Wandke, 26, a fellow rock climbing participant from Bellingham, Wash., who has cerebral palsy. It seems like almost anything would be possible with today’s technology. I learned with this clinic that even the toughest activities are possible with enough determination and a little help from others.

Yar Khan said that rock climbing was one of her favorite activities also, in addition to kayaking and scuba diving. She
was impressed with the creativity of the available adaptations: “When I was about 20 feet high, they tied a rope from my foot to the harness so that I could pull my foot up when my legs were too tired.” Like me, she recognizes it’s not about whether we made it to the top of the mountain or just a few feet off the ground. “It was not about how high I climbed or fast I paddled or how long I was under water, but rather the triumph of trying and succeeding to the best of my ability.”

After my rock climbing adventure, I headed over to Jordanelle State Park and had a relaxing boat ride. I boarded a dock-level entry, wheelchair accessible 35-foot pontoon boat and off we went for the next few hours. Jordanelle was absolutely beautiful, and the weather was perfectly sunny. I even managed to get a pretty bad sunburn, despite using sunscreen. We caught about three fish while out on the water, including trout. I ate some Utah trout later that night at one of Park City’s best new restaurants, Fletcher’s. Maybe I was just craving trout from being around it earlier in the day, but this was seriously the most delicious fish I have ever eaten.

**MORE THAN SPORTS**

While each and every aspect of the Summit was informative, there were specific clinics that fell under the heading of educational. Jack Kavanagh, 21, a first time attendee who traveled all the way from Ireland for the Summit, said one of his favorite clinics was the Post Summit Action Plan workshop. The workshop provided practices and tools to help attendees develop goals and awareness of fears and limitations by using a concrete action plan focused on staying grounded. “In this clinic we discussed making a plan to implement some of the things that we learned at the Summit in our lives at home,” says Kavanagh, a quad. “This really allowed me to get a perspective on my experiences and come home with something very different in mind.”

Sometimes when you attend conferences, you feel yourself changed, but your new awareness slips away when you return to “real life.” This workshop was an antidote to that — it was instrumental in making sure that everything you learned stuck with you and continued to change you.

Another clinic that Kavanagh attended was Adaptive Mountain Handcycling. “I was really looking forward to handcycling and it didn’t fail to impress me. There was a huge range of bikes … and after trying three different setups, we got something that really worked for me,” he says. Within just a few minutes, the staff could quickly rig something up that worked easily, whether the participant was paralyzed or an amputee. The staff was always more than accommodating and was determined to get everyone in on the action of adaptive sports.

All in all, No Barriers made me realize that in many ways, with the help of technology, innovation, and my own constructive mindset, I can smash through what I had perceived (and what society had taught me to perceive) as insurmountable barriers. I made countless new friends and acquaintances, and I know this won’t be my last time rock climbing or taking risks with a number of other activities. I am already eagerly awaiting the 2016 No Barriers Summit, which will be held in Colorado. Will I see you there?

To register or learn more, go to www.nobarrierssummit.org.
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DISABILITY MEDIA

Culturally we have more ways than ever to stay connected through communication and information. Screenhead Nation is abuzz with the latest news and entertainment. But it begins and ends with print.

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**DISABILITY INCLUSIVE PHOTO CONTEST**

We are looking to break the mold and discover the best inclusive photos that will change the way the public, advertisers, magazine editors and business owners see disability. Your images can help eliminate social, structural and professional barriers!

Images should depict real people with disabilities of all ages in the following categories:

1. Lifestyle activities (dinner with friends, gardening, working, parenting, or enjoying a hobby)
2. Travel
3. Creative (unusual places, stylized, creative use of wheelchair parts, reflections, shadows, etc.)
4. Sports
5. Business/education
6. Portraits

The contest will run for 4 months, from September 1 to December 31, 2015. We’ll announce monthly winners online and award the Grand Prize in the February 2016 issue of New Mobility.

- Monthly winners will each receive a $100 cash prize
- Finalists and winners will be published on Photoability.net (you’ll receive royalties for images sold)
- Finalists and winners will be featured in a special gallery on Photoability.net
- Winning images will be published in New Mobility
- Grand Prize winner will receive a $500 cash prize and a write-up in New Mobility that includes the Grand Prize image

Photos must be taken with a camera that is at least 8 megapixels and may include iPhones and other mobile. All people featured in the images must be willing participants in the competition and sign a model release. You may enter as many photos as you wish. See all terms and conditions and register for contest and upload images at photoability.net/disability-inclusive-photo-contest.html
In the new television fall season, is there a new *Breaking Bad* with a supporting character with cerebral palsy, or a new *Glee* with an ensemble member in a wheelchair? Where’s the new *House*, a show built entirely around a lead character with a disability? After years on the margins of primetime TV, is this the season where people with disabilities finally become a forceful presence?

As they say in the Chicago Cubs locker room: Wait until next year.

This fall’s TV schedule, with one exception, is pathetically devoid of any new showcase for characters with disabilities. According to Gail Williamson of Kazarian/Measures/Ruskin and Associates Talent Agency, the most prominent and successful agent for actors with disabilities in Hollywood, “it is slim pickings for actors with disabilities this year. There is a recurring character here and there and a fair number of guest spots, but nothing to write home about.”

Williamson attributes this dearth of opportunity to two factors. One, “characters with disabilities are pretty much the last of the marginalized minority groups coming to the ‘entertainment table’ because we have so few like them in the executive offices.” Two, even when such a role is written, *actors* with disabilities are still left out in the cold. “In 2015, you really can’t fake black or Hispanic or Asian, say, but because you can fake someone with a disability, there’s an easy and insidious way to do so, i.e., “We tried to cast a disabled performer but simply had to go with a nondisabled actor who was perfect for the part.”

It does seem — in a completely unscientific assessment — that there is more exposure for actors with disabilities these days in TV commercials. Williamson notes that Target has a kid in a chair in its current Back to School campaign and Lowe’s features a person in a chair in more than one spot. One particularly moving Wells Fargo ad now running features a same-sex couple learning sign language before adopting a deaf child. The thing about well-made commercials is that they stick in the mind. Remember the recent spot featuring a wheelchair basketball game where only one player was an actual wheelchair user?

**NEW KID ON THE BLOCK: THE INSPECTORS**

If that was all that was happening, this article would be over. But, then, like a shooting star in the sky, up on the ra-
dar screen pops The Inspectors from the outer reaches of the television universe. It’s not on ABC or HBO primetime. It’s on CBS on Saturday morning, the land of kids’ TV, part of the “CBS Dream Team” line-up featuring family-friendly shows targeted at 13 to 16-year-olds and full of valuable life lessons. This is the result of an FCC mandate from 1991 called the Children’s Television Act. No more Strawberry Shortcake or My Little Pony, basically cartoon-length commercials for dolls and toys. This is stuff, God forbid, that is good for kids.

Created and produced by Dave Morgan, a prolific purveyor of quality, Emmy-winning children’s programming like Jack Hanna’s Wild Countdown and Lucky Dog, The Inspectors is a scripted, live-action half-hour series about a 19-year-old wheelchair-using kid who works with his mom to solve crimes committed against the postal service. Remember when your grandmother paid some shyster $500 after being told she’d won a sweepstakes prize of an all-expense paid cruise to Puerto Vallarta? Or that mail offer your not-too-bright brother-in-law got that convinced him he could get a brand new Toyota for only $39.95? That’s a postal crime, dealt with by the U.S. Postal Inspection Service. The show is what is known in the TV business as a “procedural,” the solving of a crime from onset to arrest. In primetime, it’s a major trope. On Saturday morning, at least with The Inspectors, it’s primetime in a different daypart.

Morgan and company work out of Charleston, S.C., far from the sins, and expenses, of Hollywood. This allows them a perspective, Morgan says, that is closer to the audience. “I have the mentality of a local broadcaster,” he says, “where part of the job description is that you care about the community.” The idea for the show came from Morgan’s own experience being around people with disabilities, as well as producing PSAs involving disability-creating events like texting and driving.

“I WANTED A CHARACTER I HAD NEVER SEEN, ONE WHO COULD REPRESENT THE ABILITIES OF SOMEONE THE WORLD SAID HAD DISABILITIES.”

Preston, the teenager in the chair, in fact becomes paralyzed one day while his dad, also a postal inspector, is driving and texting and loses control of the car. His father is killed and Preston becomes a low-level para. The actor playing Preston, Bret Green, is not disabled, an all too common crime against actors with disabilities and an immediate red flag for anyone who cares. According to Morgan, a nondisabled actor was needed to allow for multiple flashbacks in the pre-accident life of Preston. “Flashbacks,” he says, “allow us to have the kid learn from his deceased father about how to crack tough cases (with the subtext of ‘kids, listen to your parents’).” It also allows the character, and the audience, to see him both before and after his accident.

“I looked at the television landscape,” says Morgan, “and decided I wanted a character I had never seen, one who could represent the abilities of someone the world said had disabilities ... an opportunity for me to represent a community of people that I meet every day who do more before 9 a.m. than I do in a month.” Hopefully, he says, the audience will see this character in

**DISABILITY MEDIA**

**ENDLESS ABILITIES**

The Endless Abilities documentary follows four friends, including a wheelchair user, traveling the country to explore the adaptive sports scene. They went rock climbing with the blind, played soccer with quads and discovered that sports is the great equalizer, unifying people with all abilities on a level playing field.

Available on DVD, Bluray or as a digital download at endlessabilities.org.

**INVITATION TO DANCE**

Invitation to Dance is an eye-opening insider’s account of disability in 21st century America. Simi Linton’s story forms the narrative backbone of the documentary. The film traces both her personal growth as a disabled woman, and the larger historically significant developments around her over the past 40 years.

Available for purchase with public performance rights as well as for screenings at invitationtodancedoc.com.
a completely different way and say, “I don’t see this on television. Ever.”

Parenthetically, he notes, “I have never felt an ounce of depression around those with disabilities. I have felt an ounce of inspiration. Then I learned that I shouldn’t say that!”

CONSULTING HELP FROM AN SCI PRO
All this is well and good: A go-getter kid in a chair who is out there — like the famous fictional quad sleuth Lincoln Rhyme — outwitting the bad guys. What gives the show its authenticity, and much of its depth, are the people surrounding Preston. One is his off-screen instructor in Wheelchair 101, Alex Jackson, 28, a C5-6 complete quad from a car crash as an infant. A recent graduate in communications from College of Charleston, Jackson is a local activist who writes his own blog, Tuesday Talk With Alex. The show found him through Dr. James Krause, director of the Center for Rehabilitation Research in Neurological Conditions at Medical University of South Carolina.

As Morgan cohort Sara Krajewski says, “Alex wears a lot of hats” on set. He doesn’t just advise Preston on how to make a proper transfer or position his body in a chair. He guides the production crew in things like ramp design and what the room of a 19-year-old wheelchair user would look like.

He focuses on the smallest of details. “I helped the actor with scenes to look as natural as possible,” he says. “Originally, for instance, the producers wanted Preston to be holding papers as someone else pushed him. I told them to have the person walking next to him hold up the papers and talk about them as the character pushed himself.”

“Other examples,” he continues, “include a cutting board for carrying plates on his lap or wearing gloves to protect his hands while pushing his chair.” The details tell the tale. He also rounded up some real wheelchair racers from Atlanta and elsewhere who showed Preston the ropes of wheelchair competition and appeared alongside him in the episode centered on racing.

Both Jackson and Morgan attest to the effort that Green made to accurately portray a wheelchair user. According to Morgan, “Bret spent weeks experiencing daily routines using the chair.”

![Alex Jackson, a local C5-6 quad, consults with Bret Green, the lead actor of The Inspectors, about how to play a wheelchair user.](image)
stayed in the chair between takes. Jackson did see a few flaws — “his trunk moved around more that the average person with SCI.” Alex is a tough grader.

GREG GADSON: THE REAL THING
Along with Jackson, the on-screen co-star who best demonstrates the show’s commitment to getting it right is a double-amp named Greg Gadson. Gadson is a legendary black Army colonel, now retired, who served as an artillery officer in every war operation from the first Gulf War through the NATO force in Bosnia to Afghanistan and back to the protracted Iraq War. He lost both legs when his armored vehicle hit a roadside bomb in Baghdad and has a chest full of medals attesting to his courage and leadership.

Quick story: Gadson was the co-captain of the Army football team at West Point. In 2007, well after his accident, a West Point classmate and then a member of the coaching staff of the New York Giants, Mike Sullivan, invited him to hang out with the team on game day. After a rousing locker room speech from Gadson, the Giants won that day, then went on a 10-game winning streak, ending with their victory in Super Bowl XLII. Gadson was in the clubhouse and on the sidelines Purple Heart awardee Greg Gadson, a double amputee, plays David Cole, the PT instructor and life mentor for the lead character.

out with the team on game day. After a rousing locker room speech from Gadson, the Giants won that day, then went on a 10-game winning streak, ending with their victory in Super Bowl XLII. Gadson was in the clubhouse and on the sidelines

THE COMMUTE
This short film from the 6th annual ReelAbilities NY Disabilities Film Festival, directed by Jake Alexander-McAfee and starring George Gallego, highlights a four-minute arduous journey taken by a wheelchair user who tries to get home using New York City’s public transportation.

Available as a free download at this Vimeo site: vimeo.com/109966802

I’M DISABLED … NOW WHAT
The book I’m Disabled … Now What addresses that initial roller coaster of emotions and uncertainty experienced by the newly disabled, but pushes beyond into territory most similar guides ignore: housing, ramps, types of wheelchairs, and even a blueprint for traveling. This guide is a mixture of reassurance and practical advice.


NEW MOBILITY MAGAZINE
New Mobility offers a fresh take on wheelchair lifestyle and recreation while also examining the tough issues facing people with disabilities. The colorful monthly magazine presents its unique mix of travel, relationships, personality, health and advocacy with award-winning writing and design.

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Available from New Mobility, www.newmobility.com or 800/404-2898, ext. 7260.
the whole time, and in recognition of his contribution, he was given a specially designed Super Bowl ring.

Gadson’s only previous acting role was as Mike Canales, a legless Army vet, in the 2012 global crowd pleaser, *Battleship*. In *The Inspectors*, Gadson plays David Cole, Preston’s PT instructor and life mentor. He is the father figure the kid needs to help him through the vicissitudes of paralysis, not to mention the vicissitudes of adolescence. As Morgan explains, “Even if Preston weren’t in a wheelchair, Greg would still be a great motivator and teacher.”

“In the very first scene of the show,” Morgan explains, “we see Greg putting Preston through the pace of a hard workout. Greg tells him that when he woke at Walter Reed Army Hospital, legless, he started to work on finding his ‘new normal.’” That is, in essence, Preston’s personal quest throughout the series.

The Gadson character works his way into Preston’s life and is seen in non-rehab occasions like a family discussion about girls or the local wheelchair race. Preston’s mother, played by veteran actress Jessica Lundy, also gives her son sound advice. In one episode, Preston feels weird about an attractive girl in school. His mom tells him paralysis isn’t a weakness and that, as Morgan paraphrases, “it has helped give you more of a life, not less … if a girl doesn’t see those things in you, perhaps she is not worthy of you.”

Having counseled and encouraged many returning wounded warriors coming back from the terrors of Iraq and Afghanistan, Gadson instinctively knows how to motivate his fictional charge. When they hired him, he says, they told me, “We like the character you are going to bring to the part.” In many ways, it’s not acting at all.

“It’s working through the emotions,” Gadson says. “I tell people that when something like this happens in your life, you have to move through the spectrum of emotions, as painful as that might be. You can put it on the shelf for a while, but eventually it will rear its ugly head and you will have to deal with it.”

Doing a show like *The Inspectors* for a Saturday morning audience of 13 to 16-year-olds and their parents, all watching on the kitchen TV, is daunting. Kids are a notoriously fickle viewing crowd and according to Morgan, this is only the second scripted show like this that CBS has tried in this time period since the 1991 children’s TV dictate. The first? *Saved By The Bell*.

“The format,” Morgan explains, “is a procedural drama with kid-appealing comedy added in … on one hand it has to be a convincing storyline. On the other, it has to look like an orange juice commercial.”

What many disability activists outside the entertainment business often don’t consider is that however a show like *The Inspectors* tries to show paralysis in a truthful and positive light, it doesn’t really matter if the show doesn’t work as entertainment. The audience, not the high-minded creators, is the final arbiter of survival and in this case, it’s an audience of kids, and hopefully mom and dad, too, who must be entertained by a 19-year-old crime-solving heartthrob in a wheelchair.

That said, if *The Inspectors* works on Saturday morning, what’s to stop it or a variation of it from working on Thursday night at 8:00?
Mission

United Spinal Association's mission is to improve the quality of life of all Americans living with spinal cord injuries and disorders (SCI/D). Membership in United Spinal is open to anyone with an interest in SCI/D. For more information on the benefits of joining, visit www.unitedspinal.org or call 800/404-2898.

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DIY PARKING SPACE
Frustrated her county was taking its time painting an accessible parking spot at her daughter Maisie's school, SCI research fundraiser Claire Lomas grabbed a couple of cans of spray paint. "If you want a job done, do it yourself!" tweeted Lomas to her 11,600 followers. Lomas, a fundraiser for spinal cord injury research in the UK, is best known for completing the 2012 London Marathon using a ReWalk robotic exoskeleton.

Lomas’ county government isn’t planning to bring any criminal charges against her and issued this statement: “We would like to apologize for the delay in painting this disabled bay and the inconvenience this has caused Claire and Maisie during the first weeks of the school term.”

BEST USE OF A ‘PRINCESS BRIDE’ QUOTE
“Yo Philadelphia International Airport: You keep using that word ‘accessible.’ I do not think it means what you think it means,” wrote Clark Matthews about this photo he took in Sept. 2014. That widely-shared photo captured frustration from Philly all the way to Israel where it appeared this year with the Hebrew tag Tomer Shinfeld, or, “not just in Israel.”

SO SHINY AND CHROME
Reddit was wowed when engineering student Ben Carpenter, 20, transformed himself into Mad Max and his wheelchair into the “Bloodbag-mobile” for the Tampa Bay Comic Con. “Thank you all so much for all the support and comments!” wrote Carpenter, who has spinal muscular atrophy, on Reddit. “I am utterly speechless at how this cosplay has been spread, and honestly, all I can say is thank you for making this SO SHINY AND CHROME!” Find Carpenter on Reddit under Bensmends or follow him on Twitter at @bloody_ben.
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