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Transitioning From Canes to Walkers to Wheelchairs

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>> Good afternoon, and thanks for joining us for our NSCIA webinar entitled transitioning from canes to walkers to wheelchairs. My name is phil Furdick, America of the national spinal cord injury association resource center and I'll be your moderator for today's presentation. Today's webinar is 1 of several that the spinal cord injury association will be hosting, and all of our webinars will be archived on our website, www.spinal cord.org.

We will have time at the end of today's presentation for questions. Please use the questions window to write in any questions that you may have. We'll do our best to get to them today. If we do run out of time, the presenter will be able to follow
through with you individually if you contact them and their information will be at the last slide so that you can contact them with followup questions.

Today's webinar is presented by Ms. Jean Minkel, PT, ATP. She is a physical therapist and master clinician well recognized for her work in assistive technology. She is currently the senior vice president rehab services for independent care system, nonprofit, Medicaid long-term care program in New York City. Jean is also an independent consulting providing educational and consulting service to all members of the AT team, consumers, therapists, suppliers, manufacturers, and tailers. Prior to entering the private sector, Jean was a director of the city and mobility program at the center for rehabilitation technology at Helen hazel hospital in west Haverstraw, New York. She produced the videotaped series, spending or investing, funding assistive technology. She is coauthor of The Wheelchair Selection Guide, how To Use the ANSI and Residence Standards; The
Manual Mobility Training Guide and the Power of Mobility Training Guide. The AT community has recognized Jean for her contributions by awarding to her the resident fellow award in 1995, the Zach MacFarland Mentor Award in 2012.

Now I'd like to switch off to Ms. Jean Minkel for the presentation today. Jean?

>> Jena: Thanks, Phil. I appreciate the opportunity to share information and knowledge for all on the call regarding options and in mobility from ambulation aides to wield mobility. In this webinar we're going to focus on the device choices and why you may make a selection of a particular category of product and what are some of the advantages and features related to each of these categories.

We're starting with canes, and canes provide really the minimal amount of additional stability an ambulatory person may need if they're having problems with balance while ambulating or associating on particularly uneven terrain, canes are particularly useful if there's 1 lower extremity that has limited weight bearing,
potentially because of a pain or weakness. And just as an application, I think it's important to point out that the most effective use of the cane is in the opposite hand of the leg that has been experiencing the weakness or the pain. By putting the cane in the opposite hand, it spreads out the weight bearing between the impaired leg and the cane, allowing for the unimpaired leg to have a normal swing through the gait process.

There's a variety of canes that offer different features and different levels of support. Straight canes are quite familiar. People are using them to a regular basis. From a user's perspective there's often the inconvenience of the cane not staying where you want it to be when you stop ambulating or you want to sit down. You often see people hooking a cane on a table or trying to attach it to the back of a chair. Something where the handle stays in their reach without them having to lean down and put it on the floor or, more routinely, have it actually fall on the floor.

The hurry cane, cutely named, was
developed by a user to overcome that problem. It's designed to stay in the upright position whether you're seated and stopping or using your hands to reach something in the grocery store, for example. A little bit of increase in the base of support, but the base was designed to be more of a base for a stationary stance when the cane was not in use. If someone really needs more support when walking, than a quad cane is the choice for a broader base of support and it's frequently used when somebody perhaps with hemiplegia where the opposite hand isn't able to provide the support, so the quad cane is used to give support on the unaffected side.

I just love this picture in that it illustrated several things about kind of cane use and its typical application for seniors who are out in the community, maybe have a little balance concerns, and by having the security of the cane there, then on the go and out and doing what it is that they want to be engaged in. I couldn't help but chuckle when I saw this picture where the two women with the canes are right up
front and no hiding of the cane at all, and yet the woman who has a walker back here is purposely kind of standing in front as in the walker isn't as socially acceptable a mobility aid, and yet it may be, in fact, much more stable for somebody.

So we're going to move on and look at walkers and see what advantage in a balance perspective a walker can give over a cane. The most simple walkers are what we call pickup walkers. As opposed to having 1 point of at that bit, like a straight cane, the pickup walker provides 4 points of stability, and if someone needs some help going from sit to stand, a pickup walker provides a base of support that's in front of the person that gives them stability in that transition from sit to stand. 1 of the challenges, however, though, is it needs to be picked up when the person is making a stride step in walking. So it is not the most stable device when actually ambulating, because in order to progress forward, the person actually needs to pick up the device at some point in the gait cycle.

1 adaptation to minimize that need for
picking up is to put wheels on the walker and have it glide as you are moving through the gait cycle. Just a walker that's fitted with wheels to allow for this gliding doesn't have brakes, and it can be either a configuration where, as in this picture, there are just wheels on the front and there are some rubber stoppers in the back. Gives a little more resistance to rolling, or you can actually have this type of walker with wheels in the back, and if you push down, there will be a stopper that will slow down the walker if it's having a tendency to slide away from the person.

To overcome the problem of a walker that's sliding without breaks, a rollator walker provides both a moving base to provide increased stability while you're actually walking and adds brakes, which is an improvement over the pickup walker with the wheels to allow for that sit-to-stand transition. Most often there are folks that choose to use the rollator walker, both as an assist in balance, but also a method of providing a place in which they can rest if, after a distance of a block or 2 or
3, they're just winded or short of breath or just need to take a break. The advantage of the rollator walker in the 4 wheel configuration is there's a seat and people will often sit, take a break, catch a their breath, and be able to keep going. Obviously a great application when you're outside and very often the features of the basket and the seat are highly popular features on this type of a rollator walker.

For people who can benefit from the ability to whole while ambulating, but find that the four-wheel walker is a wide base of support, particularly in their environment, in home, smaller turning places into hallways, into bathrooms, the three wheeled walker offers an alternative with a smaller turning radius, given that it's three wheels instead of four, it's a bit less stable. Not highly. It does often come with a basket that will fit in the pie shape of the three wheeled walker, but doesn't come with a seat. So, like many product choices, there's often a tradeoff with whether someone is interested in stability and a place to rest or tight turning and higher
manure ability. You'll see this trade throughout each of the product categories. When is maneuverability the important feature and when is stability the important feature?

Again, I found this picture to be just so revealing of the thoughts one might have as they're thinking about which is the best device for me? And notice the woman has the four-wheeled pickup walker. She's rolling across, and yet someone who has average walking speed has made it to the other side of the crosswalk right before the turn to do not walk. This woman is only halfway through, so one of the really important functional measures is, is the device allowing you to get around outside at least a normal walking speed? And if you're not able to cross the street in the length of time the walk sign is up, that may be an indication that an ambulation aid is not going to provide you enough mobility to be able to engage in the activities that you want to engage in, both in home and in the community.

One of the difficulties in third-party
payment in mobility aides under Medicare Part B currently is we're asked to look at the mobility needs in the home. And frequently enough, a person will say this woman with the rollating walker is function until her home. The challenge in getting around introduces itself when she leaves the home and is trying to cross the street.

So I'm going to expand our definition of what mobility assessment you want to engage in. We want to be sure that someone is functional both in the home and in the community. And one of my markers is, is the person able to get around in the environment they need to accomplish their daily activities such as crossing a street within the length of time of crosswalk? If ambulation is no longer effective to meet that functional goal, then we start to look at alternatives in wheeled mobility. And I've organized this in a way in which a clinician may often look at level of sophistication of the mobility device to try and match the need with the product that's available. And at the very low end, if you will, of manual wheelchairs is a product category
called transport chairs. And transport chairs have the smallest profile of a wheeled mobility base, and I just want to point out what adds to this small profile is there is a width of the seating surface that the occupant would set in, and the way the transport chair is designed is there's actually an indented on the back tubes in such a way that the rear wheels are actually positioned directly under the seat rail so that the overall width of the chair is the same as the seating surface. The person doesn't need a wider surface than they're actually setting on. They're transportable. There's a hinge on the back post here the cross frame and these are very easy chairs to take in and out of automobiles and even taxicabs, which is really their best application are short distance for his short time periods in that they are not particularly adjustable and reports really designed to be individually fitted. They're really designed to provide a pretty quick and easy way to move somebody in a dependent mobility fashion in order to cover a distance, if you will, between the doorway of the doctor's office
to where the actual office suite is. No surprise, these are the least costly items and often encourage wheelchair riders to I know 100, $150 to have a transport chair, have it be available to them to be in the back of the car, and it just is that safety valve that allows them to move.

One caution, particularly in non-indoor services surfaces. They can be challenging to push, particularly between uneven services. Transitions can be difficult because of all four small wheels.

There's a hybrid product specifically designed to kind of overcome that outdoor mobility problem. It's essentially a transport care, as witnessed by the four little wheels, but it's been modified to have at attachment on the back post that allows a quickly lease, large push wheels to be added to the transport chair. The receiver accepts this large wheel, making outdoor mobility much easier, particularly if somebody is being pushed. It also then allows those who can self-propel to be able to do some self propulsion the quickly lease wheels are then designed to be removed
when you're going into a tighter environments where you need that decreased width in a tighter environments.

Standard width chairs are exactly that. They're standard. Their greatest feature is their durability. They tend to be significantly heavier in weight compared to other chairs we'll talk about. They have a fixed rear axil, and that rear axil position allows the Chair to be very stable in its configuration. When the wheel is permanently mounted in the position of the back post, it is hard to tip the Chair, which is a feature that if you are needing a rental chair or a chair that's being used in a public environment like an airport or a shopping mall, you don't want highly tippy chairs. So standard chairs tend to be very stable. They have a fixed rear wheel axil. They're highly durable, but they are not particularly adjustable and they're very difficult to self-propel.

There are lighter weight manual chairs, and in the world of wheelchair coding, these are called lightweight manual chairs. It is a lighter weight frame. By virtue of
construction, the chair is not as heavy as the standard chair, but is not necessarily easier to push. The lighter weight is a feature of it's easier to lift. It's easier to take the components off, but it still has a fixed axil that may have an adjustable position, but the adjustable position is only up or down. In the down position, the seat to floor is in what we call a standard height. When the rear wheel is adjusted into the upper axil position, the seat will come down, allowing for foot propulsion, and it's also been referred to as a hemiheight chair. So lightweight chairs often have the adjust ability from a standard height to a hemi height, but by still being attached to the back post, the propulsion of the chair still takes a fair amount of force by the rider.

When we move to ultra light chairs, we start to see different construction that influences the propulsion needs. It is significantly easier to push a chair who has an adjustable axil, so what I've done here is I've illustrated, this is where the axil position is in a little bit of a close up where here in the center picture. If you look at the chair
and it's the ability to move the axil for and aft or up and down on the frame, it means you have the ability to move the center of gravity forward, allowing for less force to push on the wheels, but will lead to greater tippiness of the chair.

When we move the axilla justment, went to try and find the position where the axil is as far forward as possible without the Chair being so tippy that when someone gives their first push that the Chair doesn't tip backwards. When you move an axil forward, what you do is you're going to put more brake on the rear wheel, making the front of the chair a little bit lighter, and for wheelchair riders who are given propulsion training, the advantage is I can teach somebody how to pop those front wheels up. That's called popping a wheelie. And as a wheelchair mobility skill, popping a wheelie can make outdoor and even indoor mobility significantly easier, because you can clear those casters over the obstacles that may otherwise stop a manual chair from progressing.

I want to point out here on this slide,
too, that this is an ultra light chair that has a cross frame very similar to our standard chairs and our lightweight chairs, and what the cross frame allows is the chair can still fold side to side. On this particular chair, you'd need to flip this foot plate, but it would still have the ability to fold right side onto left side.

An alternative in the ultra light category is called the rigid chair. And again, the design feature that is built into this chair is the ability to move the axil forward on the frame. Do you remember back on the standard chairs the wheel is mounted at this back post, putting the center of gravity quite far back behind the occupant. As I move this axil forward, I'm moving the axil underneath the purpose, putting more of their weight on the push frame and less weight on the front casters. This particular design is a rigid frame. It's called the cantilever and active wheelchair riders find that a rigid frame gives them a more responsive ride, that for every push they put into the rim of the chair, it actually translates into distances being pushed with
the Chair itself. There's no fleck in the Chair, if there is a flex in a cross frame.

In order to get the Chair in and out of an automobile, for example, people transport rigid chairs all the time, and they welcome very adept at taking the wheels off, using this quickly lease wheel, quickly lease hub to take the wheel off and many will fold down the back rest and have a cube, if you will, that they transfer in and out of the car, often several times a day.

We're now moving a group of manual chairs that are really designed for more positioning and less about mobility. A tilt chair is most often designed for someone who needs postural support in order to have increased sitting tolerance while sitting up during the day. They're not uniquely designed to allow the occupant to self-propel. The picture I have on the left-hand side of your screen here is clearly designed ads a dependent mobility based. There was no anticipation that the occupant would be propelling this chair.

How the Chair assists in the postural support is by changing the orientation from
gravity, pushing directly down on the person. You can start that gravity be an assist to hold the person against the supports that are built into the chair. So if I don't have good trunk control, I can't sit up against gravity and I move the Chair back even five or 10 degrees. Suddenly I can rest back into the back rest of the chair and I'm not needing to activate my muscles to sit up against gravity. A good way to put yourself in the position of what [inaudible] does tilt or drive have on the the seating, think of your own driver's seat and your car. And if someone else uses your car, do they change that position, and what impact does it have on your ability to find your comfort zone when you get in the Chair itself? So changing tilts and changing recline changes the body's orientation to gravity. The biggest difference between the two types of chairs, tilt chair, the seat to back angle and the seat to leg rest angle stay constant. What changes is the orientation of the entire seat structure relative to the perpendicular force of gravity. A recliner actually changes the body
position by opening the seat to back angle, opening the seat to leg rest angle and ultimately if you have a full recliner and full you elevating leg rest, you are able to achieve a lying down position. And there are certainly users who, by virtue of access to a lift or access to assistance to get in and out of the chair, they don't have that kind of access. They look for an opportunity where we could stretch their hips, stretch their legs, and they'll opt for a recliner that can open up the seat and back angle. In manual chairs, it's most often that someone usually makes a choice between a tilt or recline. There are tilt chairs that come a recline feature that would allow you both to open the back to seat angle, as well as change the orientation in space.

One thing, they are not transportable in the sense of you want to break it down and fold to put it in a personal vehicle. They both are fine to be transported in a van, but they are quite difficult in terms of putting them even in the back of a minivan. They're big, heavy, not so compact devices if you're thinking about transportation.
I'm going to take a bridge here over to a product that bridges manual to power. And it's called a power assist and there are a couple of models, but the one in the picture here, the push rim of the wheel that's added to the Chair is actually connected to a motor that's in the hub, and this rim is designed so that when the occupant pushes on the rim, propelling the Chair, the motors actually extend the role of that particular push. The result is it's a reduced number of push strokes with less force to cover a longer range. Users who have been self-propelling for many years, often 15, 20 years, will start to talk about whether they're having shoulder problems, potentially rotator cuff problems, wrist problems with carpal tunnel syndrome, and may not have the transportation abilities or the funding available for a power chair and may be interested in reducing the stress on a daily basis of self-propulsion and look at one of these power assist units. Particularly I've known users who find this type of a device on surfaces that are heavily carpeted or with padding underneath, so if
someone is needing to access hotels on a frequent basis, this type of a product makes that push down the long carpeted hallway significantly easier than self-propelling in a traditional manual chair.

The motor and hub is one type of power assist. A relatively new product that provides a similar mobility option is this fifth wheel that's added to a traditional manual chair. And it's designed much the same way. The user will use their own push rims and the motor that's attached to the fifth wheel will extend the length of the push based on how much force was originally put on the rims.

I want to point out here, too, the fifth wheel has this omni-tire, so it's not a traditional tire. In addition to rolling for and aft, it can go left and right. So the smoothness of self-propulsion is dramatically increased with the omni-track and the user is, again, not having to have as many push strokes to cover a much longer distance.

Moving through the progression, is the person able to ambulate with an ambulation
aid at normal walking speed to accomplish the goals they want to accomplish in their daily life? If that answer is no, is the person able to self-propel an optimally configured chair? Has the wheels been moved forward? Is the person able to push at least at walking speed? If a historically successful pusher is having increased pain and fatigue in their arms, a power assist is an option. The persons not able to self-propel a manual chair, a scooter may be another option. When we look at scooters, and particularly when I talk with people who are new to power mobility, who are really making that transition from a cane or a walker, one of the biggest features about a scooter is it doesn't look like a wheelchair. There is a socially acceptable vision of using a scooter as a way to augment mobility when longer distances are harder to manage. And you can see the advantage of scooters when you see them at your grocery store as a means to allow someone who drove to the grocery store, can get to the front door, but to get all the way down to the meat section is too long a
distance. They can catch a the scooter at the front door, Augustments their mobility through the store, and allows them to accomplish their shopping tasks while they're there.

Scooters require good sitting balance and sufficient upper extremity and control of your arms to keep your arms on the tiller, because the tiller is the steering mechanism and they need to be able to use your hands and fingers to be able to depress the levers, which are how the speed and direction is controlled. So with the use of your thumbs usually on the lever on the inside of the handle, you can control speed forward or reverse. And then you control direction by turning the tiller. As a result, the best operator of a scooter is machine and who sits independently, has enough range in strength to comfortably rest their arms on the tiller, and can operate the scooter for the distances they want to travel.

Notice the header here says POV, and that's just an alert that in the Medicare world, a POV is a covered mobility item provided the person is not able to complete
their activities of daily living in their home without the use of the scooter. So the scooter has to be used in the home as the primary means of getting around if it's a covered item under Medicare, and Medicare calls scooters POVs.

In addition to three wheel scooters, there are four wheel scooters. And the biggette difference is the definition in mobility of a four wheeled scooter that isn't there in a three wheeled scooter, and that sense of stability is felt really turning at some speed. When you turn at a higher Snead three wheels, you get more instability in the turning. With a four wheeled scooter be there's a greater stability. With the stability comes the greater wheel base, a greater turning radius, and not nearly an maneuverable, particularly in a home environment. Four wheel scooters, however, can often be a comfortable alternative for people who have obesity as the primary means that are limiting their ambulation. They can't go as far as they want to go due to the weight they're trying to carry. The four-wheeled scooter gives a
more comfortable platform with a larger client to rest their feet on either side of the tiller.

If the person doesn't have the sitting balance or the upper extremity control to operate a scooter, we then look at power mobility. And I've pictured here the most basic end of the power mobility spectrum, which really goes back to the days when power mobility came from taking a manual chair, adding motors and batteries, and putting a joystick on it. So the construction is quite similar to the standard manual chair. Obviously, the advantage is by adding motors and a battery, the person now can operate just with the use of the joystick. This is a chair that people who are used to very standard seating often like this configuration. It feels very natural to them. They've gone from a manual chair to a power chair and like the small footprints and the familiarity of the seating that's in this configuration of power chair.

There's quite a large product differentiation, depending on whether the manufacturer has designed a chair for
indoor use or indoor and outdoor use. And pictured here is a typical indoor power mobility device, and as opposed to the previous picture where the seating was integrated into the power chair, this is a much more common configuration today where you have a power base with a separate seat system, and this system is mounted on a post and you could mount several different types of seating on this same power base.

I point out the indoor nature of this particular base, based on the smaller wheels, which are actually attached to smaller motors, which were designed to provide the power mobility to get around indoors, not providing the power for typical outdoor terrain. The power base itself, again, was designed with the idea that it would be used predominantly indoors and, therefore, not as robust in durability or offer the same speed that someone would need who's Gaughin doors and outdoors. Bykkk mounting the drive wheel directly underneath the rider, there's a tight turning radius, but there, then s a need to add
stability by having a front caster and a real caster. So the six-wheeled configuration provides Goodin door maneuverability while maintaining the stability of having front and rear casters.

When you start looking at a chair that is going to routinely be used indoors and outdoors, we move to a bigger base that provides bigger drive wheels, bigger motors, bigger batteries, but all still operated via the joystick. When looking at power mobility for outdoor use in particular, it's really important to look at the position of the drive wheel. So a rear wheel drive. Not a lot of imagination here. The drive wheel is in the rear of the frame. It's largely behind the end user. The mid wheel drive, the drive wheel is positioned roughly in the center of the power base, directly underneath the occupant, and front wheel drives have the drive wheel at the front of the power base and the caster is then repositioned to the rear of the chair.

Rear wheel drive chairs have a drive characteristic that gives them a very stable ride when traveling at high speeds.
outdoors. A large bulk of the weight is in the back of the chair providing good stability at higher speeds, but because the weight is back on the back part of the chair, these chairs will have integrated anti-tippers on the back so that as the Chair approaches an incline, if it has a tendency to tip back, it won't tip over. It will just rest on the back anti-tippers.

A really helpful kind of way to distinguish the drive characteristics between a rear wheel, a mid wheel, and a front wheel drive chair is to look at how an end user approaches a turn in a hallway, depending on where the dry wheel is. So if I'm driving down a hall and I need to turn into a bedroom, for example, if I have a rear wheel drive, my instruction to the user is to drive along the wall on the far side of the hallway in order to make the turn into the doorway. In a rear wheel drive, the turning is going forward of the chair. The user can watch the front end of the chair turn as they turn into the doorway, but they need the clearance in front of the chair, and by approaching the turn, coming down the
far side of the hallway away from the door, you provide the clearance that's needed for the turn.

Mid wheel drives are chairs that have moved the drive wheel directly underneath the occupant and provide the tightest 360-degree turning radius of any of the three configurations. It does provide the greatest indoor maneuverability because of this tight turning radius. To keep stability, the mid wheel drive chairs have the six-wheeled drive configuration and as I approach a turn, because my turning radius is directly underneath me as an occupant, I drive down the center of the hallway. I approach the turn by going to the middle of the doorway and then making the sharp turn, because I need clearance a little in the front and a little in the back. And by coming down the center of the hallway, I can turn and make a very tight turn into a bedroom or a bathroom based on the turn pivoting point being directly underneath me.

The front wheel drive chairs move the drive wheel to the front of the chair, which
gives this type of chair great obstacle climbing abilities, particularly outside. You have all the power right up front to overcome the obstacles that you may come across. Because there's no rotating caster in the front, it's just a stabilizing wheel, for people whose knees are particularly tight where they want to have their legs as close in to the front surface of the chair, a front wheel drive chair gives you the advantage of this foot rest being able to be positioned directly in front of the seat itself. The rotating casters to the rear of the chair, and the leg don't need to be positioned to be accommodating that rotation.

Because the rotation is happening behind the person, you need to be sure you have the clearance behind the Chair. So taking my hallway turn analogy, when I'm teaching somebody in a front wheel drive chair, I actually teach them to go down the hallway, approaching the turn closest to the wall of the doorway they want to go to, so there's clearance in the hallway for the back of the chair to turn into the turn. It's really a fishtail kind of turn, and it's the type of
driving that often a new rider will either immediately adapt to, understand it, appreciate it or not being able to see what's spinning behind you, some people have more difficulty learning how to turn the back of the chair. So that's why I always encourage test driving, because you just don't know what your preference is going to be in terms of drive performance between a rear wheel, a mid wheel, and a front wheel drive.

One last category in considering mobility devices, if you're not able to shift your own weight, sitting for long periods of time can not only be painful, but can also be a risk factor for the development of tissue break down or pressure sores. Power seating is a way that we can provide somebody the control to shift their body weight if they can't do it themselves. In addition, people functionally change their position all the time, so power tilt is a method where the seat to back angle and the seat to leg rest angle stays the same, but the pressure on the seat is transitioned to the back support. So I'm able to keep
my seated position, but I'm able to move myself through space and often go into a more relaxing position and then come more forward into a more upright position.

Others like to use a power recline where they can open up the seat to back angle, elevate their leg rests. Again, create that more lie down, supine position and increase the surface in which they're resting.

Ideally, to get the benefits of both systems, a tilt, recline, and elevating leg rest allows someone to tilt in order to reduce sheer, then recline to open up the seat to back angle, increase the surface area, and bring their legs up into an extended elevation. One last feature that functionally just makes a huge difference in someone's life is a seat elevator. And essentially, what the power seating of a seat elevator raises the person seat to floor height, and as demonstrated in this picture, provides a change in access from a more traditional seated surface to an elevated seated surface. And I'd like to refer to your extending somebody's reach in their
ability to raise their functional surface area when they have access to a seat elevator.

We don't see as commonly in the U.S. market, but I certainly want to make people aware that there are options for standing while using a wheelchair. And there are manual wheelchairs with manual standers. So self-propelling your manual chair and allowing access through a pump system to go from the seated surface up to the standing position, oftentimes people will find this is a great traditional device that allows them to be standing at very specific times for very specific purposes. It tends to be a heavier chair for everyday use.

Power chairs with a power stander, obviously it allows you to get to eye to eye height with those that you love and, much like the seat elevator, extends your reach. We do caution that people using power chairs who have been using power chairs for a long time that they get a medical clearance before going into a stander, given that you want to be sure there's sufficient bone strength and range to accommodate the standing position.
And at 3:47, I open the door up to ask if there are any questions.

>> Thank you, Jean, for the presentation. We do have a few questions. Looking back in your presentation in time to the manual chairs, could you please speak a little bit to the anti-tip function? One viewer was concerned about the danger of toppling that or falling backward using an ultra light wheelchair.

>> Sure. Great, great, great question. Anti-tippers are an option that I always recommend, regardless of the ability level of the person I'm working with. With an ultra light chair, when the wheel is adjusted, it will make a tippier chair. If the person has been provided the mobility skills training, the person should be able to change their body position to control that tilt, that tippiness. If it's a new environment, if it's a place you haven't negotiated before, having an anti-tipper in your backpack that you can put on and give yourself that extra sense of security that I want to be sure I'm not going to tip over
backwards, that's what the anti-tipper is great for.

If you're in a routine environment and you need to be able to get your casters up off the ground two or 3 inches, you may want to flip that anti-tipper up or take it off all together so it doesn't prevent you from negotiating the environment you need to negotiate.

>> Phil: Sure, thank you. Then during the time that you were covering scooters, particularly the three-wheel and four-wheel schoolers, we've got a question about the ability to use scooters on rougher surfaces. Is one type versus the other or one brand versus the other better?

>> Jean: So generally a four-wheel scooter has a greater base of support and appreciates uneven terrain with more stability. That's the trade for increased negotiation in smaller, tighter environments. With regard to one brand or another, each of the companies that provide scooters, if you check out their websites, there's often a range of products that go from relatively light duty, somewhat
transportable scooters that I affectionately call skateboards with seats on top of them, very tippy all the way up to very robust outdoor almost all terrain vehicles. And it's really a match of the environment of use, the available resources, and the product that's available. So scooters are available from very light duty all the way up to almost all terrain vehicles.

>> Thank you, Jean. Where can you find the fifth wheel power assist is the next question?

>> Jean: The product name is smart wheel. No, sorry. Smart drive. Smart drive.

>> Phil: Smart drive?

>> Jean: Smart drive. And I know if you Google smart drive Max mobility is the manufacturer. I know their website can direct you to representatives and retail outlets that you could pursue.

>> Phil: Certainly. The next question, and questions were flowing here towards the end, the next question is this is a person with a spinal cord injury, complete T6, and with poor trunk balance. So
practicing is really too risky, not having anyone by his side. He lives alone independently. And fractured lower limb bones twice. Any response to that? I'm not really seeing a question as such, but your impressions on that type of situation?

>>P6 completed, poor trunk balancing and having had some fractures. I'm not sure how long the person has been injured.

>> Jean: Right. Just based on that little information, I would really encourage the person to see if they can find a provider team, a therapist and/or a rehab technology supplier who focuses on complex rehab devices. To be sure that there's been a holistic assessment of postural support, skin protection, and mobility, so it may protection, particularly if fractures are happening as a part of falls or tips or even during transfers or while propelling.

>> Phil: So to paraphrase, I was just going to say that, I was going to paraphrase you exactly that to see what all is going on there. Next is a thank you, not a question. The person indicates they've asked and never gotten a satisfactory answer on the
topic of the differences and the advantages and disadvantages between rear hit and front wheel drive, so that's a thank you in that regard.

>> Jean: I appreciate the thank you. It always makes a speaker happy, but I will, in followup to that, encourage particularly new users to really start with a curiosity about how each configuration feels to you as the operator. I always equate it to an able bodied person going out to look at a new car and there are preferences that relate to things like the stiffness of the car or the feel of the ride, that you can't capture until you actually operate it. So truly, engage in fact-finding and curiosity and see if there's an opportunity to test drive rear, mid, and front wheel to give yourself a chance to experience each of the configurations.

>> Phil: Certainly. And then this question to coverage. I'm not sure if you mentioned anything about Medicare coverage. How can a person who is able to walk short distances be able to qualify for a power chair through Medicare? A little
general question.

>> Jean:  Well, unfortunately, it's specific enough. The current Medicare Part B coverage is very specific to a power chair needed in the home to participate in activities of daily living such as bathing, eating, feeding? So what I would encourage the person is really look at their daily activity in their home and say, I can't make to the bathroom fast enough to use the toilet. Or I'm not effective in the kitchen, because I get so tired by the time I get there, I'm not able to propair my meal. Dressing, I can do it in the bed, and then I need to go to another room and it takes me a fair amount of time. If you can relate your limitation to participating in an activity of daily living, that's what needs to be qualified for Medicare coverage in the home.

That being said, I'm not an advocate of this policy. If you are denied because you don't needs it strictly in your home, I strongly encourage you to call your Congress person and say, Medicare policy is restrictive in only meeting my
needs in my home when my actual need is in the community. Little political soap box, I admit.

>> Phil: No problem. That is the same box that we, as an organization run and continually address through our legislative advocacy, so we're on the same page there. A couple of more questions. We're running close to our time soon here. But in your experience, Jean, what has been the latest trends in the type of wheelchairs that are being prescribed? And an associated question. Are there more ultra light chairs being prescribed now for people for whom they are most appropriate? So latest trends, being as you're so deeply involved in this area.

>> Jean: I think there's two observations. Unfortunately, because of that restrictive Medicare policy, one of the areas that we're seeing is product is being built by manufacturers to fit codes, which are mandated by the government, not to address new consumer needs. So one trend is kind of a discouraging trend. I'm not seeing new innovation. For example,
that smart drive is a new innovation. That's a way of addressing a need that's been brought to the marketplace from a group of consumers, but we don't have enough of that kind of new technology application.

With regard to the ultra light, we may be seeing more in that there's an understanding that it's not the weight of the chair. It's the ability to change the axil position that improves the person's ability to self-propel. And I will say Medicare policy says will an optimally configured manual chair provide the person mobility in their home? That opens the door that I can now get a chair that has an adjustable rear wheel in order to allow the person independent mobility when they weren't able to push the Chair that had the axil picked on the rear back post.

>> Phil: We've reached the end of our presentation. On behalf of the national spinal cord injury association, we'd like to thank you, Ms. Jean, AT and ATP, for sharing your personal experience and professional knowledge with us today on transitioning
from canes to walkers to wheelchairs.
Really so much more.  Right, Jean?
Because you have such an explanation of
different types of wheelchairs.  Our next
webinar will be presented by Ms. Cheryl L.
Pipe, phd, Bacari psychological services, on
service animals.  Sign up and receive our
webinar newsletter and see our webinar
This webinar will be archived on spinal
cord.org in approximately one week.
Check out our new mobility magazine,
which covers everything active wheelchair
users need to know.  Visit new mobility
dot come to see what we're all about.
Thank you for attending.  This concludes
our webinar presentation today.
  (End of event.)
The following is an unedited rough draft translation from
the CART provider's output file.  This transcript is not
verbatim and may contain errors.