

2011

# The Impact of Providing Rehab Mobility Equipment to Those in Need

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## Recommended Citation

Stelmack, B., & Leitten, B. (2011). The Impact of Providing Rehab Mobility Equipment to Those in Need. *Age in Action*, 26(1), 1-6.

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## Case Study

### The Impact of Providing Rehab Mobility Equipment to Those in Need

by Bruce Stelmack, DO, MSc  
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#### Educational Objectives

1. Discuss the need to provide rehabilitation mobility equipment at no cost to those who have no other means to obtain it.
2. Assess the impact on a community when mobility equipment for underinsured impaired persons (“at risk”) cannot be secured.
3. Describe a successful recycling program that provides free rehabilitation mobility equipment.
4. Explain the importance of a community-based model to provide rehabilitation equipment.

#### Background: The Need

Throughout the United States, a growing number of individuals and families are uninsured or underinsured. In Virginia alone, over one million citizens are uninsured, including over 820,000 adults

(Cook, Kenney, & Lawton, 2010). As the economy continues to worsen, the problem grows. In this population, many individuals are attempting to recover from serious illnesses or injuries. The lack of adequate insurance presents serious challenges. Not the least of these challenges is the attempt to secure rehabilitation equipment that they need to become mobile again and get back to active roles in their communities and recover from their setbacks. Mobility equipment can make the difference between a person being disabled or being impaired, a difference in quality of life that is priceless.

An informal survey by FREE (Foundation for Rehabilitation Equipment & Endowment) of social workers, therapists, and case managers in the Roanoke, Virginia, area revealed that one in three individuals returns home after hospitalization without a prescription for needed rehabilitation equipment, due to limited resources or insurance limitations. Many fail to reach their maximum rehabilitation potential because of difficulties in acquiring needed mobility equipment. Often, they are forced to

choose among competing needs, such as medications, rent, utilities or other life necessities, and the mobility equipment.

Historically, the mechanisms in place to address this problem have been haphazard at best. Often, churches will set up “equipment closets” to store small amounts of rehabilitation equipment that is donated by members of the congregation. The programs are typically known only to the particular congregation and only partly serve the needs of those in the congregation. Equipment is likely not well sanitized and repairs are minimal. When a specific piece of equipment needs to be fitted to the user, the closest piece is typically deployed. Some volunteer groups have attempted similar “equipment” projects, but organized, community-wide programs run by medical professionals are not the norm. In the past few years, more extensive programs have cropped up in several states. In 2006, the U.S. Department of Education sponsored a “National Pass It On Conference on the Reutilization of Assistive Technology” in Atlanta, GA (Pass It On Center, 2010). For the first time

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on a national level, participants came together to discuss issues related to reuse programs, including liability, training, cleaning, repair, transportation, marketing, evaluation, and program sustainability. Programs from several states were showcased. FREE was invited to be the first presenter at the Conference. As a result of the conference, the Department of Education awarded several state-level equipment reuse grants, including one to a Virginia consortium led by The FREE Foundation (Virginia Assistive Technology System, 2010). FREE partnered with the Virginia Department of Rehabilitative Services and the Virginia Assistive Technology System to build a statewide network to provide rehabilitation equipment to persons in need.

### **The Impact**

When at-risk citizens cannot secure the rehabilitation mobility equipment they need to fully recover from injury or illness, the impacts on the community in which they live are significant. At the individual level, people who cannot completely recover cannot live the full lives that they are entitled to. They lose a level of personal independence; they need to depend on family, friends, and others in the community for their well-being; and they risk not being able to return to their earlier employment. Spouses, parents, and other family members may have to cut back or completely quit their jobs, in order to stay at home and provide care. If this kind of support is not available, those at risk may have to leave their homes and move to a facility that can provide a higher level of ongoing care,

(e.g., a skilled nursing facility or nursing home). The psychological, social, and financial impacts on both those at risk and their families can be immense.

In addition, the community at large often bears the financial burden of this failure. At-risk individuals who do not have the proper equipment are much more likely to suffer falls, need emergency room services, and require hospitalization. Since the at-risk population, by definition, does not have adequate insurance, these costs are shifted to the healthcare providers, the government, and the community. Available data from 2005-2007 showed the following costs, which, of course, are now greater:

The average daily cost of a hospital stay was \$1,149 (American Hospital Association, 2006)

The average cost of an emergency room visit was \$2,153 (Agency for Health Care Information, 2009)

The average annual cost of a stay in an assisted living facility was \$35,616 (MetLife, 2006)

The average annual cost of a stay in a skilled nursing facility was \$74,095 (MetLife, 2005)

Falls that result in emergency room (ER) visits and extended hospital stays quickly add up to substantial dollars. The need to move someone to an assisted living facility (ALF) or a skilled nursing facility (SNF) simply because they do not have the appropriate equipment to stay at home, results in enormous incremental and unnecessary costs. Often, the system ignores the logic

of spending a small amount of money for equipment, to avoid a huge cost in care.

### **FREE's Successful Reuse Program**

With the support and hard work of a group of therapists and healthcare professionals, FREE was launched in 1998 to help individuals meet and overcome these challenges by providing them with the rehabilitative equipment that would enable independent and productive living. FREE's mission is to help provide mobility related rehabilitation equipment to maximize functional independence and improve quality of life. Two thirds of the recipients who receive equipment gifts from FREE are 55 years of age or older. All devices that FREE donates are repaired, cleaned, and sanitized and gifted to those in need; devices include wheelchairs, walkers, power chairs, bathroom assistive devices, canes, lift chairs, hospital beds, crutches, shower chairs, transfer benches, and more. Trained professional volunteers insure that the correct piece of equipment is gifted and that devices requiring it are properly fitted. Volunteer members of FREE also raise funds, receive and process applications, promote the service to the community, and oversee the operations of several chapters throughout Virginia.

Recycling lightly used equipment is one of the keys to the success of FREE. Originally, FREE purchased and distributed new equipment. However, the cost of new equipment was simply too prohibitive and the foundation could not leverage the funds available to it

sufficiently to meet the needs of those at risk. We reached out to the community and found a wealth of equipment that was no longer being used that people were willing to donate. We forged a strong partnership with Goodwill Industries International, Inc. Their donation centers became drop off points for equipment. They gave us space at one of their locations to sort, store, and process the donations. Versions of this model have now been deployed in several Virginia communities.

To confirm the impact and effectiveness of its program, FREE measures outcomes. The ability to show outcomes quantitatively has been a valuable asset to the foundation, drawing volunteer and financial support and providing an easy means to demonstrate to a community the impact that FREE will have on its at-risk population. FREE has tracked since 2002 the consequences of the donated equipment on the lives of the recipients. The results are powerful, as demonstrated by the 2009 follow up: 83% of clients served reported decrease in falls; 90% of clients served reported decrease in hospitalizations; 94% of clients served reported decrease in emergency room visits; 85% of clients served reported greater independence; and 100% of clients served reported that they were able to stay in current home environment.

The FREE Foundation recently received a national award called the "Pioneer Award" from the National AT Reuse Conference in September, 2009 (Pass It On Center, 2010), sponsored by the Pass It On Center and National Assistive Technology

Technical Assistance Partnership (NATTAP); a number of programs and individuals were recognized for significant contributions to the field of Assistive Technology reuse. This award recognized FREE as a national leader in the initial efforts and ongoing success of creating and operating an assistive technology reuse program and for continued leadership in assistive technology reuse efforts on a national level. FREE opened a new chapter to serve the Richmond, Virginia, area on December 16, 2010, supported by a grant from the VCU Occupational Therapy Department and the support of Goodwill of Central Virginia. Virginia Deputy Secretary of Health and Human Services Keith Hare, Virginia Department of Rehabilitative Services Commissioner Jim Rothrock, and former Virginia Lieutenant Governor John Hager were the guests of honor. Another new chapter serving South Hampton roads is scheduled to open in Spring 2011, supported by grants from the Hampton Roads Community Foundation and the Sentara Foundation. Information can be found at [www.free-foundation.org](http://www.free-foundation.org).



Brian Leitten, FREE; Jim Rothrock, Comm. DRS; Bruce Stelmack, FREE; John Hager, Former Atty. Gen.; Keith Hare, Dep. Sec. of Health, at December ribbon-cutting.

## The Importance of a Community-Based Model

In 2002, FREE sought and received a grant from the Christopher & Dana Reeve Foundation, to develop and document a replicable, community-based model for a medical equipment reuse program (Christopher & Dana Reeve Foundation, 2010). Along with the funds, FREE received the personal encouragement of Dana Reeve, who recorded a Public Service Announcement (PSA) for radio for the foundation. The FREE model was developed and documented and is made available to communities interested in implementing similar programs or chapters.

The involvement of the local community is a key element of the success of the FREE model. Local volunteers make sure that the right equipment gets to the gift recipients. A physician's prescription is required to determine the appropriate equipment needed. This, and the use of local volunteers, is critically important for items like wheelchairs, power chairs, and walkers,

where the wrong fit can lead to more injury. Local volunteers are familiar with the specific needs of their community and can tailor the chapter's operating model to meet those specific needs. A good mix of volunteers from the healthcare community and the general popula-

tion insures that the entire community becomes aware of the program and brings a full set of volunteer skills to the chapter, from legal, finance, public relations, and advertising, to equipment repair and delivery. FREE solicits equipment donations and financial and volunteer support from across the community.

### **Case Study #1**

Gary M., a 59-year-old salesman, was hospitalized with spinal stenosis, a constriction or narrowing of the spinal column through which nerves travel. Arthritis of the spine was affecting his spinal cord to the point that he lost function and movement in his limbs. After surgery, Gary had weeks of rehabilitation to learn to regain use of his body and to walk again, with a long road to recovery ahead of him. At discharge from the rehabilitation center, Gary could safely walk 15-20 feet in his home. He needed a special walker with a seat that would enable him to safely ambulate, but also safely and quickly sit down if he became suddenly too tired to make it to a chair. Without this device, he would have to be admitted to a nursing facility. Now unable to work and uninsured, Gary could not afford the walker he needed. A request for the special walker was made to FREE. The foundation was able to gift a properly sized walker with a seat to him. Importantly, FREE learned that Gary lived at home with his mother. Physically, she did well; but they lived together so that Gary could make certain that she received her daily medicine and food. Without Gary at home, his mother also would have to be admitted to a

nursing facility, prematurely. With the gift of this walker, FREE was able to keep a family safely together. Now Gary leads a more independent life and has recovered well. He is back to his role of a primary caregiver, driving, shopping, and doing much more. This one piece of rehabilitative equipment has meant the difference between two family members living independent, productive lives and the need to place both of them in separate care facilities at tremendous costs to the family and the community.

### **Case Study #2**

It has been an uphill battle for Nicole C. since suffering a traumatic brain injury in a motor vehicle accident at age 13. Nicole C. had been in desperate need of a power wheelchair, but neither she nor her family had the financial means to procure one. Due to injuries sustained in the accident, Nicole is unable to self-propel a manual wheelchair and thus constantly needs to rely on assistance for mobility. Nicole lives in a group home. Because she has required 1:1 assistance for mobility, and since staffing was not always able to provide this, she has been limited in the number of outings in which she could participate. As a teenager, she sees going out and about and participating in group activities as an important part of her quality of life. In 2009, when Nicole C. was 19 and a senior in high school, her special education teacher and other high school staff searched for weeks, for a way to provide Nicole with a much-needed power wheelchair. After numerous internet searches, they discovered the FREE Foundation and completed an appli-

cation with her. The FREE Foundation was able to fulfill Nicole's lifelong dream of having a power wheelchair fitted to her specific needs. Nicole's special education teacher said, "This power wheelchair is providing genuine happiness and independence and creating a whole new world." When referring to Nicole's future career endeavors, this teacher added, "Perhaps her mobility will enable her to get a better position. She is ready for her next adventure."

The supervisor of the group home that Nicole lives in stated that with this power wheelchair, Nicole can go everywhere in the community and lead a more normal life as a teenager. She also noted that this newfound independence has given Nicole a much greater quality of life, with her newfound ability to maneuver in the community independently, as well as to transfer in and out of the wheelchair. Nicole now plans to attend a technical school to study horticulture, for her power wheelchair will enable her to navigate campus without physical assistance.

### **Conclusion**

Throughout Virginia and across the country, an increasing number of at-risk adults attempting to recover from serious illnesses or injuries are in need of rehabilitation mobility equipment provided at no cost. Without this equipment, many will fail to become mobile again, unable to resume active roles in their communities and fully recover from their setbacks. The absence of such no-cost equipment affects the individual, the family, and the greater community, for the person without

the equipment must rely upon others and this dependence affects their daily lives physically, socially, emotionally, and financially. Community-based, volunteer-led equipment gifting programs like The FREE Foundation in Virginia can provide solutions to this dilemma. By collecting, repairing, sanitizing and recycling gently used rehabilitation mobility equipment, FREE leverages financial and volunteer resources to get the right equipment to those in need.

### Study Questions

1. What are some social and financial for individuals and communities when at-risk citizens cannot secure needed rehabilitation mobility equipment?
2. What is the value of recycling and reusing medical equipment in a gifting program?
3. How does measuring outcomes contribute to a successful equipment gifting program?
4. Why is a community-based model importance to success?

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