# Accessible Medical Exam J J S T A S K Tables—

BY KELLY MACK

ooking up at a medical examination table from a wheel-chair can feel like contemplating Mount Everest. Climbing to the height of a traditional box table requires Herculean strength, a lifting team, or the elusive ability to levitate. The predominance of inaccessible examination tables is why many wheelchair users have not had thorough medical examinations in years. And as long as barriers to the most basic tool of diagnosis exist, untreated illnesses will be all-too-common.

But the medical profession is starting to catch on. They are beginning to consider the consequences of inaccessible exam tables and other crucial equipment used for diagnosis and treatment. Medical equipment manufacturers are developing tables capable of lowering to wheelchair height and elevating for examination. Patients and practitioners are requesting these tables and discovering the convenience and ease that they bring to health care.

# **Access Benefits Everyone**

Reports like It Takes More than Ramps to Solve the Crisis of Healthcare for People with Disabilities by Judy Reis, Mary Breslin, Lisa Iezzoni, and Kristi Kirschner thoroughly describe the factors restricting people with disabilities to quality health care. One of the greatest barriers is the severe lack of accessible examination tables in medical facilities nationwide.

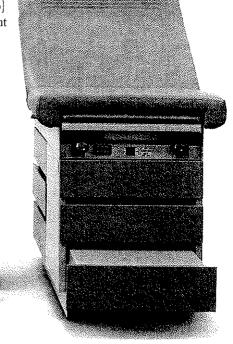
"One of the most common complaints was when someone

went in to see their doctor, they didn't get adequate care ... because people were being examined in their wheelchairs rather than on an exam table," explains Melissa Kasnitz, managing attorney at Disability Rights Advocates (www.dralegal.org). Educating people and making changes to improve access to health care for people with disabilities is a major priority for DRA.

When physicians don't have accessible exam tables, wheel-chair users are denied complete examinations or are endangered through lifts onto high tables. Patients recount experiences of injury or anxiety caused by being lifted in medical offices. Inaccurate blood pressure and heart rate readings are more likely to occur with anxious patients who have been lifted. Also, the dignity and independence of a wheelchair user is compromised when they have to depend on being lifted at the doctor's office.

So why don't doctors have accessible tables in their facilities? Melissa Kasnitz cites a lack of understanding that the Americans with Disabilities Act applies to the health care field. Medical practitioners either don't know how to make their facilities accessible, fear the expense of making improvements, or have not been educated about these issues. Says Kasnitz, "There is a

real need to spread knowledge that this is an obligation ... [and also] that the equipment







is becoming more affordable."

Physicians and office managers who have purchased accessible exam tables and made changes to their facilities describe the litany of benefits to their practice. Although the accessible tables cost more than the traditional box table, huge savings are seen in a dramatic decrease of workman's compensation expenses. Without back-straining lifts, nurses don't miss work from on-the-job injuries. Physicians are also better able to examine and treat patients.

# Advocate for Change

June Kailes, a wheelchair user and advocate with the Center for Disability Issues in the Health Professions in Pomona, Calif, started a project to build awareness about accessible medical equipment. "It seems like [physicians] hang onto their old tables forever unless some advocacy happens," laments Kailes. One of her main concerns is safety. And reducing the danger to both patients and medical personnel is a shared responsibility. Kailes cites a study of 379 health care providers that says 33 percent made access changes on the request of their patients. She

created her own success story when a return visit to a physician revealed they had purchased an accessible exam table on Kailes' request. "They said, 'You made this happen, you kept complaining."

While some patients have approached their physicians about purchasing an accessible table with excellent results, others have pushed more widespread change. A few individuals with disabilities filed a lawsuit against Kaiser Permanente in California to protest unequal and deficient health care due to access barriers. Kaiser worked cooperatively in implementing the lawsuit's settlement agreement, which has resulted in the purchase and installation of accessible examination tables throughout their system in California. When the project is complete, every patient under Kaiser will have access to an accessible table.

Kasnitz and other leading advocates stress the importance that patients "speak directly to their care provider and make clear that they should obtain appropriate treatment, and that includes appropriate equipment." Many patients fear endangering their relationship with their physician or are too

exhausted from their health concerns to protest inaccessibility. But resources are available on the Center for Disability Issues in Health Professions' Web site (www.cdihp.org) to aid patients in bringing up these concerns with doctors and giving them information about methods to find, purchase, and install accessible examination tables.

### **Elevated Benefits**

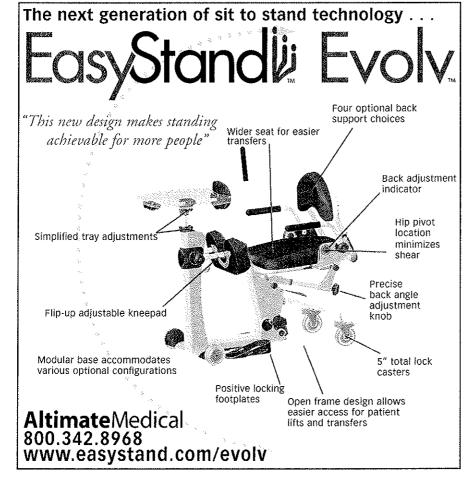
Mary Zweifel, executive director of the rehabilitation unit at George Washington University Hospital in Washington, D.C., explains that their high-low mat tables are central to providing therapeutic services. Using foot pedals, the therapists raise and lower the motorized beds to "achieve the optimal height by which to transfer patients." With many of their patients using wheelchairs, the facility couldn't function without this kind of equipment. "It's safer for both the therapist and the patient. It allows the patient to transfer more independently without relying so much on the therapist," says Zweifel.

Another medical facility benefiting from accessible tables is Hanford Regional Healthcare in California, which started using Midmark Corp.'s barrier-free tables in October 2003. Tammy Forit, a nurse at Hanford, learned about the tables from a visiting Midmark representative. The facility is on two floors and has 85 examination rooms. Hanford couldn't afford to install accessible tables in every exam room, so they settled on purchasing tables for every third room. The physicians and staff members appreciate the improvements these tables have brought to their medical practice.

Forit explains that Hanford hasn't had a single back injury since installation of the tables. Additionally, no staff members have complained of back pain or needed workman's compensation for injuries related to lifting patients. Hanford recently rented one of their medical suites with three accessible tables to an orthopedic surgeon who praised their convenience. Accessible table converts like Forit are spreading the word about their usefulness to other facilities and nurses. "I think they're worth the expense," says Forit.

## **Discovering New Markets**

Midmark Corp. (www.midmark.com) is a pioneer in the accessible exam table market. While Midmark has sold powered exam tables for many years, they heard feedback that the tables weren't accessible for people with disabilities because of the table height.



Jon Wells, vice president for marketing at Midmark, explained that they began by conducting background research, speaking with ADA experts and investigating the feasibility of creating a new exam table that was more accessible, yet affordable. From this research they identified the ideal high and low table needs as 37 inches for the high point and 17 to 19 inches for the low. Aiming for an easy-tomanipulate, reliable and inexpensive table, they chose a scissor-lift mechanism for switching between height options.

At \$3,500 to \$4,000, the barrier-free table is more costly than the best-selling \$800 to \$1,000 box table, but is still an option for physicians looking to enhance accessibility of their services. The development of Midmark's product has benefited from extensive research and testing by a variety of focus groups, including patients with disabilities and medical professionals. "When you look at the need in a medical facility for accessibility, obviously the table is the point of care where the physician and the patient interact ... so our whole goal is to make that point of care—the interaction—as comfortable and as easy as possible," explains Wells.

Midmark makes a sharp distinction

between power tables and barrier-free tables. Physicians are already familiar with power tables and their expensive price tags, but barrier-free tables are purposefully designed for accessibility as well as meeting the needs of medical practitioners, providing convenience and ease for everyone.

"Our goal is to have every exam room accessible," says Wells. Midmark began selling the barrier-free tables in 2002 had has been manufacturing them ever since. While the box tables are still their bestseller, word of mouth is spreading and physicians are learning about the benefits of using accessible tables.

### **Access Means Prevention**

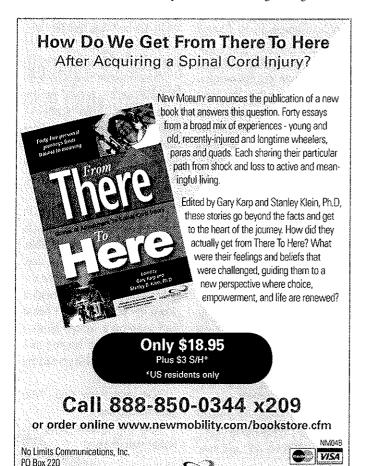
Christie MacDonald's life changed as a result of the Kaiser Permanente lawsuit settlement agreement in California. As a complete para, she had not been weighed in 23 years, but changes implemented with the agreement brought an accessible scale and examination table into her physician's office, altering her health care experience forever.

Now MacDonald can transfer herself easily to a Midmark barrier-free table when she visits her doctor. Previously, she had endured frightening transfers and pain from improper

handling, or had just been awkwardly examined from her wheelchair. Physicians had trouble diagnosing secondary conditions, such as pressure sores, and she had to maneuver in her chair for examinations.

Accessible medical exam tables will allow people like MacDonald to obtain better health care. "I've worked with other people to help them with their physicians, let them know about tax incentives, get information about how their doctors can get them," says MacDonald. And with tax incentives to aid small practices with the purchase of medical equipment, making these improvements is becoming more attainable.

With greater awareness about accessible medical examination tables and their importance, physicians can make choices that will radically improve their patients' health. Midmark and other manufacturers are prepared to sell their tables and educate medical facilities. But, above all, patients need to speak up to see that these changes are made. As Kailes asserts, "If you're going to give somebody decent, equitable treatment that's equal to what everyone else gets, then being able to get onto the table is part of the whole treatment."



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# **DO YOU HAVE PAIN?**

The Department of Anesthesia at the Brigham and Women's Hospital, located in Boston, Massachusetts is currently seeking adults 18 - 70 to participate in a 31-week research study to evaluate investigational drugs as a treatment for specific types of pain as a result of a Spinal Cord Injury (SCI). The study involves 5 or 6 hospital inpatient visits. Participants will receive up to \$1600 upon completion of the study.

Contact: Kate Jenkins at (617) 525-PAIN (7246), or email Paintrials@partners.org



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