



## Standing Wheelchairs Improve Users' Health and Independence. So Why Won't Insurance Agencies Cover Them?

Too much time spent sitting can put people at risk for a wide array of health conditions (1, 2). For many, the solution is simple: sit less, and stand and move around more.



Of course, it is more complicated for people who use wheelchairs: even those who use manual wheelchairs and do substantial aerobic exercise and upper-body strength training may experience certain negative effects of excessive sitting. For example, they may develop digestive problems due to pressure on internal organs.

One way for wheelchair users to avoid problems associated with continuous sitting is to use "standing wheelchairs." Some permit wheeled movement while standing *or* sitting; others can only be moved while the user is sitting, but can raise the user into an upright, stationary position. Like their 'traditional' counterparts, standing wheelchairs are available in both manual and power-operated forms.

There are substantial benefits associated with using this type of equipment. These were made clear by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) in their publication "RESNA Position on the Application of Wheelchair



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Standing Devices.” They argue that standing wheelchairs and similar devices improve physical well-being. This is backed up by many health measurements, including:

- Breathing ability
- Digestion
- Bladder function
- Blood circulation
- Muscle tone
- Bone mineral density
- Skeletal structure
- Incidence of pressure sores (3)

Moreover, standing wheelchairs give users greater independence when it comes to doing day-to-day activities. For those who don't live in modified homes, this can be drastically life-altering. For those who do, it can still make it much easier to navigate work, travel, etc.

The ability to engage with others at eye-level also has a lot of social benefits. As Lucy Webster writes in an opinion piece published by the Guardian, “Yes, of course [having a standing wheelchair] means that I can reach things on shelves and whatnot. But it also means I can do typical twentysomething activities such as introduce myself in a noisy environment or even, God forbid, sit at a bar” (4).

Considering how much standing wheelchairs can improve users' physical health, independence, and social life, it is not hugely surprising that RESNA also found an increase in psychological well-being.

For all their benefits, standing wheelchairs come with a pretty hefty cost: high-quality powered standing wheelchairs are upwards of \$50,000. Manual options are less expensive, but still sell for thousands of dollars (5).

Frustratingly, [Medicare, Medicaid, and private insurance companies](#) often refuse to cover



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standing wheelchairs. They may argue that this type of equipment is not medically necessary, too experimental, or a convenience item. Considering the research, however, these claims seem unsubstantiated. Data supporting the health benefits of standing wheelchairs (as well as the costs of *not* having one) abounds, and this equipment has certainly surpassed the experimental phase. The response that standing wheelchairs are a “convenience” item sometimes goes along with the suggestion that people instead just transfer out of a seated wheelchair and into a stationary stander for a portion of the day (6). Unless people are going to bring both types of equipment with them everywhere, this would probably mean a short period of standing once or twice a day, perhaps less often for those who need assistance transferring from one device to the other. Research shows that it is best to stand periodically throughout the day, and that time spent standing should add up to about four hours a day (7). The ideal duration and frequency of standing may vary from person to person, but should be determined by individual ability/comfort level and the advice of medical professionals, and *not* by a lack of access to [adaptive equipment](#) like standing wheelchairs.

In her op-ed, Webster writes, “For some disabled people, our wheelchairs are the substitute for our legs. Yet the way we treat disabled people is like asking someone who has broken both legs to pay for the operation to fix the second break – and this from a government that aims to get more of us in work, while remaining indifferent to helping us do so.” She is referring to the U.K.’s national health system (NHS), but the same could be said of governmental programs in the U.S.

Some people *have* found ways to get the government to pay for their standing wheelchair. This may involve writing a very detailed letter explaining why this equipment will help to alleviate their *specific* health conditions (not just why it is generally useful), and backing it up with statements from their doctors and relevant research papers (6). Persistence helps. Some even contact congressional representatives (5). State-run programs may be easier to persuade than national ones.

Others seek assistance from VA hospitals, nonprofits, or religious organizations. They may



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also turn to crowdsourcing websites like GoFundMe.

It is of course a good thing that people are finding alternative ways to pay for standing wheelchairs, but they shouldn't have to. In an ideal world, GoFundMe would be used for creative business startups and study abroad trips – not providing something so critically important to physical health, independence, and psychological well being. Governmental agencies and private insurance companies should recognize that this is within their jurisdiction.

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Sources:

[Too much sitting: The Population-Health Science of Sedentary Behavior](#)

[Sitting Can Increase Your Risk of Cancer By Up to 66%](#)

[RESNA Position on the Application of Wheelchair Standing Devices](#)

[Wheelchairs have come a long way – shame the NHS hasn't](#)

[Stand Up and Go with Mobile Standers and Standing Wheelchairs](#)

[Justify It: Standing Frames and Wheelchairs](#)

[The sedentary office: a growing case for change towards better health and productivity.](#)