WINTER 2011

Ways and Means

METHODIST REHABILITATION CENTER

Earl R. Wilson, Founding Chairman

METHODIST
REHABILITATION CENTER

Ways & Means

Features

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Methodist Rehabilitation Center provides comprehensive medical rehabilitation programs for people with spinal cord and brain injuries, stroke and other neurological and orthopedic disorders. The 124-bed state-of-the-art hospital in Jackson has twice been designated a Traumatic Brain Injury (TBI) Model System site by the National Institute on Disability and Rehabilitation Research and is also the only hospital in Mississippi twice named one of America's best by U.S. News & World Report. Methodist Rehab is one of only two hospitals in the state accepted into the prestigious Council of Teaching Hospitals.
Mission Statement | In response to the love of God, Methodist Rehabilitation Center is dedicated to the restoration and enhancement of the lives of those we serve. We are committed to excellence and leadership in the delivery of comprehensive services.

THE Challenge

Methodist Rehab is known as a place that puts life-changing recoveries within reach.

That's why Paul and Karen Hasley of Ocean Springs pinned their hopes on our expertise after their son Shane barely survived a near-fatal car crash.

On pages 54 to 57, you'll learn how our comprehensive services helped the 19-year-old overcome both a severe brain injury AND an amputation. And you'll see why the Hasleys are forever grateful that the family of another brain-injured teen recommended Methodist Rehab.

"I will never tell anyone there's no such thing as miracles," said Karen. "If we had not made the trip to Methodist Rehab, I think Shane would have been bedridden for the rest of his life."

Our staff is proud to be part of such amazing transformations. But we also wish more people understood that you don't have to survive a worst-case scenario to benefit from our in-depth services. The experience we gain treating the most catastrophic injuries and illnesses also makes us the right choice for people confronting a wide variety of disabling conditions.

For instance, we've had great success addressing the needs of people suffering from the crippling effects of chronic pain. On pages 18 to 29, you'll meet the experts on our pain management team and learn about the tools they use to help patients break free from the chronic pain cycle.

This mission takes a multi-disciplinary approach, and we've gathered all the right resources on our Flowood campus – from anesthesiologists who manage pain with interventional techniques to rehab physicians who utilize non-surgical strategies to achieve long-term results.

"It's our job to support the patient physically, emotionally and spiritually while improving the pain symptoms," says pain management physician Dr. Bruce Hirshman.

It's a sentiment that sounds like Methodist Rehab's original mission statement, and that's no coincidence. No matter how many new programs we offer or where our growth takes us, we'll always be "dedicated to the restoration and enhancement of the lives of those we serve."

Mark A. Adams
President and Chief Executive Officer
Methodist Rehabilitation Center

"From the very beginning, we pledged to make this an exceptional facility and to be first in rehabilitative research, treatment and care."

— the late Earl R. Wilson, Founding Chairman Methodist Rehabilitation Center

Wilson family gifts to research foundation surpass $1 million

Family members of the late Earl R. Wilson, founding chairman of Methodist Rehab Center, have made $285,000 in new pledges to the Wilson Research Foundation at MRC. The gift extends the family's lifetime giving beyond $1 million, and will provide research and services to help patients recover abilities and enjoy a better quality of life.

"The Wilson family's impact on Methodist Rehab Center is among the greatest philanthropic and service legacies in Mississippi," said Chris Blount, foundation director.

The gift will help Methodist Rehab Center better understand and treat debilitating muscle spasticity, paralysis, confusion, despair and other obstacles patients face after suffering a stroke, brain injury or spinal cord injury.

"We have only begun to scratch the surface of the needs we can meet and the lives we can change through research and technology," Blount said. "Recent advances add much more independence and higher quality of life compared to what we could do just a few years ago."

"Though Mr. Wilson passed away in 2000, his legacy lives on through every patient we help and through the remarkable work of the Wilson Research Foundation," Blount said.

Named to honor Earl and Martha Lyles Wilson, the foundation was established by Mary Ann and the late H.F. "Mac" McCarty, Jr., and its purpose is to fund research, technology and services that drive innovation and excellence at MRC.

Continued on next page

From left, Ann Wilson Holifield, Martha Lyles Wilson and Ginny Wilson Mounger, the daughters and spouse of the late Earl R. Wilson, founding chairman of Methodist Rehab Center, gather at the unveiling of a statue in his honor. (Not shown is daughter Amy Lyles Wilson.)

The Wilson family – a legacy of hope

"To understand the significance of this incredible $1 million gift, we need to remember Mr. Wilson and what drove him to pursue the creation of a rehab center," Blount said.

In Wilson's own words in an interview in the 1990s, the vision began to take shape when he was young attorney working in the oil and gas industry, traveling the back roads of rural Mississippi.

"You'd see people with disabilities who didn't have access to any kind of medical assistance," Wilson said. "There was always someone who had to care for the disabled person, so the disability was taking two people out of the workforce. We needed to get the disabled person and the caretaker back in the workplace."

Working with co-founders Dr. Jesse Wofford, the late Hilton Ladner and the late Frank Hart, Sr., the team studied other leading rehabilitation centers, arranged grants and financing, and skillfully forged a cooperative agreement with a number of institutions including the state legislature, Institutes of Higher Learning, the Methodist Church and state agencies. The decade-long effort resulted in the 1975 opening of a state-of-the-art hospital, one that is often recognized as among the finest rehabilitation and research centers in the nation – indeed, the world.

"Not only was Mr. Wilson the catalyst behind the creation of the center, he was its heart and soul for nearly 30 years as chairman of the board of trustees," Blount said.

"My father was committed to his vision for what became the Methodist Rehabilitation Center," said Ginny Wilson Mounger. "Although he has been gone for almost a decade, his influence is still felt as keenly as ever. It is almost like he has just 'stepped away' after thanking our fine physicians, administration, staff, and of course, our donors and volunteers. The Wilson family remains stewards of that commitment and vision."

A Solid Foundation

Today, the Wilson family's active presence continues. Martha Wilson serves on the foundation's board of governors. Ann Wilson Holifield is a trustee of MRC. Judge Ginny Wilson Mounger chairs the foundation board. Amy Lyles Wilson offers counsel in public relations and social media. And one of Earl Wilson's grandsons, Wilson Holifield, serves on the board of a key MRC affiliate, Methodist Accessible Housing, Inc. which provides critically important housing for low-income disabled persons.

Mississippi has many generous people and many worthy causes to support. But the Wilson family's legacy is truly breathtaking.

"It is a legacy built on the footsteps of patients who were told by a surgeon that they would never walk again, yet they did walk right out of our front door after being treated here. It is a legacy built on technology that allows severely disabled persons to use a computer or to return to vocational employment, instead of staring at a wall or a TV all day," Blount said.

The Wilson gift and other recent major gifts will allow the Wilson Research Foundation to expand its programs.

"We have many research successes, discoveries that have led to more meaningful recoveries for our patients," Blount said.

The foundation's core focus is to better understand and improve physical and cognitive functions after disabling illness/injury. These efforts over the past year alone resulted in 22 research studies and textbook chapters published from Methodist Rehab.

"It's not just about making global contributions to physical medicine," Blount said. "Just as important is that our patients today receive more accurate diagnosis, treatment and evaluation because we have research staff and facilities here working with patients and therapists."

Establishment of a support foundation was important to the founders of Methodist as a way to ensure the hospital's excellence in research, education and technologies that would be transformative for patient care.

"These gifts are allowing us to expand brain injury, stroke and spinal cord injury research, and we have some exciting new projects under way" Blount said. "We are helping make Methodist Rehab Center an internationally recognized center of excellence."

"Thanks to the Wilson family and other gifts, there are no limits to what our patients can achieve through Methodist Rehabilitation Center."

"My father, Earl Wilson, was committed to his vision for what became the Methodist Rehabilitation Center. Although he has been gone for almost a decade, his influence is still felt as keenly as ever."

— Ginny Wilson Mounger

no idle hands here

strong work ethic at root of remarkable recovery

At left, Jerry Vardaman twists and turns the various size screws, nuts and bolts in the Valpar 4, a device that helps patients work on their fine motor skills. Above left, Vardaman wears a Bioness neuro-stimulation device on his left arm as he plays a game of bounce and catch with occupational therapist Pat Baird, left, and physical therapist Karen Klein. The exercise helps develop upper extremity strength and coordination and was part of an ambitious treatment plan to get Vardaman back to doing the things he loves – like taking walks with his English bulldog Rowdy.

Jerry Vardaman can't stand to be idle.

So the stroke patient knew he was in the right place when he rolled into Methodist Outpatient Neurological Rehabilitation in Flowood.

"The first thing physical therapist Karen Klein said to me was: Put your wheelchair in a closet and be prepared to work hard," remembers Vardaman.

"And he worked so hard, he wore the rubber bottoms off a brand new pair of shoes," Klein said.

But that's to be expected. Vardaman is well-known for his industrious nature.

On the May 31 morning when a clot began blocking blood flow to his brain, Vardaman had been up since 4:30 a.m. doing housework.

"I went into the bedroom to take a load of clothes and had this sudden weakness on my left side," said the public health prevention education specialist for the Mississippi State Department of Health. "Since I am a diabetic and I hadn't eaten anything, I fixed a quick snack. After the symptoms didn't subside, I pretty much knew it was a stroke."

Since he's only 41, many might consider Vardaman unusually young for a stroke victim. But Methodist Rehabilitation Center physician Alyson Jones says cases like his are all too common.

"A lot of people think stroke only happens to the elderly," she said. "But at one point, half of the patients on our 22-bed stroke floor were under age 60. It's very discouraging."

Over the past five years, Methodist Rehab has treated 351 stroke patients age 60 and under, including 115 age 50 and under. Like Vardaman, many suffer from an increasingly familiar trio of risk factors – diabetes, hypertension and high cholesterol.

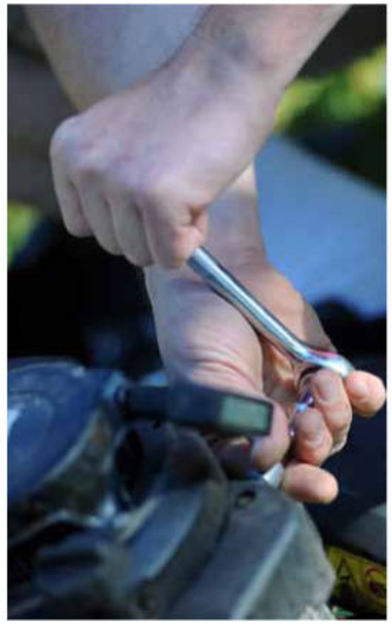
"It's a combination that leads to blood vessel abnormalities that can compromise blood flow and promote abnormal clotting," Dr. Alyson Jones explained. "So the best defense against stroke is to have your medical issues under control."

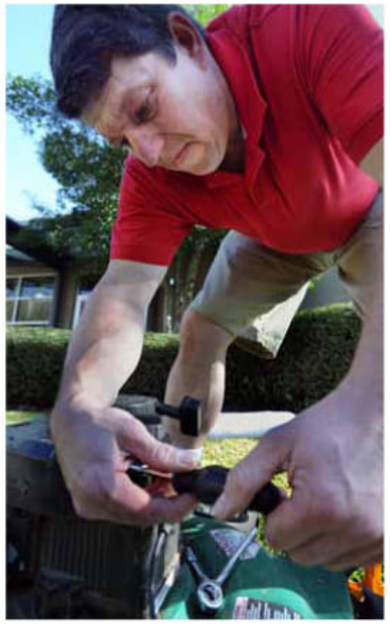
Escalating hypertension may have played a role in Vardaman's stroke. Due to an expired prescription, he had been without his blood pressure medication for more than a week.

His wife, Emily, drove Vardaman from their Brandon home to the hospital that May morning. And by the time they covered the 17.5 miles to Baptist Medical Center in Jackson, his condition was critical. "My lower left lip had drooped, I was slurring my speech and I had lost all mobility on my left side," he said.

The foreboding set of symptoms prompted a flurry of activity at Baptist's emergency room, where staff is well versed in the protocols for diagnosing and treating stroke.

"We have an established stroke program, and we are very aggressive," said neurologist Keith Jones, stroke director at Baptist. "We have trained people to be very responsive to stroke patients. Nurses in triage have standing orders to get a computed tomography (CT) scan done, to get the lab people to run in and draw blood and to send STAT pages for a neurologist to respond."





At left, Jerry Vardaman follows instructions as physical therapist Karen Klein supervises a workout on the leg curl machine. Vardaman's therapists also incorporated his hobbies into his treatment plan, which explains why some of his hand therapy sessions involved lawn mower repair.

At stake is the limited time to use tissue plasminogen activator (tPA), a clot-busting drug that can significantly reduce the disabling effects of stroke. If administered intravenously, tPA must be given within three hours of stroke onset.

"You have to meet very tight criteria when using tPA," Dr. Keith Jones said. Patients must be experiencing a significant stroke, have no bleeding in the brain or body and their blood pressure must be within an acceptable range.

At 220 over 120, Vardaman's blood pressure was initially too high. But because he got to the hospital quickly, there was time to bring it down with medication. "He had to receive three rounds of IV medication," Dr. Keith Jones said. "But we were able to give him the tPA three minutes before the three-hour window expired."

The tPA did not dramatically reverse Vardaman's impairments immediately. He continued to have paralysis on his left side. But tPA has been shown to significantly increase the chance of functional recovery months later.

Both Dr. Joneses say Vardaman has shown remarkable progress since his stroke. "While tPA is very important, I think the reason he did well has more to do with our very detailed stroke care, " Dr. Keith Jones said. "We keep the blood pressure right and help avoid complications such as pneumonia and blood clots in the legs."

Dr. Keith Jones said another factor was the expert care provided by the experienced stroke rehab team at Methodist Rehab

"They have never disappointed me," he said. "It's very important for patients to have a cheerleader or a drill sergeant in order to accomplish things that can be difficult. MRC has very dedicated therapists who do more than they have to."

The knowledgeable staff also is up-to-date on the most advanced therapies and technologies for encouraging recovery. As a result, Vardaman was able to benefit from two Bioness neuro-stimulation devices that helped re-train weakened muscles in his left leg and hand.

Vardaman said his mindset has always been: "I don't want anything to beat me." He vowed not to let anything get in the way of his therapy time – including visits from his physicians.

"He would say: I've got to go to therapy, and he would leave me," said Dr. Alyson Jones. "He even asked me to give him his blood pressure medicine at 5 a.m. because he was up early doing exercise in his room."

Think FAST to remember stroke symptoms.

F=Face -Ask the person to smile. If one side of the face appears crooked or drooping, this person may be having a stroke

A=Arms -Ask the person to lift both arms in the air. If this is difficult with one arm, this too might be a sign that this person is having a stroke

S=Speech -Ask the person to speak. If words are slurred or the person is unable to speak, it might be signs of stroke

T=T is for time. If any of the above symptoms are present, you must call 911 immediately in order to make sure that this person reaches the hospital FAST.

What's the rush? tPA a potent treatment for stroke, is not effective unless it is given within three hours of the onset of stroke symptoms. Most people who could benefit from this and other powerful treatments wait too long to call for help and end up missing the time window for treatment. Don't let this happen to you or your loved ones. Educate yourself and others about stroke before it strikes and be prepared to act FAST.

Source: National Stroke Association

His desire to help take care of his grandson, Nicklies, motivated Jerry Vardaman to work hard in therapy. A month after Vardaman's stroke, Nicklies arrived 10 weeks early, weighing a mere 1 pound, 12 ounces.

By the time he left inpatient care, Vardaman had made significant progress. He arrived at Methodist Rehab's outpatient facilities determined to get even better.

"He wanted to be able to walk without a cane and brace, use his left arm and hand, regain the ability to drive and return to work," said Pat Baird, an occupational therapist at Methodist Outpatient Neurological Rehabilitation. "It has been a joy to see him reach those goals. He was a model patient in terms of motivation, hard work and following our recommendations."

In fact, Vardaman does everything asked of him in therapy – and then some.

"If we give him two new exercises, he does those plus every exercise he has ever been given," Klein said. "One thing we constantly do with him is reassess his function and goals and strive for the next level. We mostly make his sessions about what he is doing at home and what he wants to get back to doing to be more independent."

That explains why Baird recently brought Vardaman a broken lawn mower to fix. It was a way for Vardaman to work on the fine motor skills in his left hand and get back to an activity he loves.

"I work on lawn mowers as a hobby and a way to help out, and I enjoy doing it," he said. "You take apart something non-functional, clean it up, replace the worn-out parts and you have a working machine."

Now that he's back at his job, Vardaman feels like he has been through a similar transformation. And he's thankful for all his "rebuilt" body can do. He can help out with his preemie grandson, walk his English bulldogs and drive independently.

Plus, he's as handy as ever. He recently celebrated his renewed abilities by tearing down the wheelchair ramp to his house. "I wasn't able to assist with the construction," he said. "But I did the demolition myself."

Stroke Prevention Tips

Control Your Blood Pressure

Don't Smoke

Limit Your Alcohol Intake

Lower Your Cholesterol

Maintain a Healthy Weight

Recognize and Control Diabetes

Be Physically Active

Eat a Healthy Diet

Get Regular Doctor's Checkups

Find Out If You Have Atrial Fibrillation

We've "flipped" the fourth floor

HGTV isn't the only place to find great "befores" and "afters."

After months of planning and renovation work, Methodist Rehab is close to raising the curtain on its remodeled stroke floor.

"We plan to open the unit in January, and I think everyone involved in the project is eager to show off the updates," said hospital CEO Mark Adams. "A lot of thought and hard work went into creating an environment that will enhance the recovery of our stroke patients and help them achieve maximum independence."

While improved functionality was the primary focus of the renovation, aesthetics were obviously not an afterthought. The new design of the 14 private and four semi-private rooms is a marriage of usability and beauty.

Wide-framed doorways allow easy wheelchair passage – and give the space an open, airy feel. Carefully angled lighting illuminates clinical examinations – and provides an inviting ambience. The beautifully tiled bathrooms are a spa-like space where the accessible counters, sinks and showers safely accommodate people with disabilities. And the warm, laminate wood underfoot meets infection-control standards, yet is more home-like than traditional hospital flooring.

Completing the home-away-from-home feel is the addition of soothing paint colors, comfortable furniture and flat screen HD-TVs. Plus, there's plenty of closet space and a sleeping couch for family members.

A variety of staff members – including physicians, nurses, therapists and rehab techs – contributed their expertise to the design process. Many also "test-drove" potential products for the rooms.

"It seemed like we sat on hundreds of chairs," said Susan Greco, vice president for patient care services and program director at Methodist Rehab. "We even tried out several versions of the sleeping couch."

The group's input resulted in a number of improvements that will benefit patients and staff alike. An example is the addition of new lift systems throughout the stroke unit, and on the brain and spinal cord injury floors, as well. The equipment – which ranges from ceiling-mounted models to freestanding units – bears the weight of patients as they transition from one position to another during therapy or in their rooms.

"We believe the lift systems will help patients feel more secure and prevent staff injuries," Greco said. "Positioning and transferring patients is a major source of back injuries among people who work in rehabilitation hospitals."

Greco said a decision was also made to re-design the floor's nursing station to include two different counter heights – a high one to ensure the privacy of patient information and a lower one to accommodate wheelchair users.

Designers also updated the space encompassing staff offices and the therapy gym. And Greco predicts that patients and staff alike will enjoy their new environments.

"We have a very nice kitchen and dining room and spacious therapy and social areas," she said. "We also have windows on both sides of the therapy gym and lots of natural light, which is good for everyone's mental health."

"A lot of thought and hard work went into creating an environment that will enhance the recovery of our stroke patients and help them achieve maximum independence." — Mark Adams, Methodist Rehab CEO

With the help of a high-tech power wheelchair, Hattiesburg pediatrician John Gaudet can continue his hands-on style with patients. The wheelchair allows him to sit or stand, so he is always at the right height to interact with Children's Medical Group patients like Chaz Welborn of Laurel.

The doctor will see you now

Hattiesburg pediatrician John Gaudet likes to get up close and personal with his young patients.

So when muscular dystrophy began to hamper his hands-on style, he sought help from the Assistive Technology (AT) Clinic at Methodist Rehab.

Clinic staff looked at Gaudet's health and lifestyle needs and custom-fit the active physician with a standing power wheelchair. Now he can rise high to reach babies in hospital bassinets or go low to capture wiggly toddlers at his Children's Medical Group office.

"It gives me more flexibility – it's liberating," he says. "I really wouldn't be able to do my job efficiently without it."

Gaudet's success with his high-tech wheelchair has earned him a role in Methodist Rehab's Now I Can campaign. Through a series of posters, the campaign highlights the achievements of former Methodist Rehab patients.

"The posters are prominently displayed on our second floor, and we did that for a reason," says Mark Adams, chief executive officer. "We believe it helps new patients realize that recovery is within reach."

Gaudet's poster shows him doing his job from a sitting and standing position. It's an image that helps others understand the versatility of today's assistive technology, says physical therapist Allison Fracchia, coordinator of Methodist Rehab's AT Clinic.

"People who are new to the wheelchair market often have no idea how many innovations have been introduced in the last 10 years," says Fracchia, one of but a few certified assistive technology practitioners in the state. "I feel like one of my responsibilities is to educate people about the options and discuss the pros and cons."

Gaudet says he initially resisted using a wheelchair, even though the progression of his disease had affected his strength and endurance. Instead, he used a motorized scooter for long distances. Then a sprained ankle forced him to borrow a wheelchair for a few days, and he had an epiphany. "It was like: Hey, I'm doing more now than before I got injured. It expanded my abilities," he says.

When he first began conferring with Fracchia, Gaudet had set his sights on an iBOT Mobility System, a power wheelchair that is no longer manufactured. The iBOT was best known for being able to climb stairs, but Gaudet was most interested in its ability to raise users to eye-level height while they were still seated.

Gaudet figured the feature would help him navigate hospital nurseries, where bassinets and counter heights can be out of reach for wheelchair users.

Parents like Abigail Welborn are often hesitant to ask Dr. John Gaudet about his wheelchair. But the pediatrician says he enjoys being able to educate people. 'I don't want kids to associate chairs with trouble," he said. "Sometimes I even give rides to the check-out window."

> "I really wouldn't be able to do my job efficiently without it."
> — Dr. John Gaudet

But Fracchia had some reservations. "The iBOT works with gyroscopes and is dependent on your center of gravity," she says. "If you lean forward in an iBOT, the chair itself also rides forward."

When Gaudet realized he would be crashing into an exam table every time he bent over to examine a patient, he began working with Fracchia to find a wheelchair that was a better fit.

As she does with all her clients, Fracchia began an in-depth analysis of Gaudet's physical abilities, medical issues and his work and home environment. It soon became clear that a standing wheelchair would help him on several fronts.

For instance, he can now avoid leaning forward while seated, a position that left him breathless due to nerve damage in his diaphragm. The standing feature also affords better access to his patients and puts him eye to eye with parents. He also has gotten his wish to address lecture audiences standing up.

Fracchia said people who use standing wheelchairs also reap some wellness benefits from being weight-bearing a portion of the day. Being upright helps slow the loss of bone density, promotes more normal kidney and bladder function, reduces spasticity and prevents pressure sores.

Gaudet says Fracchia's expertise proved invaluable throughout the evaluation process. "One of her many strengths was assisting with the insurance," Gaudet says. "She had to write a lengthy certificate of medical necessity, and she was fastidious in her attention to detail."

Nowadays, Gaudet can get just about anywhere he needs with a simple flick of a joystick – and don't think his young patients haven't noticed. They're blatantly curious about his wheelchair, and Gaudet encourages their interest.

"They may play with the flashers or horn, and their parents sometimes snap at them," he says. "But I reassure them and encourage the kids to plunder a bit."

Gaudet says parents also get a bit uncomfortable when their children blurt out questions. "The kids will ask: 'Why do you need that?' or 'You can't walk?' I quickly jump in and give a straightforward and age-appropriate answer like 'I have muscular dystrophy. I can walk a little bit, but I use a power chair most of the time so I can be faster.'

"I don't want kids to associate chairs with trouble," he adds. "Sometimes I even give rides to the check-out window."

APPROVED

CARF

Latest accreditation sets METHODIST REHABILITATION CENTER APART

Methodist Rehabilitation Center recently became the only hospital in Mississippi to receive specialty accreditation for brain and spinal injury rehabilitation and one of only seven with specialty accreditation in stroke rehab. MRC received the three-year accreditation from CARF International, an independent, non-profit organization that has been measuring the quality of medical rehab programs since 1966.

"While we've been CARF-accredited since 1992, we believe this latest stamp of approval reflects our unique expertise," said Mark Adams, chief executive officer of Methodist Rehab. "We earned accreditations in all three of our specialty programs – both inpatient and outpatient – because we've built an in-depth program that focuses on the lifelong health care needs of people with disabling injuries or illness."

In its survey report, CARF highlighted several "exemplary" services, including the hospital's patient-focused research projects, extensive assistive technology resources and adaptive sports programs.

"At traditional rehab hospitals, you're not likely to find a dedicated rehabilitation research program integrated into clinical services, support for a wheelchair fencing program and other adaptive sports, or a place where you can get a hands-on demonstration of the latest adaptive technology for computer users who are paralyzed," Adams said. "But at Methodist Rehab, such programs are a natural progression of our commitment to the community and patients we serve."

Support Services

Employee of the Year

Connie Snow

At Methodist Rehabilitation Center's Quest program, Connie Snow of Canton has long been known as the woman who welcomes everyone with a friendly smile.

Now she has reason to grin even wider. Snow was named Methodist Rehab's Employee of the Year for Support Services.

When the announcement was made at the hospital's annual employee banquet, Snow said she was surprised and deeply appreciative. "I'm thankful that my coworkers thought I was deserving," she said. "It is a very big honor."

As admissions coordinator for Quest, Snow helps indentify potential candidates for the outpatient community reintegration program for brain injury survivors and takes care of the details to get them admitted.

She considers the job as much a calling as a career. Since joining Methodist Rehab in 1983, Snow has had a special place in her heart for the hospital's brain injury patients.

"They have to go through such traumatic upheaval in their lives," she said. "I first began working with them on an inpatient basis. Some of them really became like family because they would be in rehab such a long period of time."

Snow often wondered how patients fared after they left the hospital, so she's grateful that her transfer to Quest gives her the chance to follow their progress. Now she's like a proud mama when Quest participants "graduate' from the program and go back to school, work or volunteering in the community.

"I always wanted to see the success of what they accomplished after they had gone through outpatient therapy and Quest," she said. "I tell you it's really amazing what our therapists do."

The therapists, in turn, say they are in awe of all Snow manages, much of which isn't in her job description.

"She is the most amazing multi-tasker that one can know," said Quest occupational therapist Charlene Toney. "She handles all the questions from all the staff all the time, and she never complains."

"She does her job plus many, many other duties," said Quest therapy manager Julie Walker. "Patients frequently express how helpful she is, and they love to see her smiling face."

Snow likes being known as the lady with the smile, and she hopes Quest clients understand that their accomplishments are often the source of her joy. "Many of them are so dependent when they come in. Then they get better, and you can see the success on their faces. Seeing them get their self-esteem back is amazing."

Clinical Services

Employee of the Year

Bridgett Pelts

"I tell my patients that I'm going to treat them like I would want to be treated. And I know I would want to regain all the abilities I could."

For the majority of her 19-year career at Methodist Rehab, occupational therapist Bridgett Pelts has worked with spinal injury patients.

And the operative word here is "worked." Pelts never stops pushing her patients, and most come to appreciate her no-nonsense approach.

"People say she doesn't cut them any slack," said Suzy Mayer, director of therapy services at Methodist Rehab. "Every minute of their therapy session is put to good use. Despite how hard she works her patients, they all feel like she has their best interest at heart."

Indeed, the support of patients and their families is one of the reasons Pelts was honored as Clinical Employee of the Year for 2009.

"People have singled out Bridgett in many patient satisfaction surveys," Mayer said. "They often comment that their goals in rehab were met because she pushed them to do as much as they could for themselves."

Pelts brings the same drive to other facets of her job, recently volunteering to teach Functional Independence Measure classes to her coworkers. "It's a lot of work, time and commitment, and she still does her regular job on top of that," Mayer said.

"A lot of people tease me that I'm here all the time," Pelts said. But she said she is just doing for others what she hopes others would do for her.

"I tell my patients that I'm going to treat them like I would want to be treated. And I know I would want to regain all the abilities I could," Pelts said.

Notoriously leery of the limelight, Pelts had a stomach full of butterflies as she headed to the stage to accept her award at Methodist Rehab's annual employee banquet. But she said she was proud to receive the recognition.

"I was happy to be chosen," she said. "I felt rewarded for years of hard work and dedication for our patients."

But better still, she said, is the reward of watching those she has treated get on with their lives. "Some go back to school or work or get married and have children and you feel excited for them," Pelts said. "It makes you feel really good when you help them gain some level of independence or control over their lives."

Pain patients reap benefits of coordinated care

Please...make it stop!

It's a recurring plea for those with chronic pain, and one that Methodist Rehabilitation Center is uniquely qualified to answer.

On the hospital's Flowood campus is a trio of pain-centered clinics – Methodist Pain Management, Methodist Spine & Joint and Methodist Outpatient Rehabilitation.

"I think we have collected a staff of experienced physicians who offer patients a choice in style of physician and physician-patient interaction," says Dr. Bruce Hirshman, a physician at Methodist Pain Management.

Clinic physicians are board-certified in their specialties and include three physicians who do interventional pain procedures and two physical medicine and rehab physicians who specialize in non-surgical pain-relief strategies.

They collaborate with other health professionals on the campus, including:

- physical and occupational therapists who use exercise and other techniques to alleviate pain
- an orthotics and prosthetics department that provides therapeutic bracing
- a primary care physician who focuses on weight management
- a psychologist who addresses the psycho-social aspects of pain

"We are a one-stop shop where patients can access our system in multiple places," says physical therapist Joe Jacobson, director of outpatient services at Methodist Rehab. "Coordinated care gives you a better, faster, less expensive, long-term result."

And it's a strategy that Methodist Rehab is bringing to outlying areas, as well.

"We have established one of the strongest rural outreach programs of any pain management facility in the United States," says Hirshman. "Patients are served on-site by physicians who visit the communities of Kosciusko, Magee, Forest and Louisville. We hope to further expand this outreach program."

Hirshman says the program includes patient evaluation, electro-diagnostic services and, in some communities, on-site spinal procedures. He said his team maintains a strong alliance with patients' primary care providers in the outlying areas and helps provide assistance in treating chronic pain.

Coordinated care matters because many patients are in a long-term, chronic pain cycle before they seek relief.

"Frequently, people first try over-the-counter treatments, or they'll change their exercise routine," Hirshman says. "I've

Bruce Hirshman, D.O.
Staff Physician

Dr. Hirshman is a board certified pain management physician at Methodist Pain Management. He is a graduate of the Michigan State University College of Osteopathy, a program that U.S. News & World Report ranked among the top five in the nation for the education of family practice physicians. Dr. Hirshman is also board certified in anesthesiology and osteopathic manipulation. Before coming to Methodist Pain Management, he served as president and medical director of Spine and Pain Therapy of the Keys, an interventional pain management practice in Key West, Fla.

Leon M. Grigoryev, M.D.
Staff Physician

Dr. Grigoryev is a board certified physical medicine and rehabilitation physician at Methodist Spine & Joint. Dr. Grigoryev graduated from Medical Institute in Riga, Latvia and finished his residency in physical medicine and rehabilitation at New York University and the Rusk Institute for Rehabilitation Medicine. He underwent fellowship training in the rehabilitation of acute spinal cord injuries at the University of Michigan. Before coming to Methodist Rehab, he was in private practice and served as medical director of Danville Regional Health System in Virginia.

"Sometimes it's hard to pinpoint different pain generators because so many factors are involved." — Dr. Leon Grigoryev

also seen people spend thousands of dollars on a new mattress without achieving back pain relief.

"Many patients have had pain as long as five to 10 years and before they come to a pain physician for help."

By then, it can take extensive detective work to uncover the root causes of their pain.

"Sometimes it's hard to pinpoint different pain generators because so many factors are involved," says Leon Grigoryev, a physical medicine and rehab physician for Methodist Spine & Joint. "Pain can be caused by structural or anatomical problems in the spine or joints or inflammation of the muscles or tendons. Or it can be related to problems with the kidneys, pelvic organs or digestive tract.

"Chronic back pain usually has a whole list of causes. It can be caused by degenerative diseases of the spine or narrowing of the spinal canal. It may be due to specific factors like degenerative discs or facet joint arthritis. We also need to consider other causes, such as myofacscial pain with trigger points in the back."

Finding the cause

The pain team typically begins its investigation with a prolonged patient interview, which Methodist Pain Management tries to schedule as quickly as possible. New patients are often seen within a week of first contacting the clinic, and once they arrive they don't wait long.

"It is unusual to wait more than 30 minutes," Dr. Hirshman says. "We realize going to the doctor is a source of inconvenience from work time, so we try to minimize it."

Once the exam begins, "we don't rush," he adds. "We obtain an extensive history – what makes the pain better, what makes it worse? We look at related health issues. Do they have diabetes? Is there an element of obesity? Are there other chronic debilitating diseases complicating the picture? And we spend a great deal of time looking at their psycho-social history, such as depression, anxiety and sleeplessness. All of these can contribute significantly to their pain complaint."

After a thorough history, the physicians then turn to diagnostic tests that can confirm the suspected causes of a patient's pain and help fine-tune treatment plans.

"Fortunately, tests have become more sophisticated," Dr. Grigoryev says. "If someone complained of leg pain before, there was no good way to determine if they had a herniated disc of the lower back. Now we have MRI scans that can pinpoint the level of disc degeneration and electro-diagnostic tests to look at the nerves and muscles. Ultrasound also can guide us when we're doing injections or trying to locate problems with soft tissues."

Interventional strategies such as diagnostic pain blocks also make it possible to pinpoint pain generators that don't show up via traditional imaging techniques, says John Adams, D.O., who performs interventional pain procedures at Methodist Pain Management.

"I take a needle to the structure and numb it up," Dr. Adams says. "If the pain goes away, that's where the problem is."

Long-term Commitment

After a diagnosis is made, a patient's lead physician coordinates care, often relying on a variety of disciplines to target specific problems. For instance, a patient might undergo a pain-relieving cortisone injection in order to be able to fully participate in restorative physical therapy.

"We have tools we can use to give a person immediate pain relief, but if you don't address the underlying causes, it's likely to come back," Jacobson explains. "Physical therapists contribute by assessing deficiencies in strength, range of motion, endurance and symmetry, and treat that to restore function."

When depression is a likely contributor to a patient's pain, psychologist Angela Koestler, Ph.D., brings her background to bear on the problem.

"The World Health Organization estimates that patients who experience persistent pain are four times more likely to have anxiety or depression than those without chronic pain," says Koestler, author of the book "Understanding Chronic Pain." "Many feel they have lost everything important to them."

Koestler teaches patients self-management and coping skills, which greatly contribute to their long-term well-being. "Patients can learn cognitive and behavioral strategies to improve their quality of life," she says.

Occasionally, a physician might "hit a home run" and make a patient totally pain-free, says Dr. Hirshman. "More often, our practice is devoted to turning down the volume of pain so it goes from unbearable to livable.

"Pain often affects a patient's ability to earn a living, relate to family and is often complicated by issues of depression, helplessness and hopelessness. It is our job to support the patient physically, emotionally and spiritually while improving the pain symptoms."

Treating chronic pain requires the expertise of physicians who understand the complex nature of the condition and are committed to helping patients find relief. Methodist Rehab's pain management team includes, from left, Dr. Carmela Osborne, Dr. Bruce Hirshman, Dr. Leon Grigoryev, Dr. John Adams and Dr. Gordon Lyons.

METHODIST
REHABILITATION CENTER
Outpatient Services

Managing the Usual Suspects

When pain is the problem, back ailments are usually the culprit. In a National Institute of Health survey, **back pain** topped the list of pain complaints, followed by **severe headaches or migraines, neck pain and facial ache or pain.**

Methodist Rehab staff treat these and other common pain generators including **joint and nerve pain, sciatica, fibromyalgia, pain after shingles, spinal stenosis, complex regional pain syndrome, sprains and strains, post-amputation pain and work or sports related injuries.**

Contact Us:

Methodist Pain Management
601-932-0238

Methodist Spine and Joint Center
601-936-8801

Methodist Outpatient Rehabilitation
601-936-8888

The Pain Management Tool Kit

A Thorough History – The key to a proper pain diagnosis is often an extended conversation. "If you listen to your patients, they will tell you what is wrong better than any diagnostic test," says Carmela Osborne, M.D., a physical medicine and rehab physician at Methodist Spine & Joint Center. Topics should include pain triggers, therapies that have helped in the past, accompanying health issues, and whether there is a history of depression, anxiety or sleeplessness.

An In-Depth Exam – A physical exam also pinpoints problems, and should include a look at gait patterns, strength, reflexes, range of motion, endurance, alignment, symmetry and sensation. "We also can do provocative testing to see what elicits pain," says Bruce Hirshman, D.O. an anesthesiologist and pain management specialist at Methodist Pain Management.

Decisive Diagnostics – Magnetic resonance imaging (MRI), electromyography (EMG), nerve conduction studies and ultrasounds are just some of the technology now used to diagnose pain generators and help fine-tune treatment. "Electromyography, for instance, is a tool we use frequently to delineate nerve pain from what isn't nerve pain," Dr. Osborne says. "It's more specific than an MRI. You might do an MRI of a patient's back and think they have stenosis. Then you do an EMG and see the L-5 nerve root is the problem, and you can target the treatment better."

Physical Therapy – Many patients benefit greatly from conservative treatments, and physical therapy is considered a good place to start, says Dr. Osborne. "Frequently, it makes a big difference, but patients have to be invested in it. It's not something just done to them, they have to participate." While most people associate PT with exercises that promote strength, endurance and flexibility, the field also has embraced treatments that use electrical stimulation, cold lasers, vibration and hands-on therapy to encourage healing.

Improved Medications – In the past, pain drugs have gotten a bad rap for promoting dependence. But there are newer medications on the market with less potential for abuse. "We also have sustained release narcotics that make it so patients don't have peaks and valleys," Dr. Osborne says. Another sign of progress are products like a new skin patch that delivers a medication proven effective in treating nerve pain associated with shingles. Spinal pain also can be addressed through medications that deliver pain-relieving drugs directly to the spine via an implantable pump.

Psychological Counseling – "The role of psychology is becoming more and more prominent in managing pain," says Leon Grigoryev, M.D., a physical medicine and rehabilitation physician at Methodist Spine & Joint Center. "Many patients benefit from therapy to improve coping skills and self management. They learn to adjust their levels of expectation and become more realistic about outcomes."

Interventional Strategies – An epidural steroid injection – which delivers anti-inflammatory medication to inflamed spinal nerves -- is probably the most well-known interventional strategy. But physicians also use injections to block painful sensation at the nerve root, facet joints and at trigger points.

"We also can burn, freeze or kill off painful nerves," says John Adams, D.O., a pain management physician with Methodist Pain Management. "And we use spinal cord stimulators in cases where other things have failed. A good candidate would be someone who has had back surgery and has tried injections, medications and physical therapy and he still has a shooting pain down his leg. We insert a wire inside the spinal column and the patient can use a remote control to scramble the pain signal as it goes up the cord. It lasts about five to seven years or until the battery needs replacing."

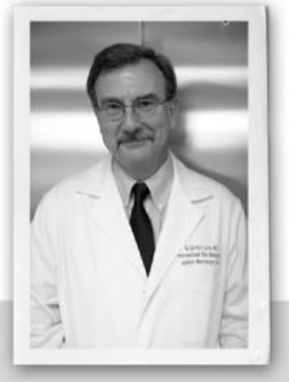
Hands-on Healing – Osteopathic manipulation, myofascial release, joint mobilization, massage and cranial-sacral therapy are all hands-on techniques that can be used to address musculoskeletal problems. The therapies offer pain relief, and often give patients the ability to participate in therapeutic exercises.

Easy-Does-It Exercise – "There is more and more evidence that a supervised exercise program focused on core strengthening can result in significant benefits," says Dr. Grigoryev. Recommended activities include gentle-on-your-joints exercises such as walking, water aerobics, swimming, yoga and Pilates.

Weight Management – "Obesity introduces an additional load on the joints in the lower back, so maintaining a healthy weight can reduce pain," Dr. Grigoryev says. To help patients who are striving to lose weight, the pain management team often enlists the aid of office neighbor Kevin Young M.D. Dr. Young is a primary care physician who focuses on weight management at the Medical Wellness & Nutrition Center of Mississippi.

Saying No to Tobacco – Tobacco products not only increase one's cancer risk but also play a key role in chronic pain. "Nicotine weakens the vertebral structures that maintain spinal stability," says Gordon Lyons, M.D., an interventional pain management physician with Methodist Pain Management. "Nicotine accelerates the deterioration of the spine and impedes the effectiveness of appropriate pain treatments."

Group Dynamics – Many pain patients benefit from peer support sessions. And the camaraderie of the therapy gym can be a motivating, as well. "You've got to show up because other people are there waiting for you," Dr. Osborne says.

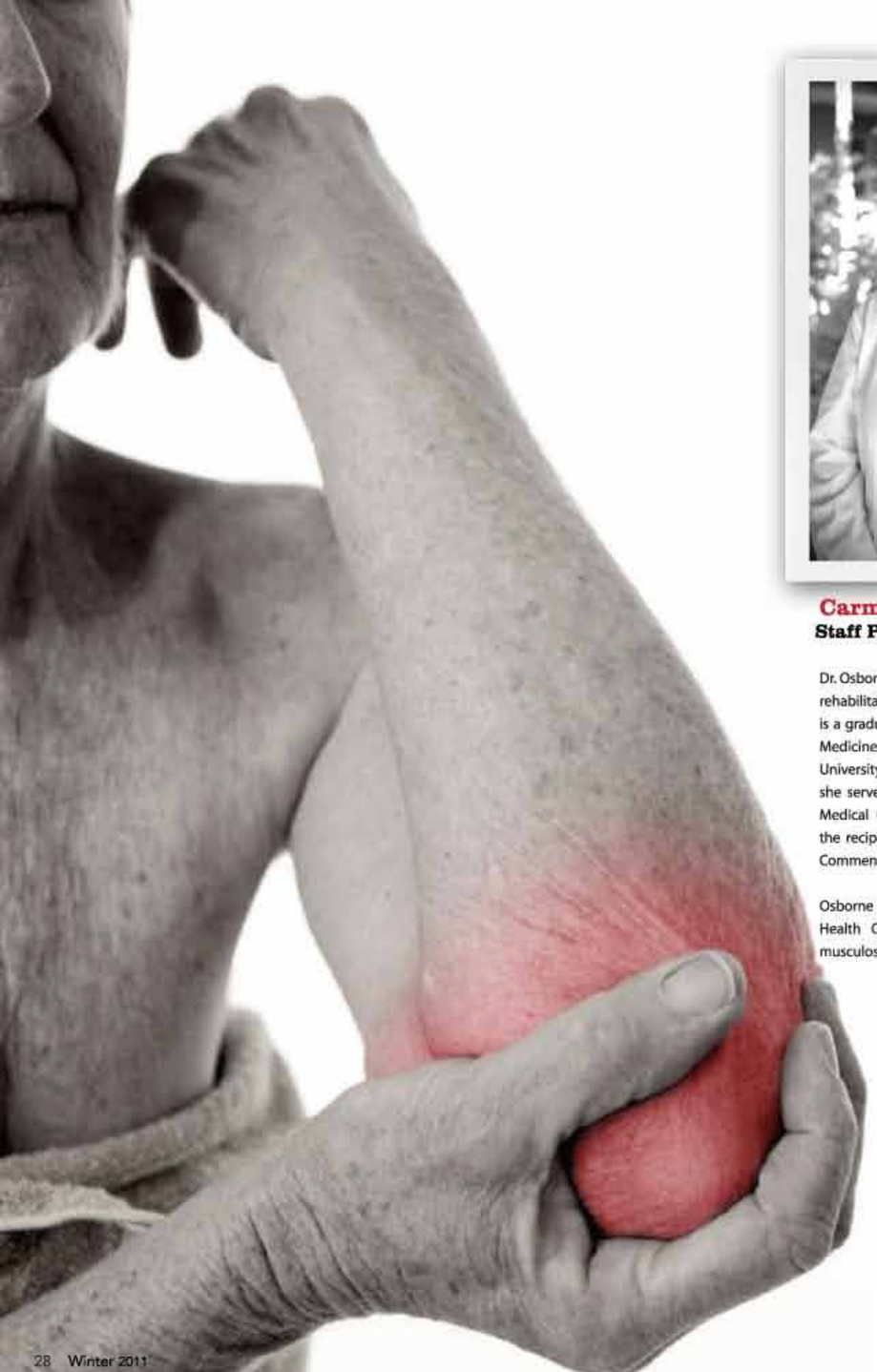


A. Gordon Lyons, M.D.
Associated Physician

Dr. Lyons is a board certified anesthesiologist with a sub-specialty certification in pain management, who is associated with Methodist Pain Management. He is a graduate of the University of Mississippi Medical Center and completed his anesthesiology residency at the University of Texas Medical Branch. He also completed a residency in pain management at the Baylor Center for Pain Medicine, where he was Chief Fellow. He is an associate at Jackson Neurosurgery Clinic and chief of staff for Surgicare of Jackson.

John B. Adams, D.O.
Associated Physician

Dr. Adams is an interventional pain physician who is associated with Methodist Pain Management. He has a subspecialty board certification in pain medicine and is also board certified in family medicine. He is a graduate of the Nova-Southeastern University College of Osteopathic Medicine, where he did an undergraduate fellowship in osteopathic manipulation. Since 2005, he has been associated with Jackson Neurosurgery Clinic.



Carmela Osborne, M.D.
Staff Physician

Dr. Osborne is a board certified physical medicine and rehabilitation physician at Methodist Spine & Joint. She is a graduate of the University of Kentucky College of Medicine. She completed her PM&R residency at the University of Kentucky Chandler Medical Center, where she served as chief resident. She also was a General Medical Officer for the United States Army and is the recipient of the Meritorious Service Medal, Army Commendation Medal and Army Achievement Medal.

Osborne also worked at Blanchard Valley Regional Health Center in Ohio, where she specialized in musculoskeletal and electro-diagnostic medicine.

introducing
Carmela Osborne

Carmela Osborne wasn't looking for a specialty when she first visited Cardinal Hill Rehabilitation Hospital in Lexington, Ky.

The young medical student just wanted to make sure her grandmother was faring well after suffering a stroke.

But once Osborne realized all rehab medicine can do, she, too, wanted to help people with disabilities reclaim their independence. "My grandmother was able to go back and live alone with the aid of modifications and adaptive equipment," she said. "I thought that was really wonderful."

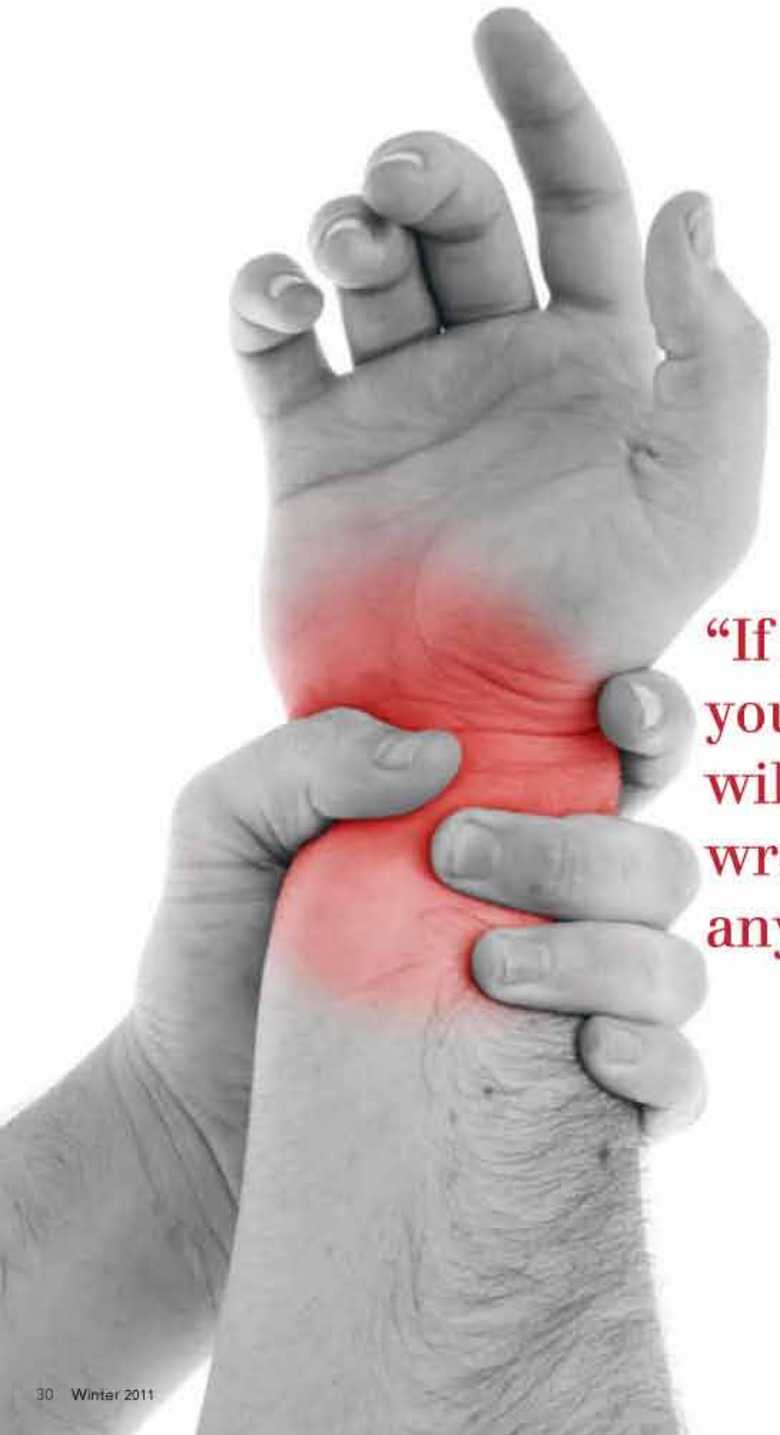
Now a board certified physical medicine and rehab (PM&R) physician, Osborne is still inspired by the transformative nature of her field. The recent addition to Methodist Rehabilitation Center's Flowood campus is pleased to be working with a team devoted to restoring ability.

Osborne is on staff at Methodist Spine & Joint, where she works with fellow PM&R physician Leon Grigoryev. She also collaborates with the interventional pain specialists that are just down the hall at Methodist Pain Management, as well as the occupational and physical therapists who are downstairs at Methodist Outpatient Rehabilitation.

"We've always envisioned our Flowood campus as a one-stop shop where people can easily access a variety of outpatient rehab services," said Mark Adams, chief executive officer of Methodist Rehab. "Dr. Osborne's expertise is another valuable resource for patients and referring physicians. We're glad we were able to recruit her from Ohio. Fortunately for us, she was tired of all the ice and snow."

Osborne is a graduate of Vanderbilt University and the University of Kentucky College of Medicine. She completed her PM&R residency at the University of Kentucky Chandler Medical Center, where she served as chief resident.

Her career also includes a stint as a general medical officer for the United States Army, a position that put her in charge of a clinic that treated some 200 patients a day. "Taking care of soldiers has given me a good breadth of experience seeing different types of patients," said Osborne, the recipient of a Meritorious Service Medal. "I took care of basic trainees, and they had a lot of overuse injuries."



"If you listen to your patients, they will tell you what is wrong better than any diagnostic test."

— Dr. Carmela Osborne

For the past 10 years, Osborne worked at Blanchard Valley Regional Health Center in Ohio, where she specialized in musculoskeletal and electro-diagnostic medicine.

Electromyography testing involves needles, which tends to be daunting for many. But Osborne works hard to make the procedure tolerable for patients and timely for physicians who seek her expertise. "I can look at unusual cases for the referring physicians, and I try to provide same-day results," she said.

While she's adept at using high-tech tools to help pinpoint the source of a patient's difficulties, Osborne is also a great believer in getting back to basics.

"You have to listen to your patients," she says. "If you listen to your patients, they will tell you what is wrong better than any diagnostic test."

Communicating well with patients is important to Osborne, and she's no fan of "big, fancy words." "I talk plainly to patients," she says. "I take care of them like I would want to be taken care of."

And that holds true even when a successful treatment proves maddeningly elusive. "I stay after it, figuring things out," she says.

Tenacity, after all, is a trait that Osborne has in spades. At age 40, she took up running. For her first race ever, she signed up for the Goofy challenge at Disney World—a half marathon one day, followed by a full marathon the next.

"My husband James Bell (an Army pilot) got me into it, and I ended up doing it in 2006 and 2007," she said. "It was a real experience. It does begin to wear at you – 39.3 miles in two days is quite the challenge."

But the upshot is it has made her a more empathetic physician. Thanks to her running exploits, Osborne says she's well aware of what it's like to rehab an overuse injury.

"To not be able to do what you did and have to work to get back to where you were – now I can totally relate."

Carmela Osborne

at a glance

- A graduate of Vanderbilt University and the University of Kentucky School of Medicine
- Chief Physical Medicine and Rehabilitation Resident at the University of Kentucky Chandler Medical Center
- Board Certified in Physical Medicine and Rehabilitation
- General Medical Officer for the United States Army and recipient of the Meritorious Service Medal, Army Commendation Medal and Army Achievement Medal
- Research Award for Outcomes Following Spinal Cord Injury
- Member of the American Academy of Electrodiagnostic Medicine

Barbara Gauntt/Clarion Ledger

how fast can a cheetah RUN?

Prosthetic foot puts Mississippi man on prowl for Paralympics

by Woody Woodrick

Anything named "cheetah" has got to have speed associated with it — including a prosthesis.

Shaquille Vance can attest to that.

Running on a custom made prosthesis with a "Cheetah foot," Vance claimed national championships in the 100 meters, 200 meters and shot put at the National Junior Disability Championships in July in Chicago. His victory in the shot put earned him the title of 2010 Boys Field Athlete of the Year and made him a shoo-in for the first-ever Paralympics High School All-American Track and Field Team.

The Disability Championships were actually Vance's second competition using the foot.

Just one day after taking his first test run on the high performance prosthesis, Vance competed in the Endeavor Games at the University of Central Oklahoma in Edmund in June.

"We honestly took him there to be exposed to the arena, get classified and just get the experience of competition," said Jennifer Long, manager of Methodist Orthotics & Prosthetics in Flowood, Vance's sponsor for the games. "We registered him in the 100 meters, 200 meters and shot put, and hoped he would just finish each event. But he finished first in each event, which qualified him for national competition. We were overwhelmed with his performance."

But not totally surprised. From the very beginning, the Methodist O&P staff knew Vance had potential.

Chris Wallace met Vance at North Mississippi Medical Center in Tupelo, where he was recuperating from having his right leg amputated above the knee. The stand-out athlete had injured the leg while playing pick-up football in the spring of 2009.

"Shaquille was referred to us by one of our outreach nurses in North Mississippi, and he ultimately chose a provider closer to his home to make his first limb," said Wallace, director of Methodist O&P. "But I left the consultation thinking: This is a guy who is going to be competitive no matter what."

Sure enough, Vance returned for his senior year at Houston High School, took up shot put and became district champion in the sport. "I had to do something to stay active," he said.

Around the same time, Wallace began working with his staff to put together an ambitious long-term plan for Methodist Rehab's orthotics and prosthetics division. "We decided we wanted to be a comprehensive facility for all amputees and that had to include athletes. Our aspirations certainly included elite athletes that hoped to be Paralympians," Long said.

Similar to the Olympics, the Paralympics attracts the best of the best among athletes with disabilities. And Methodist O&P staff believed Vance fit the bill.

"Shaquille's lean build and natural athletic talent made him a perfect candidate for pursuing this vision with us," Long said. "We strongly believe there is more to the rehabilitation process than just being able to

Not even a grueling hot August day kept Shaquille Vance from giving it his all during a special workout session at Jackson Prep's track in Flowood. Vance and three other amputee athletes gathered at the site to have their custom-built, carbon fiber prostheses fine-tuned by staff from Methodist Orthotics & Prosthetics and international prosthetic components maker Ossur Americas. Vance uses a "Cheetah foot," a type of prosthesis specially engineered for sporting activities.

walk again. Shaquille was an athlete before his injury, and to be fully rehabilitated, we want him to be an athlete again."

Vance said the capabilities of his new prosthesis gave him confidence that he would do well in the running events. It's specially designed for sprinters to return energy upon impact.

"I knew I would do pretty good in the 100," Vance said. "In the 200, the only thing I had in my mind was to beat Kortney Clemons' time." (Clemons is a Mississippian who won the 200 in the 2008 Paralympics.)

At the Junior Disability Games, Long and Wallace saw the full measure of Vance's mettle. In addition to his record in the shot put, Vance won the 100 in 15.52 seconds and the 200 in 34.36 – despite falling with about 60 meters to go.

"We were pleased to see his character and the example he set for the other athletes that were watching him that day," Wallace said. "The strength of the human spirit is something very powerful."

Vance's performance drew the attention of coaches at Penn State University, who hope to have Vance join their track team for disabled athletes. Vance said he'll attend a junior college first and continue training for the Paralympics.

"I have no doubt in my mind I will make the next Paralympics in 2012," he said. "I will keep training to make sure I do well."

Vance said his participation has been a boost for him, his family and the community.

"My town and family, they just feel blessed that I've been able to get around," he said. "When I got hurt, the whole town got behind me."

Long said she and Wallace have learned from Vance.

"We are so appreciative of the lessons he has taught us along the way; perseverance, determination and character. This process has definitely been career highlights for Chris and me," she said.

Vance said he hopes other amputees might find inspiration from his story. "When you lose one part of your body it makes another part stronger," he said. "Keep trying and have a positive mind and everything will work out fine for you."