

# PUPPY I VE

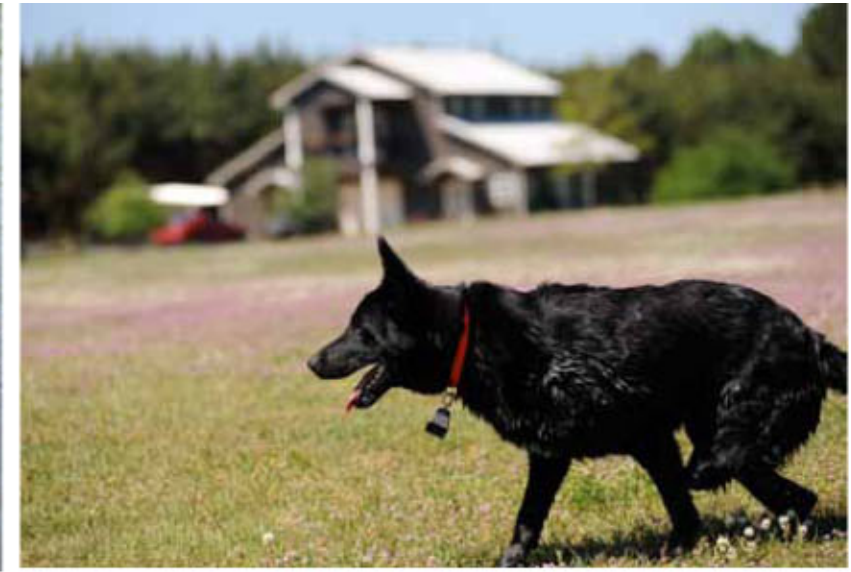
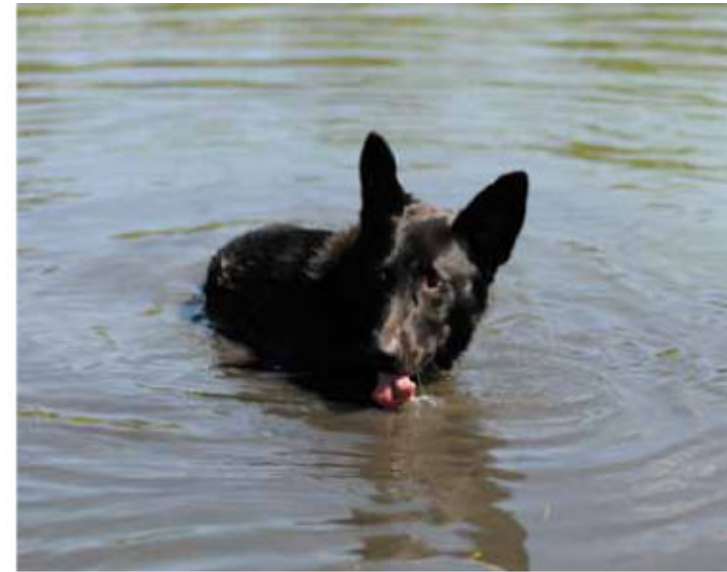
Operation Bipod puts furry patient back on his paws



Brook White, grand-niece of Catherine and Bill Lutz of Flora, enjoys play time with Bipod, left, and Buddie on the Lutz family farm.



From left, Methodist Orthotics & Prosthetics manager Jennifer Long and veterinarian Clare Sanders collaborate on a new limb for Bipod, a German Shepherd mix found minus his back legs. Bill and Catherine Lutz of Flora rescued the hapless pup and assembled a team of experts to get him back on his paws. After much trial and error, Long developed a limb that allows Bipod to romp with his canine pals and explore every inch of the Lutzes' farm.



**"Every single time I see him, he licks the make-up off my face. I think sometimes he knows I'm trying to help him."**  
**— Jennifer Long, Manager, Methodist Orthotics & Prosthetics, Flowood**

As one of but a few Mississippi vets certified in canine rehabilitation, Clare Sanders sees a steady parade of crippled pets.

The owner of Canine Rehabilitation and Sports of Mississippi treats paralyzed poodles, arthritic retrievers and hounds who hobble around on three limbs.

But none has challenged her abilities like Bipod, a German shepherd mix found minus his back legs.

To get the hapless pup off his hindquarters, the Reservoir area vet needed a short course in prosthetics. Fortunately, Jennifer Long, manager of Methodist Orthotics & Prosthetics in Flowood, was happy to oblige.

"Bipod has such a sweet spirit and the ultimate will to live, I thought: Why shouldn't we help?" Long said.

By the time Long and Sanders joined Operation Bipod, the happy-go-lucky mutt had already attracted an A-Team of rescuers – including what may be Mississippi's most

high-ranking military couple, Catherine and Bill Lutz of Flora.

Catherine is a Mississippi Air National Guard Brigadier General, while Bill is a retired assistant adjutant general for the Mississippi Air National Guard.

Both are self-confessed softies when it comes to pets in distress. So Catherine just naturally launched into mercy-mission mode when she spotted Bipod sitting in the middle of Cox Ferry Road on September 19, 2009.

"I stopped to ask him why he was trying to commit suicide," she said. Then she noticed his injuries.

"He was walking on his front legs, trying to get off his back stumps," she said. "He was such a pretty dog and so gentle and sweet, it didn't make sense to put him down."

Catherine took Bipod to Jackson veterinarian Mitchell Clemmer, who did surgery to clean up the dog's wound. Then the Lutzes called Sanders, who took charge of what promised to be a challenging rehab process.

An indentation on Bipod's back indicated that the dog had gotten caught in a beaver trap and chewed off his back legs to escape.

That theory proved more plausible when Sanders tried to fit Bipod with a wheeled cart – the go-to device for pets who can't use their hind limbs. As soon as Bipod felt the weight of the device on his back, he panicked.

After behavior modification techniques failed to calm Bipod, Sanders realized the pup might best be served by an artificial limb. But building one was a bit beyond her skill level.

"I tried making a splint with varying success," she said. "And we were getting to the point of running out of ideas."

One of Sanders' clients, who worked in the same building as Methodist O&P, suggested the vet ask Long if she would like to help.

Long's response? "Would!!"

"I grew up with dogs, and I've always had a soft spot for any kind of stray," said Long, whose family shares their Madison home with a Great Dane named Max. "I knew it would be a challenge, but Bipod had such a sweet spirit about him. Every single time I see him, he licks the make-up off my face. I think sometimes he knows I'm trying to help him."

Since Methodist Rehab doesn't plan to branch into pet prosthetics, Long is educating Sanders on the fundamentals of building and fitting artificial limbs.

"Our hope is we can coach Clare along so she can do this full-time," Long said. "She has done a lot of observing with us, and has an interest in that field."

Sanders, in turn, brought her own expertise to the mix. "The alignment of dogs is not the same as humans, so Clare sent me information on dog anatomy and the gait patterns of puppies, which can vary from breed to breed," Long said. "Then we had all the prosthetists in here to brainstorm."

A primary challenge was how to fit a limb on a furry patient who could only communicate with nips, whines and barks.

"He can't tell me what hurts," Long said. "So it took a little bit of investigative work to get the right fit."

Long fabricated several prototype limbs to replace Bipod's right hind leg – including one with Dalmatian spots. The winning version is a lightweight plastic model that fits over a limb-hugging foam liner.

The prosthesis slightly resembles a cow's leg, but that doesn't seem to bother Bipod. He's just interested in where it can take him.

"Now that he has the device, he's running and keeping up with our other dogs," Catherine said. "And we have had to make sure to protect the cats."

The Lutzes also have to protect the prosthesis, which has turned out to be a favorite chew toy for Bipod and his canine pals.

Like a lot of prosthesis users, Bipod at first suffered the consequences of wearing the limb too long. "He was so happy to be running free the first day that he got a blister," Long said.

Bi-Pod has since adapted and can even take the prosthesis off on command. He's doing so well in fact, he has earned a new nickname – Champ.

As for the crew that helped Bipod back on his paws, Bill Lutz refers to them as St. Clare and St. Jennifer.

"I was at my wit's end and they tried so many things," he said. "They are just so special."

Long and Sanders believe the same can be said of the Lutzes. "Most people probably would have put Bipod down," Sanders said. "But they are real dog lovers."

For information on Canine Rehabilitation and Sports of Mississippi, call 601-953-8071 or visit [www.MSK9Rehab.com](http://www.MSK9Rehab.com).



# *Amputee Embraces* **Whole New World** **ON COLORADO SKI SLOPE**

by Woody Woodrick

For many people, one activity stands as the ultimate adventure. Lynn Gaddis' adventure was snow skiing.

Even after losing a leg in 1973, the lifelong Meridian resident wanted to ski. But as the years passed, she had pretty much given up hope of ever going down the slopes.

Working with Methodist Rehabilitation Center, however, started a snowball rolling that culminated in Gaddis, 55, skiing down the slopes in Breckenridge, Colo., this past March.

"Even before I lost my leg, I wanted to go skiing," says Gaddis. "Growing up, I was very athletic. After I lost my leg, I still wanted to try skiing, but over the years I had pretty much given up the dream."

Gaddis was 18 when cancer forced doctors to amputate her left leg above the knee. At times she tried prosthetic limbs, but never found one that quite worked like she wanted. So she used crutches and got along just fine. She reared her three children, and even carried them while on crutches.

In 2009, Gaddis attended a seminar hosted by Methodist Rehab's orthotics and prosthetics division. The seminar featured information about the Otto Bock C-Leg, which has a microprocessor-controlled hydraulic knee that functions as a regular knee would. Sensors on the knee adapt to the wearer's movements. And prosthetic practitioners can fine-tune the leg by plugging it into a computer.

Intrigued, Gaddis tried a C-Leg at the seminar and was impressed. Staff at Methodist Orthotics & Prosthetics began the fitting process, and soon Gaddis had a new leg.

Along with the new leg came new ambitions. A former high school basketball standout, Gaddis was more than ready to return to an athletic lifestyle. So she decided to join a snow skiing trip organized by Ginny Boydston, Methodist Rehab's therapeutic recreation director.

"I was a little nervous," said Gaddis, who chose not to use her prosthesis while skiing. "The first day I tried it with just one ski with special poles they use. I hit the ground a whole bunch. Snow is not soft."

Lynn Gaddis of Meridian thought her lifelong desire to go snow skiing would be impossible after cancer forced doctors to amputate her left leg above the knee at age 18. But this past March, the 55-year-old grandmother sailed down the grand slopes of the Colorado Rocky Mountains with the help of Methodist Rehab's Therapeutic Recreation Department and the Breckenridge Outdoor Education Center.

**"After I lost my leg, I still wanted to try skiing, but over the years I had pretty much given up the dream." — Lynn Gaddis**

"Then I got into a rig where I was tethered to a skier, and we did all kinds of things. That part was relatively easy. Trying to ski on one ski was really tough. I never came close to mastering being on one ski."

Boydston said the ski trips are coordinated with Breckenridge Outdoor Education Center, an organization that helps people with disabilities learn a variety of adaptive activities, including skiing.

Adaptive skiing, especially for first timers, takes some learning, such as adjusting to equipment, the type of snow and the grade of the hill.

"The instructor gives all this knowledge. Most of the learning takes place on the slope," Boydston said.

"Being an amputee, Lynn started with the outriggers on regular skis," Boydston said. "That's different from a sit ski. She gave it her best shot, but it slap wore her out. The second day she chose to try the bi-sit ski and just loved it. On both, balance plays a very important part; and endurance is an important part."

While the skiing is the center point, Boydston said the entire trip helps those with disabilities improve their life skills in a world designed for the able-bodied. She

said the travelers have to figure out how to get to their destination, handle airfare and ground transfers. Once they arrive, they must figure out how to get around.

"There are no barriers in rehab facilities," she said. "Once you go out that door, that's where the world begins. Sports and travel really bring you into that circle of 'I can.'"

Boydston said being with Gaddis on the ski trip was special. "She was excited before, but when she got out there and started to ski she was like a kid in a candy store," Boydston said with a laugh. "She was so excited to share her day with us, and then she called home to share it with her family."



After some intense instruction, Lynn Gaddis got the hang of using a sit-ski and now she's hungry for other new challenges. "I feel like a whole new world has opened to me," she said.



**"I'm a very competitive person, but life had kind of gotten in my way. I feel like a whole new world has opened to me." — Lynn Gaddis**

"I was glad I was part of that experience for her. One particular day, she had decided to try a mono-ski. I got to share her excitement. Just to see her face and be around that gave me chill bumps."

Gaddis says the experience of getting off crutches and living out her dream of skiing has had a big impact on her life.

"I'm a very competitive person, but life had kind of gotten in my way," Gaddis said. "I

feel like a whole new world has opened to me. I was able to carry my children on my crutches. Now I'm carrying my grandchildren without them. Being able to hold them and have them wrap those legs around you, it's just indescribable.

"You quit living if you don't have challenges and a chance to pursue them. I'm ready for the next thing. I met this one head on, and it was great."

But Gaddis isn't just thinking about meeting her own challenges. "Because of this experience, I'm really working hard at changing careers," said Gaddis a manager for a software company. "I could see on (MRC staff's) faces how much it meant to them to see me walk.

"I'm in the process of trying to see if I can do something that helps people. I would like to do some kind of therapy, but not sure what yet. God is working on me. He has a plan."



## Now I can...

When we first began our Now I Can campaign, we chose to spotlight the accomplishments of former patients.

But we couldn't help but notice that some of our Methodist Rehab employees personify the Now I Can spirit, too.

This issue of Ways & Means highlights three staff members who have faced the challenges of a debilitating injury or illness head-on and are now happy to have a career helping others.

As always, we welcome submissions for future Now I Can features. Just call Susan Christensen at 601-364-3334 or send an e-mail to [schristens@mmrc rehab.org](mailto:schristens@mmrc rehab.org)



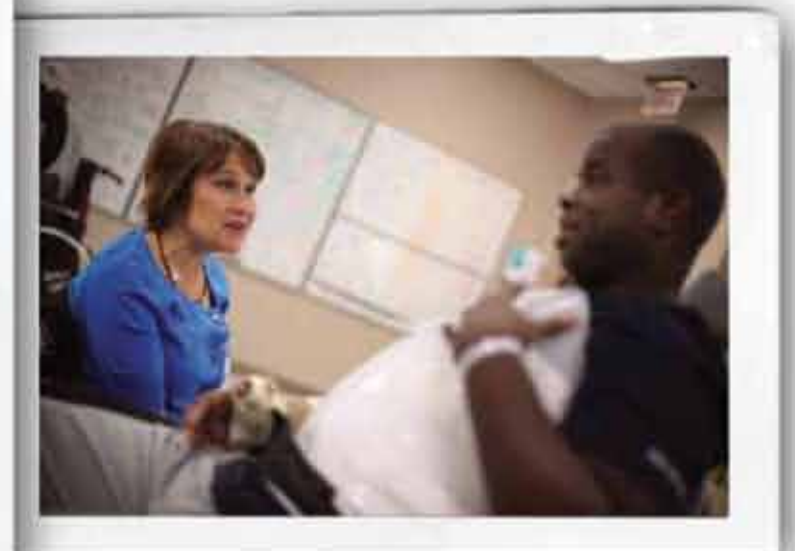
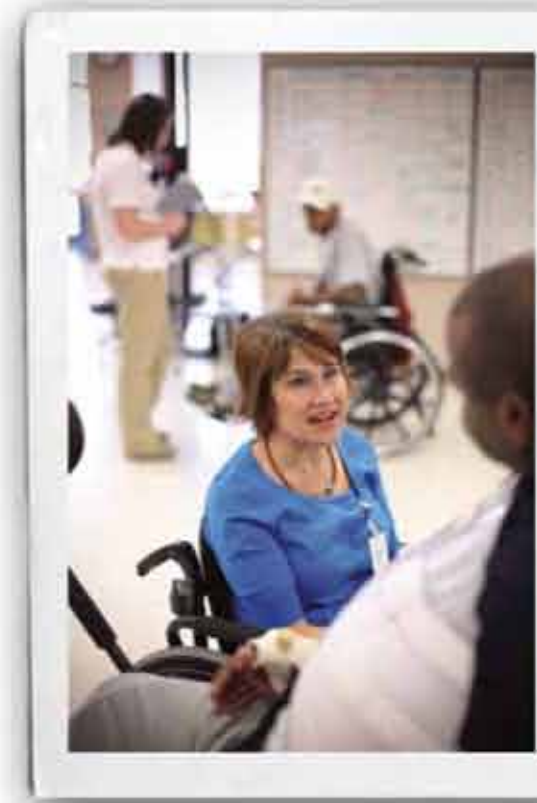
## Now I can... keep working

Delivering medicine to Methodist Rehab's stroke unit used to be mere routine for pharmacy technician Linda Adcock of Ridgeland.

Now the journey feels akin to a victory lap. After a 2003 stroke, Linda worried she might never work again. "I was in a wheelchair, and I couldn't even touch my index finger to my thumb," she says.

Fortunately, Linda's family knew her workplace was home to the state's best stroke-specific rehab program. And within three weeks of starting therapy, Linda was on her feet and headed home.

"I knew when I came in I was going to go out walking," she says. "But if it hadn't been for my therapists, I would have been in sad shape."

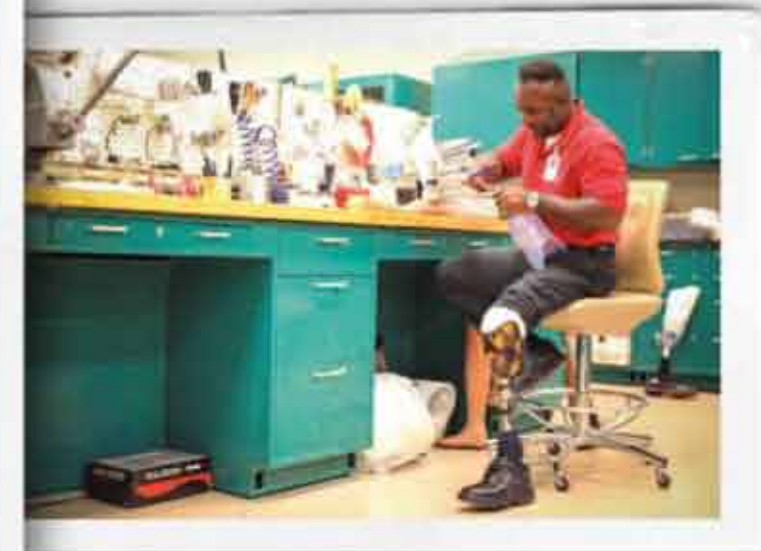


## Now I can... feel like I have a purpose

After Methodist Rehab helped Karen Skeen recover from a paralyzing fall, the registered nurse wanted a way to give back. "I told Methodist Rehab CEO Mark Adams: I'm coming to work here, you know."

Now the Madison mother of four assists the hospital's spinal cord injury researchers. And as she interviews newly injured patients, Karen does more than collect data. She also makes a connection.

"I try to establish a relationship, because I truly know what they are going through," she says. "At first, you think your life is over. But I'm happy and doing well now. And I think it helps them to see there is life after spinal cord injury."



## Now I can... do anything I set my mind to

After his lower left leg was amputated, Kenny Buford of Crystal Springs expected a life full of limitations.

Then the Navy veteran met Brad Kennedy, a Methodist Orthotics & Prosthetics staffer who once bicycled across Europe to showcase the capabilities of his high-tech artificial leg.

"He's an above-the-knee amputee, and he really inspired me," says Kenny. "He made me realize I can do anything I want."

Kenny trained to become a prosthetic technician at Methodist O&P. And now he and Brad share a common passion – road-testing new equipment for prosthetic manufacturers. "I like it because I feel like I'm helping bring new technology to market," Kenny says.




# WALK & ROLL

## Benefit Raises funds and awareness for the Wilson Research Foundation

Walk & Roll, an inaugural benefit for Methodist Rehab's Wilson Research Foundation, raised more than \$32,000 for patient-focused research.

Wilson Foundation board member Mary Helen McCarty Griffis chaired the May 15 event, which drew more than 400 to Methodist Specialty Care Center in Flowood and the adjacent Mirror Lake walking Trail.

"It was a great first-year success and brought positive awareness to the Wilson Foundation," Griffis said.

The Walk & Roll began with a demonstration from Methodist Rehab's award-winning wheelchair fencing team, The Blade Rollers, and music by the all-volunteer Mississippi Swing!

Employees and former patients formed teams to raise funds for the event. The first place team (Research) raised \$2,920. Second place honors went to Team I Will, raising \$2,365. Winning third place was Team Christina, raising \$1,795.

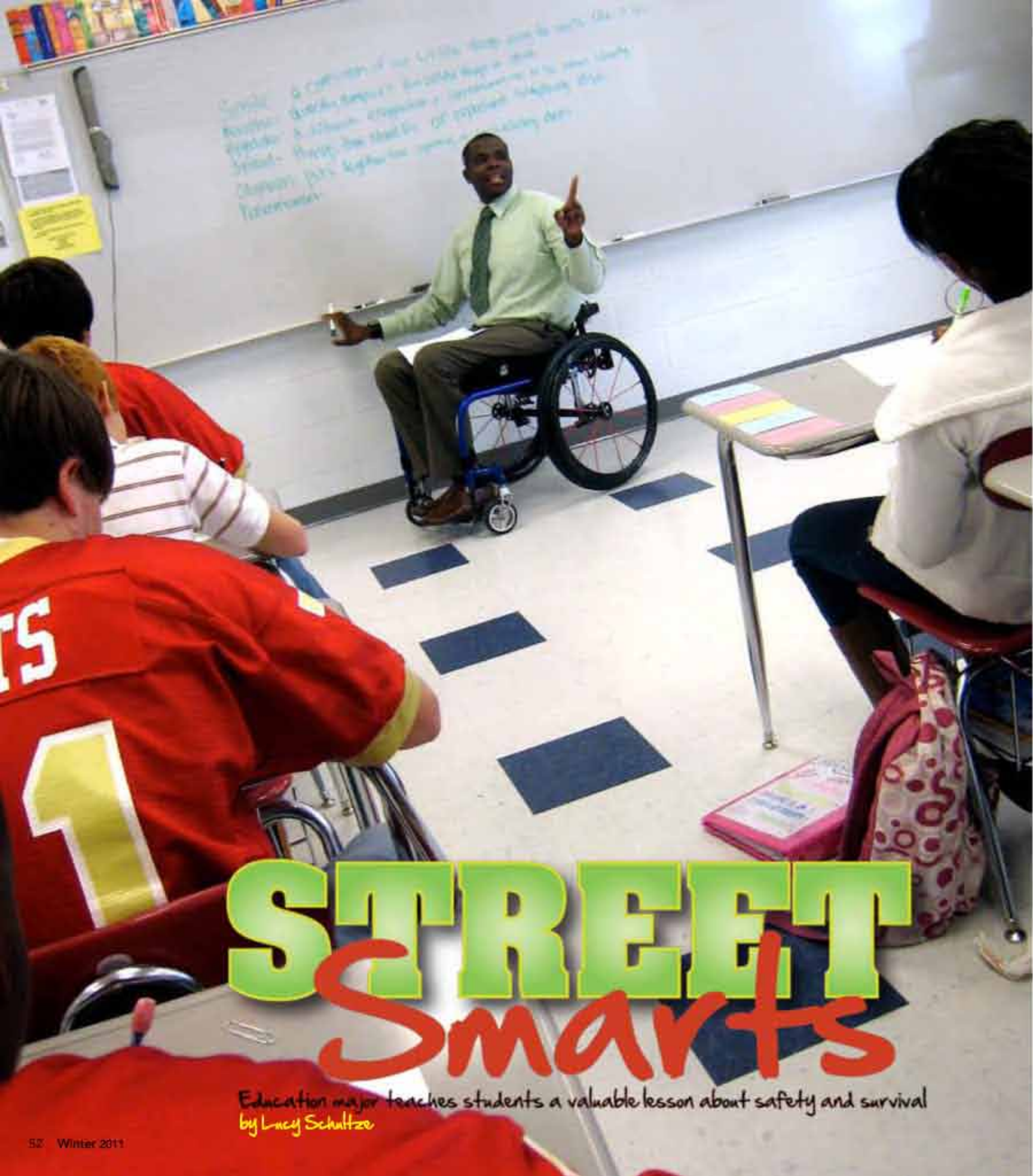
The individual employee raising the most funds was research employee Karen Skeen, who personally raised \$1,835. And the top past patient fund raiser was Shateca McGee, a Belhaven University student who raised \$950.

Corporate sponsors included: Mid State Construction, Fox Everett, Brunini Law Firm, Mississippi Federal Credit Union, Canizaro\*Cawthon\*Davis, Hederman Brothers, BankPlus, MMI Dining Systems, First Commercial Bank, Brown Bottling Group, Wise Carter Law Firm and Trustmark. Restaurants who offered gift certificates as incentives to the fund raisers Included: Bravo, Kathryn's Steak House, Tico's, Rossini, Scrooge's and Hungry Howie's Pizza.



Chris Blount, Executive Director of Wilson Research Foundation





# STREET Smarts

Education major teaches students a valuable lesson about safety and survival  
by Lucy Schultze



While he's teaching English to ninth- and 10th-graders at Lafayette High School in Oxford, Jay Levy hopes to impart a lesson about the importance of developing safe driving habits and the value of perseverance. "I want them to know how important it is to drive safely, and I also want them to see that even the hardest experiences in life can become something positive," he says. "This situation has given me a new outlook on life. I don't take anything for granted any more."

When Jay Levy tells high school students to slow down, buckle up and take care on the road, he's speaking from a seat of authority — his wheelchair.

The 21-year-old senior at the University of Mississippi sustained a spinal cord injury in a February 2009 car accident while speeding back to school from his hometown of Madison.

Now, as a secondary education major and a student teacher at Lafayette High School in Oxford, he's a living testament to the message he hopes to convey.

"I've always wanted to be a teacher, but since my accident, I have a different view of what I want to instill in students," Levy said.

"I want them to know how important it is to drive safely, and I also want them to see that even the hardest experiences in life can become something positive. This situation has given me a new outlook on life. I don't take anything for granted any more."



On the day of his accident, Levy was in a hurry. He'd been working as an assistant manager at the Sonic Drive-In in Oxford, and he needed to get back to take care of a problem at work.

He nearly made it. He had reached Batesville on Interstate 55 when he lost control of his Acura. The car flipped over, its force pitching him out the sunroof and hurling his broken body to the side of the road. He hadn't been wearing his seat belt.

Levy was airlifted to The Med in Memphis, where he underwent initial treatment for a broken right arm, a broken back and other injuries. After two weeks there, he began the process of long-term recovery at Methodist Rehabilitation Center.

"When I first got to Methodist, I was angry," he said, "I had this grim outlook on life."

His therapists' encouragement at first rang hollow against Levy's hopelessness and fears. But as the weeks passed, he was slowly able to share their belief that his life may not be over after all.

"Jay went through the typical stages of grief," said Erin Bischofberger, a physical therapist who worked with Levy at Methodist Rehabilitation Center.

"Our focus was on getting his independence back," she said. "We worked on the physical skills and strength he'd need to get into his wheelchair on his own, to get in and out of bed, and to safely maneuver himself from one place to another. He was fearful of these tasks at first, but he quickly became confident in his abilities."

As his right arm healed, Levy learned how to accomplish everyday tasks in new ways, even trying out a simulator that showed him what it would be like to drive again with the use of a manually controlled vehicle.

"By the time I left, I realized that life would go back to normal," he said. "I just had to learn to do things in a different way."

When he was released from Methodist Rehab that May, Levy had a choice. He could nurse his broken dreams at home,



Lafayette High School teacher Daisy Bullard says she's happy that Jay Levy is spending his senior year as her student teacher. "He is a living example of what it means to overcome adversity, and to follow through on what you started – even when life is not fair. I hope my students will imitate his example when they face hardships."

comforted by the care of his supportive mother. Or he could find out whether, just maybe, he might put those dreams back together again. He chose the latter.

That August, Levy returned to Ole Miss and resumed his coursework in the School of Education. He spent that year living on campus, but by August 2010 was ready to live off-campus as he had before the accident. He got an apartment and got back behind the wheel with a modified vehicle that features hand controls.

"I've been slowly putting the pieces of my life back together," he said. "I never thought I would go back to school so soon or live independently so soon. But I've learned that life throws some hard situations at you sometimes, and it's up to you to figure out how to make them better."

That's a big part of the message he's now taking to students in Daisy Bullard's ninth and 10th grade English classes at Lafayette High School. Levy will spend his senior year there as a student teacher.

"I am glad Jay is in the class this year," Bullard said. "I know that he will be a positive role model for my students. He is a living example of what it means to overcome adversity, and to follow through on what you started — even when life is not fair. I hope my students will imitate his example when they face hardships."

Levy tells the students he knows it's out of the ordinary for them to have a teacher in a wheelchair. But he also hopes they take to heart the life lessons to which he's a living testament.

"I used to always think that wearing a seat belt wrinkled your shirt," he said. "If I had worn my seat belt that day, I may not have been confined to a wheelchair. I tell students today, you may not think it's cool to wear a seat belt. But it can save your life."

After his graduation from Ole Miss in May 2011, Levy plans to teach high school English in the central Mississippi area and continue to be an advocate for safe driving and wearing seat belts.

"Life is different, but great nonetheless," he said. "I am truly grateful for the hard work, dedication and support I received from staff at MRC. They helped me to realize that there is life after a spinal-cord injury."

## Seat belts: Myths and Facts

*I am a cautious driver and my reflexes are great. I won't get into a crash.*

Data shows that motor vehicle crashes are the leading cause of preventable death and injury in the United States. Crashes cause about 43,000 deaths a year, affecting any age and type of driver. In addition, teen drivers are at special risk of crashing. Teens bring to the road a unique mix of inexperience, distraction, peer pressure and tendency to underestimate risk.

*I don't need safety belts with air bags in my car.*

Lap/shoulder belts should always be used, even in a vehicle with air bags. Air bags are a supplemental form of protection, and most are designed to deploy only in moderate-to-severe frontal crashes. Air bags, combined with lap/shoulder belts, offer the best available protection for passenger vehicle occupants. Recent analyses indicate a fatality-reducing effectiveness for air bags of 14 percent when no safety belt was used and 11 percent when a safety belt was used in conjunction with air bags.

*Belts can hurt you in a crash.*

To the contrary. When used, lap/shoulder safety belts reduce the risk of fatal injury to front seat passenger car occupants by 45 percent and reduce the risk of moderate-to-critical injury by 50 percent.

*I'll be trapped if I have a belt on in a fire or under water.*

In a fire, detach the belt and escape the vehicle. In the event of vehicle submersion, wearing a seat belt can assist your escape by stabilizing your body as you try to open a door or break a window. Initially, keep the belt attached.

*I have a better chance of living if I'm thrown clear in a crash.*

The task of the seat belt is to stop you with the car, so that your stopping distance is probably 4 or 5 times greater than if you had no seat belt, according to Georgia State University. Seat belts work because they prevent the bodily trauma of being thrown against an object or from the car at a greatly accelerated force. In 2007, seat belts saved an estimated 15,147 lives among passenger vehicle occupants over 4 years old. From 1975 through 2007, an estimated 241,849 lives were saved by safety belts.

*No one is going to tell ME what to do!*

People who are hurt or killed in crashes become everyone's responsibility. Each crash-related death costs our nation more than \$1.1 million annually in wages and productivity loss, medical expenses, administrative expenses, property damage and uninsured employer costs for crashes involving workers. Each crash related disabling injury costs the United States about \$61,600. These figures do not account for further non-economic losses, such as the pain and emotional turmoil of victims and/or survivors.

\*Source: National Safety Council

Fishing is just one of many favorite pastimes that Shane Hasley has been able to reclaim since he recovered from a severe brain injury and the amputation of his lower left leg.



A grinning Shane Hasley says he is grateful for all the people who got behind him during his long recovery. His support team included, from left, Joe Moss, a prosthetist at Methodist Orthotics & Prosthetics, his mother, Karen, and his girlfriend, Crystal Groat.

# LIFE & LIMB

THE MIRACULOUS RECOVERY OF SHANE HASLEY by Lisa Bynum

2009 was to be the year that Karen and Paul Hasley said good-bye to worried vigils in hospital waiting rooms.

Their son Shane had endured the last of 10 surgeries to correct his congenitally deformed feet, and life was looking up for the outgoing Ocean Springs High School senior.

Then came the Feb. 24 phone call that sent the couple rushing to Ocean Springs Hospital. Shane had flipped his truck and suffered a life-threatening brain injury.

Before the Hasleys made it to their son's bedside, Shane's heart stopped during a CAT scan and he had to be resuscitated. When preliminary tests revealed little or no activity in both frontal lobes of his brain, doctors offered scant hope he would survive.

"They wanted us to sign a DNR (do not resuscitate), and we refused," says his mom. "I leaned down and whispered in his ear,

"Shane, you are going to have to fight harder than you've ever fought in your entire life."

"Take a seat," Paul told the doctors. "You are about to witness a miracle."

That faith in Shane's ability to persevere was rewarded this past May. After months of therapy at Methodist Rehab and the help of home schooling, Shane received his diploma with the Ocean Springs Class of 2010.

"It was just a moment of awe," says his mom, who was trying hard not to cry. "To know where he was just a year before ... I will never tell anyone there is no such thing as miracles."

Karen says several moments told her "God was keeping Shane here."

Even though Shane's truck landed far off the road, a passing motorist noticed something suspicious and notified police. Next, an

officer left his jurisdiction to answer the call, arriving just in time to save Shane from an engine fire.

And the Hasleys also consider it a blessing that the parents of another brain-injured child urged them to come to Methodist Rehab.

"If we had not made the trip to Methodist ... I think Shane would have been bedridden for the rest of his life," says his mom.

Shane is used to overcoming the odds. He underwent his first surgery at age 6 months, and his mom says: "He never wanted help from anybody."

But even she worried whether her son could overcome a post-accident setback that was particularly heartbreaking. While Shane was still unconscious, medication used to regulate his blood pressure collapsed blood vessels in his left foot. Doctors had no choice but to amputate.



As Shane's abilities improved, Joe Moss upgraded his prosthetic foot to accommodate his more active lifestyle. The new carbon fiber model puts more spring in his step and helps him enjoy the outdoors with his girlfriend, Crystal.



At left, Dr. Zoraya Parrilla, director of the brain injury program at Methodist Rehab, checks out the progress Shane Hasley has made in the 20 months since a near-fatal car crash left him severely brain-injured. When he arrived at MRC, Shane hadn't talked for three months. Now, conversation comes easy, especially with the caregivers who played a role in his recovery. Above, he catches up with Dr. Clea Evans (left), director of neuropsychology at Methodist Rehab, and speech therapist Holly Radicioni.

"That was very difficult," recalls Karen. "After everything he has been through – to lose that left leg. But it came down to his life or the limb."

When Shane transferred to Methodist Rehab on May 26, 2009, he arrived unable to sit up on his own, and he had a tracheotomy and a feeding tube. The normally talkative teen also had not spoken in three months.

"When they asked me what my goal was for him, I told them, 'I just want to hear his voice,'" Karen says. "He has never met a stranger. To go from being so outgoing to not talking, it was so strange."

Dr. Zoraya Parrilla, medical director of Methodist Rehab's Traumatic Brain Injury Program, evaluated Shane and decided to administer Amantadine, a psycho-stimulant

medication that can increase brain activity.

"Amantadine is a powerful stimulant and it's my first choice in cases like Shane's where a patient is minimally conscious," Dr. Parrilla says. "I could see a strong correlation between the time when the agent was initially given and the time when Shane responded. The results in this case were remarkable."

After almost three weeks, Shane still appeared unresponsive and physical therapist, Katie Daniels, had to push hard to draw any kind of response.

"Shane always wore a hat," explained Daniels. "One afternoon, I took his hat and put it over his face. I told him, 'Shane, if you don't like this, then you need to do something about it.'"

Daniels watched as Shane reached up, grabbed the hat, and replaced it on his head. It was the breakthrough everyone had been praying for. "That was when I knew we were finally reaching him," Daniels said.

Soon after, Karen began to notice small improvements in her son every day. One afternoon, a therapist informed Karen that she needed to come to the therapy room right away. "I was nervous," she remembers. "I didn't know what to expect."

When Karen walked into the room, she overheard speech therapist Holly Radicioni ask, "Shane, what is your mother's name?"

"Karen," he replied.

"What is your father's name?"

"Dad."

## "EVERYBODY HAS POTENTIAL, AND HE REALLY SHOWED US."

— Joe Moss

Two months prior to his accident, the family adopted a new puppy. Since the accident affected much of Shane's short-term memory, Karen was curious if he remembered the dog's name. "I leaned over to Holly and said, 'Ask him what the dog's name is.'"

Without hesitation, Shane replied, "Desiree."

"I lost it at that point," his mom recalls. "He was back. And once he started talking, he had three months of silence to make up for."

Today, Shane does his talking like most teens – by texting and commenting on Facebook and My Space. And many of those conversations are with his girlfriend, Crystal

Groat, who can testify to how far he has come.

"The first time I heard his voice after the wreck, he sounded so depressed," Groat says. "His mom had to do a lot for him."

Now he's much more independent, thanks in part to being fitted with a prosthetic leg. Joe Moss, a prosthetist at Methodist Orthotics & Prosthetics in Flowood, began prepping Shane for the limb early in his recovery. And Moss remembers wondering whether his efforts would be futile.

"I don't think anybody thought he would be able to walk," Moss says. "But we always say: Everybody has potential. And he really

showed us. It has just been one miracle after another. He is getting around fine."

As Shane has improved, so has his equipment. He recently received a new carbon fiber foot that gives him a bit of spring in his step. "You can actually run in this foot," Moss says.

After undergoing surgery to repair the bones that didn't heal properly in his "good" leg, Shane is closer than ever to recapturing a routine that included "fishing in the morning and mudding in the afternoon."

And he says he's thankful to the staff at Methodist Rehab for helping him return to the activities he loves. "If it wasn't for them, I wouldn't be walking," he says.

# stroke research highlights

Advances in medicine happen through research, and Methodist Rehab Center's productive research program, the Center for Neuroscience and Neurological Recovery, is changing lives.

Our research focus is all about restoring ability, helping people walk, use their hands, speak and think clearly, things we may take for granted until those abilities are lost.

And that is why Methodist Rehab is a research hospital. We invest in research to help our patients, and all persons with disabilities, live lives more fully.

There are many research projects under way. Here are a few highlights of some of the main areas of focus and new developments:

## Stroke Recovery

### Mirror Therapy to recover arm function

This project utilizes a mirror to provide an innovative therapy for patients whose arm are weakened by stroke. Seeing the reflection of arm movements produced by the "good side" can "activate" the injured brain and make it easier to move the weak arm. The preliminary data are encouraging. We are studying which types of stroke this therapy may be useful for and looking at the possibility of extending this approach to patients after traumatic brain injury.



**Treadmill training to improve walking** This exciting project uses a weight-supporting treadmill to study development of gait deviations in stroke patients. Our premise is that if we understand how gait deviations are developed, we should be able to limit or prevent them. Working with biomechanical engineers at MRC, our team has developed a simple yet very effective way to identify the patients' footfalls while walking on the treadmill, which is helping us evaluate gait deviations and effectiveness of early treadmill gait therapy.

## Stroke Recovery (cont.)

**Strengthening of hip muscles to improve walking** Most previous research on recovery of walking after stroke was focused on strength of the calf muscles as they help to propel the weak leg off the ground. In this project, we asked whether walking can be improved by strengthening the hip flexor muscles that also help in lifting the patient's leg off the ground. Our lead scientist on this study, Dr. John Chow, is using a specially adapted exercise bike that can be pedaled in reverse to strengthen the hip flexor muscles and improve muscle coordination of two legs. Our premise is that this approach may be particularly useful for patients with little or no use of the calf muscles after stroke.

**The role of self-esteem in stroke recovery** Dr. Chad Vickery continues to pursue and grow research to determine how one's self-esteem impacts recovery, not just from an emotional standpoint, but its role in functional recovery, as well. His current focus is on the role of self-esteem in motivating the patient to participate meaningfully in daily therapy. This is a great example of MRC research that focuses on the whole person, the mind, body, and spirit. Self-esteem involves the "spirit aspect" of recovery, something Dr. Vickery says the research world has generally neglected. Dr. Vickery's work has had a profound impact. Over the past decade, four of his studies were among the top 50 articles downloaded from Rehabilitation Psychology (the journal of the American Psychological Association). He is expanding this research with the hope of proving the need for more resources for patients to help with their psychological well-being.

## Spinal Cord Injury Recovery

**Are there hidden, functioning nerve connections after severe spinal cord injury?** Spinal cord injury is considered 'complete' if the patient lost the ability to activate muscles or feel sensation below the injury. Based on the results of more sensitive laboratory methods available to researchers at MRC, there is evidence that some who are diagnosed as complete are not so. The research involves testing the connections between the arms and legs that can't be detected by clinical examination. Detecting hidden, potentially functioning connections after severe spinal cord injury matters because these patients would be considered better candidates for promising new therapies.

**Information and resource needs after a SCI** Not every person with a spinal cord injury comes to Methodist Rehab, nor benefits from our comprehensive resources that help patients successfully transition to home after rehab. This project builds on our previously published research that included a small number of persons in Mississippi living with a spinal cord injury. The goals of the ongoing project is to expand on the preliminary results that Mississippians with spinal cord injury have inadequate access to information about resources and services available to them, particularly African-Americans. The results of this study will help us design programs to overcome the information gap in order to increase community re-integration and improve quality of life after spinal cord injury.

**Oral health and SCI** This collaborative study with the UMC School of Dentistry evaluated the oral health of persons with spinal cord injury. The assumption was that persons who are unable to use their arms and hands due to injury would have worse oral health than persons with unaffected arms and hands. Contrary to this expectation, the study found no difference in oral health between people with normal or impaired arm and hand functions. Instead, poor habits (tobacco use, not flossing) were identified as factors responsible for poor oral health after spinal cord injury. The study clearly shows it is attitude toward oral hygiene that determines oral health after spinal cord injury, rather than the ability to use arms and hands.

## Traumatic Brain Injury Recovery

**Injuries to nerves in arms and legs after brain trauma** Motor vehicle accidents are the most common cause of traumatic brain injury. The severity of trauma may also cause broken legs or arms and injuries to many other organs. Thus, it comes at no surprise that nerves in the arms and legs can also get injured. Diagnosing these injuries is not easy since the weakness in arms and legs can be ascribed to brain trauma itself. This project involves the review of medical records of brain injury patients admitted to MRC over the past 10 years. The goal of the project is to describe the nature of nerve injuries in arms and legs over the course of recovery from traumatic brain injury and identify those that are potentially preventable.

**Study of remaining pathways after brain trauma** This is a pilot study in collaboration with the UMC Department of Radiology and the Mississippi State University Department of Computer Science and Engineering. The study is inspired by recent developments in MRI scanning technique and application of sophisticated analysis methods to identify functioning brain pathways. The goal of the projects is to determine the associations of remaining brain pathways with cognitive and behavioral functions. The long-term goal is to apply this method soon after brain injury and determine if it helps predicting long-term outcomes.

**Spasticity management** The research of reducing muscle spasticity impacts many people who live with brain or spinal cord injury, multiple sclerosis or stroke. We have conducted research in this area for 12 years. Currently, we are building on that research by studying how to best program a surgically implanted pump to deliver the drug, Baclofen, according to each patients' needs. Dr. Zoraya Parilla, director of brain injury rehabilitation at MRC, is participating in this study.

**Traumatic Brain Injury Model System database** We continue to add important follow-up data to the national Model System database.

## Other Research

**Nerve damage caused by West Nile Virus** Years of groundbreaking research has established MRC as among the top research programs in the world in the diagnosis of neurological complications of West Nile virus infection. Currently, the research team is focusing on potential brain damage caused by West Nile virus. MRC researchers are collaborating with Dr. Petzhold from the University College London (UCL) Institute of Neurology, a leading research institute. The study builds on the pilot work that looked at the markers of brain inflammation and nerve damage in the spinal fluid. The goal of the current study is to determine if the same markers can be isolated from the blood of patients with West Nile virus infection, which is a far less invasive approach. If confirmed, the next step will be to determine if biomarkers in the blood are associated with lingering, prolonged, recurrent symptoms long after the acute West Nile virus infection.

**Adaptive Computing Lab expansion** Initially the adaptive computing lab was established exclusively to help spinal cord injured patients with assessments of computer needs and to train the patients in the use of self-education software that helps with the transition to home and community. A \$36,000 grant from the Craig H. Neilsen Foundation was used to purchase additional equipment and expand the capacity of the lab. Research Associate George Gober is now extending this service to patients with brain injury and stroke to meet their adaptive computing needs.



# Change lives

with a gift to the Wilson Research Foundation

We need your philanthropic support to continue growing Methodist Rehabilitation Center into a worldwide center of excellence in rehabilitation care. The Wilson Research Foundation exists for this purpose, to put your tax deductible gifts to work changing lives through research, education and direct services that help our patients in need.

You can contribute in a variety of ways:

**Gifts and pledges of cash** are the easiest way to give, and we will send you an acknowledgment letter for your tax records.

**Planned gifts** provide long-term support through a will bequest, trust, charitable gift annuity, insurance policy, or retirement account. We would love the opportunity to provide you or your advisors a proposal on how your giving plan can benefit you and our center.

**Tribute gifts** in honor or memory of someone special, serve as a wonderful way to help the Wilson Foundation, while deeply honoring the person you name in the tribute. We will send an acknowledgement to those you have named, and you will receive a letter confirming your gift. The acknowledgement card will not include the amount of your gift.

**Gifts of stock**—especially long-term appreciated stocks—will benefit the Wilson Foundation at MRC, while also benefiting you.

**Anonymous donations** are an option if preferred. The Wilson Research Foundation is a 501(c)(3) status, tax-exempt, non-profit organization. Our tax ID number is 64-0752440.

**In-kind gifts of equipment** (such as wheelchairs) are gratefully accepted.

**Matching Gifts** are very popular, and you should check to see if your employer may be willing to match your gift to the Wilson Research Foundation.

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# MCRAE

## FOUNDATION

announces \$200,000 gift to Wilson Research Foundation

The Selby and Richard McRae Family Foundation has announced a five-year, \$200,000 pledge to the Methodist Rehab's Wilson Research Foundation. The grant will fund critically important neuroscience and neurological recovery research at MRC.

"We are excited about supporting The Wilson Research Foundation and the rehabilitation research being done at the Methodist Rehabilitation Center," said Richard McRae, Sr.

"After being a patient at MRC myself last year, I can personally testify to the excellent care and therapy that I received. There is no doubt that I was able to recover from my knee replacement as quickly as I did due to the therapy and attention that I received while I was a patient there." McRae said.

"I have personally seen tremendous improvements made in other people's lives that have suffered very serious neurological damage from accidents, but have received treatment and care at Methodist. It is the hope of the trustees of the Selby and Richard McRae Foundation that this gift for research will lead to breakthrough technologies and therapies for people with devastating injuries," he said.

Chris Blount, foundation director, said he wanted to thank the McRae family for changing lives through their latest gift. "They know us well here at MRC, and they have been very generous over the years. This gift will make possible important research that helps our patients recover more abilities after disabling injuries and illnesses."



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To make a donation or to learn more about The Wilson Research Foundation, contact Chris Blount or Juanita Lester at (601) 364-3598 or email [wfgift@wilsonfoundation.org](mailto:wfgift@wilsonfoundation.org). Or, you may make a secure online donation with your credit card: [www.methodistonline.org](http://www.methodistonline.org).

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Wise Carter Child & Caraway, PA  
Mr. T. E. Wofford  
Mr. Larry Word

Ms. Alison Wright  
Mr. Charles Wright  
Ms. Patricia Wright  
Mr. Richard Yam  
Ms. Kathy Yates  
Ms. Alma Young  
Mr. Paul Young  
Mr. Eduardo Zayas-Bazan

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**Mr. and Mrs. Bill Allen**  
Given by Mr. and Mrs. Ed Kossman  
**Mrs. Betty Ashmore**  
Given by Mrs. Robert M. Randall, Jr.  
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Given by Linda and Wirt Yerger  
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**Rabbi and Mrs. Harry Danziger**  
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**Ms. Mary Dearman**  
Given by Mrs. Julie O'Brien  
**Mr. and Mrs. Lephiew Dennington**  
Given by Mr. and Mrs. Ed Kossman  
**Mr. Ryan Estep**  
Given by Lynn Bishop  
**Mrs. Thomas Evans**  
Given by Mr. and Mrs. Ed Kossman  
**Mrs. Susan Geiger**  
Given by Ms. Nell T. Mason  
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**Dr. and Mrs. John Hilpert**  
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Given by Paula and Randy James  
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Linda and Wirt Yeager  
**Mr. and Mrs. Ralph Lord**  
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**Ms. Nicole Marquez**  
Given by Mr. Dale Anderson  
Ms. Thelma Anderson  
Mr. and Mrs. William L. Crim  
Sunny Crystal  
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Leesa and Silas McCharen  
Ms. Lisa Palmer  
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Given by David K. and Jo Ann Lee  
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Given by Mr. and Mrs. Robert H. Weaver  
**Ms. Faith Miller**  
Given by Mike and Trisha Artigues  
**Ms. Emily McDaniel**  
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**Mr. and Mrs. Ned Mitchell**  
Given by Mr. and Mrs. Ed Kossman  
**Dr. and Mrs. Bill Nixon**  
Given by Dr. and Mrs. Frank P. Stainback III  
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Given by Mrs. Martha McBee  
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Dalton and Robin Mounger  
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**Reverend Bruns Myers III**  
Given by Mr. Lester Hailey  
**Tre' Outlaw**  
Given by Ms. Jan Townsend  
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**Dr. James Robinson**  
Given by Mr. and Mrs. Ed Kossman  
**Mr. Shairod Robinson**  
Given by Ms. Rebecca Broome  
**Mr. and Mrs. Fred Rogers**  
Given by Mr. and Mrs. Ed Kossman  
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**Trenton and Georgia Sheffield**  
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Given by Mrs. Terri McKie  
**Anna Clair Steel**  
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Mrs. Hazel Thornton  
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**Dr. Jesse L. Wofford**  
Given by Dr. Marlon R. Wofford  
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**Mr. Sam Barnwell**  
Given by Dr. and Mrs. Frank P. Stainback III  
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Given by Mary Bounds Baughn  
**Ms. Mary Lois Berry**  
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**Mr. Moss Butler**  
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Ms. Louise Miley  
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**Mr. Clyde Mahaffey**  
Given by Mrs. Dorothy L. Mahaffey  
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Mr. Dean Miller  
**Mr. Earl Noland**  
Given by Mr. and Mrs. James Mack Willis  
**Mr. Ely E. Noland**  
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**Mr. Spencer O'Brien**  
Given by Ms. Felice Anders  
**Mrs. Allie Pettigrew**  
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Ms. Amy Lyles Wilson  
Mrs. Martha Lyles Wilson  
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Given by Mrs. Terry Lynn Hamm  
Mrs. Eloise Wise  
**Mr. Clyde Woodfield**  
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Earl R. Wilson, Founding Chairman

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