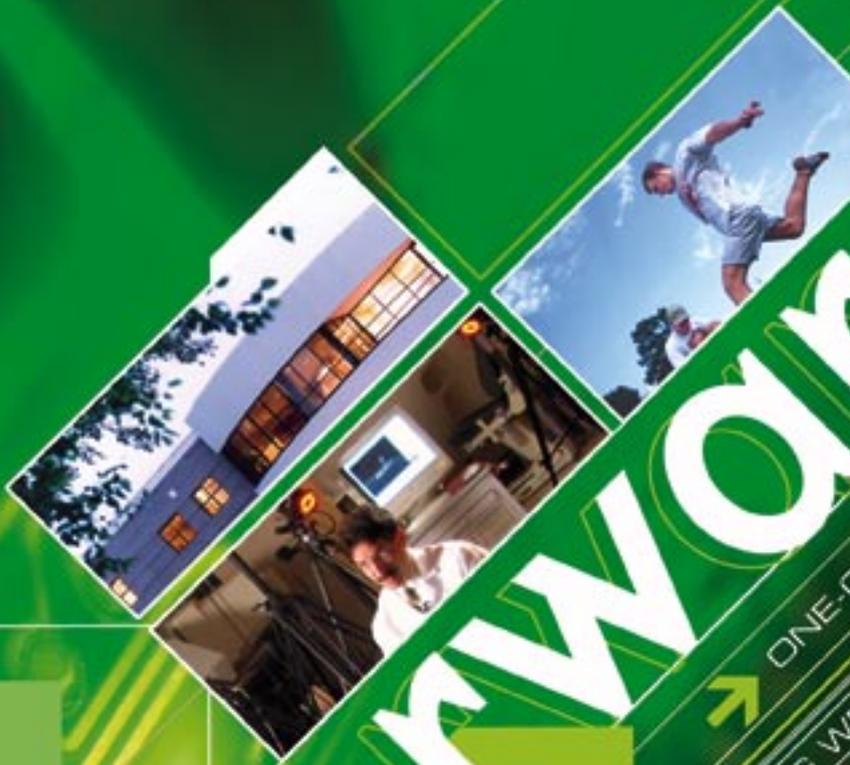


forward



→ ONE-OF-A-KIND FACILITY
→ GROUNDBREAKING WEST NILE RESEARCH
→ LEADERSHIP IN BRAIN INJURY TREATMENT



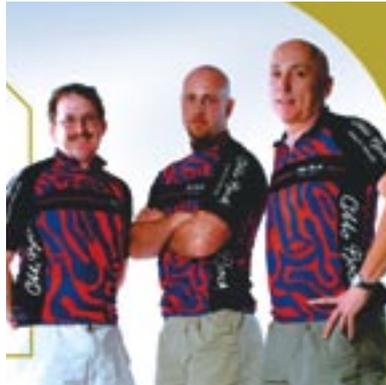
SUMMER 2004
ways & means
METHODIST REHABILITATION CENTER

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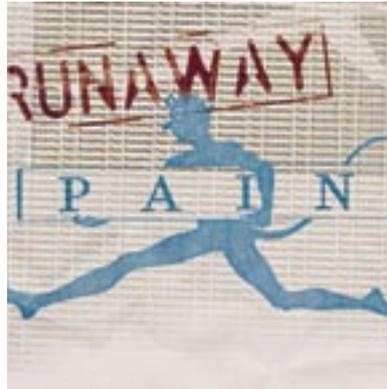
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Methodist Rehabilitation Center provides comprehensive medical rehabilitation programs for people with spinal cord and brain injuries, stroke and other neurological and orthopedic disorders. The 124-bed state-of-the-art hospital in Jackson is one of only 16 hospitals in the country designated as a Traumatic Brain Injury Model System by the National Institute on Disability and Rehabilitation Research and is only one of two in the state accepted into the prestigious Council of Teaching Hospitals. In 2000, it became the first Mississippi hospital to be named one of America's best hospitals by U.S. News and World Report.

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



The other day I got some exciting news from Dr. Art Leis, a senior scientist with our Center for Neuroscience and Neurological Recovery. He called to tell me about Ned Jeter, a patient from Virginia who was that state's first West Nile virus case of 2003. After becoming paralyzed from the virus, Jeter traveled the 800 miles from Roanoke to seek a diagnosis and treatment from our staff of West Nile experts.

Mr. Jeter told us that he had called hospitals such as the Mayo Clinic and Duke, and decided that coming to Methodist offered his best chance for recovery. After all, we were the research center that first reported that West Nile virus could cause polio-like symptoms.

To learn that Mr. Jeter had chosen us over many of the nation's best health care providers was gratifying, as was our inclusion in U.S. News and World Report's 2003 list of best hospitals in America.

But what pleases me most about the recognition is it illustrates the metamorphosis taking place here at Methodist. Every day we translate what we've learned from the lab and from experience into better patient care. And every day our circle of influence widens.

In the last few years, we've gone far beyond our beginnings as a hospital for victims of stroke, brain and spinal cord injuries. Today, our researchers and our medical staff work together to provide cutting-edge therapies for a broad range of neurological and orthopedic disorders.

In our labs, we continue to be on the forefront of the nation's most exciting detective work. Our CNRR researchers recently finished an \$82,000 federal study that looked at the long-term outcome of West Nile virus patients who suffered paralysis and/or muscle weakness. The results of their work should help doctors across the world better predict the prognosis of such patients and help dictate proper care.

As one of only 16 Traumatic Brain Injury Model System sites in the nation, we're also continuing our leadership role in TBI research. Over the next several years, we'll be using \$1.8 million in grant money to conduct a number of national studies.

In our clinics, we're fast becoming the place to turn for pain relief through innovative treatments that use a multi-disciplinary approach to get people back to the business of their lives.

And our in-patient services provide the standard by which all other programs in Mississippi are measured. Well-known Jackson physician Dr. Faser R. Triplett after rehabbing in our dedicated stroke ward said: "There's nothing like Methodist in the state."

In this issue of Ways & Means, we'll highlight some of these achievements and bring you the stories of people who have benefited from the dedication of our staff.

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

Methodist Announces

NEW BOARD OFFICERS

William R. "Randy" James has been named chairman of the board of trustees of Methodist Rehabilitation Center. James, a member of the board since 1992, has served as vice chairman since 2001.

James serves on several boards and donates freely of his time and business expertise. "It is our duty and responsibility to serve our community," he said. "I became involved with the hospital because I believe in its mission. This hospital has a great cause. We rebuild lives here."

James is president of Pruet Production Co. and manager of Pruet Oil LLC.

He received a bachelor of science business administration degree in finance from the University of Arkansas. He serves on the boards of Millsaps College and the Andrew Jackson Council of the Boy Scouts of America, among other organizations. He is a member of Christ United Methodist Church in Jackson.

James takes the helm from Dean M. Miller, a board member since 1966. Miller will continue to serve on the board. "It was a great experience. I worked with a lot of wonderful people—the staff, the employees and the board members," Miller said of his time as chairman. "The hospital provides a service that is so needed, you have to appreciate that mission."

Miller is the longest serving board member and took over as chairman when Earl Wilson, the hospital's founding chairman, died in 2000. He graduated as a geologist from the University of Kansas. He is a World War II veteran and is in the gas and oil business, serving as president of Energy Three, Inc. He is a member of Galloway United Methodist Church in Jackson.

Matthew "Matt" L. Holleman, III will

replace James as vice-chairman. Holleman is the president and CEO of Galaxie Corp., an investment company. He is former president and CEO of Mississippi Valley Gas, where he worked for 15 years. He has a bachelor's degree in business from the University of Mississippi and a master's of business administration from Mississippi College. He also donates time to St. Catherine's Village, Mississippi Technology Alliance, Nature Conservancy, and the Mississippi Museum of Art.

"I think Methodist Rehab is extraordinary when you really understand their mission and the challenges they face. The commitment and the dedication of the doctors, as well as all the staff, is impressive," Holleman said. "I'm honored to be associated with them and to serve as vice-chairman, and I'm anxious to help in any way I can."

David McMillin continues to serve as the board secretary, a position he has held since January 2001. McMillin, who has served on the board since 1999, received his master's of business administration degree from Millsaps College and a bachelor's of business administration from the University of Mississippi. He is a region sales manager for Xerox Corporation and is a past board member for United Way of Jackson and the National Multiple Sclerosis Society, among others. He currently serves on the boards of the St. Andrew's Booster Club and is a member of the Rotary Club of Jackson. McMillin is a member of Galloway United Methodist Church in Jackson.

Micajah "Mike" Sturdivant, Jr. was named treasurer of the board. Sturdivant has served on the board since 1979. He has a bachelor of arts in business from Millsaps College and a master's of business administration from the Harvard Business School. He is part of

a family-owned farming operation, Due West Plantation in Glendora, and an Elder at the First Presbyterian Church of Greenwood. He is a past president of the Delta Council, a director of the Chickasaw Council of Boy Scouts and a past chairman of the Farmers Supply Cooperative of Greenwood, among other volunteer appointments.

"The hospital's staff and our new board officers are as committed as ever to our mission of restoring and enhancing the lives of those we serve. We look forward to working together," said Mark Adams, president and CEO of Methodist Rehabilitation Center.

Long Time Board Member Will Be Missed

Methodist Rehabilitation Center lost an ardent supporter on June 20, when Arthur Daniel Breland of Crystal Springs died at age 87. Breland was one of the original members of Methodist's Board of Trustees and continued to faithfully serve the hospital for 25 years.

Breland retired as president and CEO of Truckers' Exchange Bank after a 40-year career in the banking industry. He also served as mayor of Crystal Springs from 1979-1984 and was dedicated to many community organizations, including the Lions Club, Chamber of Commerce, Lake Copiah Board of Directors and the Hardy Wilson Hospital Board of Directors.

Survivors include daughters Susan B. Taylor and Ceila B. Burnham of Jackson and son, Phillip A. Breland of Deadwood, S.D.; four grandchildren and two great-grandchildren. Memorials may be made to Crystals Springs United Methodist Church, 306 West Georgetown St., Crystal Springs, MS 39059.



Methodist Specialty Care Center

continuing the tradition of innovation



Residents, like Hugh "Skeeter" Edwards, have high speed Internet access in their rooms.



Nursing stations are the hubs of the second and third floors with three short hallways radiating out from each, reducing the distance between residents and staff.

More than 25 years ago, a small band of visionaries saw a void in Mississippi's health care system and shepherded the creation of Methodist Rehabilitation Center.

Now the hospital has built on that proud tradition with the opening of Methodist Specialty Care Center, the state's first long-term care center for the severely disabled.

The \$9 million Flowood facility is designed to address the complex medical needs of people who need around-the-clock assistance with activities of daily living.

"Now family members who can't provide such care at home won't face the difficult decision of sending their loved ones out of state," said Mark Adams, Methodist's president and chief executive officer. "This is a significant achievement for Mississippi, and especially for our residents who are severely disabled."

The center's opening was celebrated Feb. 18 and 19 with a ribbon cutting and receptions for the Mississippi House and Senate. An honored guest at the gatherings was Sharon Woodfield of Gulfport, whose 36-year-old son Michael was the center's first resident.

Michael's dad, the late state Sen. Clyde Woodfield, was instrumental in expediting the creation of the center after Michael was severely brain-injured in a 1997 motorcycle accident. A bill that he

helped steer through the 1998 legislative session made it possible for Methodist to receive an exception to the lengthy state certificate of need process.

"Sen. Woodfield said: 'If anything good can come of Michael's tragedy, I'll help you,'" Adams said. "The Governor, Legislature, Division of Medicaid and the Mississippi State Department of Health should all be commended for following through and making this dream a reality."

The three-story center is located adjacent to Methodist's East Campus and couples state-of-the-art medical technology with a warm and inviting environment. On each floor, three short, carpeted hallways radiate from a central area that houses the nursing stations and dayrooms. This layout eliminates the institutional feel of long hospital-like corridors and reduces the distance between the nurses' stations and the residents' rooms.

Common areas located on each floor offer residents a place to gather and provide an inviting view of nearby Mirror Lake. There's also an attractive dining area on the first floor that opens to a covered courtyard.

Each private room features its own bathroom and comes furnished with a telephone, television and high-speed Internet access. While the look is that of an upscale hotel, medical equipment such as oxygen lines and other medical gases are close at hand. Specialized environmental controls

also will be customized for those who need systems that can be voice-activated or operated by breath-controlled devices.

The center will employ 120, and its nurse-to-patient ratio is much lower than traditional nursing home facilities. While a typical nursing station takes care of 60 patients, the center's nursing station takes care of 30.

Because the center is a division of Methodist, the staff also benefits from a collaborative relationship with the hospital's medical team. This gives center residents access to the latest medical advances, including long-term experimental drug trials and therapeutic treatments that foster the highest level of function.

Staff also has access to some of the latest innovations in nursing care – such as "smart-charting." The wireless system allows staff to use handheld PCs to document care at a patient's bedside.

The attention given to the patient's care and comfort is reassuring to Woodfield. While she's reluctant to relinquish her caregiver role, Woodfield said she is grateful that Methodist created a facility that can meet Michael's complex medical needs.

"There is no other staff I would entrust his care to," Woodfield said. "I know Methodist is the most qualified to run a place like this. It's not a nursing home. It's like an intensive care unit in every room." ■



The Discovery Tour team included, from left, Dan Sheret, Brad Kennedy and Mitch Reinitz.

EUROPEAN BIKE TOUR PROVES ATHLETICISM OF AMPUTEES

After bicycling 1,370 miles across Europe this spring, Brad Kennedy declared his artificial left leg no worse for the wear.

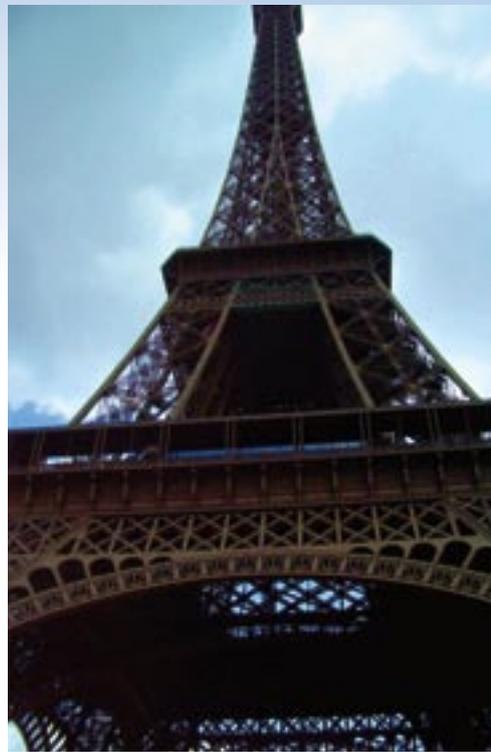
The Methodist Rehabilitation Center prosthetist wishes he could say the same for his God-given body parts. Turns out that pedaling from Glasgow, Scotland to Venice, Italy can leave a guy with a continental pain in his southern hemisphere.

"I went through quite a few Advils," he says. But now that his muscles are less sore and he has started to regain the 25 pounds he lost, Kennedy calls Discovery Tour '04 "a wonderful experience."

The nine-country, month-long bicycle trek was the brainchild of international prosthetics manufacturer Otto Bock Healthcare. The company asked Kennedy and two other amputees to make the journey as a way of showcasing how

today's technology can expand the horizons for people who use prostheses.

While the team members were the only ones to pedal the complete distance, they got plenty of company from other bikers—able-bodied and otherwise—along the way. "We met quite a few amputees and I do think we helped to motivate them," Kennedy said. "And I think we motivated just as many able-bodied riders. We really pushed them."



Pushing himself has been a way of life for Kennedy ever since a car accident took half his left leg at age 17. So he jumped at the chance to put Otto Bock's computerized C-Leg and LuXon Max foot through the wringer.

"I hate to pass up a good challenge," he said. "It means a lot to me to be able to demonstrate that you can still be an athlete after an amputation."

Kennedy was among the first people in the United States to use Otto Bock's revolutionary C-Leg after its 1999 United States debut. He now travels the country training other practitioners on how to fit the computerized leg, and his experience told him the prosthesis would be no problem on the tour.

He wasn't nearly as confident about his flesh-and-blood components. As an above-the-knee amputee, Kennedy knew 95 percent of his pedaling power would depend on his sound leg. And his pre-trip training amounted to only four months.

"I was really questioning my decision the third day," he said. "There was a lot of soreness and fatigue setting in and

it was cold and I had a 1,600-foot climb to do in a short distance. But I had a lot of support and I got in a little better shape and it got easier and easier."

The team's daily mileage ranged from 50 to 110 miles. And by the end of the trip, Kennedy was in good enough shape to clock four 100-mile days—three of those in a row.

Along the way, Kennedy and his two biking companions—Mitch Reinitz of Seattle, Wash. and Dan Sheret of Wilmington, N.C.—had a variety of adventures.

They dodged hailstorms, lightning bolts and foreign drivers; fielded questions from the international media and local townsfolk; got lost countless times in the European countryside and experimented with international cuisine (i.e. blood pudding and liver soup.)

Through it all, they stayed focused on the tour objective. "My goal was to touch people's lives and encourage them," Kennedy said.

But he says he was the one who came away inspired—especially after a pre-

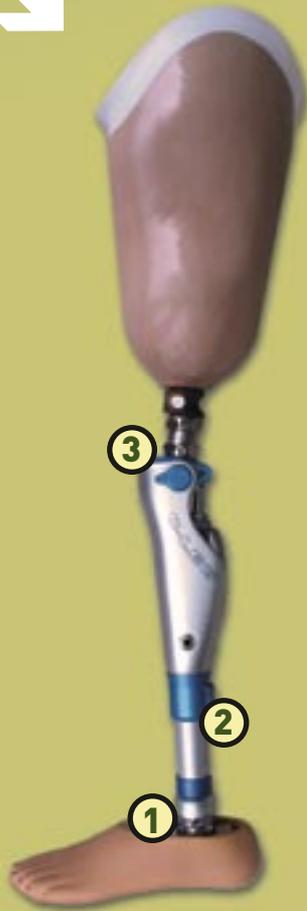
tour trek to Washington, D.C., where the team spent time with U.S. soldiers who had lost limbs in the war in Iraq.

"We went to lift their spirits and make them feel better and they made me feel better," said Kennedy, whose own dream of being in the military was dashed by his amputation. "Their orders were to get well and that is what they were doing. Before we left, we asked if they would autograph our shirts. Now that's my prize possession."

Kennedy also came home with plenty of European souvenirs, including more than 500 photographs picturing beautiful sights he hopes to some day share in person with his wife Connie, also a Methodist employee.

But for now he's happy to be home spending time with family and friends and sharing the insights he gained on his trip with his Methodist patients. "I really looked forward to getting back to work," he said. "The trip reinforced my desire to make sure we're providing the best care we can for our patients and that they get the detailed attention they deserve." ■

ANATOMY OF A C-LEG



1 Torque absorber at ankle allows rotation of prosthesis to absorb ground reaction forces. This feature is useful for activities such as golf.

2 Force-sensing pylon communicates information such as knee angles, forces on the foot and speed of the leg swing to microprocessor unit in the knee.

3 Battery-powered microprocessing unit is a tiny computer which processes information in real time and adjusts the leg's hydraulics to adapt to changes in the wearer's gait.

O&P Product Testing Gives Staff Access to Breakthrough Technology

Biking 1,370 miles on an artificial leg was hardly a run-of-the-mill challenge for prosthetist Brad Kennedy.

But one facet of his journey did feel like business as usual. Road-testing O&P products is part of his job at Methodist Orthotics & Prosthetics.

"When new products come on the market, we do try to jump out there and test them," said division director Chris Wallace. "Sometimes our employees have done beta-testing, and sometimes we get early samples for patient trials."

Wallace said the importance of national product testing is twofold. Patients benefit because manufacturers receive critical input on product performance, while staff members gain firsthand knowledge about innovations in the O&P field.

Kennedy, for example, was among the first above-the-knee amputees in the United States to use Otto Bock's revolutionary C-Leg. He was so pleased with its performance that Methodist has since fitted 35 patients with the world's first completely computer-controlled artificial leg.

"That's a good example of us taking breakthrough technology and advancing it in our region," Wallace said.

Another Methodist employee who tests products is O&P technician Kenny Buford, a below-the-knee amputee. He recently put the TSS Vaculink suspension system through its paces, and says the vacuum pump lives up to claims that it can wick away perspiration and facilitate a better socket fit.

Buford also has tested several different prosthetic feet, and says he enjoys providing feedback to national manufacturers. As

a prosthetic user, he knows the value of making sure new technology adapts to the challenges of everyday life. "I'm real active, so I need a foot that can bend and twist."

Wallace said when staff members or patients try out new products, the testing often includes a trip to the hospital's Motion Analysis and Human Performance lab. There, data can be collected on parameters such as stride length, step length, velocity and steps per minute.

Methodist currently helps test products from international manufacturers such as Otto Bock, but Wallace said he would like to add some homegrown products to the mix.

"We're in discussions with a major state university to work on doing some testing and applied research. We're hoping to advance some new concepts in design and materials. One of the things we are working on is utilizing Kevlar (best known for its use in bulletproof vests) as a new material for product fabrication. We hope to get the university to do some comparative analysis for this project."

Through the research process, Wallace said the staff also hopes to invent a more standardized approach to device design.

"We want to get some scientific research behind it," said Darby Shook, a Methodist prosthetist who's also a biomechanical engineer.

"Our goal is to publish our findings and get to the point we could offer Methodist Rehabilitation Center's quantitative assessment analysis to other facilities," Wallace said.



Fitness Tips

METHODIST THERAPISTS
FOCUS ON PHYSICAL FITNESS

Local TV viewers are learning how to get fit and avoid injury thanks to the expertise of Methodist Rehabilitation Center staff.

Since spring of 2003, the hospital's occupational and physical therapists have been sharing their knowledge on Fitness Friday, a segment that airs every other week on WJTV News Channel 12.

"Channel 12 is our Safe Families partner, and we thought this would be another

good opportunity to work with the station to promote healthy lifestyles in our community," said Methodist public relations director Jim Albritton.

The therapists have addressed topics ranging from adopting realistic New Year's resolutions to preventing soccer injuries.

Here are some of the therapists' recommendations to help your family stay injury-free.

■ Learn your limitations.

Methodist physical therapist Jody Howell recommends consulting your doctor before beginning an ambitious exercise program. A thorough physical can uncover problems that might be life-threatening during exercise—such as heart abnormalities. And undergoing a flexibility screening can detect potential trouble spots, such as tight hamstrings or structural problems with the feet. "If you know about these things ahead of time, you can avoid injury by choosing an exercise that fits your physique or using adaptive equipment, such as orthotics in your shoes," Howell says.

■ Make realistic resolutions.

You can't go from spud to stud overnight, says Howell. "If you've been sedentary, a simple walking program is a good place to start," she says. "In the beginning, don't worry about intensity and concentrate on establishing a routine. Try doing an aerobic activity such as walking, jogging, swimming or bike riding 20 to 60 minutes three times a week."

■ Don't forget stretching and strength-training.

While many people concentrate on cardiovascular activities, a good conditioning program also addresses flexibility and muscle strengthening and endurance.

■ Just do it right.

Incorrect form is a major cause of injury, so seek out professional advice before beginning a new activity, says Peter Schott, a physical therapist and therapy manager at Methodist's outpatient rehab center in Flowood. "If your gym has a certified personal trainer or sports therapist, tell them about your goals and ask for tips on how to achieve them," he said.

■ Think inches, not miles.

Howell says doing too much too soon invites overuse injuries such as tendinitis, stress fractures and plantar fasciitis, an inflammation of the connective tissues under the foot. Therefore, it's important to progress slowly, increasing exercise about 5 percent once your body gets use to a routine.

■ Shake things up.

The best way to promote continuous gains is to cross-train. This prevents the plateaus that can occur when you do the same activity over and over. If you're a runner, for instance, swimming would be a good alternate activity because it provides a cardiovascular workout, yet is less stressful on the joints.

■ Don't let those abs go to flab.

"Abdominal strength is important to prevent back pain, enhance good posture and provide core strength for other activities," says Methodist physical therapist Cathy Henderson. She recommends a regular routine of abdominal work such as crunches, with a concentration on proper form. Henderson said to be sure to keep your back flat and use a proper breathing technique—exhaling when coming into the crunch and inhaling when relaxing. Also avoid arching your back or pulling on your neck.

■ Practice good posture.

Methodist occupational therapist Julie Walker says chronic poor posture can lead to a variety of problems, including a humped back, poor circulation, nerve compressions, spine and joint degeneration and deformities. And one of the keys to avoiding such problems is to practice proper alignment while working at your desk. Walker says you should sit up straight with your head up straight, shoulders over your hips with a slight curve in your low back, knees slightly lower than your hips, feet supported and elbows at 90 degrees.

Assistive Technology Clinic

Gets New Digs, Expands Services



Allison Fracchia, right, a physical therapist at Methodist, adjusts Amy Wilkinson's wheelchair. Fracchia is one of only four physical therapists in Mississippi who is certified in assistive technology.

Physical therapist Allison Fracchia feels frustrated every time she sees a power wheelchair sitting on a Mississippi porch. She knows that the owner probably ordered the chair off the Internet or TV and didn't realize it wouldn't fit through the door.

The problem is among many associated with the purchase of adaptive equipment, and one an expanded assistive technology clinic at Methodist Rehabilitation Center is designed to help solve.

Fracchia, clinic coordinator and a certified assistive technology practitioner, said the service offers guidance and medical evaluations for people in need of wheelchairs, environmental control units (ECUs), augmentative speech devices and computer interface systems.

Clinic physical therapist Cathy Henderson said such hands-on guidance can help wheelchair users avoid costly mistakes. "Joint contractures can happen if they're not seated right," said Henderson, also an assistive technology practitioner. "If they're on the wrong cushion, they can end up with pressure sores. And if they order a power chair off TV and it doesn't work right, it may be almost impossible to get Medicare to buy them another one."

Located on the hospital's second floor, the clinic is staffed by a supervising

physician, biomedical engineers and occupational, physical and speech therapists. The state's only other comprehensive assistive technology program is at the T.K. Martin Center for Technology and Disability in Starkville.

Hugh "Skeeter" Edwards, a resident at Methodist's Specialty Care Center in Flowood, will be among the clinic's first ECU recipients. Edwards has limited hand control and must rely on others to turn on his room lights or TV. So he's "very excited" about getting an ECU that will allow him to do everything from surfing the net to phoning friends via a joystick that can be attached to his wheelchair and bed. "This is going to be awesome," he said.

Bob Hirko, director of biomedical engineering at Methodist, said ECUs can be customized according to each person's capabilities. For instance, people paralyzed from the neck down might operate a unit via a sip-and-puff device, by pressing a lever with their heads or by speaking into a microphone. His department's role at Methodist Specialty Care has been to install ECUs and engineer any needed modifications.

John Ramshur, a biomedical engineer for the Human Performance and Motion Analysis laboratory, provides a similar service for those who require adaptations to use a computer. He said options for

hands-free cursor control range from voice recognition software to systems that can be directed by eye gaze.

Occupational therapist Bridgett Pelts evaluates patients for the ECUs, and she looks at factors ranging from physical strength, endurance and range of motion to vision, hearing and cognitive abilities.

Fracchia said clinic staff members stay abreast of assistive technology issues by attending international conferences such as the ones sponsored by the Rehabilitation Engineering and Assistive Technology Society of North America. Methodist will sponsor its own seminar Sept. 30-Oct. 1 at Pearl River Resort.

The staff also provides feedback to national vendors to facilitate improvements in the field. For instance, Fracchia recently became one of only 10 therapists in the nation asked to be on TiLite Wheelchairs' first focus group.

As word has spread of the team's expertise, demand for wheelchair evaluations has increased, Fracchia said. And she predicts the other services will be equally popular as people with disabilities realize how assistive technology can improve their quality of life. "It opens their world," she says. "It allows them to do things and communicate with people in ways they couldn't otherwise." ■

For the second year in a row, Methodist has teamed up with WJTV News Channel 12 to promote safety and injury prevention. The hospital is the sponsor of the CBS affiliate's **Safe Families** campaign. The year-long injury prevention effort includes public service announcements, special events that focus on health and safety and increased news coverage of safety issues in all WJTV newscasts. "Safe Families is a natural fit for us," said Jim Albritton, public relations director. "It ties into the work we continue to do with our Think First program in schools all across the state and gives us an opportunity to reach a larger audience." More information about the Safe Families campaign is available at wjtv.com. To learn more about Think First, go to methodistonline.org.

The Downtown Exchange Club recently presented Methodist volunteer Tom Rowland with its **"Book of Golden Deeds Award."** The award recognizes dedicated volunteers who give hours of their time and talent to make their communities better places. It's a fitting description for Rowland, who has been offering his services to Methodist since 1993. An amputee himself, Rowland is at his best when he is called upon to counsel the newly disabled, said Methodist volunteer services director Sandra Walker. "Therapists often ask Tom to visit certain patients because they know they will benefit from his comforting words and outgoing personality."

World-renown clinician and **National Institutes of Health researcher** Dr. Leonardo G. Cohen shared some of the latest findings on the brain's ability to recover function at a lecture at Methodist. Cohen, who is chief of the Human Cortical Physiology Section of the National Institute of Neurological Disorders and Stroke, discussed how the findings may influence future therapies for stroke and brain injury patients. The subject is of special interest at Methodist, where researchers are also focused on improving outcomes for brain injury victims.

Imagine being in so much pain that you can't even tolerate the weight of a blanket on your toes. That's the plight of some who suffer from complex regional pain syndrome, one of many chronic pain conditions that were discussed at the sixth annual meeting of the **Mississippi Pain Society**. The meeting at Methodist Rehabilitation Center included presentations by anesthesiologists, rehabilitation medicine physicians, orthopedic surgeons, psychologists, psychiatrists, case managers, nurses and occupational and physical therapists.



In the last year, Methodist has presented more than 30 **Think First** safety and injury prevention programs at area schools. Think First programs, aimed at young children and teenagers, try to prevent spinal cord, brain and other traumatic injuries by focusing on bicycle, automobile, fire, boat, swimming and diving safety. Sammy Safety, a certified safety super hero, and Fair, a golden retriever who works with brain injury and spinal cord-injured patients, attend many Think First events.

The Methodist Gift Shop has rung up a \$12,500 donation for the **Wilson Research Foundation**. Shop manager Terri McKie said the donation was made possible by the generosity of Methodist volunteers, who work in the store without pay. "We can donate more funds to the foundation when we don't have to pay salaries and benefits for the employees," she said. Since the shop opened in 1996, the volunteer workforce has donated a total of \$85,500 to the foundation. The money supports research at the hospital's Center for Neuroscience and Neurological Recovery.

An **orthotics and prosthetics clinic** on Methodist's east campus is making life a little easier for people who use prostheses by allowing them to see a physician, physical therapist and prosthetist all at the same time. In addition to helping patients consolidate their medical appointments, the clinic also helps staff coordinate care. "Our clinic is a collaborative effort," said Chris Wallace, director of the hospital's Orthotics and Prosthetics division. "With our team approach, physicians can be confident their patients are being well cared for." The division also provides a clinic every other Tuesday at King's Daughter Medical Center in Brookhaven to accommodate those with O&P needs in that area.

Methodist Rehabilitation Center has been recognized by the **Public Relations Association of Mississippi** for excellence in the field of public relations. PRAM honored Ways & Means, the hospital's magazine, and Reunion Race, its annual fundraiser, with two Prism Awards. The hospital's statewide safety program, media relations program, Web site and employee newsletter received 11 certificates of excellence or achievement at the organization's annual convention in Jackson.



Dr. Stuart A. Yablon, medical director of the Brain Injury Program since 1996, recently received an Alumni Award from the University of Medicine and Dentistry of the New Jersey Medical School (UMDNJ). The

award recognizes outstanding achievement by a graduate of the Department of Physical Medicine and Rehabilitation. Dr. Yablon did his PMR residency training at the UMDNJ and served as academic chief resident during his last year of training. Dr. Yablon, a board-certified psychiatrist, is medical director of the hospital's brain injury program. He is also project medical director of the Traumatic Brain Injury Model System of Mississippi.



Tucker everlasting

BRAIN INJURY TEAM'S EXPERTISE BENEFITS TEEN

His football teammates call Tucker Hoge the "miracle man," and when he takes off his helmet you see why.

A thick scar stretches from the top of his head to behind his left ear. It marks the spot where a neurosurgeon sawed open his skull after a January, 2003 car crash left the then 16-year-old with a near fatal traumatic brain injury (TBI).

In more rural areas of the state, Tucker might not have survived the wreck, let

alone recover enough to try out for the Brandon High School football team some seven months later. But Tucker was fortunate to live near two medical centers with the highest standard of care for brain injury patients.

After undergoing lifesaving neurosurgery at the University of Mississippi Medical Center, Tucker transferred to Methodist Rehabilitation Center's nationally recognized center for brain-injury treatment and research.

Because Methodist is one of only 16 Traumatic Brain Injury Model System sites in the United States, Tucker was able to benefit from the hospital's participation in TBI research projects, said Dr. Mark Sherer, director of neuropsychology at Methodist.

"Just the fact that patients are involved in projects here means there's more scrutiny, more communication, more coordination and more follow-up. The knowledge we gain through research can immediately be applied to patient care."

“I think he’s going to be all right, but we had to resuscitate him twice”

Tucker was not behind the wheel the day of the crash, but he was in a situation that was an accident waiting to happen: five high-spirited teenage boys, crammed into a new Chevy Malibu on a curvy road known to local drivers for its “thrill hill.”

“There’s a little curve over the hill where they went off the road and the driver over-corrected,” said his dad, Cam. “He lost control, hit a tree, hit another tree and the car flipped upside down. They had to cut Tucker out of the car.”

Tucker can’t recall what happened that day, and much is a blur to his parents, as well. But his mom, Dawn, does remember the call from a friend who had overheard news of the wreck over a police officer’s radio. “She told me Tucker had been in an accident and I needed to get to North Street quickly,” said Dawn, her eyes tearing up at the memory. “On the way, an ambulance flew past me.”

A police officer drove Dawn to UMC, where a paramedic told her: ‘I think he’s going to be all right, but we had to resuscitate him twice.’

When Tucker arrived at UMC, doctors pronounced a CT scan of his brain one of the worst they had ever seen. His brain had been bounced like a hackey-sack, causing damage to the frontal lobe and the left side of his brain.

In addition to the primary injury from the wreck, Tucker also faced secondary injuries due to swelling in the brain. “The brain is enclosed in a hard case and there’s no room for expansion,” said Dr. Domenic Esposito, chief of neurotrauma at UMC. “If the swelling creates pressure in the brain stem it can immediately kill you. That’s why timing is crucial in the treatment of brain injury,”

To reduce the pressure building in Tucker’s brain, Dr. Esposito removed a portion of his skull. He also induced a coma and paralysis and reduced Tucker’s body temperature—all measures

designed to combat further swelling.

“He’s there, we’ve just got to get him out”

Two weeks after the wreck, Tucker was brought out of the coma. “We didn’t know if he would know us,” Dawn said. But he soon showed signs of his old self, even though a trach tube kept him from speaking.

“The first day of rehab, a bunch of his friends were there and I said: Do you recognize anybody?” remembered his



Dr. Mark Sherer

mom. “He wrote down everybody’s name. Those kinds of things let you know he’s there, we’ve just got to get him out.”

The consequences of a brain injury are far-reaching because it can affect someone physically, mentally and emotionally. The frustration for the families is no one can tell them if or when their loved one will get back to normal.

“The brain is one of the slowest organs to heal, and everyone’s brain heals differently,” said Dr. Risa Nakase Thompson, a neuropsychologist at Methodist. “We’ve had people with totally normal CT scans have horrible outcomes, while someone with a bad scan went back to work. The picture doesn’t say it all.”

“A key part of his recovery is he got early rehab as soon as he was medically stable,” said Kristi Goodson, a nurse

practitioner for the brain injury program at Methodist. “That allowed us to take advantage of the healing brain. You usually see the most rapid improvement during the first six months.”

To survive a brain injury, it helps if you’re young and in good health prior to the injury. As someone who had been playing sports since age 3, Tucker was in top condition. He also had the personality to persevere. “Pain has never been an issue for Tucker,” Cam said. “He played soccer and football with a broken foot. When we were at rehab, I knew he was going to beat this thing.”

As Tucker worked with physical, occupational and speech therapists to improve his abilities, staff began educating his parents about what to expect. “The day they get here, the biggest issue for parents is: Will their child be able to go back to school?” said Goodson.

Many times the answer is yes, but staff members generally recommend a conservative time frame for a return to the classroom. “We don’t want to send someone back if they are not ready to benefit,” Thompson said. “If we put someone back in the 12th grade and they’re functioning at 8th grade level, we’ve set them up to fail,” Goodson added.

“After a head injury, you have to remember to remember”

To help get back up to speed, Tucker followed his stay at Methodist with a stint at the hospital’s Quest program, Mississippi’s only community re-integration program for brain injury victims.

There, he worked in the gym on his physical stamina and in the classroom on his cognitive skills and endurance.

“He had to build back to higher levels of attention and memory,” explained Quest speech therapist Cassie Means. “After a head injury, we say you have to ‘remember to remember.’ He was taught strategies such as using a day planner, written cues, checklists, repetition and visualization.”

continued on next page

"We laid the groundwork for a smooth transition back to school," said Quest admissions coordinator Joyce Leverenz. "In addition to working with Tucker and his family, we also provided the school staff with recommendations on how best to work with Tucker during the school year."

Leverenz said such advocacy paves the way for a better outcome, and is one of the best benefits of Quest. "Our experience with school systems is you have to have a strong advocate to get what you need, but you also have to know what you need. Doctors might not think to let teachers know that a patient might need more time to take a test, or a study class to work on notes or a cassette recorder to tape lectures. It's the school integration component that sets Quest apart."

Tucker said he doesn't like to talk much about his brush with death. "I can't stand hearing about it because I feel sad for my family having to deal with that stuff." He does say, though, that he has learned this lesson: "Don't goof around in a car, don't drive fast and don't think you can't get hurt."

As his parents can vouch, tragedy is just a heartbeat away. "We just need to get across to kids that five minutes of joy can cause a lifetime of misery," his dad said.

"God spared Tucker for a reason," said his mom. "I think it was to help kids wake up and realize that life is a gift. It's not something you can take for granted or throw away by being careless." ■

TBI Model System Designation Helps Patients Receive Cutting Edge Care

For the second time, Methodist Rehabilitation Center has been named a Traumatic Brain Injury Model System site, a prestigious designation that helps ensure that Methodist TBI patients receive cutting edge care.

Methodist is one of only 16 centers in the nation chosen as a model system by the National Institute on Disability and Rehabilitation Research. As such, the hospital will receive \$1.8 million over a five-year period to fund TBI research.

Dr. Mark Sherer, director of neuropsychology at Methodist, said the hospital's role as a model site is twofold. "We contribute data to the national database, and we are the lead center on several research projects based on that data. We also do local research projects."

Among the new projects for this funding cycle are:

- A medication trial for the treatment of acute confusion after a TBI
- A study on the diagnosis and treatment of motor disorders

- A study on how the relationship between the therapist and patient affects the outcome of therapy.

To be in the model system, TBI patients must be at least 16, be seen in a trauma center at the University of Mississippi Medical Center in Jackson or Forrest General in Hattiesburg within 24 hours of injury and come to Methodist for TBI rehabilitation within 72 hours of leaving acute care.

Sherer said the studies being conducted at Methodist reflect the true concerns of people with TBI because they're inspired by the actual experiences of patients and their families. "At some sites, they have mainly researchers. We are one of the sites where the researchers also treat patients, which we think is an advantage. We study what patients and families tell us they are concerned about."

Having clinicians as researchers means knowledge gained in the lab can immediately be applied to patient care. "If our research tells us that a certain medication helps people get better faster, we will be prescribing that medicine," Sherer said.

TBI FAST FACTS

- Mississippi leads the nation in traumatic brain injury deaths.
- From 1991 to 2000, the highest number of TBI deaths in the state occurred in the 15-to-29-year-old age group.
- Vehicle crashes are the leading cause of traumatic brain injury.
- Seat belts are 57 percent effective in preventing traumatic and fatal brain injuries.
- In 2002, Mississippi had the lowest rate of seatbelt use in the Southeast.

Source: Brain Injury Association of America, Mississippi Department of Health, National Highway Traffic Safety Association

Study Shows Families of TBI Patients Benefit From Support Groups

Dr. Risa Nakase-Thompson recently participated in a study that proved what she knew on an anecdotal level all along—no matter how difficult your situation, it helps to be surrounded by people going through the same thing.

Thompson, a neuropsychologist at Methodist Rehabilitation Center, recently collaborated with researchers from The Institute of Rehabilitation and Research in Houston, Texas and the Mayo Clinic in Rochester, Minn. to measure the value of support groups for family members of persons with traumatic brain injury.

Information from that study will be used to enhance support group meetings at Methodist for survivors of traumatic brain injury and their caregivers.

“Families in the study were so thankful to have the opportunity to come together and share their experiences. It was helpful to them to know there were others going through similar situations,” Thompson said.

She said leading the study group was enlightening for her as a practitioner. Many of the participants were dealing with injuries that were years old and this allowed her to learn about things they continue to struggle with. For example, she said, many of the family members experienced high levels of stress and depression and didn’t realize it.

“They considered it normal to feel and live that way. It’s one thing to have a doctor tell you, but when another support group



Dr. Risa Nakase-Thompson

member in a similar situation tells you ‘I’ve been where you are and you need help,’ that can make a big difference,” Thompson said.

“Support groups such as the one offered by Methodist can help bring people back into the system and help them find resources that are out there. In the end, we hope this enhances the quality of life for both patient and family members.”

Methodist Joins International Clinical Study of TBI Medication

Patients at Methodist Rehabilitation Center with severe traumatic brain injuries may be eligible to participate in an international clinical study funded by a 5-year, \$3-million grant from the National Institute on Disability and Rehabilitation Research.

Dr. Stuart A. Yablon, medical director of Methodist’s Brain Injury Program, said the study will test the effectiveness of a drug called amantadine hydrochloride for treating patients with prolonged impairments of consciousness.

“Many drugs are used to try to speed the recovery of consciousness in individuals with severe brain injuries, but there is very little research available to help physicians select a drug that is effective in treating patients in vegetative and minimally conscious states,” Dr. Yablon said.

Amantadine hydrochloride, introduced in the 1960s as an antiviral agent, has been shown to enhance the transmission of nerve impulses in the brain, Dr. Yablon said. Encouraging results of earlier pilot studies paved the way for this major study, which is expected to enroll as many as 180 patients throughout the United States and Germany.

Methodist Rehabilitation Center is one of eight rehabilitation institutions in Pennsylvania, New York, New Jersey, Texas, Massachusetts, Mississippi and Germany participating in the study as members of the Consciousness Consortium.

Dr. Yablon said amantadine hydrochloride may help patients in vegetative and minimally conscious states by stimulating transmission of a chemical called dopamine. Dopamine plays a critical role in the central nervous system by influencing arousal, movement, perception, and behavior.

To enroll in the study, a patient must be between ages 16 and 65, must be admitted to one of the eight participating clinical facilities, and must be between four to 16 weeks post-injury with no or inconsistent ability to follow commands or communicate.

Each patient will be randomly assigned to receive either amantadine hydrochloride or a placebo for four weeks. Neither the patient nor attending physician will know the group to which the patient has been assigned.

Results will be measured after the fourth and sixth weeks of the study using two well-established behavioral rating scales to gauge recovery and measure whether improvements persist after the drug is stopped. All patients will have CT scans before entering the study to help determine whether the location and extent of brain injury influences response to amantadine hydrochloride.



ON A WING AND A SCARE

WEST NILE HAS PHONES RINGING OFF THE HOOK

USA Today. Newsday. The San Diego Tribune. Consumer Reports. What do these national media outlets have in common? They've all carried reports about Methodist's groundbreaking research on the link between West Nile virus and polio-like paralysis. Since that news broke in 2002, more than 100 media outlets have reported their findings. And news from two press conferences since then has been reported by the Associated Press and Reuters news service. The coverage is a coup on the public relations front, but the hospital's prominence as a West Nile virus research center has prompted more than just good press. It's also attracting patients from all across the nation and inquiries from around the world.

When mosquitoes start to sting, the phones begin to ring at the Center for Neuroscience and Neurological Recovery at Methodist Rehabilitation Center.

Word is out that CNNR researchers are national experts on a crippling, polio-like disease that is one of the most frightening manifestations of the mosquito-borne West Nile virus.

In 2002, CNNR director Dr. Dobrivoje Stokic and senior scientist Dr. Art Leis were the first in the world to report that the virus can attack the motor cells of the spinal cord, causing paralysis, muscle weakness and fatigue, and the first to confirm that observation through autopsy findings.

Now they're on the forefront of research that could help doctors better determine the prognosis of West Nile virus patients

with paralysis and/or muscle weakness. This summer, CNNR researchers wrapped up a federally funded \$82,000 study that examined the long-term outcome of West Nile patients with such symptoms.

While the results probably won't be released publicly until spring 2005, CNNR researchers are already fielding questions from West Nile patients who want to know more.

"We are receiving calls from all over the United States and Canada from people wanting to know our experience on the extent of recovery," Dr. Stokic said. "I've also had phone calls from physical therapists asking about appropriate therapy. Not many professionals have seen cases of polio-like paralysis. But Dr. Michael Winkelmann, one of our rehabilitation medicine physicians, has extensive experience with patients who have residual effects from having had polio in the '40s and '50s."

Ned Jeter, Virginia's first West Nile case of 2003, is one who sought out the expertise of CNRR staff, and he believes he's the better for it. He was in a wheelchair and partially paralyzed when he first arrived at Methodist in August, 2003. But when he returned for a follow-up exam some eight months later, the Roanoke farmer had progressed from walking to some first attempts at running. "I thought I'd impress my therapists," he said.

Jeter said his family consulted with Duke University Medical Center, the Mayo Clinic, Johns Hopkins and Cleveland Clinic before deciding that Methodist's team of researchers, medical staff and therapists offered him the best hope for recovery. "Word has gotten out that they are the people to see about West Nile virus. I know I've benefited extremely from it."

Martha Humes, 33, of Portland, Oregon, and Nancy Williamson, 48, of King Prussia, Pennsylvania also traveled thousands of miles to be part of the center's West Nile study.

Their motivation was to help researchers learn more about the disease so that

future victims receive more timely diagnoses and the proper care.

"I agreed to be part of the WNV research in the hopes of educating the public and potentially leading to a more standardized course of care," Humes said.

Dr. Leis said the study already has helped identify a number of symptoms not previously associated with West Nile virus, including facial weakness, difficulty swallowing and vision problems.

"Our initial discoveries showed the virus attacking the anterior horn cells of the spinal cord, which control muscle function in the limbs and leads to paralysis," Dr. Leis said. "Now we know the virus also

can attack other nerves and muscles, causing additional loss of motor control in the body."

Dr. Leis said that alerting other health care professionals to these more rare

manifestations of the virus should help reduce what has been a common problem —doctors mistaking a patient's muscle weakness and paralysis for symptoms of stroke or Guillain Barre Syndrome.

Study results also have underscored the need for West Nile patients to undergo a comprehensive battery of electro-diagnostic tests. "A complete neurological EMG and nerve conduction studies are essential for a prognosis," Dr. Leis said.

Researchers say there is a definite link between the extent of nerve and neurological damage early on and a patient's eventual recovery. "If the virus destroys a majority of cell bodies in the spinal cord, the patient will likely have permanent profound weakness," Dr. Leis said.



Ned Jeter of Roanoke, Va., works to improve his walking skills on Methodist's body-weight supporting treadmill system.

"We can say that a year after the acute illness, there is a subset of people who remain profoundly weak and limited in daily functioning," Dr. Stokic said.

While that's not good news for those patients, being able to predict such an outcome can help decide appropriate therapy, Dr. Stokic said. "For example, a patient likely to remain in a wheelchair or have difficulty walking would need more extensive rehabilitation services than one with short-lived muscle weakness." ■

“ Word has gotten out that they are the people to see about West Nile virus.... ”

-Ned Jeter, Virginia farmer

WEST NILE

FACTS & FIGURES

ABOUT the Study

After their initial West Nile virus study was published in leading medical journals such as the New England Journal of Medicine, Lancet and the Journal of the American Medical Association, CNRR researchers received an \$82,000 grant from the Centers for Disease Control and Prevention in July 2003. The purpose of the study was to do a follow-up on West Nile virus patients who developed symptoms during the acute stage of the disease.

Thirty-five patients were recruited for the study. Study participants who exhibited muscle weakness answered a questionnaire and underwent extensive clinical and laboratory examinations. Participants without muscle weakness only answered the questionnaire.

Researchers will submit the study results to leading neurology journals. If accepted, the study results should be published spring of 2005.

PREVENTING West Nile Virus

Summer safety includes protecting yourself from West Nile virus by avoiding mosquito bites. Doctors at Methodist Rehabilitation Center recommend everyone follow guidelines developed by the Centers for Disease Control and the Mississippi State Department of Health.

- Whenever you are outdoors **use an insect repellent containing DEET** on exposed skin. Follow the directions on the product to determine how often to apply. Repellents containing a higher concentration of active ingredient (such as DEET) provide longer-lasting protection. DEET does not kill mosquitoes; it just makes them unable to locate us. Repellents are effective only at short distances from the treated surface, so you may still see mosquitoes flying nearby.

- DEET has been shown to be very effective against a variety of biting insects. **The more DEET a repellent contains, the longer it can protect you from mosquito bites.** A higher percentage of DEET in a repellent does not mean that your protection is better—just that it will last longer. DEET concentrations higher than 50 percent do not increase the length of protection.

- When possible, **wear long-sleeves, long pants and socks when outdoors.** Treating clothes with repellents containing permethrin or DEET will give extra protection, since mosquitoes may bite through thin clothing. Do not apply repellents containing permethrin directly to skin. Do not spray repellent containing DEET on the skin under your clothing.

- The hours from dusk to dawn are peak mosquito biting times. **Consider avoiding outdoor activities** during these times—or take extra care to use repellent and protective clothing during evening and early morning.

- Mosquitoes lay their eggs in standing water. **Limit the number of places around your home for mosquitoes to breed** by getting rid of items that hold water such as discarded tires.

- At least once or twice a week, **empty water** from flower pots, pet food and water dishes, birdbaths, swimming pool covers, buckets, barrels and cans.

- **Clean clogged rain gutters** and check for containers or trash in places that may be hard to see, such as under bushes or under your home.

WEST NILE BY THE NUMBERS



U.S. Spread of West Nile Virus in Humans | ■ Reported Human West Nile Virus Infections



1999 - 2001



2002



2003

West Nile Virus Cases in Mississippi

1999 - 2001

Reported Human Cases - 0
Reported Deaths - 0

2002

Reported Human Cases - 193
Reported Deaths - 12

2003

Reported Human Cases - 87
Reported Deaths - 2

Researchers Alert Public, Healthcare Workers to Many Faces of West Nile Virus

Picayune's Patricia Wilkes didn't know what to think last fall when her temp shot up and she was suddenly unable to walk.

She never imagined she might have West Nile virus, and it apparently wasn't the first thing that came to doctors' minds. Like many victims of the disease, Wilkes was misdiagnosed before doctors determined the source of her high fever and extreme muscle weakness.

This season, though, physicians and consumers alike should be more alert to the many manifestations of the disease, thanks in part to the work of Methodist Rehabilitation Center researchers Dr. Art Leis and Dr. Dobrivoje Stokic.

Through published studies, presentations and workshops, they're making the world more aware of the link between West Nile virus and a satellite of neurological symptoms—particularly the polio-like paralysis that many physicians continue to misdiagnose as stroke or Guillain-Barre Syndrome.

Dr. Leis, for instance, recently took part in a Mississippi State Department of Health video that is designed to help physicians properly diagnose and treat the disease.

Leis said physicians need to be aware of all the manifestations of West Nile virus because a misdiagnosis can affect a patient's chance for a full recovery. "Treatments for conditions such as stroke or Guillain-Barre are completely ineffective for West Nile virus and can cause injurious side effects," Leis said.

The general public also needs to be familiar with West Nile symptoms so that they consult a doctor at the first signs of trouble, Leis said. "One of the problems we have seen is people delaying treatment. We had one individual who had to be transported to the hospital by ambulance because he waited until he was so weak that he couldn't pick his body up."



Dr. Art Leis answers questions about West Nile virus for an informational video being produced by the Mississippi State Department of Health.

“Treatments for conditions such as stroke or Guillain-Barre are completely ineffective for West Nile virus and can cause injurious side effects.”

-Dr. Art Leis

While there is still no cure for West Nile, early treatment can help avoid secondary complications such as pneumonia, Leis said. "There is a tremendous amount of supportive care that needs to be done."

Rehabilitation, too, is important to help patients recover as much function as possible. Wilkes said the virus left her so weak she was like a baby at first, having to work hard to regain basic movement. But after weeks as an inpatient at Methodist

Rehabilitation Center and several more in therapy at the hospital's outpatient facility in Flowood, she began to show progress.

"The therapists at the hospital and outpatient clinic were so nice. Those ladies were really a big help to us," said her husband Bert Wilkes. "We know it's not likely that she will get everything back," he added. "But she's willing to do the work to recover as much as she can."

National program picks Methodist nurse to promote cancer screenings for African-Americans

Margaret Jones will never forget lying awake in the wee hours, worrying that she might die of cancer just like her mom.

So when she managed to survive a 1993 bout with breast cancer, Jones began preaching cancer prevention with the fervor of someone who has been born again.

Today, the nurse manager at Methodist Rehabilitation Center is a regional chairperson for the National Black Leadership Initiative on Cancer. Her territory covers the south central region of Mississippi.

"The purpose of the initiative is to help African-Americans become more aware of the need to get regular checkups for cancer," Jones said. "I hold seminars and talk about the need to do breast self-exams and go to the doctor."

It's a message women too often ignore, Jones said. "I say we take care of everybody else but ourselves. I say you need to love yourself."

Jones also shares her story of survival via the Mississippi State Health Department's Witness Program. "We go out and talk to people about breast and cervical cancer, and we also have made a video. It helps people to know there is hope, that they've got a chance."

WJTV News Channel 12 recently featured Jones during a report on cancer, and she said her appearance apparently touched a chord. "You wouldn't believe the phone calls I've gotten from people saying how much it helped them."

Every October, Jones plans a cancer seminar at Greater Mount Calvary Baptist, and it's not just limited to female concerns. Jones said her own husband found out he had prostate cancer through a screening at the church.

Although she has been a nurse at Methodist for 20 years, Jones said her medical experience didn't necessarily prepare her for a battle with cancer.

"That's a whole different area from



Margaret Jones

orthopedics," said the nurse manager for the hospital's Rehab Surgery floor. "I was really humbled. It was a learning experience. At first, all I thought about was dying because my mother died of breast cancer in 1974."

Jones said such fears could be one reason that cancer is often deadlier for African-Americans. "A lot don't want to know they have cancer, so they put off getting screenings," she said. "I want them to know that just because you have cancer doesn't mean it is a death sentence."

"It's my way of giving back. That was a scary time in my life." ■

newsbites

Methodist's Orthotics and Prosthetics division in Monroe, La. found a special way to honor the sacrifice of a hometown war hero. The division donated a high-performance prosthesis to Sgt. Randall Rugg II, who lost his left leg in **Operation Iraqi Freedom**. "This leg has all the bells and whistles," said Steve Linsley, interim clinic coordinator for the Monroe O&P division. "Sgt. Rugg is accustomed to running several miles a day, and we want to help him maintain that active lifestyle."

Methodist Rehabilitation Center's therapeutic recreation program just added another activity to its dance card. Seven former Methodist patients—six in wheelchairs and one with a prosthesis—can now say they've danced onstage with some of ballet's rising stars. As part of "**Medallists and Mississippians**," the group partnered with competitors from past USA International Ballet Competitions to present a specially choreographed show at Thalia Mara Hall.

Coinciding with national stroke awareness month, nurses at Methodist offered two **free stroke screenings** in May. The screenings were held at Dogwood Festival Market in Flowood and Northpark Mall in Ridgeland. Thanks to WJTV's on-air promotion and news coverage of each event, the screenings drew more participants than ever before. Participants learned the warning signs and symptoms of stroke and had their blood pressure checked by nurses who staff Methodist's comprehensive stroke program. They also learned ways to prevent a stroke.

↓ Hundreds of able-bodied and physically-challenged athletes from around the state will gather Sept. 11 on Methodist's east campus for the hospital's **Reunion Race**. The annual event benefits the patient needs fund and features a 5K race and walk, a bicycle stunt show and a post-race meal. For more information about the race, go to methodistonline.org or call 601-364-3451.

↓ The **Goodwill Art Show**, a joint venture of Goodwill Volunteer Services, Methodist and VSA Arts of Mississippi, drew participants from across the state to the hospital. The 16th annual show gave artists with disabilities a chance to showcase and sell their art. Many entrants were former patients at Methodist who discovered their artistic talent after a disabling injury changed their lives. In conjunction with the show, a grant from VSA Arts of Mississippi brought professional artists into the hospital for a total of 10 weeks to teach art classes to Methodist patients.

↓ A **Heart Healthy Cooking Class** was offered at Methodist in February. The event which was free and open to the public was also promoted as a "Safe Families" event on WJTV News Channel 12. Chef John Pelton, director of nutrition services at Methodist, and executive chef Fernando Coleman demonstrated techniques that lower the fat and salt content of Southern classics. The cooking class coincided with the public relations department's release of a series of news stories focusing on healthy eating and the state's growing obesity problem. Participants were able to taste a sampling of the foods prepared for the class and were given recipes to try at home.

EMPLOYEES of the Year

2 0 0 3



Peter Fayard and Hazel Robinson with their employee of the year awards.

Team building and good cooking were honored at Methodist's employee banquet, when Peter Fayard and Hazel Robinson were named the Employees of the Year for 2003.

Fayard, an occupational therapist, was nominated for his strengths as a consensus builder. "I try to have my management style be as collaborative as possible. That way you benefit from the strengths of everybody. I've never worked with a better team than now," Fayard, the therapy manager for the stroke program, said.

Janice McGee, stroke program director and vice-president of nursing, said Fayard's contributions as a seasoned clinician are noteworthy, as well. "He is extremely knowledgeable about accreditation standards and standards of rehab practices," McGee said. "He

led the team that developed our clinical pathway for stroke patients."

Hazel Robinson's culinary skill is known throughout the hospital and those who work with her know she's much more than a good cook.

"She can handle any and all responsibilities and can cook pretty much anything," John Pelton, director of nutrition services, said. "She is the heart and soul of the cafeteria."

And she has a lot of heart in other parts of her life as well. She raised five children and cares for her brother, who has Down Syndrome and Alzheimer's. She also volunteers at Stewpot Community Services and local nursing homes. She said Methodist plays an important role in her busy life. "I could not do it all without this job. I really enjoy working here," she said. ■



TEAM APPROACH PUTS CHRONIC PAIN SUFFERERS BACK ON TRACK

On the good days, Tom Burnley's pain is like the sound of a radio playing in the distance, a disquieting presence perched just on the edge of his consciousness.

On the bad days, it's like a marching band headed straight at him, big and imposing and impossible to ignore.

Burnley suffers from chronic pain, a condition that afflicts an estimated 90 million Americans and costs the nation more than \$125 billion annually in health care costs, disability compensation, lost productivity and tax revenue.

Today, Burnley says he enjoys more good days than bad, due in large part to the compassionate care he has received from the pain management team at Methodist Rehabilitation Center. But like many who share his affliction, he went down more than one blind alley in search of relief. Before coming to Methodist, no one seemed to understand the depth of his despair.

"I was treated like I was crazy and was trying to ride the Workers' Compensation system," said Burnley, a former intensive care nurse. "I was almost believing I was crazy I was being treated so badly."

Burnley's experience is not unique, said former Southern Pain Society president Angela Koestler, a psychologist for Methodist's pain management team and co-author of "Understanding Chronic Pain."

"In the past, physicians associated pain with tissue damage. Patients who complained of pain after they were supposedly healed were thought to be neurotic or hysterical," she said. "It has only been in the last two decades that chronic pain has been considered a condition in itself that calls for specific treatments and interventions."

Koestler said pain is considered chronic when it lasts six months or longer or when it persists a month beyond the usual course of an acute disease or the reasonable time for an injury to heal.

A wide variety of ailments are associated with chronic pain, from arthritis, fibromyalgia and nerve damage to migraines, sickle cell disease and spinal problems. But for many pain sufferers, the underlying cause is unknown.

Burnley's misery began the day he suffered a freak accident at his new job as director of nursing care at a nursing home. "I was moving a filing cabinet and damaged both ends of my spine," he said.

What followed was a scenario familiar to many chronic pain sufferers. Burnley was shuffled from doctor to doctor and none seemed to understand his distress.

Burnley's troubles were initially attributed to a low-back injury—which is among the most common causes of hospital admission. But a visit to Dr. Michael Winkelmann, a rehabilitation physician at Methodist, confirmed Burnley's suspicion that his pain had another source.

"His previous evaluations were not general enough because they focused on the low back injury," Dr. Winkelmann said. "I did a broader screen and physical exam and discovered he had cervical myelopathy, which is compression of the spinal cord in the neck."

While it wasn't good news, Burnley said he was glad that someone finally put a name to his pain. "I was treated as if something was truly wrong with me. People were asking what can we do to fix it."

When treating chronic pain, a multi-disciplinary approach works best, said Dr. Winkelmann. At Methodist for instance, rehabilitation physicians lead a pain management team that includes anesthesiologists, psychologists and physical, occupational and recreation therapists.

The team's first goal is to diagnose

the root cause of a patient's pain. The detective work begins with a thorough physical examination that may be followed by a variety of diagnostic procedures, such as x-rays, CAT scans, MRIs, electromyograms and nerve conduction studies. Additional testing may involve assessments by occupational and physical therapists and a psychologist.

After Burnley's initial diagnosis, the team moved on to helping him regain function.



Tom Burnley

When two surgeries didn't restore his fine motor skills, balance or the use of his right leg and foot, Burnley began learning to adapt to his limitations. Methodist staff taught him how to exercise, to use crutches and a wheelchair, to dress himself and to drive with hand controls. He also underwent a series of spinal injections that offered some pain relief.

While his physical needs were being addressed, Burnley also got some much-needed counseling to address a common companion to chronic pain—depression.

"I'd say 95 percent of patients who have chronic pain have some level of depression," Koestler said. "Many patients with chronic pain feel they have lost everything important to them."

Burnley was no exception. The self-confessed "Type A personality" said going from caregiver to care receiver wreaked havoc on his self-image. "It was like someone had thrown the brakes on," he said. "I felt fragile and worthless, like my ability to help anybody was gone. I felt ready for the junkyard."

He said that perception changed after he began taking anti-depressants and started attending group therapy with other chronic pain patients. "I found in group therapy the thing you are supposed to find—that you are not alone in your suffering," he said.

He also discovered a vital tenet of pain management—when you can't change a situation, you have to change yourself. "I've learned to be more realistic in my expectations of myself," he said. "I have to take things at a pace I can comfortably tolerate to achieve my goals."

Koestler said just as chronic pain patients learn to temper their expectations, so must the health professionals who provide their care. "We've had to change our emphasis from finding a cure to rehabilitation," she said. "Now we look for ways to minimize the negative effects of the pain."

Education is key, too, she said, because patients must understand that they play a critical role in their own recovery. "Although there is no cure for chronic pain, patients can learn cognitive and behavioral strategies to improve their quality of life," she said.

Burnley said his big turning point came when he discovered he could still participate in sports like hockey and water skiing. "I owe a lifetime of gratitude to Methodist Rehab and Ginny Boydston, director of the hospital's therapeutic recreation program," he said. "So many of their sports programs have strengthened my mind and body and made me more fit so I can try to make a difference." ■



STATUE

HONORS HOSPITAL'S BELOVED FIRST CHAIRMAN

"My father's guiding principles centered around his beliefs that 'to those whom much is given, much is expected,' and that on the pathway of life, we are all pilgrims who should look out for one another. It is my family's hope that Earl's work with Methodist Rehabilitation Center and the Wilson Research Foundation brings both those philosophies to bear, and supplies his legacy." ... Amy Wilson Granberry

A statue of Earl R. Wilson was recently installed on the second floor of Methodist Rehabilitation Center, and it's bringing back fond memories for many who knew the hospital's first board chairman.

"When I look at that sculpture, I can't help but remember that because of his vision and dedication we now have one of the finest institutions in America," said Methodist executive assistant Lois Willis. "His commitment enabled thousands of individuals to have a more productive and fulfilling life."

Even before he was asked to help bring a specialty hospital to the state, Wilson knew on a deeply personal level of Mississippi's need for a facility where people could learn to triumph over brain and spinal cord injuries. His own father was left speechless by a stroke at an early age, and through his travels as a businessman, Wilson met many families who were struggling to provide proper care for loved ones with devastating disabilities.

"I think the fact that our father suffered a stroke at a relatively young age motivated Earl," said his brother, Bob Wilson. "He wanted to be able to help people in that situation so they wouldn't have to deal with what we faced: a father who could no longer speak to us, a man who was not able to reach his full potential."

At a series of Sunday morning breakfast meetings in the 60s, Wilson joined with fellow board of trustee members Hilton L. Ladner, Frank E. Hart Sr. and Dr. Jesse L. Wofford to lay the groundwork for the center. Wilson was named Methodist's first board chairman and his wise and unwavering leadership remained a guiding force for the center's success until his death in September, 2000.

"This center was the center of Mr. Wilson's life," said Willis.

A voracious reader, Wilson often clipped

out articles he thought would be of interest to hospital president and CEO Mark Adams. And in his later years, Mr. Wilson frequently dropped by to discuss ideas over lunch. "Earl was my mentor and friend," Adams said. "As we worked together on plans for the hospital, he would joke: 'You better move this project along a little faster. At my vintage, I don't have much time.'"

Of course, everyone knew that Wilson would clear his schedule for Methodist business. In the center's critical formative years, he took time from his busy oil



business to attend legislative meetings, commuted back and forth to Washington D.C. to solicit federal funding and used his influence to inspire others to commit their own energies to the cause.

"He was known as a motivator for things he loved, and he loved the rehab center," said his wife Martha Wilson. "He practically stopped by the hospital every day. Every time he would see a patient on the elevator he would ask: 'Are they treating you right? If they aren't, you let me know.' He also used to say, 'I hope I tell the volunteers thank you enough for all the things they do. He thought they were wonderful.'"

That caring concern extended to employees, as well. "I felt like in addition to

being chairman of the board that he was a friend," said Dennis Cagle, physical plant director. "I had the feeling he felt the same way about employees here. He always had time for whatever you needed and you could talk to him about anything any time."

"He was special and made you feel special," said Charlotte Fitzgerald, PBX operator. "He had praise for everything you did. He gave you the feeling that when he was around, everything was all right."

George Patterson, safety and security officer, described Wilson as a "wonderful icon" and said he served as a great example. "I would want to take after him."

Although a man of many successes, Wilson never relished the limelight. But he did wish for national acclaim for the hospital. As he contemplated retiring as chairman of the board in 2000, he wanted more than anything to see Methodist named one of America's best hospitals by U.S. News & World Report.

When word came in July, 2000 that the hospital would be the first in Mississippi to make the prestigious list, he was ecstatic, said Mrs. Wilson. "It was really something that they got the recognition just before Earl died. I'm glad he got to see it because that was his dream."

Wilson's influence continues today through the Wilson Research Foundation, which was created to improve the lives of the physically disabled through research in medical, educational and clinical applications. The H.F. McCarty, Jr. Family Foundation generously donated \$500,000 in 1989 to establish the foundation to honor Earl and Martha Wilson's service to the physically disabled in Mississippi. Mrs. Wilson and daughter Ginny Wilson Mounger are members of the foundation's Board of Governors. Daughter Ann Wilson Holifield serves on Methodist Rehabilitation Center's Board of Trustees. ■



About The Sculptor

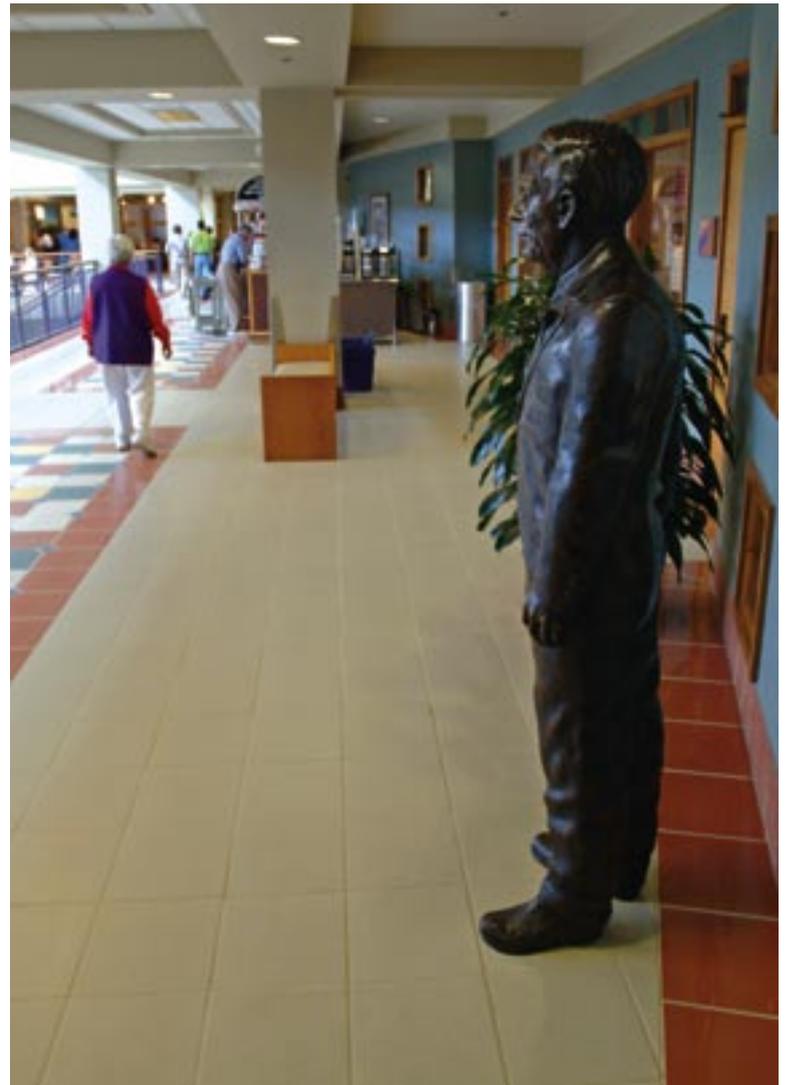


A native of Greenville, William N. Beckwith earned a Master of Fine Arts in Sculpture from the University of Mississippi in 1976 and that same year established the first commercial fine arts bronze foundry in the state. Today, Beckwith practices his craft at Vulcan Studios and Foundry in Taylor and teaches sculpting classes part-time at Ole Miss.

He has received many accolades for his artistry, including being recognized for Civic Leadership in the Arts by the Governor's Award for Excellence in the Arts.

Beckwith got to know Earl Wilson when he was commissioned to create a sculpture of the Wilson's three grandchildren for the atrium lobby of Methodist Rehabilitation Center. And he says he'll forever be grateful for Wilson's recognition of his talent and his ongoing support.

As he worked in his studio on Wilson's statue, Beckwith said many visitors would recognize Wilson by his smile and the trademark rose on his lapel and share a story of how he had helped them overcome a hardship. "One lady got very emotional and said: 'He changed my life.' I said: 'Well, he changed mine, too.' It seemed the more people he helped, the happier he got."



The Earl R. Wilson statue was unveiled at a luncheon April 27. Attending the celebration were, from left, Wilson's daughter Ann Wilson Holifield, wife Martha Lyles Wilson and daughter Ginny Wilson Mounger.

Mr. Bowles Goes to Washington

Methodist volunteer receives national honor

Though it is where his “story” begins, Jerry Bowles doesn’t like talking about the accident that took both his legs. While it was hard to imagine at the time, he now understands the best was yet to come.

“That’s in the past. I want to move on. I’ve got lots of other things to do,” he said. The Methodist Rehabilitation Center volunteer got the chance to talk about those things in June when he went to Washington D.C. for a ceremony honoring outstanding volunteers from across the country.

Sandra Walker, director of volunteer services at Methodist Rehab, nominated the Rankin County resident for the Jefferson Award and attended the ceremony in Washington.

“He is willing to share his story with people who are in such a difficult situation. He’s able to really understand what they are going through because he’s been there,” she said. “And he answers their questions honestly and openly. He’s cheerful and inspiring and a great example of what a difference volunteering can make.”

Bowles, 71, is one three Mississippians, and 85 volunteers nationally, who was honored by the American Institute for Public Service for volunteer work. The institute recognizes volunteers on the local level across the country each year through the Jefferson Awards program. Some of the local winners are selected from each state to attend the ceremonies in Washington D.C., where five are selected for national recognition.

Bowles lost his legs in 2000, after he stopped to help at the scene of a car accident and was struck by a car himself. One of his legs was amputated almost immediately and the other one followed



a week later. After a couple of surgeries he moved to Methodist Rehab to begin physical and occupational therapy and to adjust to life in a wheelchair.

He’s honest about his first reaction to his disability. “I’ll tell you the truth,” he said. “When I was laying in that hospital bed, I cursed the Lord. I asked him ‘Why did you leave me like this.’” In time he came to realize the Lord had a lot of plans for him, and most of them would center around the wheelchair that was now a major part of his life.

“I look at things differently now. I understand it’s not all about me. We’re all here to help each other,” he said. He has found strength in his faith and in sharing his story with others facing the same struggles he remembers.

As he began his therapy at the Jackson hospital, his outgoing, gregarious personality began coming back. He and his fellow patients became accustomed to seeing the purple-vested volunteers in the halls of Methodist Rehab, and while he certainly liked them, he was a little surprised when someone suggested he should volunteer. Two years after he left the hospital as a patient, he started thinking about returning as a volunteer.

“I decided I might like it and that I had something to offer. It’s always good to talk to someone who’s been there,” he said. That was two years ago and he has become a familiar face around the hospital. During the course of his work

he frequently meets people who are dealing with amputations from accidents or the effects of some illness, such as diabetes. He’s there if they want to talk.

“I just tell them I remember what it was like and tell them how far I’ve come. I do just about anything now that I want to. It takes a lot of hard work. You have to listen to your doctors and your therapists. They know how to help you get better,” he said.

Bowles was honored earlier this year for his work at the hospital by the Points of Light Foundation and was featured on their Web site. He is quick to point out all of the hospital’s 100 volunteers deserve recognition for the work they do. They give of their time to take mail, reading materials and meals to patients. They help get them to various appointments within the hospital, work in the gift shop and sometimes just offer encouragement. “We would not be the great hospital that we are without all their efforts,” Walker said.

Bowles is also one of a few blood donors or recipients being featured in an ad campaign by Mississippi Blood Services this year. Bowles, a regular donor before his accident, received 55 pints of blood when he was injured. He now donates both blood and platelets as often as he is allowed.

“You can’t dwell on the past. I’ve had a good life and this injury has been part of that good life. You just have to take it as it comes,” he said. ■

BY THE NUMBERS

\$1,800,000

TBI Model System grant to fund Methodist brain injury research 2004-2009

2000

First year U.S. News & World Report named Methodist one of America's best hospitals

eighty seven

Number of West Nile virus cases in Mississippi in 2003

2002

Year Methodist researchers became the first in the world to report that West Nile virus can attack the motor cells of the spinal cord

\$82,000

Amount of a federal grant Methodist researchers were awarded to study the long-term outcome of West Nile virus patients

1,641

Total number of inpatients treated at Methodist in 2003

14

Number of Certified Rehabilitation Registered Nurses at Methodist

—The Certified Rehabilitation Registered Nurse (CRRN) credential establishes a standard by which health care professionals and consumers can measure a nurse's knowledge of rehabilitation nursing. Certification signifies expertise and leadership in rehabilitation nursing and recognizes qualifications and specialized knowledge needed to enhance the care of persons affected by disability and chronic illness.

SIX

Number of physiatrists on staff at Methodist

—A physiatrist is a physician specializing in physical medicine and rehabilitation. Physiatrists are physicians who treat a wide range of problems from sore shoulders to spinal cord injuries. They see patients in all age groups and treat problems that touch upon all the major systems in the body. These specialists focus on restoring function to people.

120

Number of employees the new Methodist Specialty Care Center will employ

\$43,170

Amount of money that Methodist donated (between May 1, 2003—April 30, 2004) to a number of community organizations who are doing good work, including the Mississippi Society for Disabilities, Junior League of Jackson and Goodwill Industries

8,750

Children participating in Think First Injury Prevention programs in 2003

twelve

Jackson TV station Methodist partners with to promote safety and injury prevention

206

Number of physicians on staff representing 31 specialties

582

Number of times stories about Methodist have appeared in newspapers in 2003

\$9,000,000

Cost of building Methodist Specialty Care Center in Flowood

1,370

Miles amputee and Methodist prosthetist Brad Kennedy biked across Europe

\$333,356

Estimated yearly value of volunteers' time

\$298,750

Amount of grant dollars distributed by Wilson Research Foundation from May 1, 2003 – April 30, 2004

1975

Year Methodist Rehabilitation Center opened



Methodist volunteers were honored at an appreciation luncheon at the Glory of Baroque Dresden exhibit.

\$12,500

Amount of money gift shop volunteers donated to the Wilson Research Foundation this year

19,567

Hours contributed by Methodist volunteers in 2003

3,974

Hours of instruction provided to health care workers by Methodist's continuing education department between May 1, 2003—April 30, 2004

nine

Number of therapists at Methodist who are certified as neurodevelopmental therapists

—Neurodevelopmental therapy is practiced by experienced occupational therapists, physical therapists, and speech-language pathologists. In Neurodevelopmental therapy, the therapist analyses the motor, sensory and cognitive impairments that impact on the achievement of functional skill development. Treatment involves the implementation of specific activities or exercises designed to stimulate various areas of the brain and to produce a desired motor response. Many of these activities are relatively simple and ordinary, but implemented in ways that accelerate normal neurological development.

\$125,000,000,000

Estimated amount chronic pain costs the nation for health care, disability compensation, lost productivity and tax revenue

SEVENTY

Number of physical, occupational, respiratory and speech therapists working at Methodist Rehabilitation Center

180

Average number of people who participate in the free stroke screenings Methodist offers each year

2,797

Hours Methodist employees devoted to mentoring students in 2003

\$10,446

Amount of money Reunion Race raised for the hospital's patient care fund in 2003

124

Number of beds at Methodist Rehabilitation Center



Wilson Research Foundation Honorarium

Research Fellows have made a commitment of \$1,000 or more to The Wilson Research Foundation. We are grateful for their ongoing support, which is one of the cornerstones of our development efforts. If you are interested in becoming a Research Fellow, please contact The Wilson Research Foundation by calling (800) 223-6672 ext. 3598 or by writing to Bettye Y. Sullivan, Executive Director, 1350 East Woodrow Wilson, Jackson, MS 39216.

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