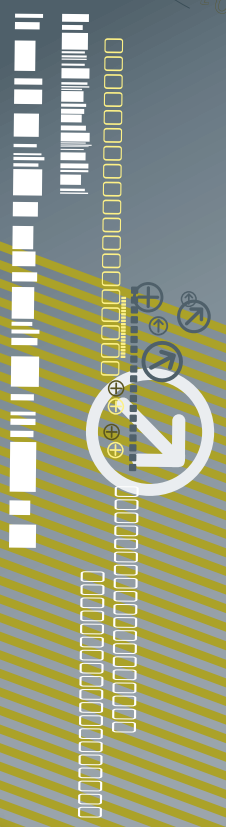


WINTER 2009

ways & means

METHODIST REHABILITATION CENTER



METHODIST
REHABILITATION CENTER

SYNERGY

SHARED VISION CREATES POWERFUL FORCE FOR HEALING

WANTS

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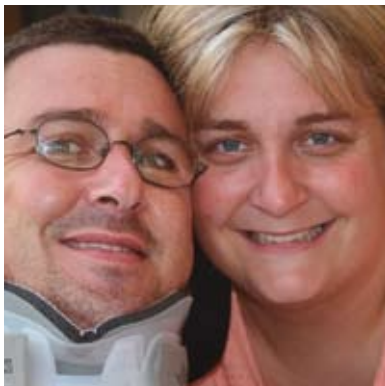
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Methodist Rehabilitation Center provides comprehensive medical rehabilitation programs for people with spinal cord and brain injuries, stroke and other neurological and orthopedic disorders. The 124-bed state-of-the-art hospital in Jackson has twice been designated a Traumatic Brain Injury (TBI) Model System site by the National Institute on Disability and Rehabilitation Research and is also the only hospital in Mississippi twice named one of America's best by U.S. News & World Report. Methodist Rehab is one of only two hospitals in the state accepted into the prestigious Council of Teaching Hospitals.

Mission Statement | In response to the love of God, Methodist Rehabilitation Center is dedicated to the restoration and enhancement of the lives of those we serve. We are committed to excellence and leadership in the delivery of comprehensive services.

THE Challenge



When I'm asked what sets Methodist Rehab apart, I often struggle for a succinct answer.

I see so many things – the extensive experience and expertise of our staff, the far-reaching contributions of our research department and the incredible depth of our services.

But if I had to choose one defining characteristic, I would say it's our collective vision. Our considerable strengths are committed to one goal – to help restore the lives of people with disabling injuries or illness.

An example of this collaborative model can be found at our Flowood campus, where four of our clinics work together to provide the area's most comprehensive pain management program. In this Ways & Means, you'll see how Flowood retiree Howard Brown was helped by this big picture approach. And you'll also be introduced to the latest pain management expert to join our team – the highly experienced Dr. Bruce Hirshman.

This issue also features stories about Richard Heuer and Amanda McNatt, two patients who illustrate the importance of Methodist Rehab research. MRC studies in the areas of adaptive computing and spasticity have helped both reclaim abilities. And I'm happy to report that our research staff has been enriched by the recent addition of Dr. Zoraya Parrilla, our new Brain Injury Program director.

Our understanding of the challenges facing our patients also informs our choice of community projects. Turn to Page 13 to learn more about Miller Park in Meridian, the third fully accessible apartment complex that we have built in conjunction with the U.S. Department of Housing and Urban Development.

I dare say that few other hospitals would take on such a task, but we see it as a natural extension of our mission. This commitment also can be seen in our support of adaptive sports and recreation programs. On Page 3, you can read about a new grant that will help us expand those offerings, as well.

Many of these endeavors wouldn't be possible without the resources provided by the Wilson Research Foundation. On Page 32, foundation executive director Chris Blount shares the group's goals for the year, and I encourage you to pledge your support.

Finally, let me say that our center has another force working in its favor – the healing synergy that exists between patients, their families, our staff and the community as a whole. And never was it more evident than when aspiring Broadway dancer Nicole Marquez was in our midst. Nicole's mother kept a journal while they were here, and excerpts from her writings offer insight into this important dynamic.

The combined influence of people who care can change lives. It happens every day at Methodist Rehab.

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



Wheelchair softball players enjoy all the action of the sport. Photos courtesy of the National Wheelchair Softball Association.

Batter Up!

Neilsen Foundation grant brings wheelchair softball to Mississippi

Wheelchair softball will join Methodist Rehabilitation Center's growing list of adaptive sports, thanks to a \$76,121 gift from the Craig H. Neilsen Foundation.

"We found out about the grant in December, and I can't think of a better Christmas present," said Ginny Boydston, therapeutic recreation director at Methodist. "It's always exciting to introduce something new to the state, and softball is a game that a lot of people want to play."

Neal Pettigrew of Byram is one who can't wait to get back in the game. "That is what I've been wanting to play more than anything," said the 44-year-old, who was paralyzed in a 1996 car accident. "I pitched for many years, and I've mentored my son. Baseball is one of my favorite sports."

The grant will pay for the purchase of equipment, and the sport will be debuted at a summer instructional clinic in Jackson. The grant also will fund expansion of wheelchair fencing and handcycling, two popular programs that currently serve only the Jackson area. Clinics and events will bring the two existing sports to the

Gulf Coast, Northeast Mississippi, the Delta and central Mississippi.

"These opportunities promote health and independence, and the expansion made possible with this grant is wonderful news for Mississippians who have disabilities," said Chris Blount, director of the Wilson Research Foundation at Methodist Rehab, who led the grant proposal effort.

The only one of its kind in Mississippi, Methodist Rehab's therapeutic recreation program has helped thousands of people with disabilities return to an active lifestyle through a variety of adaptive sports. Over the years, participants have been able to sample tennis, basketball, quad rugby, sled hockey, water and snow skiing, power soccer, scuba diving, road racing, hunting, fishing and even dance.

Many of the programs are supported by grants, and Boydston said the Neilsen Foundation has been an especially generous benefactor. "I'm very honored that they believe in us," she said.

The foundation awards grants to charities benefiting spinal cord injury research and rehabilitation. It was established in

2003 by Ameristar Casino founder Craig H. Neilsen, who was paralyzed in a 1985 car accident and died in 2006.

"The Craig H. Neilsen Foundation is proud to support Methodist Rehabilitation Center," said Beth Goldsmith, executive director. "As Chairman of Ameristar Casinos and the Neilsen Foundation, Craig Neilsen's son, Ray, has continued his father's generous support for the innovative programs and excellent patient care offered to those associated with MRC. This partnership has made an important difference in the lives of the MRC patients."

Ameristar Vicksburg employees and the Neilsen Foundation helped Methodist Rehab purchase its original fencing and handcycling equipment in 2005. And Boydston said she'll be relying on athletes from both sports to help with the upcoming clinics. "I'm looking forward to them taking a leadership role," she said. "Their hands-on experience will be an extra benefit to the people learning the sports."

To learn more about Methodist Rehab's adaptive sports and recreation program, call Boydston at 601-364-3566.



Methodist Rehab Nurses

gain advanced accreditation

Five registered nurses at Methodist Rehabilitation Center were recently accredited as Certified Rehabilitation Registered Nurses. The CNRR designation recognizes nurses who are skilled at treating alterations in functional ability and lifestyle resulting from injury, disability and chronic illness.

Susie Haseloff became a registered nurse in 2004 after 10 years as a business owner. She joined Methodist Rehab's Brain Injury Unit in 2006. "The Certified Rehabilitation Registered Nurse accreditation has allowed me the opportunity to take my nursing care to a higher level through education," she said. "With this certification, I am able to pass my advanced knowledge of rehabilitation on to my patients and families."

Dorothy (Sue) Crowell a veteran nurse with extensive cardiovascular

nursing experience, joined the Spinal Cord Injury Program at Methodist Rehab in 1994. "Obtaining my CRRN certification has provided me with the confidence to further positively impact the lives of my patients," she said. "I am better prepared to serve my patients at all levels of care."

Callie Battle a registered nurse with 17 years of experience, joined the Brain Injury Program staff at Methodist Rehab in 2001. She became a CRRN to master the high level skills that today's nursing demands and earn greater recognition for her expertise. "By increasing my knowledge, I hope to deliver outstanding patient care and achieve the personal and professional recognition certification deserves," she said.

Gloria Gilmer became a registered nurse in 1990 and began her career as a nurse for the Spinal Cord Injury Program at Methodist

Rehab that same year. She was promoted to spinal cord injury education nurse in 1998. "I became certified to expand my knowledge and improve my practice as a rehabilitation nurse," she said. "This acquired knowledge provides me with current information and trends in rehabilitation nursing. I utilize this information to better care for and educate the patients."

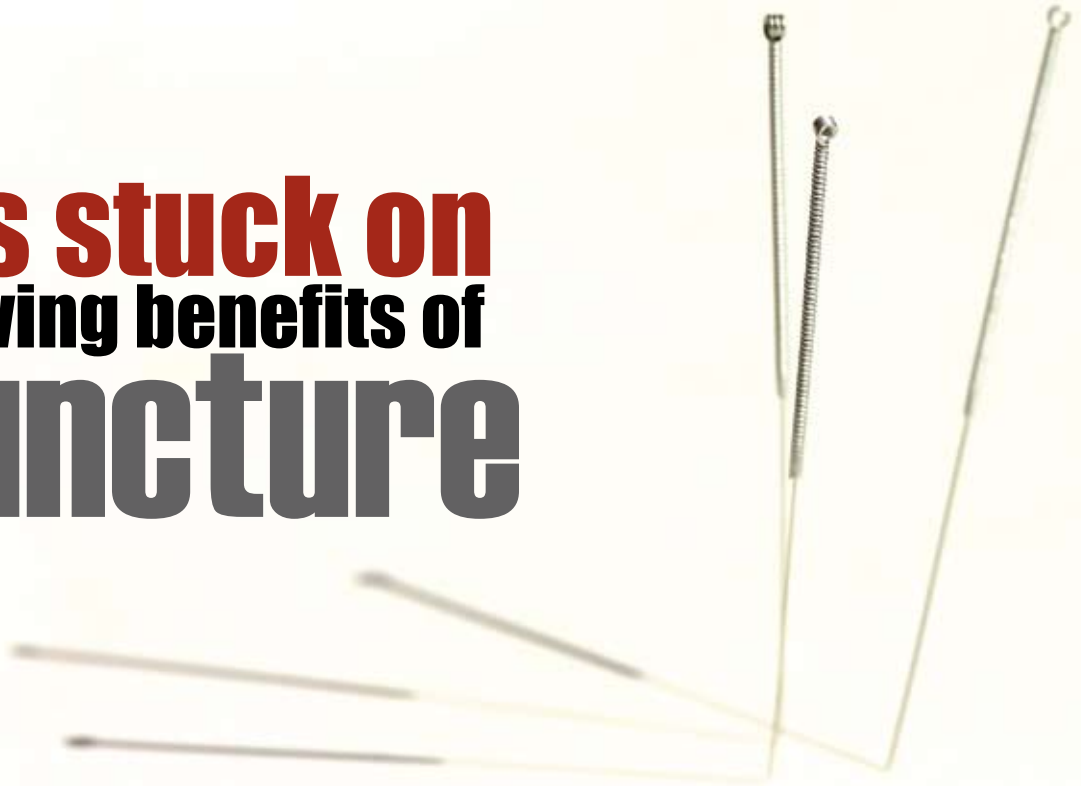
James F. Price a registered nurse since 1992, spent his first years in critical care and emergency medicine before transitioning to nursing administration in 1995. He became a patient care supervisor at Methodist Rehab in 1997 after seeing his father recover from a catastrophic cerebral vascular accident at MRC. "Watching my father's progress at MRC, I realized there was so much more to nursing than I had experienced in acute care," he said. "I wanted to become a CRRN to demonstrate to my colleagues and patients my dedication to their long-term care and rehabilitation."

bike MS

Methodist Rehab employees were among the persistent pedalers who biked 150 miles in two days to raise funds for Mississippi's All America chapter of the National Multiple Sclerosis Society. Bike team members are standing, top to bottom, Gary Armstrong, Arash Sepehri, Lori Towery, Susan Geiger, Lisa Poe, Kim Willis, Chuck Grose, Reese Wise, Joe Jacobson and Charlene Toney. Seated, from left, are Tiffany Thames, Lindsey Byrd and Heather Wise. Jacobson, director of Outpatient Services at Methodist Rehab, and physical therapist Susan Geiger are members of the board for the MS chapter in Jackson.



Patients stuck on pain-relieving benefits of Acupuncture



When Methodist Spine & Joint Center began offering acupuncture, Harriet Lamkin seemed an unlikely client.

The self-confessed needle-phobic thought of the therapy as “hogwash.” But when it started to relieve years of unrelenting back pain, Lamkin became hooked on the soothing powers of acupuncture.

“It makes you feel so good,” said the Braxton resident. “I think if more people did acupuncture, they wouldn’t have to take so many pain medications.”

It makes sense that few would pursue the therapy in Mississippi. Only physicians can practice acupuncture in the state, and not enough doctors have undergone the necessary training.

But Lamkin was fortunate to find Dr. Kenneth Fox, a New York physician who had become a certified acupuncturist

before joining the staff of Methodist Spine & Joint.

Dr. Fox underwent 300 hours of acupuncture training at New York Medical College. And he sees the alternative therapy as an effective adjunct to his arsenal of pain relief strategies.

A typical acupuncture session involves inserting fine needles of varying sizes into the body at specific points to treat a variety of conditions. “The variables are where to put the needles, what type needles to use and whether to add electrical stimulation,” Dr. Fox said. “Studies show they need to be in at least 12 to 14 minutes.”

Dr. Fox says acupuncture causes physiological responses at the level of the spinal cord and the brain and seems to work by more than one mechanism. “Like many therapies in pain medicine, we can’t explain how it works,” he said. “We

know it’s not a placebo effect because it works on animals and children. And it’s not simply a response to endorphins, because if you block endorphin release, it doesn’t block total response.”

The therapy has been used for everything from constipation to infertility, but Dr. Fox limits his practice to two conditions – pain and insomnia.

A year after starting acupuncture, Lamkin said she no longer needs any pain medicine for her back. “I tell you, it’s life-changing,” said the woman who now recommends the therapy even to other needle-phobics. “A lot of people say they don’t do needles. But if I can do needles, anybody can.”

Acupuncture for pain relief or insomnia is available at Methodist Spine & Joint Center in Flowood and may be covered by some insurance plans. For more information, call 601-936-8801.

Friday Night Frights

Disabling injuries are football's unspoken fear

When someone is seriously hurt on a football field, the first clue is a consuming silence.

The bands stop playing, cheerleaders quit chanting and a strange stillness spreads through the stands like a reverse version of "the wave."

On the field, a solemn circle forms around the motionless body of a fallen player. And as the minutes tick by, it seems everyone is thinking the unspeakable: Is he paralyzed?

Most times, the injured player returns to the line of the scrimmage, and the awful hush is broken by a round of *atta-boy*

applause. But some kids can't "walk it off" no matter how hard they try. And the fall air fills with the wail of an ambulance siren.

On Sept. 9, Marche' Maye of Hattiesburg was the desperate mom straining to hear the whoop-whoop of an approaching ambulance as she crouched beside her 15-year-old son Justin McCray.

The North Forrest High School sophomore hadn't gotten up after a three-way collision in a junior varsity game against Purvis High School. And he now lay with his head immobilized between the knees of the team's trainer.

"He was holding Justin's head still for a reason – I saw it in his face," said Marche', a certified nursing assistant. "I credit him with saving my son's life."

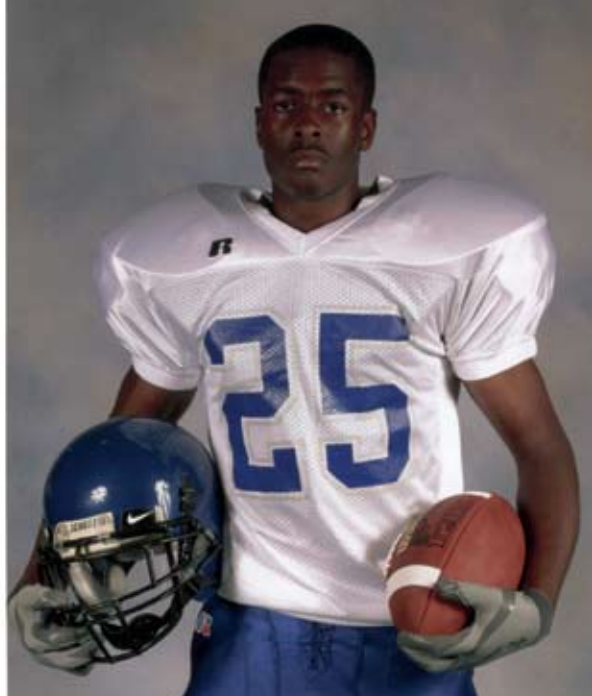
Soon, Justin was being whisked away on a stretcher. And though it was only the first quarter, the referees whistled the game to an end.

"The kids didn't want to play anymore; they wanted to be with Justin," said his mom. "The whole team – and even some of the Purvis players – came to the hospital. They were all standing in the rain watching the helicopter when it took him to Jackson."





Justin McCray



Lawerance Williams



Wesley Ward

Tackling accounts for some 69 percent of catastrophic injuries.

Considering some 1.8 million people play football each year, accidents like Justin's are relatively rare. In 2007, the sport's catastrophic injury rate was .44 per 100,000 participants – less than both gymnastics and hockey.

Yet when Justin arrived at the University of Mississippi Medical Center in Jackson, he found he wasn't the only Mississippi football player facing a debilitating spinal cord injury. He soon met Murrah High School senior Lawerance Williams of Jackson, who had suffered a paralyzing injury during an Aug. 23 practice.

Already an old hand at hospital routines, Lawerance took Justin under his wing. And when Justin moved to Methodist Rehabilitation Center on Sept. 18, Lawerance soon followed.

"After several days of research, I knew Methodist Rehab was the wisest choice for my son," Marche' said. "And I'm very happy that Justin was able to persuade Lawerance to switch to the center, too. The guys have created a strong bond that I'm sure will last a lifetime."

Much of their togetherness involved games of one-upmanship, and the competition pushed both to excel in therapy.

"They had frequent battles over who could stay on the treadmill the longest," said Dr. Alyson Jones, the physical medicine and rehabilitation physician who supervised their care. "Lawerance couldn't let someone younger outdo him. But Justin did master the Wii video game system better, despite less hand control."

A former college basketball player, Dr. Jones added her own motivational smack-talking to the mix. And the players got a kick out of rising to her challenges. "It was easy to work with both of them because they are athletes," she said.

But it was sobering, too. The experience put her face to face with the inherent dangers of America's favorite sport. "I don't want my children to live in fear," she said. "But if I have a son, it's going to be scary if football is what he wants to do. I wouldn't be too upset if he didn't want to play."

Selena Williams felt the same way, which is why her oldest son didn't pick up the sport until the 10th grade. "I thought Lawerance was way too little," said his mom. "But after he got a black belt in karate, I said if he could survive that, he could play football."

Lawerance started out as a receiver, but switched to defense – a position his mom figured would be safer. Little did she know that defensive backs have the highest rate of severe injury in football.

Justin and Lawerance were the third and fourth defensive backs to wind up on Methodist Rehab's spinal cord injury floor in the past three years. Two other paralyzed players – Fred Perryman of Mississippi Gulf Coast Community College and Robert Cassidy of Ruleville High School – also played the position.

Defensive backs are typically slender, and at 132 and 155 pounds, Justin and Lawerance were among the smallest guys on the field. But it was probably more speed than size that put them at risk, said Frederick O. Mueller, Ph.D., director of the National Center for Catastrophic Sports Injury Research at the University of North Carolina.



One-upmanship was the motivating force whenever Justin McCray, left, and Lawerance Williams met for Wii-hab workouts with therapeutic recreation specialist Courtney Jones.

Mueller said defensive backs build up speed in the open field and are often flying when they tackle opposing players. "A lot of times there is helmet to helmet contact," he said. The result is a bone-rattling impact that can snap vertebrae and send paralyzing shock waves down the spinal cord.

Justin's collision left him a quadriplegic. And when Lawerance's shoulder hit the thigh of a teammate, he lost feeling in his lower body.

After both boys experienced some return of sensation, Dr. Jones prescribed sessions on Methodist Rehab's weight-supported treadmill system – a therapy that helps retrain the body in the reciprocal motion of walking. Only time will determine if the two can regain enough functional movement to walk again. Meanwhile, both are thankful for their progress so far.

"This has made me grateful for what I do have," Lawerance said. "It could have been a lot worse."

Just 40 years ago, serious football injuries were frequent and deadly. The game claimed the lives of 36 players in 1968 and 26 were high school age. "That really woke people up," Mueller said.

A series of reforms followed – including a ban on head-first blocking and tackling in 1976 and improved standards for protective gear. Nevertheless, football still racks up the highest total of severe injuries of any sport. Three high school players and one professional player died of injuries directly related to football last year and eight players were left with permanent cervical cord injuries.

Tackling accounts for some 69 percent of catastrophic injuries, which is why it's critical for coaches to hammer home the risks of headfirst contact, Mueller said. "These kids are watching the pros on Sunday and they are hitting with their heads all the time and kids think it's the right thing to do," he said.

Justin and Lawerance say they were taught how to tackle correctly, so neither faults anyone for his injuries. "I think all

the coaches blamed themselves at first," Lawerance said. "But I think they realized it was just something that happens."

As they work hard to make as many gains as possible, the teens have become a testament to both the invincibility of youth and the unyielding allure of football. Despite their injuries, both still long for another night under the stadium lights.

"If I could, I would play football again," Justin said. And it's Lawerance's wish, as well. "I like the intensity of it," he said.

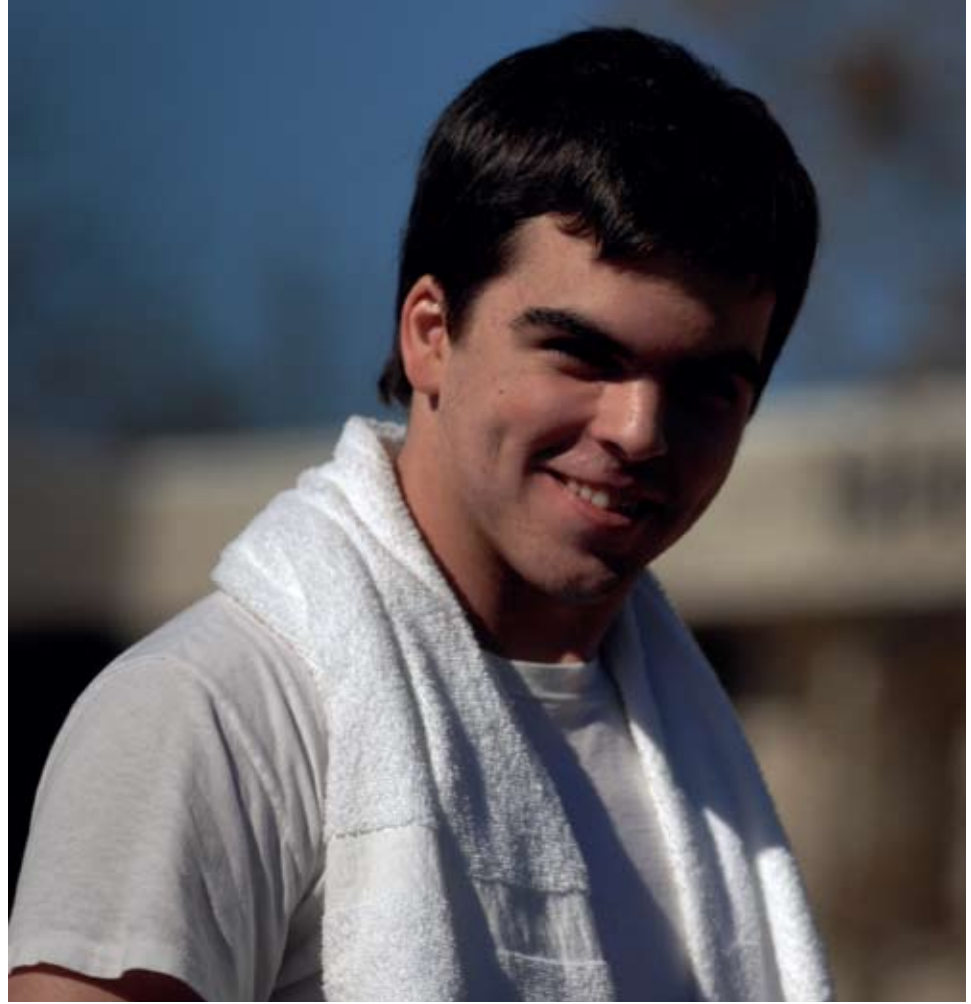
But if fate doesn't land them back on the football field, chances are they'll find another arena in which to achieve. Neither has a lick of quit in him.

"Justin said: 'I don't care what the doctors say – I'm going to prove them wrong,'" said his dad Rico Maye.

Lawerance is also determined to beat expectations, said his mom. "I told him that I just want you to have as normal a life as possible and he said: Mama, I will be walking by Christmas."



Rachel Dear, a physical therapist at Methodist Rehab's Quest program, works with Wesley Ward as he strives to improve his strength and balance.



Wesley Ward

Headfirst Tackle Hammers Brain

Young lineman left with ruptured blood vessel

When Wesley Ward awakened from a nine-day coma, the 16-year-old thought he had been in a car wreck. But the head-on collision that bounced his brain like a bobbled pass actually happened on a football field.

During an April 30 practice at Central Hinds Academy in Raymond, the sophomore linebacker crashed helmets with a teammate who was 60 pounds heavier. In that moment, he joined the estimated 63,000 high school athletes who sustain brain injuries each year.

The National Athletic Trainers' Association says 4 percent of high school and collegiate football players are diagnosed with concussions each year, and most are not life-threatening. But as recently as October, a New Jersey

16-year-old died of a brain hemorrhage following a junior varsity game.

It's a fate Randy and Carolyn Ward never imagined, even though they knew their son could get hurt playing football. "You always worry about broken bones," said Wesley's mom. "But I had never heard of a brain injury. It was pretty devastating to get that phone call from the school."

When Wesley got up from the collision, he tried to continue practice. But as his head began to throb and his vision blurred, he turned to a friend and said: "I'm messed up. Something isn't right."

A coach suspected dehydration and told Wesley to get a drink. But when he threw up and passed out, Wesley was rushed to the University of Mississippi Medical

Center in Jackson, where doctors discovered a ruptured blood vessel in his brain. That night, surgeons removed a portion of Wesley's skull to give his swelling brain room to expand.

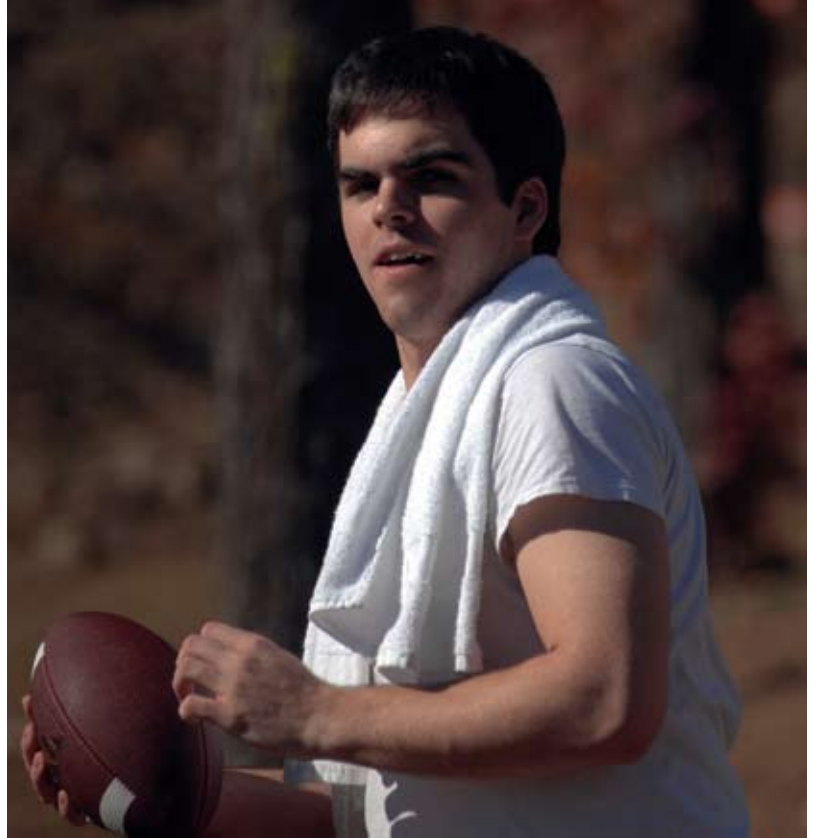
When Wesley arrived at Methodist Rehabilitation Center 13 days later, he was still on a feeding tube and couldn't sit up or walk.

"We went from milestone to milestone," remembers his dad. "Is he going to wake up? Is he going to open his eyes? Is he going to move anything? We feel blessed he has come along as far as he has. I think it has been a remarkable recovery."

"It's just amazing what Methodist Rehab did for him," said his mom. "He walked out without a wheelchair on June 25."

“It’s just amazing what, Methodist Rehab did for him.”

— Carolyn Ward



Therapy at Quest helped Wesley Ward achieve his goal to be able to throw the football for his dog.

Wesley is continuing his progress at Quest, Methodist Rehab’s outpatient community integration program for brain injury survivors. Three days a week, he throws himself into therapy with the same intensity he used to devote to football drills. “He has always been the type to give it his all,” said his dad. “The coach would say he was always the last one to come out of the weight room.”

Wesley’s goal is to graduate with his class. Through speech therapy and counseling, he is working on regaining the memory, cognition, language and social skills necessary for a full-time return to the classroom. And through occupational and physical therapy, he is striving to overcome the weakness and partial paralysis in his right hand and foot.

“One of his goals was to be able to throw a football for his dog,” said Methodist Rehab physical therapist Patricia Oyarce. So she and physical therapist Rachel Dear worked together on a number of exercises to suit Wesley’s macho sensibilities, including football-style agility drills. “When he came, he was not

able to do high-level skills,” Oyarce said. “Now he is able to run, skip and jump.”

While Wesley would be happy to run back on the football field, his doctors have deemed it too dangerous. Football players with brain injuries are six times as likely to sustain new injuries. And even a seemingly mild concussion can put players at risk for second-impact syndrome – the potentially deadly consequence of taking another jarring hit after an initial injury to the brain.

“Most of those result in death or permanent disability,” said Frederick Mueller, Ph.D., director of the National Center for Catastrophic Sports Injury Research. “There was a kid in North Carolina hit on a Wednesday, who didn’t have an athletic trainer to check him out. The kid came back and said he felt fine and got hit again on Friday. He died on Saturday.”

Such tragic outcomes mean it’s more important than ever for parents and coaches to be well-versed on the symptoms of brain injury and to make

sure athletes aren’t allowed to jeopardize their health.

Recognition of traumatic brain injury is as important as prevention,” said Dr. Stuart Yablon, former director of the brain injury program at Methodist Rehab. “Fear of being kept from playing provides an incentive for the student athlete to withhold information regarding symptoms, or even deny the existence of symptoms related to a possible mild traumatic brain injury.”

The Brain Injury Association said players should notify their coaches and see a physician if they experience headache, nausea, confusion, dizziness or vomiting. And to prevent such injuries in the first place, safety experts say players should always keep their heads up when blocking or tackling.

It’s a message Wesley plans to pass on to any son he might have. Despite his injuries, he still hopes his child would want to play the sport. “I’m going to tell my son to play football because it teaches you teamwork and how to fight adversity. It teaches you to be a man.”



Injury Prevention Tips

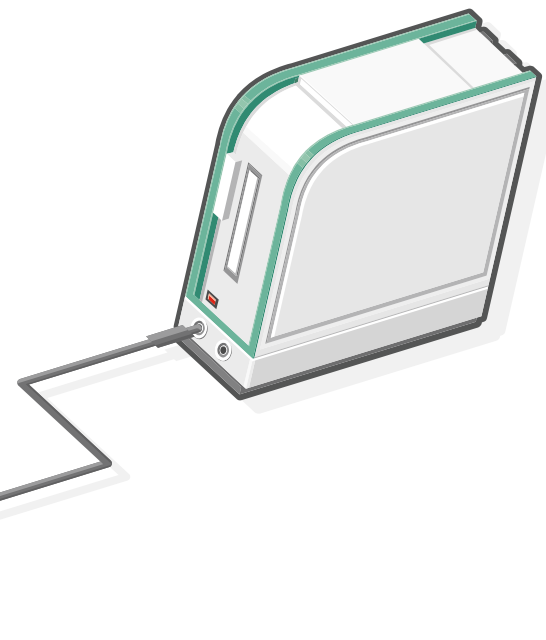
Players should:

- Shoulder block and tackle with the head up.
- Do conditioning exercises to strengthen neck muscles.
- Never use the head or helmet as a battering ram when blocking, tackling and ball carrying. Ball carriers should not lower their heads when making contact with tacklers.
- Make sure all equipment—especially the helmet—is properly fitted.

Football officials and coaches should:

- Concentrate on helmet-face mask contact and call penalties on players who use improper blocking and tackling techniques.
- Ensure that a physician or someone who is qualified in emergency care is on the field during games or practice.
- Have a written emergency plan that addresses what will happen if a possible catastrophic head or neck injury occurs. Permanent disabilities can be caused if victims are improperly moved or transported after such injuries.
- When a player experiences signs of head trauma – loss of consciousness, visual disturbance, headache, inability to walk correctly, obvious disorientation or memory loss – he should receive immediate medical attention and not be allowed to return to the game or practice.

Therapy patients give thumbs-up to Wii-hab workouts



“I forgot about my pain when I got into the game.” — Roy Catchings

After suffering a few busted lips, Ray Ishee of Stringer gave up fist-fighting back in grade school.

But on a recent weekday, the 68-year-old willingly put up his dukes for a round of make-believe boxing. It's part of his “Wii-habilitation” therapy at Methodist Rehab.

Staff began using the Nintendo Wii video game system in inpatient and outpatient therapy sessions a few months ago. And they say even elderly patients have come to embrace the chance to play virtual baseball, tennis, golf, bowling and boxing.

“Their initial response is they are not so sure about video games,” said Courtney Jones, a therapeutic recreation specialist at Methodist Rehab. “But after they start playing, they seem to really enjoy it.”

“I think it's a lot of fun,” said 60-year-old Roy Catchings of Greenwood, who came to Methodist Rehab to recover from disc replacement surgery. “I forgot about my pain when I got into the game.”

Patients recovering from brain injury, stroke, other neurological illness or generalized weakness are good

candidates for Wii-hab, said Methodist Rehab Therapy Services Director Suzy Mayer. “We are using it to improve patients' physical motor skills and build their endurance,” she said. “It's just a more dynamic, interactive way to get them to participate.”

As Catchings and Ishee recently squared off for a game of Wii tennis, Jones tallied the therapeutic benefits of the match.

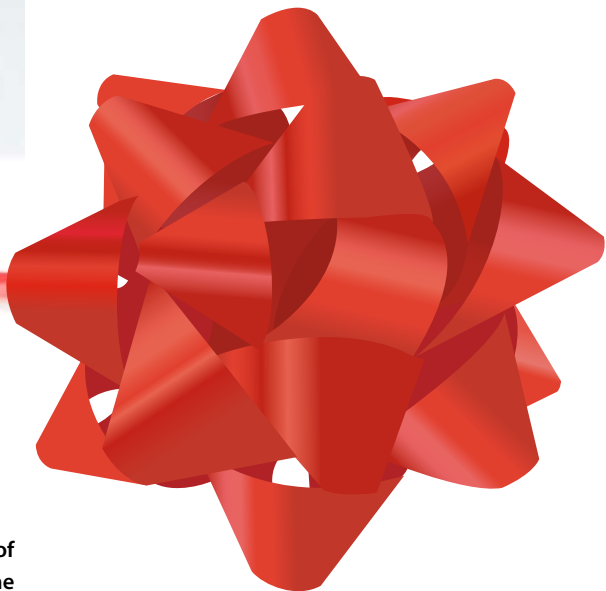
“It's working on their standing tolerance and balance, upper extremity strength and active range of motion,” Jones said. “Plus, the competitive aspect of Wii sports provides a welcome distraction from the daily grind of rehab.”

“If you've got a patient that doesn't want to be challenged, this is a more entertaining approach,” Mayer said. “When you pull out the game system, patients get excited.”

In fact, patients seem so willing to do Wii-hab, Mayer believes it should be part of their discharge plan. “They're more likely to use this than the exercise programs we normally send home,” she said. “They can set it up and do it independently and it's fun.”



Therapeutic recreation specialist Courtney Jones and Ray Ishee of Stringer “duke” it out during a bout of Wii boxing. Therapists are using Nintendo's popular game system to help patients achieve therapy goals.



Dean Miller, center, former chairman and lifetime member of the Methodist Rehab board of trustees, cuts the ribbon on a Meridian apartment complex named in his honor. Attending the Miller Park opening are, from left, Paula Carruth, director of multi-family housing for the U.S. Department of Housing and Urban Development; Steve Kennedy of Singleton Architects; Steve Hope, president of Miller Park Inc.; Wilson Holifield, board member of Miller Park; and Mark Adams, president and CEO of Methodist Rehab.

A home for the Holidays Accessible apartment living comes to Meridian

Most new apartment complexes advertise their extras. But at Miller Park in Meridian, the emphasis is on what's missing.

Gone are the architectural barriers that frustrate the physically disabled. Each of the 17 wheelchair-friendly apartments features extra wide doorways, lowered light switches, doorbells and peepholes and fully accessible kitchens and bathrooms.

"It's a dream come true," says retired nurse Beth Causey, a wheelchair user who lived in a nursing home before her recent move to Miller Park.

"I didn't think I would ever be on my own again," she said. "When I saw this apartment, I almost cried. Everything is where I can get to it."

Mississippi Methodist Accessible Housing Inc. (MMAH) secured a more than \$1.2 million grant from the U.S. Department of Housing and Urban Development (HUD) to construct the complex at the corner of 29th Avenue and 52nd Street.

Miller Park is just the third fully accessible complex to be built in the state, said Steve Hope, president of MMAH — a not-for-profit corporation sponsored by Methodist Rehab. HUD and MMAH previously worked together to build Webb Park in Jackson and Wofford Park in Hattiesburg.

"Many disabled Mississippians are independent enough to live on their own if the right kind of housing is available," Hope said. "But for too long, wheelchair users have had to make do by modifying existing housing. I think they are going to enjoy being in a setting where the accommodations aren't an afterthought."

The Meridian complex is named in honor of Dean Miller, and the former chairman and lifetime member of the Methodist Rehab board of trustees said the apartments will help answer a growing need for accessible housing in the state. "The other two complexes are full, and I hope this one will be, too," he said.

Hope said Meridian got the nod for the third complex site by virtue of its growing population and quality health care. "We opened Methodist Orthotics and Prosthetics clinic in Meridian in 2006, so we're familiar with the needs of the community," he said.

Hope said apartment residents are typically people who use a wheelchair or have mobility impairments. Residents are chosen via an application process and rental rates are based on their ability to pay.

Causey said when she learned her application had been accepted, she couldn't keep her joy to herself. "I was so grateful, I called my brother just hollering and whooping," she said.

Causey moved in right before Thanksgiving and was already making plans for a merry Christmas. "The last few years I've had to buy a short Christmas tree, but now I'm going to get one at least four or five feet tall," she said.



YOU CAN'T
STOP

*This
Dancer*

The story of Nicole Marquez



On Saturday, August 30, Nicole Marquez was found unconscious in the alley behind her Harlem apartment building in New York City. The aspiring Broadway dancer had fallen six stories from the roof, possibly while trying to find a way into her fifth floor apartment window. (She was locked out and couldn't rouse her sleeping roommate.)

Nicole has no memory of the accident, so no one knows how long she lay in the alley before the building's superintendent found her bloody, crumpled body around noon. Her injuries included broken ribs, a punctured lung, a fractured pelvis, a deep cut on her shoulder blade and broken vertebrae in her neck and back.

Nicole's parents, Susan and Larry Marquez of Madison, and her boyfriend, Josh Hailey of Jackson, arrived at her ICU bedside as soon as they could get to New York City. And in the months since, their support has been a sustaining force in her recovery.

Through it all, Susan, a freelance writer and former marketing director, eloquently chronicled the ups and downs of her daughter's journey in an online journal at CaringBridge.org. And Hailey, a professional photographer, captured Nicole's amazing transformation in pictures.

Susan and Josh graciously allowed their work to appear in this issue of Ways & Means. And the result is an intimate portrait of one family's journey from tragedy to triumph.

We hope Nicole's story opens a window on the world of rehab, and encourages other families whose lives have been upended by a disabling injury or illness. As Susan would say after every journal entry: Blessings to all who read this.

(For more on Nicole's journey, go to www.caringbridge.org/visit/nicolemarquez to read the journal entries and to joshhaileystudio.com or joshhaileyphotography.com to see more photos. For video coverage of this story by Medical Matters reporter Stephanie Bell Flynt, visit wlbt.com.)



Respiratory therapist Angie Warner works with Nicole to strengthen her lungs.

Breathing Lessons

...After her nap, Nicole went to respiratory therapy, where she was breathing a bit better today. They add little valves to the tube she breathes in, which is like adding weights to work out the lungs. That woke her up pretty good, and she spent the next hour in rehab, focusing on sitting up straight, and even touching her toes several times! She grimaced as she did it and I asked her if it hurt. "Oh yes!" she exclaimed..."It hurts SO GOOD!!!"

... In respiratory therapy yesterday, a very elderly woman was next to Nicole, having to breathe in and out of a tube to strengthen her lungs. The woman was having a very difficult time, but Nicole looked over at her and said "try harder. If I can do it, you can." I'm sure the woman looked at Nic's young body and thought surely she was joking. "I fell off a six story building and my lung was punctured," Nicole said. "I know how hard this is, but it's important to do so we can both get better." Her compassion towards the woman was so sincere, and it may have been just what that tired old woman needed to hear to make it through another grueling respiratory session.



Physical therapist Paula Brian prepares Nicole for a workout on Methodist Rehab's weight-supporting treadmill system.

Treadmill Triumphs

... Nicole is kickin' butt and takin' names in the gym! Who's the queen of the treadmill today? Need I ask? The goal was to get her on the treadmill, and hope that she could hang in for a minute, maybe two before getting dizzy. Yet, our little dynamo took it to town for a full 10 minutes and 49 seconds! They put her in a harness to support her body weight (she still has little core or abdominal strength to support herself). There were people on either side of her to move her feet if she needed it – she didn't. She actually picked up her feet and put them down, with (physical therapists) Paula Brian and Heather Maloney guiding her. This is just the first "step" so to speak in Nicole's journey back to the dance floor!

... "Big step, Nicole! Take a big step!" That's what PTs Paula and Heather were saying today when Nicole was walking on the treadmill. I got to see her really work hard today...picking one foot up and putting it down, then doing it with the next foot. But today, it was faster, in rhythm, keeping up with the speed of the treadmill. Nicole was working so hard, pushing herself, and concentrating on what she was doing. Toes up. Pushing off with her heel. Shifting her weight. Things we don't think about as we walk each day, yet each little movement is critical to propelling ourselves forward, one step at a time.



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Physical therapist Paula Brian offers guidance as Nicole works to improve her stride.



©2008

A wall of encouraging get-well cards motivates Nicole, as does the ministrations of her dad, Larry.

Well Wishes

...I've been going through the many cards and letters we've received since Nicole's accident and recording addresses...almost 300 so far! Reading the sentiments on the cards again has been so touching. And it has been just what Nicole needed to read today. People have written that Nicole is one of the strongest women they know. Friends describe her as someone who knows what she wants and will stop at nothing to get it.

Today, Nicole needed to be reminded of that, as she is getting tired. Not so much tired physically, which is surprising because she has really been pushing herself. Instead, she is tired of people having to help her with basic things like getting dressed and eating. She hates that her hands don't work. She hates being in a wheelchair. She hates that people around her can go out and have fun, and she can't.

In a way, I guess it's good that Nicole is frustrated. Because in the past, it was her frustrations that fueled her desire to overcome obstacles. When people told her that as a theatre major, she couldn't dance, she proved them wrong. It's that fight in her that pushes her to achieve the seemingly unachievable. It's her strength that gets her from one level to the next, reaching new heights.



Flexion gloves help Nicole improve her ability to pinch and grasp.

A Helping Hand

...Today was an interesting day in rehab, especially in the world of occupational therapy. Stephanie Lynchard brought in all kinds of hand contraptions for Nicole. I wasn't there, but Josh was, and he described them as "wicked looking." Each is designed to help her do something on her own that she can't normally do right now, and that's a good thing.

... I arrived this morning to find Nicole in the gym, wearing those weird contraptions on her hands and boxing a balloon. It's so funny to watch, but so amazing to know that the therapists have a real method to their madness and each and everything they do has a real purpose in Nicole's recovery.

...The "Freddie Kruger" gloves stayed on about six hours last night, and that made a difference today. She's wearing them now, and it's so funny to watch her manipulate the channel changer for the TV with her fists. But she can do it!

I'm Walking. Yes Indeed

... At this point, Nicole can pretty much push herself from her chair to a standing position, with minimal assistance. She mostly needs someone there to "spot" her should she wobble a bit. Walking is still a challenge, but she can do it, with assistance. She is getting better with the walker, but she's not ready to take off on her own—someone must be next to her, because her knees sometimes buckle or her legs will spasm. I can say with gratitude that she's much further along today than where she was this time last week, and I can only pray that this time next week, there will be even more improvement

... This afternoon, she spent some time in the research lab...the motion analysis lab to be exact. She and PT Heather walked down a runway that has special sensors, and computers analyzed her gait. It's amazing to see how they can discover where her weaknesses are so that they can focus on them. The research done at Methodist Rehab is so important to not only Nicole's situation, but for the people who will unfortunately follow her. The time she spends in the research lab is her small way of giving back, and paying it forward at the same time.

“Since she was a toddler,
we had a feeling Nicole would someday be a **star.**”

— Susan Marquez



Courtesy of Susan Marquez



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Even at age 3, Nicole exuded star presence as she paraded around in her mom's pumps. By the time she moved to New York City, she had amassed an impressive array of dance and acting credits. Her ultimate dream is to become a Broadway performer, and the star tattoo on her left wrist is a reminder to stay focused on that goal.

A Star is Born

...Nicole has wanted to be a performer since she was 3 years old...she's never deviated from that. She's danced forever, and also fell in love with the theater. At 10, she was cast in a show that ran on PBS stations called "Funnybones." At 15, she finagled a weekly radio broadcast on 95.5 "The Beat" called "Nick's Picks," where she gave her take on what's hot and what's not. That was followed by a feature article in the Clarion-Ledger, and then a three-year stint as a special reporter for WLBT. She went to USM to study theatre and dance, but her second semester there, she spent in France doing a study-abroad program. In the summers while at college, she worked as a performing arts counselor for Delta State's Summer Arts Program, and as an intern at the American Dance Festival at Duke University in North Carolina. After graduation, she had an apprenticeship at the Berkshire Summer Theatre Festival in Stockbridge, MA, followed by another apprenticeship at the Actor's Theatre of Louisville. From there she moved home to Mississippi and worked on another production for PBS called "Lomax." Then she worked for 4-Tell Films on a project they were doing called "You Gotta Move." She moved to New York City in January to follow her dream – to be a performer.

Thanks Josh!



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Nicole and her mom, Susan, are all smiles as they contemplate Nicole's remarkable recovery.

Nothing But Blue Skies

... Life is different for us now, and we are all adapting to the challenges it is presenting for us. But through it all, Nicole keeps us going with her positive attitude and sunny disposition. "We don't look back...we just keep moving forward," is what she always says. And so will we.

... Funny, as more and more time goes by, we are even more amazed at the enormity of it all. The true miracle that Nicole survived a horrendous fall, and that for over eight hours, she survived as she lay broken on the ground. And now, nearly three months later, she is taking her first steps! I think people are put off by my demeanor when they see me out and about, because I can hardly wipe the big grin off my face. I guess they expect me to look sad and tragic. But how can I, when my sweet daughter is alive and improving daily? I've witnessed a miracle, and I want to celebrate!

Exit. Stage Right

...When the gym closed for the day, we surprised the therapy staff with a cake – purple, of course, decorated with “You Can’t Stop This Dancer,” and Nicole’s personal sentiment, “Therapy Rocks!” Everyone loved it! Nicole even cut the first slice herself, with the help of dear occupational therapist Stephanie Lynchard.

After saying her goodbyes, Nic fulfilled a promise she made to herself and her therapists...she walked out of rehab, on the arm of Josh. It looked more like a tango, but it was beautiful. Sure and steady steps, one after another, from the elevator in the lobby to the car. Everyone cheered for her, and there were lots of tears all around. Everyone told us we’d get close to the folks at MRC, and they were so right...

So tonight, we send our love and gratitude to the MRC therapy crew: Paula Brian, Heather Maloney, Stephanie Lynchard, Courtney Jones, Christy Jordan, Erin Bischofberger, Mary Smith, Ann Hardy, Betty Dorsey-Wilson, Josh Thomas, and everyone else who worked so hard and put up with so much to help Nicole surpass everyone’s expectations – except her own. Because Nicole always expected, from the beginning, to get back to dancing. And in the process of her therapy, she made believers out of all who worked with her. There’s no doubt she’ll dance again!



After sharing cake and a few laughs with occupational therapist Stephanie Lynchard and the rest of the sixth floor therapy staff, Nicole dances out the doors of Methodist Rehab in the arms of boyfriend Josh Hailey.



Online Journal promotes flood of cyber-support

Thousand of miles from home, Larry and Susan Marquez never once felt alone as their daughter, Nicole, clung to life in a New York City ICU.

Every day, they received encouraging messages via CaringBridge, a free online service that keeps families and friends connected during a healthcare crisis.

A friend set up Nicole’s CaringBridge Website, and Susan began posting daily updates just three days after her daughter’s tragic fall from the roof of a six-story apartment building. Soon the guestbook section of the site was being flooded by well wishers whose care and concern helped comfort the family during the darkest of times.

“At times, we were getting 40 to 50 guestbook entries a day,” Susan said.

“People would write things that were so profound, we just hung onto them. It helped strengthen our faith.”

By the time Nicole moved to Methodist Rehab on Oct. 20, visits to her CaringBridge journal had topped the 100,000 mark. So the Marquez family was happy to find that free wireless Internet access was a mouse-click away at Methodist.

“It was really a no-brainer to add wireless service,” said Methodist Rehab CEO Mark Adams. “We know how much the support of family and friends means to a patient’s recovery. And nowadays, that support often comes via e-mail or through websites like the CaringBridge.”

Sonia Mehring developed CaringBridge as a way to help a close friend stay

in touch during a life-threatening pregnancy. During the crisis, family and friends used the site to keep tabs on the mother’s health and to communicate their concern.

The success of the model led to the official launch of CaringBridge as a nonprofit charitable organization in 1997. Today, a new personal CaringBridge website is created every 10 minutes, and more than 20 million families connect through the site each year.

By mid-December, Nicole’s page visits had risen to 122,000, leading her to marvel: “I didn’t know I had so many friends.”

“When I saw the amount of love out there in the world, it blew me away,” she said.



NEW & Noteworthy

Constraint Therapy

When left with a weakened arm or hand, stroke or brain injury survivors tend to favor their “good side.” But a new therapy at Methodist Rehab’s Quest program is encouraging patients to do just the opposite. And their reward is a welcome return of function on the “bad side.”

Constraint-Induced Movement Therapy (CIMT) requires patients to don a mitt over their stronger hand while they perform a series of repetitive tasks with their weaker hand.

Developed by Dr. Edward Taub, a professor of psychology at the University of Alabama in Birmingham, the therapy has shown promising results in clinical trials. According to an article in the university’s Insight magazine, CIMT users accomplished tasks faster, used their affected arms more spontaneously outside therapy settings and reported less difficulty with their hand function than a control group.

CIMT is intensive, requiring at least 3.5 hours of therapy every day for 10 days, plus more work at home. But for those who stick with it, the results are gratifying,

said Lisa Poe and Patricia Oyarce, two Quest therapists who have been trained in the rehabilitation technique.

“We had one man who wanted to be able to lock and unlock his doors using a key and to turn on the ignition in his car,” Poe said. “And when he was able to do that, it was very meaningful to him.”

Candidates for CIMT therapy include those who are six months post-stroke or brain injury and who exhibit some active movement with their weaker arm. To learn more, contact the Quest program at 601-713-1550.

Meridian O&P clinic adds services for mastectomy patients

Methodist Orthotics & Prosthetics in Meridian had added a new service that is making life easier for breast cancer survivors.

The clinic now provides customized fittings of breast prostheses, a service that is meeting a definite need in the Lauderdale County area, said Tonya Tittle, a certified fitter of mastectomy products. “I’ve already seen about 25 patients and demand for the service is growing,” Tittle said.

The proper prosthesis can help a woman look and feel more natural. But Tittle

said fit isn’t just a cosmetic concern. “If someone doesn’t have proper fit, it can cause pressure sores,” she said. “That’s why it’s important to see someone who has undergone training and who has been certified to do breast form fittings.”

The clinic’s wide variety of prosthetic choices gives clients the best chance of finding a breast form that offers a secure, comfortable and flattering fit.

Customization is a key part of the process, said Tittle, as each woman brings a different sensibility to the process. “Some are just glad to be alive.

Some are very emotional. And some are very sensitive,” she said. “That’s why we make the fitting process as private and professional as possible.”

Because convenience is another concern of most clients, Tittle said the clinic handles all insurance claims for mastectomy prostheses. Free evaluations also are available, and follow-ups are welcome.

To learn more, contact Methodist Orthotics & Prosthetics in Meridian at 601-483-5280 or call toll-free 1-866-306-9933.



Occupational therapist Ashlee Ricotta, left, uses a variety of technology to help Linda Craft address visual problems caused by a stroke. At right, Craft works on the Dynavision 2000 Light Training Board, an electronic device that can help improve visual functions such as peripheral attention, gaze shifting and scanning.

Low Vision Rehabilitation

Like many of the physical challenges that follow an injury or illness, vision problems can seriously threaten a person's independence. Take it from Linda Craft of Flowood, who recently had to rely on her 91-year-old mother for rides to work.

Stroke-related vision deficits had robbed Craft of her autonomy. But she's back in the driver's seat, thanks to a new form of occupational therapy at Methodist Outpatient Neurological Rehabilitation in Flowood.

Called Low Vision Rehabilitation, the therapy addresses deficits such as blurred vision, double vision and blind spots. Typical causes for such conditions include stroke, traumatic brain injury, macular degeneration and diabetic retinopathy – all big problems in Mississippi.

"Doctors are welcoming that we offer this service," said Ashlee Ricotta, one of two

Methodist Rehab occupational therapists trained in Low Vision Rehabilitation "It's a natural fit for occupational therapists because we're trained to address anything that affects activities of daily living."

Each rehab candidate undergoes an extensive evaluation process before beginning a customized therapy plan. "A lot of times it is clinic-based therapy, plus home visits," Ricotta said. "Once we get in the home setting, we can see if they need modifications and what's already working."

Craft's driving problem was related to limitations in her peripheral vision, which called for therapy sessions on Methodist Rehab's Dynavision 2000 Light Training Board. The wall-mounted electronic device can help improve peripheral attention and other forms of visual function, such as gaze shifting and scanning.

In addition to such high-tech training, people in low-vision therapy also learn simple compensation strategies, such as using magnifiers or contrasting ink and paper colors for printed materials.

"It has been real interesting," said Craft, director of accounting for First Baptist Church in Jackson. "I didn't realize all the equipment and different aids they have to help you. It's just phenomenal."

Craft said the experience taught her not to take her vision for granted. And she's also grateful that Methodist Rehab had the foresight to add low vision rehab to its list of services. "A facility like this, you don't realize how valuable it is until you need it," she said.

For more information on Low Vision Rehabilitation, call 601-936-8889.



Aspen



FINDING HIS VOICE

Adaptive equipment helps computer whiz reconnect

Aug. 27 dawned warm and sunny, and Richard Heuer of Star decided it was the perfect day to ride his Suzuki motorcycle to work.

His destination was the Jackson-Evers International Airport in Pearl, where he has spent the past 15 years maintaining aircraft control equipment for the Federal Aviation Administration.

As Richard cruised along Highway 468, the 37-year-old outdoorsman came upon a familiar scene. A car ahead had hit a deer, and Richard began coasting to a stop, thinking he could lend a hand.

But within seconds, it was Richard who desperately needed help. His neck was broken when the frantic deer leapt for freedom and slammed into Richard's head. And if not for a seemingly miraculous series of events, the father of two might have died at the scene.

"We had angels every step of the way," said his wife, Wendy. "There was a nurse driving in the car behind him who goes to our church. She saw it happen and jumped out to help Richard."

When the trauma caused Richard to go into cardiac arrest, a volunteer firefighter happened upon the accident and performed CPR. An ambulance then took Richard to the University of Mississippi Medical Center, where he spent 12 days in ICU.

On Sept. 8, Richard moved to Methodist Rehabilitation Center to begin an intensive rehabilitation program. The accident left Richard paralyzed from the

neck down and relying on a ventilator to breathe. Yet he still had a desire to support his family.

"My goal is to get back into the working world," Richard said. "Quite possibly back to my old job."

That's where George Gober comes into the picture. As the assistive technology associate for Methodist's Adaptive Computing Lab, Gober matches disabled computer users with the best equipment and software to meet their needs. And in Richard, he recognized a kindred spirit.

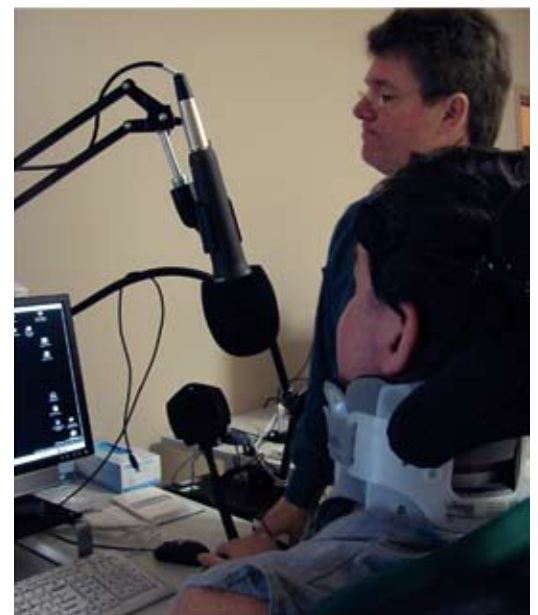
"Richard is a major computer geek, just like me," Gober said. "He's very comfortable in front of a computer, so my job was simply a matter of figuring out how to reconnect him with what he already knows."

"Instead of focusing on what Richard can't do, we focused on what he can do," Gober said. "A computer has input and output. With his injuries, learning to input is the main issue for Richard."

While a voice-recognition system offers Richard the best option for operating the computer again, Gober says the system has its challenges.

"Right now, voice recognition software understands about 90 percent of what most people say," Gober said. "For Richard, it might be a little less than that because his voice has been compromised by the ventilator. It will be a long and tedious process, but he's up to the challenge."

Continued on next page →



In Methodist Rehab's Adaptive Computing Lab, assistive technology associate George Gober works with Richard Heuer to find the right equipment and software to meet his computer needs. At far left, Richard uses a custom-designed microphone system to try out a voice recognition software program.

“We look at how technology can work for people.”

— George Gober

Gober said a special noise-cancelling microphone was secured to help reduce the background interference from the ventilator. Richard will direct the movement of his computer cursor by using his mouth to operate a QuadJoy Mouse®, which is specially designed for quadriplegics.

At 6 feet, 4 inches, Richard sits tall in his power wheelchair, so some custom-fitting of equipment was in order. Bridgett Pelts, an occupational therapist at Methodist Rehab, used her expertise to suggest the most user-friendly placement for his mouthpiece and microphones. “I collaborated with George, who then worked with the biomedical engineers and technicians on staff here to develop something that would work well for Richard,” she said.

The Biomedical Lab created a one-of-a-kind connector that enabled the team to connect a gooseneck extension to a mount/clamp system normally used with cameras. This special mounting option allows Richard to access the “sip and puff” operated mouse.

“A lot of what we do is simply problem solving,” Gober said. “We look at how technology can work for people. The human psyche is a remarkable thing. Richard has the desire to learn, which makes it easier for all of us. He already knows how the computer works and what to do. It’s just that now he has to learn a new way of doing it.”

Richard’s injury qualifies him for the eTHANKS Research Project, an online, modular training program that helps Methodist Rehab spinal cord injury patients learn how to stay healthy once they get home. As part of the program, Gober visited the Heuers’ home and set Richard up with a desktop computer, adaptive software, an accessible desk and other adaptive equipment.

Richard and Wendy have two sons, Aaron, 14, and Justin, 11, who will be helping with Richard’s care. With his supportive family and friends surrounding him, and the ability to network with those outside his home via the computer, Richard looks forward to living a long and productive life. “I appreciate all that George has done to help me gain access to the computer again,” Richard said. “He has really gone the extra mile for me.”

by Susan Marquez



Richard Heuer and his wife, Wendy, are grateful for the community support that has poured in since Richard suffered a paralyzing spinal cord injury. One Friday night, the McLaurin High School Band even stopped by Methodist Rehab to play several spirit-lifting songs for Richard, their beloved booster club president.

“Dr. Parrilla’s **experience**
will help us
enhance
what is already a nationally recognized
Brain Injury Program.”

— Mark Adams,
President & CEO of Methodist Rehab



Dr. Zoraya Parrilla **named director of Brain Injury Program**

Dr. Zoraya Parrilla has joined the staff of Methodist Rehabilitation Center as director of the Brain Injury Program.

She most recently served as medical director for Rehabilitation of Brain Injury and Dysfunction at Jackson Memorial Hospital in Miami. She also was assistant professor of Clinical Rehabilitation Medicine at the University of Miami Miller School of Medicine.

Dr. Parrilla is board certified by the American Board of Physical Medicine and Rehabilitation. A graduate of the University of Puerto Rico School of Medicine, Dr. Parrilla finished her residency in Physical Medicine and

Rehabilitation at the Albert Einstein School of Medicine at the Long Island Jewish Medical Center in New Hyde Park, New York. She also completed a fellowship in Traumatic Brain Injury Rehabilitation at The Institute for Rehabilitation and Research at the Baylor College of Medicine in Houston, Texas.

Dr. Parrilla said she was impressed by the technology and expertise at Methodist Rehab. And she looks forward to being part of the hospital’s commitment to both patient care and research. “I have a very strong clinical background in brain injury management, and I believe that will be an asset,” she said.

Her research interests include the psychopharmacological treatment of agitation and decreased cognition after brain injury and the use of anticonvulsants to prevent post-traumatic seizures and sleep disorders after traumatic brain injury.

“Dr. Parrilla’s experience will help us enhance what is already a nationally recognized brain injury program,” said Mark Adams, chief executive officer of Methodist Rehab. “Her arrival means we can do even more for brain injury patients and their families.”



Searching for Pain relief?

Then punch these coordinates into that GPS you got for Christmas **N32 19.655 W090 06.392**.

That's the Flowood corner where four Methodist Rehab Center clinics work together to provide the area's most comprehensive pain management services. All under one roof are Methodist Spine & Joint, Methodist Pain Management, Methodist Outpatient Rehabilitation and Methodist Neurological Rehabilitation.

"We're a one-stop shop, and people appreciate that convenience," said Lisa Kamp, director of operations for Methodist Rehab's East Campus. "When you're in pain, the last thing you want to do is drive all over town consulting specialists."

Kamp said the clinics' proximity encourages collaboration, which gives patients the benefit of a big picture approach. And that's a definite bonus, considering the complexities of treating chronic pain.

A case in point is Howard Brown of Flowood. The 85-year-old retiree originally came to Methodist Spine & Joint seeking the acupuncture expertise of Dr. Kenneth Fox, a rehabilitation medicine physician who specializes in the non-surgical treatment of pain.

Brown hoped the therapy would ease agonizing nerve pain caused by a narrowing spinal column. But the solution wasn't that simple. Brown also needed physical therapy, only he was in such pain he couldn't bear to exercise. So

Dr. Fox referred him to Methodist Pain Management, where anesthesiologist Bruce Hirshman gave Brown a pain-relieving injection.

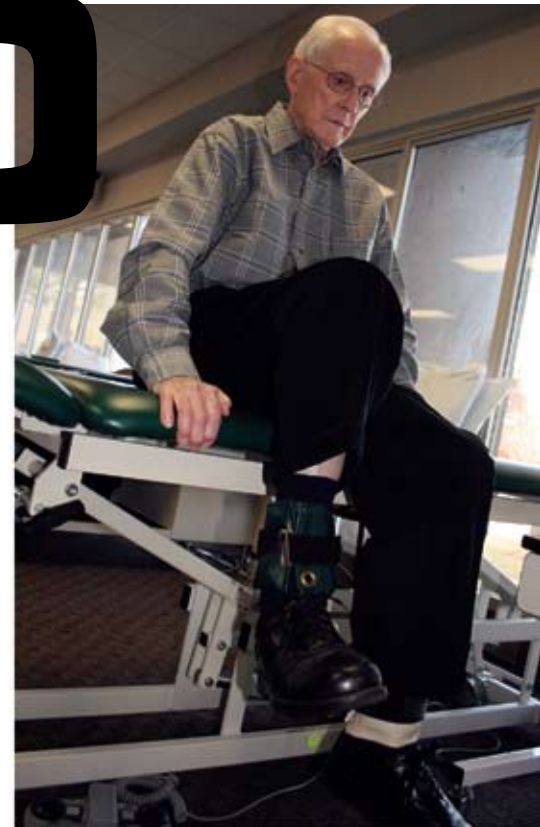
"I felt like a new person immediately," Brown said. Soon enough, he was working out with Charlotte Stark, a physical therapist at Methodist Outpatient Rehabilitation. And after just a couple of months of the combined therapy, Brown is stronger, more flexible and enjoying renewed mobility.

Such success stories reinforce the value of a multi-disciplinary approach and have motivated staff to look for ways to collaborate with the variety of specialists who have offices at Methodist Rehab's Flowood campus.

Because obesity has been found to play a role in chronic pain, Dr. Kevin Young, a physician at Flowood Family Medicine, offers his expertise in weight-management to the mix. And Angela Koestler, a pain psychologist who co-authored "Understanding Chronic Pain," contributes by treating the depression that often accompanies chronic pain.

Kamp said the team's goal is to give patients alternatives that best fit their problems and lifestyle. And Brown can attest to the strategy's success.

"They've really taken care of me," he said. "I had so little strength in my right leg, I would almost fall down. Now I can walk without a cane."



Howard Brown of Flowood could barely walk before he sought help from the pain management team at Methodist Rehab's Flowood campus. Doctors prescribed a multi-faceted treatment plan — including sessions with physical therapist Charlotte Stark — and now Brown is stronger, more flexible and enjoying renewed mobility.

Introducing Dr. Hirshman

In the war against chronic pain, Dr. Bruce Hirshman is something of a triple threat.

He is board certified in anesthesiology, pain management and osteopathic manipulation – a background that makes him especially effective in the battle against America’s No. 1 cause of long-term disability.

Dr. Hirshman recently joined Methodist Pain Management Center in Flowood, where his main role is to provide interventional pain techniques, such as steroid injections and nerve blocks.

But as a doctor of osteopathy, he also is trained to use hands-on manipulation techniques to ease the agonizing back and neck problems that afflict so many chronic pain sufferers.

“Most back and neck pain is the result of musculoskeletal imbalances, strains or weakness and an osteopathic education offers a unique approach to evaluating such deficiencies,” Dr. Hirshman said.

A graduate of the Michigan State University College of Osteopathy, Dr. Hirshman comes from a program that U.S. News & World Report ranked among the top five in the nation for the education of family practice physicians.

It’s an educational background that emphasizes a whole-person approach to

treatment, a strategy that dovetails well with the pain management mindset.

“Chronic pain often affects a patient’s ability to earn a living, to relate to his or her family, and it’s often complicated by issues of depression and helplessness and hopelessness,” Dr. Hirshman said. “It is our job to support the patient physically, emotionally and spiritually while improving pain symptoms.”

And it’s a job Dr. Hirshman believes will be made much easier by his close proximity to Methodist Spine & Joint, Methodist Outpatient Rehabilitation and Methodist Neurological Rehabilitation.

“It’s an incredible fortune I have to work with physical therapists with such expertise and to also have a physical medicine and rehabilitation doctor basically at my doorstep,” he said.

Mark Adams, chief executive officer of Methodist Rehab, said Dr. Hirshman’s holistic approach will be an asset to the center’s desire to meet the lifelong needs of people with disabling injuries and illness.

“Many people leave hospitals still hurting, and we want to ensure they have a trusted name to turn to for their outpatient rehabilitation needs,” he said. “We’re excited to bring Dr. Hirshman’s expertise to Mississippi.”



Middle picture. Dr. Bruce Hirshman prepares to administer a pain-relieving steroid injection. Bottom: Registered nurse Stacy Panner, left, assists Dr. Bruce Hirshman in his treatment of a wide variety of painful conditions.

FAQs about Pain Management

Q. Who's on the Methodist Pain Management team?

A variety of Methodist medical professionals address the physical, psychological and social factors affecting people in pain. These include anesthesiologists, rehabilitation medicine physicians, psychologists, family medicine practitioners, nurses and physical and occupational therapists. All are conveniently located on Methodist's Flowood campus.

Q. What types of conditions are treated?

The list is too long for this space. But some of the more common conditions include headaches, back, neck and joint pain, complex regional pain syndrome, shingles pain, diabetes-related nerve pain, repetitive use injuries and unresolved work or sports injuries.

Q. Are any special therapies available?

Methodist offers acupuncture treatment at Methodist Spine & Joint and osteopathic manipulation, sclerotherapy and prolotherapy at Methodist Pain Management Center.

Q. Are Methodist physicians accepting new patients?

Yes. Most appointments can be scheduled within one to three days, and patients are never asked to wait more than 15 minutes to be treated. For more information or to schedule an appointment, please call 601-936-8888.





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Angels on his shoulder

Trooper recalls miracle recovery

When a branch came crashing down on Steve Hood's head last March, no one was sure he would live, let alone recover enough to ever resume his duties as a Mississippi Highway Patrol trooper.

The Union County man arrived at Methodist Rehabilitation Center two weeks after the traumatic head injury, and his family was braced for a long haul. Hood was agitated and confused as the memory and speech centers of his brain were struggling to heal.

"I figured we'd be in rehab for several months," said his wife, Lisa Hood.

But Steve was able to leave Methodist in less than a month and return to full duty with the Highway Patrol by August. In December, he celebrated his 50th birthday, knowing that he could have died or become permanently disabled.

"You had angels on your shoulder," Steve said his doctors have told him. "Even the doctors can't believe I got so much better," he said.

On March 12, Steve Hood was on his tractor, pushing bushes and small trees out of the way, clearing the way for a fence on the family's 64-acre property located northeast of New Albany. A large limb, about six inches wide and about seven feet long, broke loose and fell like an arrow onto Steve's head.

It struck him on the right side of his head, throwing the left side of his brain against his skull, severely damaging the areas that control speech and memory. The damage was so bad, he couldn't recognize his family.

But even as things went so wrong, so many things went right. "It was one miracle after another," Lisa said. Because it was spring break, Hood's son Matthew and his son's friend, Tyler Cooksey, were home helping him. Otherwise, Steve might not have been found until several hours later.

A fellow trooper, Ray Hall was unusually close to the Hoods' home and was the first trooper to arrive on the scene. Recognizing the severity of the situation, Hall called in a helicopter and used his state-issued GPS to guide the rescue crew directly to Hood. "I owe a lot to the quick response we got," Lisa said.

Still, it was "touch and go" for several days, she said. "When he began to wake up, he was still confused."

When Steve was moved to the Tupelo hospital's step-down unit after nine days in critical care, Lisa and the troopers who came to help her would spend hours walking the halls with Steve. "The patrol is a great family," Steve said. "We take care of each other."

Even though his mind was impaired, Steve's sense of determination and independence was still intact. All the walking around the hospital halls wasn't for exercise. "I was trying to find a way out of there," Steve remembers now.

Kristi Goodson, a nurse practitioner for the hospital's brain injury program, said Steve's behavior was actually fairly typical for a brain injury patient. "Confusion and agitation are common," she said. "Fortunately for Steve and his family, it resolved quickly, allowing him to fully participate in therapy sessions."

"It was like he woke up," remembers Amanda Runnels, his physical therapist while at Methodist. "He was a different man when he left."

Once Steve knew where he was and what had happened, therapy became much more entertaining. "I've always been a big cut-up," Steve said. "They'd do their job, and I'd have fun with them."

A week after things had clicked in, Steve had improved enough to get a day pass from Methodist to attend a statewide troopers meeting in Jackson. Steve was able to put on his uniform and attend a ceremony where Gov. Haley Barbour honored Ray Hall for his actions.

"Everyone got emotional," Steve remembers. "I looked poor, but I was proud to put on my uniform."

After that, Steve improved so fast that therapeutic recreation specialist Tonjala Averett had a hard time keeping up with him. "Playing pool was one of his highlights," Averett said. "After a couple of times he was able to beat me – which I didn't like."

Steve was able to come home a week earlier than planned, with only orders for some outpatient speech therapy in Tupelo. In August, he requalified on the emergency vehicle course and firing range at the Highway Patrol Academy in Pearl. "They put me back to full duty," Steve said. It's an amazing feat considering how far he's come from March 12.

Watching their father's recovery reinforced the career plans for the Hoods' children. His daughter Stephanie is preparing for occupational therapy courses, hoping to help folks like her dad, Lisa said. And his daughter Stacie is continuing with nursing studies.

Matthew, inspired by the dedication of his father's fellow troopers, hopes to be accepted into the next class at the Highway Patrol Academy.



Steve Hood's recovery reinforced the career plans of his two daughters. Stephanie, left, is preparing for occupational therapy courses. And Stacie, right, is continuing with her nursing studies.

It takes brain injuries a full two years to heal, and Steve still notices a few problems. Occasionally the exact word he wants will get stuck on the tip of his tongue. And he's getting hearing aids to boost hearing that wasn't great before the accident.

"I wasn't a perfect person before the accident and I'm not a perfect person now," he said.

Steve said he's still humbled when he thinks about how many people were praying for him across the state as he recovered.

"Steve, you are a miracle," Tupelo neurosurgeon Dr. Louis Rosa told him at a recent visit, Steve recounted. "The good Lord took care of you."

Steve has started speaking about his experience to church groups. "I was left here for some reason," Hood said. "This is the third time I've almost died. I hope I can learn and understand what God intends for me to do."

This story by Michaela Gibson Morris is an adaptation of a feature that was previously published in the Northeast Mississippi Daily Journal.

RESEARCH

changes lives at Methodist Rehab

by Chris Blount, Director of the Wilson Research Foundation

What comes to mind when you think of research? A person in a lab coat with a clipboard? A paper published in a medical journal?

Those iconic symbols perhaps reflect a side of research. But they don't illustrate what's at the heart of Methodist Rehab's drive to develop new and better rehabilitation therapies.

Here, scientists see patients not as research subjects, but as real people with real needs. They understand the urgency to connect state-of-the-art research to state-of-the-art patient care. And their desire to make a difference has meant that people like Nicole Marquez of Jackson have real hope of being healed.

Nicole's mother, Susan, wrote a journal about her daughter's amazing recovery that is featured in this Ways & Means issue. But let me also share a scene from Nicole's journey that illustrates the commitment and caring of Methodist Rehab researchers.

I recently happened upon our administrative director of research while he was helping Nicole navigate our weight-supporting treadmill system. Now Dr. Dobrivoje Stokic is a guy whose smarts and accomplishments would fill many pages of a biography. Yet there he was, prostrate on the floor, fervently moving Nicole's feet as she took determined steps on the treadmill. This went on at length as he spoke to Nicole and two therapists about the brain and body's process of re-learning to walk.

It's just one example of how our researchers get their hands (and clothes)

dirty as they strive to help people who would give anything to regain the abilities they used to take for granted.

Another day, I ran into research associate George Gober and listened as he excitedly showed me an apparatus he invented to help one of our Specialty Care Center residents use her computer independently. Through a lot of trial and error, George came up with the prototype at home over a weekend, and the wooden model was then fabricated from metal. Problem solved.

The other day I asked physical therapist Paula Brian about how research connects to her work in the therapy gym. Her face lit up as she cited examples, such as the research team teaching her and other therapists how to use electrical stimulation to help paralyzed limbs begin to move, or using various drug treatments to improve muscle function. The therapists get it, too. They know that research is something that makes Methodist Rehab truly distinctive.

The Wilson Research Foundation is what makes this happen. The foundation is named to honor the late Earl R. Wilson, founding chairman of Methodist Rehab and his wife, Martha Lyles Wilson. Mr. Wilson knew firsthand how families are affected by a loved one's disabling injury or illness. His own father suffered a stroke at a young age, and his struggles opened Mr. Wilson's eyes to the appalling lack of rehabilitation services in our state at the time.

As he traveled across Mississippi as a businessman, Mr. Wilson saw his family's predicament repeated in community

after community. Victims of devastating stroke, brain and spinal cord injuries mostly languished at home, unable to gain the skills to live more independently. And their needs nurtured a vision that became a guiding force for Mr. Wilson's philanthropy.

The result of Earl Wilson's vision? Forty thousand plus patients have passed through these doors since the main hospital opened in 1975 – not counting the hundreds of thousands of people we help through our outpatient services. Because we are the only rehabilitation hospital in the state and region, many of our patients come to us with the most severe injuries and illnesses – yet we return an amazing 80 percent to home or independent living.

Consider the impact of this! We have returned tens of thousands to productive lives rather than being dependent on the state or others. Methodist Rehab's physical, emotional, spiritual and economic benefit to Mississippi cannot be overstated, and it is a profound testimony to our founders, staff, volunteers and donors.

Gene Delcomyn, Regional President of BankPlus and a member of the Board of Governors for the Wilson Research Foundation is one who has seen this impact from a personal standpoint.

"After suffering a stroke, my dad credited Methodist Rehab for restoring his ability to walk, so I have seen firsthand the difference made by this center," Delcomyn said. And he hopes his support of the foundation will ensure those services are always available for others.

“With your help...there are no limits.”

— Earl R. Wilson,
Founding Chairman of Methodist Rehab Center

Now we need your support

Every year the Wilson Research Foundation raises funds for life-changing research, and we need your help. Research is expensive, and the hospital absorbs this cost, even though our researchers directly impact patient care and recovery. Your gifts to our foundation will allow Methodist Rehab to sustain this vital research program, to compete for other research grants and to continue to put Mississippi on the map as the site for one of the premiere rehab research centers in the world.

I ask all who care about this mission and ministry to make a significant contribution to the Wilson Research Foundation today. Donations can be made using the pledge card and return envelope in this issue of Ways & Means, or donate online with a credit card at: www.methodistonline.org/fundraising.

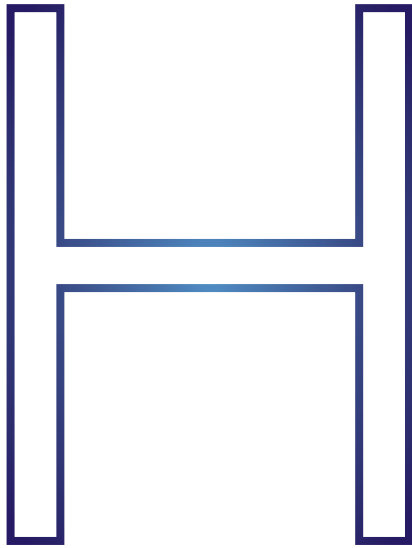
“My father’s legacy is the research and state-of-the-art patient care that he and the co-founders are making possible now and in the decades to come,” said Ginny Wilson Mounger, foundation chair.

Your gifts will be recognized through Ways and Means and in other ways. Most of all, they will be recognized in the faces of the patients whose lives have been transformed.

Please give to the Wilson Research Foundation today, and let others know of the incredible research-based care provided at Methodist Rehab.



In Methodist Rehab’s Motion Analysis Lab, physical therapist Heather Maloney supports Nicole Marquez as she walks across sensors that record the speed, length, width and cadence of her steps. Gait analysis can help researchers identify the most effective rehabilitation strategies for spinal cord injury patients.



REFLEX RESEARCH



Medtronic's implantable pump

PATIENT'S ACTIVE LIFESTYLE BEST MEASURE OF RESEARCH SUCCESS

Methodist Rehab scientists can produce a Power Point packed with info to prove the value of their spasticity research.

Or they could just flash a photo of Amanda McNatt happily riding her bike.

A victim of crippling leg spasms, the Canton resident has been able to reclaim her active lifestyle, due in part to the work of Methodist Rehab researchers.

Staff at the hospital's Center for Neuroscience & Neurological Recovery have helped solve a common problem in the treatment of spasticity – how to monitor effective delivery of medication to the spinal cord via a catheter connected to an implanted pump.

"After doing more than 1,600 studies in about 150 patients over the past decade, we can evaluate in 30 minutes the status of the implanted system with high confidence," said Dr. Dobrivoje Stokic, administrative director of research at Methodist Rehab.

Methodist Rehab researchers use a simple neurophysiological technique known as H-reflex to gauge the spinal cord's response to baclofen, an anti-

spasmodic drug often used to reduce muscle stiffness that develops after neurological injury or disease.

Doctors describe H-reflex as the electrical equivalent of the tendon tap, and it's a measurement that's easy to obtain. Rather than using a neurological hammer for the tendon tap, a technician electrically stimulates the tibial nerve behind the patient's knee and records electrical signals from the calf muscles.

The non-invasive procedure proved especially helpful in McNatt's case, as it alerted her medical team to several catheter malfunctions. A quick H-reflex recording made more invasive and more expensive tests unnecessary.

McNatt's experience highlights the beneficial synergy that develops when you have research staff working hand in hand with clinicians who treat patients, Dr. Stokic said.

"Our research studies provide objective evidence about the effectiveness of emerging therapies, which helps us deliver the most appropriate care to our patients," he said. "Our patients, in turn, give us invaluable feedback and help

focus our research on areas that could make a real-world difference in their lives."

The victim of a hereditary disease called spastic paralysis, McNatt knew her eventual fate might be life in a wheelchair. She pursued pump implantation sooner rather than later because she wants to stay mobile for as long as possible. "I didn't want to wait until I was bedridden," she said.

All in all, it has been a good decision, she said. For one, it has cured her of what she calls her Steve Erkle walk. "You know how he would walk with his hips forward? Instead of picking my leg up ... I had to move my hips to swing my legs."

The unusual gait also forced her to put pressure on the outside of her foot, which ruined a pair of dress shoes each month. And she was always exhausted from the extra effort it took to move.

But now she's re-energized and enjoying all she can do. "I used to have to use the elevator at work," said McNatt, lead teller at Merchants and Farmers Bank in Canton. "Now I can go up the stairs. And I can get on my bicycle and go. I'm hoping this year I can do pool aerobics."



Wilson Research Foundation Honorarium

Our donors help our patients recover ability and recover hope through research at Methodist Rehab Center. 'Research Fellows' are those who have given \$1,000 or more to this life-changing work. Gifts listed below are those received since the last published list that appeared in the Summer 2007 issue of *Ways & Means*. We strive for accuracy, so please let us know if we have neglected to recognize your contribution. To make a donation or to learn more about The Wilson Research Foundation, contact Chris Blount or Juanita Lester at (601) 364-3598 or email wfgift@wilsonfoundation.org. Or, you may make a secure online donation with your credit card: www.methodistonline.org/fundraising

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If you would like to make a contribution or if we have inadvertently omitted any names, please accept our apologies and contact The Wilson Research Foundation at (800)223-6672 ext. 3598.

Leo Seal, Jr. makes pacesetter gift to Wilson Research Foundation

In November, Mississippi mourned the passing of one of Mississippi’s most beloved business and community leaders, Leo Seal, Jr.

Shortly before an extended hospital stay and passing, Seal contributed \$100,000 to The Wilson Research Foundation at Methodist Rehab, a mission he believed in and has long supported.

“The foundation is deeply grateful for this gift which is a wonderful testimony to Mr. Seal’s generous heart and amazing life,” said Chris Blount, executive director of the foundation.

The Bay St. Louis native’s contributions in business and philanthropy are extraordinary, and he touched countless Mississippians. He is perhaps best known for founding Hancock Holding Co., and for his amazing generosity, which ranged from contributions in higher education to community services.

“This is a man who used his talents and blessings to leave Mississippi and the world a much better place than he found it,” said Blount. “He was a longtime friend of Earl R. Wilson, and he knew what a treasure we have in Methodist

Rehab Center. He supported this center generously.”

George Schloegel, who was mentored by Seal and serves as chairman of Hancock Holding and president of Hancock Bank, spoke of Seal’s generosity in a Biloxi Sun-Herald article.

“All his life Leo saved the pennies so he could give away dollars, and he did it without anybody knowing about it,” Schloegel told the newspaper. “You could do a lot of research and never find the depth of his giving, or his dad’s before him.”



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