

METHODIST
REHABILITATION CENTER

assistive

technology

Staff's proven expertise links patients to life-changing innovations



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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



What comes to mind when you hear the term assistive technology? A TV remote control or a hands-free headset for your cell phone?

Many people take such devices for granted. But if you're someone with a disability, such user-friendly advances can truly be life-changing. That's why Methodist Rehab staff work hard to stay abreast of innovations that can make a difference for people like Drenda Barrett and Michael Johnson Jr.

Barrett – who is featured on Page 14 – turned to our assistive technology experts to find ways to become more independent in her job as a Laurel librarian. Now she's the proud owner of a standing wheelchair that helps her reach even the highest book shelves.

A spina bifida patient, 5-year-old Michael is enjoying expanded abilities thanks to Otto Bock's new reciprocating gait orthosis. Turn to page 22 to find out how the equipment has helped the partially paralyzed youngster walk again and made him feel like a super-hero. (Michael calls the brace his "Batman suit.")

While this issue of Ways & Means focuses on the high-tech – from an electronic device for foot drop to our new adaptive computing lab – it also highlights the benefits of more basic solutions. On Page 34, Dr. Kenneth Fox explains why a surgical suite is rarely the first place you should visit for back pain relief.

Also in this issue, you'll learn more about Dr. Alyson Jones, one of our latest staff additions. On Page 8, Dr. Jones explains how her background evoked a special passion for helping patients overcome the debilitating effects of stroke.

Finally, I urge you to read about the amazing recovery of Samuel Lane Jr., starting on Page 26. His story reveals what's possible when you have the power of a supportive family behind you and the expertise of a seasoned brain injury team guiding your recovery.

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

Grant funds project to create online resource for spinal cord injury patients



Critical self-care strategies will soon be a few keystrokes away for spinal cord injury (SCI) patients in Mississippi. Methodist Rehabilitation Center is putting the information online, thanks to a \$47,696 grant from the Mississippi Paralysis Association (MPA)

MPA Executive Director Natalie Ellis said the money will fund the Jackson hospital's eTHANKS project, a Web-based program that will serve as a 'round-the-clock resource for SCI patients striving to stay healthy.

Dr. Dobrivoje Stokic, administrative director of research at Methodist Rehab, said the new program builds on the success of the hospital's original Transitioning Home and Acquiring Necessary Knowledge about Self-Care (THANKS) project.

Participants in that program learned self-care strategies via scheduled phone conversations with a rehabilitation nurse. But enrollees in eTHANKS will be able to access information whenever they need it using home computers.

"Each participant will first be evaluated in our Adaptive Computing Lab to determine their equipment and training needs," said George Gober, assistive technology associate at Methodist Rehab. "Then we'll set them up to connect to our Website via home computer. When necessary, our staff also will assist SCI patients in obtaining a computer and internet support."

The Website will eventually include more than 1,000 pages of health care information, including education modules on the circulatory system, respiratory care, spasticity, bladder and bowel management, skin care and the handling of pain and emergency medical issues.

While many patients are taught such self-care strategies in the hospital, Ellis said not all are ready to absorb it. "When you



The Mississippi Paralysis Association (MPA) recently awarded a \$47,696 to Methodist Rehab's eTHANKS project. At the check presentation were, front row, from left, MPA officers Lamar Myers, president; Natalie Ellis, executive director; John Dickerson, second vice-president; and Lynn Jefferson, assistant secretary-treasurer. Back row, from left, are Methodist staff including Mark Adams, chief executive officer; Shannon Moffett, a nurse practitioner for the spinal cord injury program; Dr. Sam Grissom, director of the spinal cord injury program; and Dr. Dobrivoje Stokic, administrative director of research.

are newly injured, you are still dealing with the trauma of being paralyzed," she said. "You can't think of anything but the fact you can't walk any more."

"You look at being injured like it's a dream and you're going wake to up and it's all over," said MPA president Lamar Myers. "But it's not."

Ellis and Myers – who were both paralyzed in car accidents – said they were fortunate to land in rehab when therapists spent more time hammering home self-care skills.

"I stayed two months and quadriplegics stayed six months or longer," said Ellis, a paraplegic. "Now people are going home in two or three weeks, and that's not long enough to get all the information they need to take care of themselves."

"By using this resource, we hope people will be able to head off the various secondary conditions that cause people to be re-admitted to the hospital," Ellis said. "At MPA, we're big fans of doing anything we can to get people living as normal a life as possible."

That mission has prompted many partnerships between MPA and Methodist Rehab's research division, and Dr. Stokic said the hospital is grateful for the association's support.

"They are very responsive to addressing the needs of people with spinal cord injuries by providing both research support and service," he said. "It's a productive working relationship."

Besides being an educational resource for the spinal cord injury population, eTHANKS also will serve as an important research tool, said Gober. For instance, data will be collected to determine the effectiveness of online educational programs for the prevention of secondary conditions such as pressure sores.

Gober said eTHANKS will first be available to inpatients at Methodist Rehab. After completion of the developmental stage of the program, plans are to make the program available to anyone interested in self-care after a spinal cord injury. People with questions about the development of the project can e-mail Gober at ggober@mrrcrehab.org.

Clinical Services Employee of the Year – Connie Flanagin



How far will Connie Flanagin go to help patients take advantage of the services available at Methodist Rehabilitation Center?

Here's a hint: Her 1999 Lexus has 360,000 miles on it.

As manager of the hospital's community outreach representatives, Flanagin is definitely driven, says Chief Financial Officer Gary Armstrong. "She enjoys going around the state and outside the state telling the story of Methodist Rehab," Armstrong said. "She will travel

weekends, nights or whatever it takes to ensure patients are seen in a timely manner."

That dedication earned Flanagin the honor of being named Clinical Services Employee of the Year for 2007, an award that took her by surprise. "I was like: Me? I do work hard and try to give it my best ... someone else acknowledging it really meant a lot to me."

A Methodist Rehab employee for 14 years, Flanagin is a registered nurse who first came to the center to escape the rat race of 12-hour shifts. "I was a single mom, and I worked home health for three years because I wanted something that allowed me to drop off my kids at school."

When referrals were slow, the outgoing Flanagin was frequently sent out to drum up business. So when a spot as an outreach rep opened up, she jumped on the slot and hasn't slowed down since. To-

day, she manages four reps, who market Methodist Rehab's services and evaluate the needs of potential patients across the state.

"We determine if they're appropriate candidates for our programs and whether they're medically ready to begin rehabilitation," Flanagin said. The reps also call on physicians, case managers, social workers and therapists to educate them about the variety of services available at Methodist Rehab.

Flanagin said she loves the spontaneity of her job, although it can be emotionally taxing. "Being a mother, it can be hard for me to sit with families who have young children. I sometimes sit there and cry with them and try to direct them to what is going to be best for their children. The good part is knowing that if I can get them to Methodist Rehab, we are truly going to help them. Miracles do happen here."

Support Services Employee of the Year – Bob Sellers



During his first job at Methodist Rehabilitation Center, Bob Sellers wasn't actually on the hospital's payroll.

He was doing electrical work for a company hired to remodel the cafeteria when his skill and strong work ethic caught the attention of former Methodist Rehab Physical Plant Director Dennis Cagle.

When the cafeteria was finished, Cagle offered Sellers a position as maintenance electrician. And at the time, Sellers was more than ready to leave the uncertainty of the construction business.

"I wanted something more stable," he said. "Working in construction, you were always scared to buy anything."

In the 17 years since, Sellers has earned a reputation for being the go-to guy, whether you need a call button repaired or computer wire strung. And his reliability is one of the main reasons he was chosen 2007 Support Services Employee of the Year.

"He is 100 percent dependable and dedicated," says Jim MacFarquhar, Senior Director of Facilities Management. "He even calls or comes in on his own initiative

if he hears of anything in the news that may have adversely affected Methodist Rehab. During Hurricane Katrina, he was here from the Sunday afternoon before the storm until Wednesday."

MacFarquhar said another of Seller's strengths is his versatility. "He came in with a licensed trade, yet he was willing and able to learn the other trades critical to the day-to-day and emergency support of MRC, our patients and our mission."

"I was just an electrician by trade, so I learned a lot of skills just working here," Sellers said. And he has come to love "keeping stuff running here."

"I enjoy the people I work with and around," he said. "And I was surprised and happy to get employee of the year."



Chris Blount has joined the staff as executive director of the Wilson Research Foundation. Blount comes to the Wilson Foundation from L-3 Vertex Aerospace in Madison, where he served for eight years as director of Communications and Public Affairs. Previously, Blount served on staff as a vice president of the MetroJackson Chamber of Commerce. Blount received a Bachelor of Science degree in Business Administration and a Bachelor of Arts degree in psychology from Centenary College of Louisiana.

Dr. John W. Chow of Ridgeland has joined the staff as director of the Motion Analysis and Human Performance Laboratory at the Center for Neuroscience and Neurological Recovery. Dr. Chow was most recently an associate professor and director of the Biomechanics Laboratory in Applied Physiology and Kinesiology at the University of Florida. He is a member and fellow of the American College of Sports Medicine and a member of the American Society of Biomechanics. He has more than 30 papers published in refereed journals. A graduate of Springfield College in Springfield, Mass., Dr. Chow earned a master's degree in Physical Education/Biomechanics and a doctorate in Exercise Science/Biomechanics from the University of Iowa.

Dr. Clea Evans of Brandon has been promoted to director of Neuropsychology. She received a Ph.D. in Clinical Psychology from the University of Georgia and completed a two-year doctoral fellowship in Neuropsychology at Baylor College of Medicine/TIRR. An assistant professor at the University of Mississippi Medical Center in the Department of Psychiatry and Human Behavior, Dr. Evans has produced over 40 research publications and presentations. She is a member of the American Congress of Rehabilitation Medicine, the National Academy of Neuropsychology and the International Neuropsychological Society.

Susan Greco of Flowood has joined the staff as vice president of Patient Care Services. Greco has more than 30 years of experience in the nursing field and was most recently Director of Nursing for Touro Rehabilitation Center in New Orleans. She is a graduate of the Louisiana State University School of Nursing and has a master's degree from the University of Alabama in Birmingham School of Nursing. A Certified Rehabilitation Registered Nurse since 1984, Greco has written textbook chapters on education for rehabilitation patients.

Dr. Alyson Jones of Jackson has joined the staff as a full-time hospital-based physician in the specialty practice of physical medicine and rehabilitation. A graduate of the University of Southern Mississippi, Dr. Jones received her medical degree from the Louisiana State University School of Medicine in New Orleans. She completed a residency in Physical Medicine and Rehabilitation at the University of Texas Southwestern in Dallas.

Suzie Mayer has joined the staff as director of Therapy Services. Mayer has more than 22 years of healthcare experience and most recently served as director of Inpatient Rehab Programs at Touro Infirmary in New Orleans. She received her bachelor's and master's degree in Communication Disorders from Louisiana State University. Mayer was recently asked to be a surveyor for the Commission on Accreditation for Rehabilitation Facilities.

Lisa Michie-Kamp has joined the staff as director of operations for Methodist Rehab's East Campus Facility. A graduate of San Diego State University in California, Lisa obtained her bachelor's degree in Speech Communication and a master's degree in Social Work. In addition, she completed a second graduate degree in Psychology Counseling at Baylor University in Dallas. She has over 20 years experience in all aspects of healthcare administration, executive management, business development, marketing and clinical services. Michie-Kamp is a member of the NASW (National Association of Social Workers), EAPA (Employee Assistance Professionals Association), and National CISD (Critical Incident Stress Debriefing) Response Team. She provided crisis counseling services to those in need during the Oklahoma City Bombing, 911 and Katrina in Oklahoma City, New York and Dallas.



new director envisions

expanded role for Wilson Research Foundation

A new office, a new director and a new direction, too.

That sums up the changes for the Wilson Research Foundation, the fund-raising arm of Methodist Rehabilitation Center.

Chris Blount of Madison assumed the role of executive director and moved into an office on MRC's 7th floor in January. Ever since, he has been working with the foundation's board to envision a more far-reaching role for the 14-year-old organization.

"In the past, the foundation primarily focused on raising funds to support research and education," Blount said. "The primary focus on research will continue, but we will expand our mission to generate funding for other needs — such as special equipment and facilities, sports and recreation programs and accessible housing for low-income disabled people. We also want to make funding available for patients who have no way to pay for needed services or equipment."

As a first step toward achieving that goal, Blount and his assistant Juanita Lester have been busily scheduling hospital tours and presentations for individuals and community groups.

"We really want people to see what we do up close and to hear testimonies from those whose lives have been changed due to the care received here," he said. "People who see this place tend to catch the contagious 'joy of serving – joy of giving' spirit that motivates our staff, volunteers and donors."



“When you see the miracles that happen here, you can’t help but want to be a part of it and support it.”

— Chris Blount, Executive Director of Wilson Research Foundation

As he works to raise awareness for Methodist Rehab programs, Blount plans to put special emphasis on forging relationships with United Methodist churches in Mississippi. “Our mission is an extension of Jesus’ healing ministry, so we believe it connects with the church’s ministry,” he said.

The son of a Methodist minister and a public relations professional for most of his career, Blount is ideally suited to lead the Wilson Foundation, said Mark Adams, chief executive officer for Methodist Rehab.

“Chris understands the critical role Methodist Rehab plays in serving Mississippians with catastrophically disabling injuries, and he also recognizes the important national contribution we make to improving lives of all persons with physical disabilities,” Adams said.

Blount comes to the Wilson Foundation from L-3 Vertex Aerospace in Madison, where he served for eight years as director of communications and public affairs. Previously, Blount served on staff as a vice president of the MetroJackson Chamber of Commerce.

Foundation chairwoman Ginny Mounger said the group is gratified to have Blount in the leadership position. “He’ll continue to expand our roles of research and support towards the enhancement of disabled individuals’ lives and well-being,” she said.

While he has only been on the job for a few months, Blount said the experience has already “blessed his socks off.”

“I love being here,” he said. “It is truly inspiring to see patients who face obstacles larger than themselves recover hope and function.”

Blount said a good example of that transformation is Samuel Lane Jr. of Jackson. On April 27, 2007, Samuel was hit by a drunk driver while bicycling in Athens, Ga., and doctors there predicted a dismal outcome for the University of Georgia student. But after months of treatment at Methodist Rehab and a stint at MRC’s community re-integration program for brain injury survivors, Samuel was ready to enroll in a college course in January.



Samuel’s father called his son’s turnaround “nothing short of astounding,” a testimony he’ll have more opportunities to share in the coming months. Sam Lane Sr. – senior vice president for First Commercial Bank – recently joined the Wilson Foundation Board of Governors.

“We wanted to have someone with a passion for what we do and personal experience with our mission and ministry,” Blount said. “Sam has all that and he has wonderful organizational and fund-raising skills.”

Lane’s appointment illustrates another new direction for the foundation – the pursuit of a broader base of community support. “Any institution is invigorated by new ideas and new connections,” Blount said. “So we’re adding to our board and exploring the possibility of a hospital auxiliary to assist with projects and events.”

All in all, it’s a heady time for the foundation’s board and staff, and Blount said he feels invigorated by the challenges ahead. “When you see the miracles that happen here, you can’t help but want to be a part of it and support it.”



A Heart for Healing Grandmother's stroke inspires Alyson Jones to pursue rehab medicine career

Dr. Alyson Jones finds something achingly familiar in the faces of her stroke patients at Methodist Rehabilitation Center in Jackson.

Their suffering calls to mind her paternal grandmother, whose stroke-related disabilities left a lasting impression on an empathetic little girl.

"I was young, maybe 5 or 6, and I remember going to her house," Dr. Jones said. "Whenever she saw me, she would start crying. I wanted to understand her, but I couldn't because the stroke left her unable to speak. That affected me. I would sit there feeling sad because I wanted to help her."

More than 20 years later, Dr. Jones still feels that longing to make a difference, a calling that has brought her to a place where her skills as a physical medicine and rehabilitation (PMR) physician are in high demand.

Mississippi leads the nation in deaths related to stroke and heart disease, a troubling trend that is particularly devastating to the African-American community.

"The U.S. Department of Health and Human Services says African-Americans are twice as likely to have a stroke as Caucasian adults, and 60 percent more likely to die," Dr. Jones said. "They're also more likely to become disabled and have difficulty with activities of daily living."

Having watched her grandmother suffer such a fate, Jones is passionate about helping patients overcome stroke's debilitating effects. "I keep in mind that this is somebody's mother or father, and I want to help them as much as I possibly can," she said. "Suffering a stroke doesn't have to be the end of their lives. They can get better and still have good quality of life."

That focus on a person's future capabilities drew Dr. Jones to rehab medicine. But she admits the specialty was not her No. 1 choice when she first began studies at Louisiana State University School of Medicine in New Orleans.

"I thought I wanted to do orthopedics because I had an athletic background," said the former center for the University of Southern Mississippi's women's basketball team.

But as she learned more about the time constraints of a surgeon's lifestyle, Dr. Jones searched for something more family-friendly. "I got picked to do a physical medicine and rehabilitation rotation, and when I walked up to the therapy gym and saw people working with balls and using the parallel bars ... I thought: Wow, this is where I want to be."



Always mindful of the effect a stroke can have on family dynamics, Dr. Alyson Jones makes it a point to keep family members apprised of a patient's progress. Here she talks with stroke patient Joseph Thweatt and his daughter Barbara Brock.

"I keep in mind that this is somebody's mother or father, and I want to help them as much as I possibly can,"

— Dr. Alyson Jones

"The thing I like most about PMR is you're thinking about a person as a whole and what will happen when they go home."

Dr. Jones said stroke patients today have more reasons than ever to be optimistic about their prognosis. Acute care advances – such as the use of clot-busting drugs and stents – mean more people avoid the more severe side effects of stroke. And rehab medicine now has better therapies for treating deficits that remain.

"Improvements in spasticity treatment are a major development in the care of stroke patients," she said. "We've also developed therapies to teach parts of the brain to take over functions that the injured side of the brain once provided."

While many stroke survivors return home to reclaim their active lifestyles, they remain at heightened risk for a recurrence. Therefore, preaching stroke

prevention has become second nature for the young doctor.

She cautions patients to stay on their anti-platelet medication, to keep their blood pressure and cholesterol down and to maintain a healthy weight to stave off diabetes.

"Diet always comes into play, especially here in the South where everybody loves pork chops and gravy. I've met more young people here with diabetes and that shocked me. When diabetes starts early, you've got to take care of it. Out-of-control blood sugar leads to other issues – including stroke in a younger population."

"We've really got to get a health kick started," she adds, and African-Americans, in particular, need to get on the bandwagon. "Given our inherent risks, it's critical that we improve factors we can control."



- Don't Smoke
- Avoid Alcohol
- Be Physically Active
- Eat a Healthy Diet
- Get Regular Checkups and Blood Pressure Screenings
- Recognize and Control Diabetes

pRoven eXpertise

There's a reason why more stroke survivors rehabilitate at Methodist Rehab than at any other hospital in Mississippi.

As the state's only provider of a stroke-specific rehabilitation program, Methodist Rehab offers stroke survivors the most advanced information, practices and research related to stroke treatment and prevention.

The Stroke Program's comprehensive services address the effects of stroke on the mind, body and spirit and educate patients and their families about their role in the rehabilitation process. To learn more about the benefits of the program, call Nurse Manager Shirlene Allen at 601-364-3436.



not your Father's wheelchair

Assistive technology expert traces evolution of wheelchair innovations

Physical therapist Allison Fracchia confesses to being a bit of a geek on the subject of wheelchair technology.

The coordinator for Methodist Rehabilitation Center's Assistive Technology Clinic loves talking about advances in the field and has even served on national focus groups for wheelchair design.

As one of but a few certified assistive technology practitioners in the state, Fracchia has the expertise to evaluate the needs of wheelchair users and recommend the best equipment to enhance their lifestyle. She is involved with the Clinicians Task Force, which is composed of approximately 32 professionals from around the nation who specialize in wheelchair evaluations, seating and positioning.

Here's her take on some of the issues affecting the wheelchair industry and the assistive technology field.

Have-It-Your-Way Wheelchairs. Not that long ago, wheelchairs were practically one-size-fits-all. "It didn't matter if you were 6-foot-2 or 5-foot-1, there was only one seat to floor height," Fracchia said. Ditto for the angle of footplates, the design of back rests and the size and position of the wheels.

If a wheelchair user needed more than standard fare, Fracchia said it fell to therapists and suppliers to fabricate modifications. But when pay sources began limiting reimbursement for this time-consuming process, the push was on for manufacturers to provide easily adjustable and customized equipment.

As a result, users now have a dizzying array of choices in both fit and function – from chairs that accommodate 850-pounders to those that can handle a variety of terrains. "People who received a chair 8 to 10 years ago often have no idea what's available now," Fracchia said. "I feel like one of my main responsibilities is to educate people about the options and discuss the pros and cons."

Electronics Evolution. Fracchia said the electronic capabilities of power chairs have exploded over the past two years. "Several major manufacturers of power wheelchairs have electronics options that can be placed on the chair to allow patients to control any infrared or Blue Tooth technology in their home."

The result is renewed independence for people who once had to rely on others to change TV channels or control lighting in their rooms. Some companies even make it possible for users to upgrade such systems via a simple computer hook-up.



Physical therapist Allison Fracchia, coordinator for Methodist Rehabilitation Center's Assistive Technology Clinic, works with Tennie Lindsey to custom fit her power wheelchair. Lindsey, who was paralyzed after a bout with Guillain Barre' Syndrome, lives at Methodist Specialty Care Center in Flowood, a division of Methodist Rehab.

An Eye Toward Injury Prevention. "There is a study that says approximately 70 percent of long-term wheelchair users develop carpal tunnel syndrome (CTS) or rotator cuff impingement problems," Fracchia said.

With that in mind, wheelchair manufacturers are hot on the trail of strategies to make the mechanics of wheelchair propulsion less burdensome on the body.

One option is power assist wheels, a system that uses motors and batteries to amplify the force applied to the wheelchair's pushrim. This reduces strain on the arm joints by lowering the force needed to propel the chair. Another option is to replace the standard pushrim of a manual chair with an ergonomically designed pushrim. This reduces pain in the hands and wrists.

Fracchia said therapists also can turn to a special pressure mapping system to determine whether a gel, foam or air cushion would best distribute the weight of their wheelchair clients and help prevent pressure sores.

In an effort to address back pain, manufacturers also have looked at the role that vibration plays on wheelchair users. "The trucking industry started looking at the effects of vibration on a driver's spine and wheelchair manufacturers used some of that data to begin their own studies," Fracchia explained. "That has helped medically justify things like shock systems and special frame metals that afford a smoother ride."

Lightening the Load. The wheelchair industry has long looked for ways to reduce the weight of chairs without sacrificing durability, beginning with a move away from heavy metals. "The use of metals such as aircraft aluminum, carbon fiber and titanium was a huge breakthrough because they are light, yet strong," Fracchia said.

Creating solid back rests out of products like carbon fiber also has helped reduce the weight of chairs, as has borrowing lightweight, durable spoke designs from the bike industry.



Wheelchairs for Work and Play. In the past five years, Fracchia has seen a bigger push for wheelchairs that allow users to stand, a trend powered by vocational concerns and research that supports the medical benefits of standing and weight-bearing. "These are typically for people who need to reach for things beyond a seated surface at work or home," she said.

Manufacturers also have addressed demands for a lower seat height for power wheelchairs, a modification that allows better access to computer workstations and tabletops. "The American with Disabilities Act has made people more aware that wheelchair users still want to be productive and active in their communities," Fracchia said.

They also still want to play, and the industry has answered that desire with specialized chairs for activities such as road racing, quad rugby, tennis and hunting. One company even markets a chair with bulldozer-style treads that can climb hills, traverse beaches and navigate rough terrain.

Evidence-Based Evaluations. As pay sources continue to crack down on suppliers who provide wheelchairs to patients who don't qualify for the equipment, Fracchia predicts a stronger demand for the kind of evidence-based evaluations offered by certified assistive technology practitioners.

"We have the expertise to back up our recommendations and put in writing what a person needs from a medical or functional standpoint," she said.

It's an approach that ultimately benefits patients, some of whom have been misled by unscrupulous vendors. "People often have no idea about their benefits or how their choices affect their future mobility needs," Fracchia said. "Quite a bit lately I've seen power chairs ordered for paraplegics who clearly did not qualify. Then when it comes time for them to get a new manual wheelchair, they have a tough time being approved by their funding source because the power chair vendor has presented them as someone who can't push a chair."

Have Treads, Will Travel



Brad Parker is the kind of guy who favors the road not taken. So when he heard about a type of wheelchair that promised "life off the sidewalk," he had to have one. Now he traverses hill and dale on the bulldozer-style treads of his \$15,000 "personal mobility vehicle."

An extreme example of the innovations now available in wheelchair design, the Tracabout IRV 2000 causes a stir. "Everywhere I go I spend 15 minutes telling people what it will do," he said.

A quadriplegic since a diving accident at age 13, the Pearl River County resident said he mainly wanted the chair for safety reasons. "I had lost a friend some years ago because he had gotten stuck outside in a chair in the summer and died of heat exhaustion," he said.

But Parker confesses he also was attracted to the vehicle because of the freedom it affords. "There's nowhere I haven't gone with it," he said. "It handles mountain, flatland, marsh and bayou."

While he continues to test the chair on a variety of surfaces, Parker said he most enjoys his ability to navigate the sandy Gulf Coast shoreline. "For the first time in my adult life, I can walk hand-in-hand with a female on the beach," he said.

pRoven eXpertise

The Assistive Technology Clinic at Methodist Rehabilitation Center offers guidance and medical evaluations for people in need of wheelchairs, environmental control units (ECUs) and adaptive computer equipment.

Located on the hospital's third floor, the clinic is staffed by a supervising physician, biomedical engineers and occupational and physical therapists.

Clinic services include:

- An in-depth assessment from a physical therapist who is certified as an Assistive Technology Practitioner by the Rehabilitation Engineering and Assistive Technology Society of North America.
- Equipment recommendations to enhance functionality and that take into account critical factors such as skin integrity and postural deformities.
- Follow-up evaluations to ensure that equipment continues to meet users' needs.
- A physical therapy plan of care, evaluation summary and a detailed list of recommendations complete with medical justifications provided to referring physicians.
- Equipment recommendations based on Medicare guidelines and available funding.

For more information, call the clinic at 601-364-3533 or send an email to atc@mnrcrehab.org.



First and foremost, wheelchairs are built to be functional. But that's not to say you can't have a little fun with the design.

Wheelchair users can now "pimp their rides" with everything from blinking caster wheels to zebra-striped cushions. But for those who really want to stand out, nothing grabs attention quite like a set of eye-catching spoke guards.

These trendy accessories feature everything from the political (donkey or elephant) to the wacky (a wheel-of-fortune spinner). Roger Bullock of Madison shows off a set of spoke guards that Coolhubcaps.com produced for Methodist Rehab's quad rugby team – the Jackson Jaguars.



Back on her feet

Standing wheelchair expands capabilities of Laurel librarian

Wheelchair user Drenda Barrett used to fear a literary avalanche every time she grabbed a book off an overhead shelf.

"I've pulled books down on my head a time or two – and some of our books are not light," said the Laurel librarian.

So there's no disguising her delight with a new power wheelchair that allows safe access to the library's loftiest perches.

"You know what it is like when a child gets their favorite toy for Christmas? That's how she reacted," said Allison Fracchia, a Methodist Rehabilitation Center physical therapist who fitted Barrett with the Levo Combi standing wheelchair. "She could not stop smiling."

The high-tech chair gets plenty of stares, and Barrett is not shy about showing off its capabilities. "Children are totally

amazed," she said. "And I want children to respond and ask questions – despite their parents saying shhh."

When she's in a seated position, Barrett can lower the wheelchair to scoot under a desk or raise it a few inches to extend her reach. But what she likes best is being able to rise to a standing position with a simple flick of a joystick.



Whether she's conversing with coworkers like Carolyn Russell or shelving books, Laurel librarian Drenda Barrett enjoys the ability to stand with the help of her new wheelchair.

"Don't get me wrong, I'm thankful to be able to sit and do things," she said. "But I can't tell you how much I missed being on my feet. It's a lot of fun to teach my Sunday school class standing up."

Fracchia, a certified assistive technology practitioner and coordinator of Methodist Rehab's assistive technology clinic, said wheelchair users can reap significant health benefits from being upright a portion of their day. The change in position helps prevent pressure sores and can improve circulation, respiration and digestion.

But the advantages aren't all just physical. Barrett believes standing also has a positive impact on social interactions. "It's amazing the difference in communication and reaction when you can be on the same level with the people you are talking to," she said. "People respond better if you can look them in the eye."

Although she contracted polio in 1952 at age 6, Barrett managed to do without walking aids for many years. But as her health deteriorated, she turned to forearm crutches and braces for support, and eventually relied on a walker and manual wheelchair to get around.

Ten years ago, she faced the tough transition of moving to a power wheelchair. "I remember her crying – it was a big deal," Fracchia said. "It was hard because she felt like she was accepting a loss of function."

"I won't deny it, it was difficult emotionally," Barrett said. "Now I think: What a fool was I. Using a power chair has increased my independence."

Barrett was a Georgia school librarian for 25 years before retiring in 1992. And in the years since, she hasn't strayed far from the company of books. Her frequent jaunts to the Laurel-Jones Library eventually caught the attention of Director Mary Louise Breland, who hired Barrett for the cataloging department as soon as she learned of her master's degree in library and information science.

While coworkers have always helped Barrett compensate for her inability to reach high shelves, she was convinced a standing wheelchair would let her do the job independently. The problem was how to pay for it.

"Funding is a big issue," said William Smith, an assistive technology supplier for Mobility Medical in Flowood, the

vendor that provided Barrett's wheelchair. "Standing wheelchairs retail for around \$25,000 and most insurers run from those kinds of prices. She was fortunate that vocational rehabilitation stepped in and purchased it for her."

Pam Hall, a Laurel vocational rehabilitation counselor for the Mississippi Department of Rehabilitation Services, said funding Barrett's wheelchair fit the agency's mission to help disabled people stay in the work force. "Now she is able to reach the top shelf to put books away and meet all the job demands of a librarian," Hall said. "She has been so excited that she even did a commercial for the vendor."

Fracchia said Barrett's smile was ear-to-ear when the time finally came to be trained on the standing wheelchair. And she said it was rewarding to see Barrett adapt so well to the new technology. "We went into the hospital's library so she could get a real feel of how she could utilize it at work and she was so grateful and so appreciative."

"It is those kinds of people who make me want to do what I do because I see what impact the proper equipment has on people's lives. It gives them some independence back," Fracchia said.



It didn't take long for Matt Azlin to get behind the wheel of his tractor and back to tending his crops after he was fitted with a customized prosthetic leg.

Delta farmer returns to fields with help of high-tech limb

Katherine Azlin gently hustles her two kids out of earshot whenever husband Matt begins a play-by-play of his Nov. 13, 2006, farm accident.

She wants to spare Hayes, 5, and Josie, 18 months, the gruesome details. They already know how Daddy lost his lower right leg, and they've adapted better than most adults.

"When we first told Hayes about the amputation, he said: 'Cool, Daddy is going to be a pirate,'" Katherine said. "He even wanted to take my artificial leg to school for share day," Matt said.

Matt's titanium prosthesis is proof that today's artificial limbs are worthy of show-and-tell. The high-tech leg sports an innovative vacuum system, built-in shock absorbers and an energy-storing foot.

The 31-year-old Leland farmer needs the rugged limb to handle his active

lifestyle. He often has 100 acres of crops in production, and a simple Sunday-go-to-meeting prosthesis wasn't likely to hold up to all his hard labor, said Jennifer Long, clinical manager of Methodist Orthotics & Prosthetics in Flowood.

"We recommended Otto Bock's Harmony model because the vacuum system provides enhanced suction and a more reliable fit," Long said. "This leg stays on when Matt climbs onto a tractor or tromps across a field. And the energy-storing foot also puts some spring in his step."

Matt was almost done in by a "do-all," a piece of farm machinery with rotating blades similar to those on an old-timey push mower. Matt said he was behind a tractor unhitching the equipment when the tractor operator inexplicably shifted into drive. Suddenly, the do-all began rolling up Matt's legs, slicing skin and breaking bones in 6-inch intervals.

By the time Matt finally got free of the machine, blood from a severed artery was staining his blue jeans red. "I told the tractor driver to get some rags and we tied my legs off above the knee. I never looked down after that. I knew it wasn't good."

The two set off to meet an ambulance with Matt shouting directions to a 911 operator over his cell phone. Meanwhile, Katherine was at a Delta birthday party, mercifully oblivious to the unfolding drama.

"My cell phone was in the car, and no one wanted to tell me until my daddy came and got me," she said. "I can remember that people seemed to be on their cell phones a lot and everybody was a little standoffish. When I got up to leave, a friend had to catch me and tell me. I left the kids at the birthday party and that was the last I saw of them for a long time."

AgrAbility program helps prevent amputations

Injuries associated with farm machinery are a familiar fate for those in the agriculture community. According to one study, a tractor or machinery incident accounted for more than a third of lower extremity amputations among disabled farmers served by the National AgrAbility Project.

But accidents are hardly the only cause of amputations among farmers in Mississippi. Diabetes and other illnesses also contribute to the problem, a trend Methodist Orthotics & Prosthetics hopes to help reverse through its involvement with the Mississippi AgrAbility Project.

A grant program of the United States Department of Agriculture, AgrAbility's mission is to promote success in agriculture for people with disabilities and their families. In addition to Methodist, agencies involved in Mississippi include the Mississippi State University Extension Service, the Alcorn State University Extension Service, the T.K. Martin Center and the Mississippi Department of Rehabilitation Services.

Emily Knight, a Cooperative Extension Service associate for AgrAbility, said having Methodist as part of the partnership has broadened the network of people served. "Methodist can reach the people we don't have the roads to reach."

Chris Wallace, director of Methodist Orthotics & Prosthetics, said his staff has gotten the word out by distributing educational brochures on the topic and providing in-service training for therapy groups. "Our focus is to educate people on the effects of diabetes on the feet and how to properly treat that," he said. "We've even done some foot screenings at cotton gin and trade shows."

For more information on the program, contact Emily Knight at 601-736-8251.



Katherine's dad drove her to the University of Mississippi Medical Center in Jackson, where Matt was headed via helicopter. "I've never flown before in my life, and I don't remember any of it," he said.

The next five days were a blur, as well, but Matt can't forget Dec. 1, 2006. That's the day he agreed to an amputation. "I said if my leg isn't functional, I don't want it. I knew it would be better gone."

After 27 days in the hospital and more than a half-dozen surgeries, Matt finally made it home on Dec. 10, 2006. And from the moment he arrived, Matt was impatient to put his wheelchair days behind him. He even traveled to Flowood for his prosthetic leg because Methodist Rehab staff could promise a one-day turnaround.

"He was very antsy about getting up and going," Long said. "But he had a lot of hurdles to overcome."

Matt had more problems than most because his left leg had been pieced together with rods and pins and was extremely painful. "For a long time he was putting more weight on his prosthesis than his sound leg, which is just the opposite of what people usually do," Long said. "If his left side had been healthy ..."

"I could probably be running right now," Matt said. "It was an ordeal for awhile. But I finally had to say I'm putting this prosthesis on and I'm not taking it off."

To stay motivated, Matt focused on a number of goals. First, he wanted to get back to hunting, and he killed a deer from the seat of his wheelchair on Jan. 20, 2007. He has since climbed into a tree stand wearing his prosthetic leg and bagged another buck.

As he approached the year anniversary of his accident, Matt accomplished another important milestone – proving he could take his crops from planting to harvest.

Matt said he has managed it all with the support of family and friends. And he and Katherine are more appreciative than ever of the way people look out for each other in a small town. While Matt was in the hospital, more than 60 people answered a call for blood donations – three times the number expected by blood drive organizers. "Matt would go to Wal-Mart and people we didn't even know would say we're praying for you," Katherine said.

As he anticipated more surgeries ahead, Matt pushed hard to get proficient with his prosthesis. He knew it would be his "good" leg while his left healed from a recent surgery.

It was the proverbial hard row to hoe. And Matt admits: "I did get frustrated at times." But now, at least, he's like a farmer at the end of a field, looking back at all he's already accomplished. "I need to shut up and appreciate what I do have," he said. "I'm thankful to be alive."

COMPUTER MATCHMAKING?

Lab introduces disabled computer users to best adaptive equipment for their needs



Methodist Rehabilitation Center's new adaptive computing lab, far right, offers MRC patients a place to try out a variety of devices to improve their computing skills. At left, Assistive Technology Associate George Gober works with Methodist Specialty Care Center resident Tony Watts as he navigates his computer desktop via a sip-and-puff system.

George Haden wants to finish the autobiography he was writing before surgery complications took away his ability to type.

Caroline Duckworth wants to stay in better touch with her three children, who haven't lived with their mom since Duckworth became paralyzed from the neck down.

And quadriplegic Tony Watts longs for an easier way to e-mail friends and surf the Internet.

All three residents of Methodist Specialty Care Center in Flowood expect to benefit from a new Adaptive Computing

Lab at Methodist Rehabilitation Center in Jackson.

Funded by a \$20,775 Excelsior Grant from AT&T, the lab provides a hands-on introduction to innovations designed especially for disabled computer users.

"Our AT&T vision is to connect people with their world, everywhere they live and work," said AT&T State President Mayo Flynt. "This project will make it easier for people with disabilities to achieve that goal."

Dr. Dobrivoje Stokic, administrative director of research at Methodist Rehab, said the center is grateful for AT&T's

support. "Computer technology can truly expand the capabilities of people with severe disabilities," he said. "The lab will help us pair people with the right resources to attain their goals."

George Gober, assistive technology associate for Methodist Rehab, said lab visitors will be able to try out a variety of user-friendly alternative devices and programs, including onscreen keyboards, voice-recognition software and special trackballs or joysticks,.

"We also can make adaptive changes in the Windows operating environment to provide easier physical access," Gober said. "We can enlarge fonts, provide



“We’re grateful to AT&T for supporting this project because computer technology can truly expand the capabilities of people with severe disabilities.” — Dr. Dobrivoje Stokic

visual or audio cues and adjust the mouse speed. There are over 50 of these adaptive accommodations that can be matched to the needs of the user.”

Lab staff also will help participants improve their general computer skills. “We’ll teach them to master shortcuts to cut down on keystrokes, to use specific programs like e-mail and to understand any special adaptive software that they might use,” Gober said. “Plus, we’ll be able to address ergonomic concerns, such as the proper desk height or keyboard position for their particular abilities.”

Methodist Specialty Care Center is a division of Methodist Rehab. Therefore, residents like Haden, Duckworth and Watts are able to take advantage of the computer lab’s technology. And they’ve learned that adaptive controls that

operate wheelchairs can be utilized for computers, too.

For instance, Watts now sucks or blows on a straw to drive his wheelchair and to navigate his computer screen – a system known as sip-and-puff.

Duckworth also uses a sip-and-puff mouse, while Haden will operate his computer as he does his wheelchair – via a small rubber cup attached to a long joystick. Haden will direct the movement of his computer cursor by thrusting his chin in the cup. To “click” on an item, he’ll press his cheek against a special switch.

By using an onscreen keyboard, Haden, 55, should be able to return to writing the memoir he began at 40. “I want to write letters to my family, too,” he said.

Duckworth, 37, also is looking forward to communicating more with friends and family. “I want to e-mail my daughter,” she said. “And I’ve thought about taking some classes online.”

As for Watts – age 26 – he’s already adept at sipping and puffing his way through Yahoo pages. But he’s hoping Gober can help him devise some strategies to increase his typing speed. “If I had to type a letter for tomorrow, I should have started last week,” he jokes.

The Adaptive Computing Lab is currently open to residents of Methodist Specialty Care Center in Flowood and patients of Methodist Rehabilitation Center in Jackson and its outpatient clinics. For more information, call 601-364-3522.



METHODIST
REHABILITATION CENTER

Funded by a \$20,775 grant from AT&T, Methodist Rehab’s new Adaptive Computing Lab offers a hands-on introduction to innovations designed especially for disabled computer users. William “Trey” Lafitte of Laurel, left, works with Assistive Technology Associate George Gober, right, to find the most user-friendly devices to fit his needs. These include an adjustable computer table, wrist supports and a special laptop stand.

pRoven eXpertise

The augmentative communication program at Methodist Outpatient Neurological Rehabilitation is designed to meet the varying needs of people with communication difficulties. The program's speech-language pathologists have undergone specialized training on numerous devices to effectively determine the most appropriate augmentative communication device for each individual. For more information on the program, call 601-936-8889.



Something to talk about

Communication device gives voice to people silenced by illness or injury

Playing charades used to be a never-ending pastime for Gayle and Ken Heckman.

She would gesture, and he would guess what she was trying to say. It's how the Pearl couple communicated after a 1993 stroke left Gayle struggling to speak or write.

Now the Heckmans are happy to report that there's a new game in town. Today, Gayle just taps a touch screen to tell Ken everything from "I love you" to "the plants need watering."

The conversation comes courtesy of the Dynavox Minimo, an augmentative communication device that allows Gayle to give voice to her thoughts.

While such devices have been around for years, the Heckmans weren't impressed with the oversized versions available in the 90s. They were too cumbersome for Gayle, who has a paralyzed right arm and wears a brace on her right leg.

But the recent arrival of user-friendly models like the 3.5-pound Minimo convinced the couple to give the technology another try. And Ken said he knew exactly where to turn for a

tutorial. "I contacted the company and requested we come to Methodist Rehabilitation Center," he said. "We've had more positive results at Methodist than anywhere else."

A 41-year-old mother of four at the time of her stroke, Gayle came to Methodist Rehab in Jackson to take advantage of the state's only stroke-specific rehabilitation program. There she found a staff well-versed in the diagnosis and treatment of aphasia, a puzzling neurological disorder that strikes 25 to 40 percent of stroke survivors and profoundly affects their ability to comprehend and express language.



Methodist Rehabilitation Center speech-language pathologist Kristi Crisler and Ken Heckman listen as Gayle Heckman voices her thoughts via an augmentative communication device.

“We’ve had more positive results at Methodist than anywhere else.”

— Ken Heckman

Kristi Crisler, a speech-language pathologist at Methodist Rehab’s outpatient Neurological facility in Flowood, said Gayle was found to have severe difficulties communicating verbally. For instance, she was limited to a handful of words such as “hey” and “no.”

Crisler has been programming the Minimo to meet Gayle’s conversational needs, a process that involves creating screen “buttons” to represent chosen words and phrases. It’s a challenging task because Gayle relies more on visual cues than written words to access the language.

“You have to be creative with icons,” Crisler said. “For instance, O’Charley’s Restaurant is famous for their rolls, so we put a picture of a roll on that button. For Cracker Barrel, we put a picture of a cracker.”

It’s no mystery why so many restaurants made Gayle’s list of must-have icons.

She and Ken have never let her disability cramp their outgoing lifestyle. They’ve always shopped together, traveled together and eaten out a lot. The Minimo just makes it easier for Gayle to convey favored destinations.

“Lots of times she would want to tell me something specific and she couldn’t do it,” Ken said. “Sometimes we would have to get in the car and she would just gesture which way to go.”

Conversations about people also could be perplexing. But now Gayle can bring up the names of family and friends on her device, and it’s also possible to include their pictures.

Crisler said such customization is one of the strengths of today’s augmentative communication devices. For example, most let users select from a variety of computer generated voices – male, female, Southern accented, etc. Recorded voices can be added, too, and several of Gayle’s phrases feature Crisler’s voice. Some devices also have onscreen

keyboards to allow users to type words or phrases that aren’t pre-programmed.

Speech-language pathologists consider a person’s cognitive, vision and motor skills before determining which device features are best for each individual’s needs. “Gayle’s device can go up to 20 buttons on the main touch screen,” Crisler said. “But because she has tremors in her hands, we decided larger buttons would be easier to access.”

Crisler said Gayle recently began taking her device home, and the added practice and repetition have improved her ability to locate buttons independently. “This enables her to communicate wants and needs more effectively with family and friends,” Crisler said.

While Gayle’s smile says much about her satisfaction with the new device, she’s glad to have another way to express her feelings. Now she can push a button marked with a smiling face to say: “I am happy.”

HOLY TECHNOLOGY!

Paralyzed 5-year-old can walk with aid of "Batman suit"

10¢

SPINA BIFIDA POWERLESS AGAINST GRIP OF
OTTO BOCK RECIPROCATING GAIT ORTHOSIS



Its official name is the Otto Bock Reciprocating Gait Orthosis, which is too much of a mouthful for 5-year-old Michael Johnson Jr. of Monroe, La.

So he calls his new trunk-to-heel brace system his "Batman suit." The name reflects Michael's fascination with super heroes, but this suit's "powers" aren't

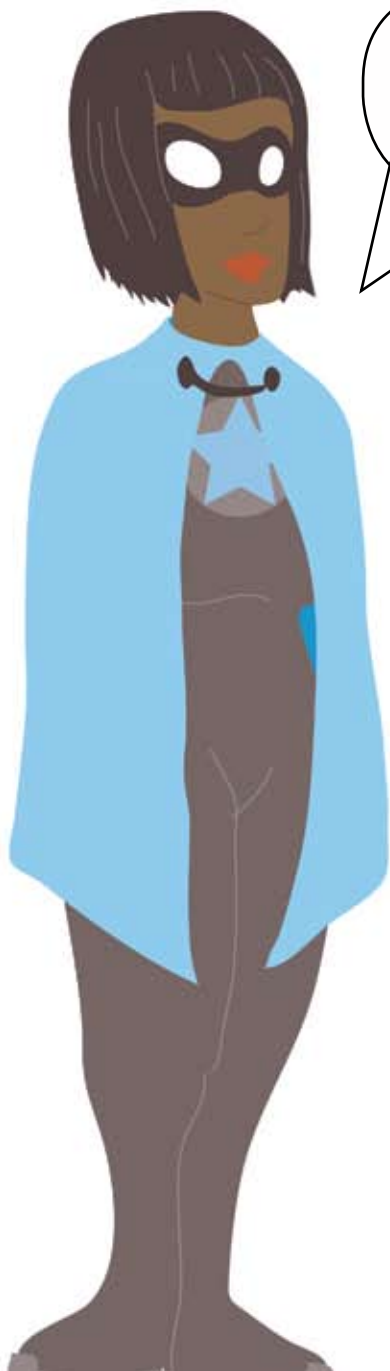
just make-believe. When the partially paralyzed youngster wears the braces, he can walk.

"I think that it's the best thing that we live in an age now where we have the technology to do that," said his father Michael Johnson Sr. "I can't wait to see the next generation."

Chris Wallace, director of Methodist Orthotics & Prosthetics in Monroe, said Michael became the second person in the United States to be fitted with Otto Bock's innovative system, due in part to Methodist's collaborative relationship with the international company.



Michael Johnson Sr., left, and Juan Burns help their son Michael Jr. put on his Otto Bock Reciprocating Gait Orthosis. The 5-year-old likes to call his trunk-to-heel brace system his “Batman suit.”



“Before, he mostly got around on his knees. Now he likes to see us see him standing. If it makes us proud, he loves to do it!” — Juan Burns, Michael Johnson Jr.’s mother

“We’ve had the opportunity to do early product testing and sampling for them because our size gives us access to a large variety of patient types,” Wallace said. “The payoff for our patients is we have the opportunity to disseminate new technology to appropriate clients.”

Born with spina bifida, Michael had tried braces before without much success. But Wallace believed the advances in Otto Bock’s design would make a difference for the active youngster.

The system weighs less than traditional braces, and its anatomical design fosters easier movement. “It’s less cumbersome to operate, so patients expend less energy to walk and their step cycle is more effective,” Wallace said. “It’s also much easier to put on and take off.”

Wallace said the system’s adjustability is another advantage, particularly for pediatric patients like Michael. “It has exchangeable elements, which make it a snap to adjust to a child’s growth,” he said.

There’s no doubt Michael finds his “Batman suit” empowering, said his mother Juan Burns. “Before, he mostly got around on his knees. Now he likes

to see us see him standing. If it makes us proud, he loves to do it.”

Michael also likes showing off his new equipment at Swartz Lower Elementary, where “the kids are all excited for him,” said his father. “Michael has always had to look up to them and now he can get up on his braces and look at them eye-to-eye.”

On a recent weekday, Michael demonstrated his new abilities on the school playground, while two of his teachers proudly watched. “He has got an outstanding personality that is going to take him a long way,” said his preschool teacher Susan Jones. “Everyone loves him.”

“He doesn’t meet a stranger and he’s willing to try new things,” added adaptive physical education teacher Sharon Ratcliff. “It’s going to get him where he needs to be.”

That trademark enthusiasm has already helped Michael make great strides in therapy. Mandy Walker, a physical therapist at St. Francis Community Health Center in Monroe, said Michael has come a long way from the days when he could only walk about 20 feet with



Whether he's enjoying the company of friends on the Swartz Lower Elementary playground, or at the blackboard with kindergarten teacher Krissy Dunn, Michael Johnson Jr. is a force to be reckoned with.

"I think Michael will make a mark on this world intellectually that we won't soon forget. He'll be one of those kids who says: Don't let my disability fool you!"

— Michael Johnson Sr., Michael Johnson Jr.'s father

assistance. "At about six to eight weeks, he started walking by himself," Walker said. "Now he's walking about 300 feet in 10 minutes and I believe he'll get faster and faster."

While it may be impractical for Michael to use his braces all the time, Walker said he reaps definite benefits by being upright. The exercise is good for his cardiovascular system and the weight-bearing activities stimulate bone growth and help decrease spasticity.

Standing and walking also put Michael in the position for his favorite activity – socializing. "My incentive to get him to walk is to go visit people," Walker said.

Walker said Michael also likes to pretend he's "saving the world." So she incorporates his hero fantasies into their therapy sessions. "I'll say: Where's

Joker? Or let's save the speech therapist from Penguin."

Michael thinks the best thing about his braces is the emblem that Wallace incorporated into the design. "They're cool because they've got Superman on them," he said.

Considering all Michael has overcome, the emblem is symbolic of one little boy's power to persevere. "The doctors said he might not be able to walk, or even crawl," said his dad. "They also said he would have problems speaking and would probably be a short, round child and he would be slow in everything. So far, everything has been almost totally opposite. I think Michael will make a mark on this world intellectually that we won't soon forget. He'll be one of those kids who says: Don't let my disability fool you."



pRoven eXpertise

It's no mystery why Methodist Orthotics and Prosthetics patients are often first in line for industry advances. The large volume of patients treated at the division's five clinics makes it possible for Methodist Orthotics and Prosthetics to participate in product testing for groundbreaking innovations in the O&P field. The division was the first in the U.S. to fit a patient with the computer-controlled Otto Bock C-Leg and the first in Mississippi to offer fittings and training for Ossur's award-winning, motor-powered Propio foot.

The Methodist Orthotics and Prosthetics team – which employs more board certified staff than any facility in the area -- offers free consultations. Please call 800-223-6672 (ext. 8899) to schedule an appointment at any of the following Methodist locations: Jackson, Hattiesburg or Meridian, or Monroe, La.



** Illustrations by Kendall Patterson*



After months of hospital stays, Samuel Lane Jr. enjoys time at home.

RECOVERY LANE

A JACKSON FAMILY LEARNS TO NAVIGATE THE LONG ROAD BACK FROM A BRAIN INJURY

"Your son has been hit by a car and critically injured."

It was April 27, 2007, and the words coming over the phone line shook Leila Lane to the core. "I knew from the sound of her voice how very bad it was," Leila said. "I asked: Is he alive?"

"He was when they brought him in," replied the hospital social worker. "Let me go check." Minutes later, Leila learned that her middle child was alive, but breathing with the help of machines.

"Get here as soon as possible," said the caller.

When Leila and Sam Lane Sr. finally reached Athens Regional Medical Center in Georgia, they didn't dare contemplate the future – their brain-injured son had too fragile a hold on life. But as the recent anniversary of that evening approached, the Jackson couple was envisioning a better year ahead.

Today, 23-year-old Samuel Lane Jr. can celebrate a long list of hard-won

achievements – a B average in a Millsaps College English course, a solo plane ride to Atlanta and a growing level of independence.

Much is the result of a rehab experience that his father describes as "all positive, all uplifting."

"The good people at Methodist Rehabilitation Center in Jackson gave us hope," Sam Sr. said. "And in an ordeal of this magnitude, hope is all you have."

DEFYING THE ODDS

A nationally recognized brain injury researcher, Dr. Stuart Yablon has tracked the progress of hundreds of patients like Samuel. Males between the ages of 15 and 29 top the list of brain injury victims. But even with the advantage of youth, not all have been as amazingly resilient as Samuel.

"It is extraordinary to see a patient who was minimally conscious at the time of rehabilitation admission being able to walk and participate in college classes at one-year post-injury," said Dr. Yablon, medical director of the brain injury program at Methodist Rehab.

Samuel's ability to defy expectations may have something to do with his knack for non-conformity. At the University of Georgia, the award-winning high school lineman became a bike-riding vegetarian on a campus better known for barbecue and pickup trucks.

"When he went to college, he said he didn't want to play any more football," said his mother. "He became a vegetarian and dropped 40 pounds. And instead of working out with weights, he got into bike riding and yoga."

He also got into writing, and had recently gifted his family with a collection of his poems and essays – all written while on a hiking trip in Maine. But it remains to be seen whether Samuel will pen a first-person account of the last year.

"I don't know how I would write about my five weeks in a coma," he says with a grin. "Maybe I could just leave some pages blank."

Like most traumatic brain injury survivors, Samuel doesn't remember his accident. But his fellow bikers – who formed a

protective wall around Samuel until help arrived – told his parents what happened.

A motorist (who was later indicted for driving under the influence) turned into Samuel's path as the tall, slender red-head was pedaling to a group bike ride. The impact flipped Samuel so high that his feet touched overhead power lines. His unprotected head took the brunt of the blow when he crashed into the car's windshield. "People across the street said they thought there was no way he could have lived," said his mother.

Athens neurosurgeon Dr. Tim W. Phillips also doubted Sam could survive when he saw the widespread damage to his brain. "He had diffuse injury and diffuse hemorrhaging," Dr. Phillips said. "It wasn't something that could be treated surgically."

Dr. Phillips inserted a special gauge inside Samuel's skull to monitor the potentially deadly pressure building on his brain. ICU nurses closely watched the monitor so they could alert the surgeon to dangerous pressure on the brain stem – the area that controls breathing and heart rate. If that happened, part of Samuel's skull would have to be removed to allow the brain room to expand.

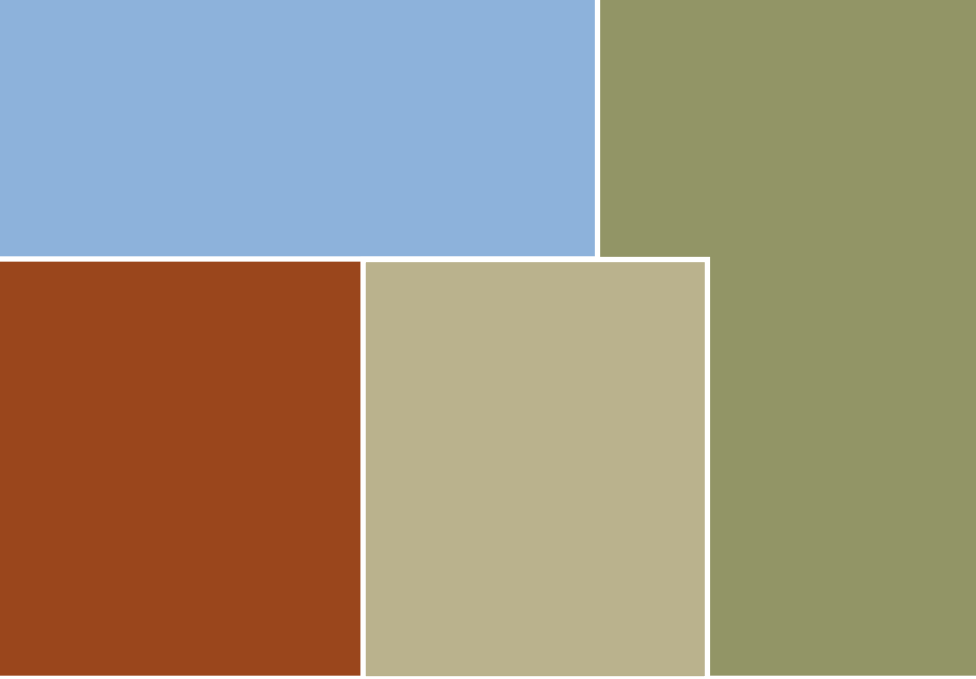
Leigh Anne Landers, a charge nurse for the Neuro ICU at Athens Regional Medical Center, tried to be reassuring as the Lanes kept a worried vigil at Samuel's bedside. "I said: Don't look at the monitor numbers – that's my job." But the truth was, she was worried, too. "Looking at him those first few days, I thought his recovery would be a miracle," she said. "But from one weekend to the next, he was like a different patient."



For Sam Lane Sr., right, time with son Samuel is something he will never again take for granted.

"The good people at Methodist Rehabilitation Center in Jackson gave us hope. And in an ordeal of this magnitude, hope is all you have."

— Samuel Lane Sr.



To ready Samuel Lane Jr. for a solo plane trip, Quest physical therapist Rachel Dear, center, and occupational therapist Lisa Poe, right, take him on an airport field trip. Coaching participants through real life situations is one of the strategies used by staff at the community reintegration program for brain injury survivors.

“BOOT CAMP” BEGINS

On May 29, 2007, Samuel moved to Methodist Rehab. While the Lanes were happy to be closer to home, the demands of rehab were daunting.

“After being ‘spoiled’ in ICU for five weeks – where we didn’t have to do anything – I quickly realized we were in for a different experience in rehab,” said Sam Sr. “Not only is it boot camp for the patients, it’s also boot camp for the family learning to care for the patient.

“The first day ... I was more afraid than I have ever been in my life. We were in the therapy room, and I looked around and saw the condition of many of the patients and realized this was also our life now. I asked one of the mothers there: ‘How do you handle the fear?’ ”

To this day, Sam doesn’t remember the answer. But the Lanes soon learned their own ways to cope. “You have to take one day at a time,” Leila said. “Once we made the decision to come to Methodist Rehab, I would focus each day on taking

care of Samuel and try not to look much beyond that. I knew he was getting the best care in the world.”

Twice named a Traumatic Brain Injury Model System site, Methodist has a staff highly experienced in the science of rehabilitation. Just as importantly, it has a brain injury team whose compassion has been cultivated by countless hours in the company of distraught families. They know what to do when an overwhelmed parent hits the wall.

“That’s when we say: ‘We’ve got it. Go home and rest,’ ” said Susan Haseloff, a registered nurse for the brain injury program.

Families face a huge learning curve when they come to a rehab setting. And one of the hardest lessons is how to deal with a loved one who is being uncharacteristically uninhibited or combative – two early stage behaviors of brain injury victims.

“Samuel was swinging his fists and biting, and that is scary for parents,” said Arash Sepehri, a neuropsychology fellow at Methodist Rehab. “They think: This is not my child – he would never hurt me. We tell them it is normal to be restless or agitated early on. He will grow out of this phase.”

As Samuel progressed from one phase to another, his family celebrated each new triumph – his first unprovoked words (I’m a vegetarian), the ability to read and play games and the transition from wheelchair to cane.

Samuel walked out of Methodist Rehab’s Jackson hospital on July 27, 2007, but his therapy was far from over. He has since continued his progress at the center’s outpatient facilities.

“We tell patients that recovery can take one to two years, if not longer,” Sepehri said. “Acute rehab is just the first step in a staircase. Samuel still has a long way to climb.”

AN UPHILL BATTLE

“It has been bad, but bad things happen. I’ll live with that and be at peace.” — Samuel Lane Jr.

On a recent spring afternoon, Samuel stood with a loaded backpack slung over his shoulders, hiking poles in his hands and the memory of better days on his mind.

He used to love climbing and “jumping off crazy rocks.” But on this day, he’s limited to a slow plod up a modest incline with a physical and occupational therapist at his elbows.

The exercise is part of his therapy at Quest, a Methodist outpatient program that serves as a sort of way station for brain injury survivors who are fighting the uphill battle to return to school, work or community life.

Quest occupational and physical therapists have devised a variety of therapeutic activities with Samuel’s interest in mind – including yoga, hiking and stationary bike riding. All are designed to improve the strength and range of motion in his partially paralyzed right arm and leg.

To help him handle the rigors of the classroom, Samuel also has worked with a Quest speech therapist to improve his memory, attention and organizational strategies.

When Samuel thinks of some of the things he can’t do, he experiences what he calls “negative energy,” said his mother. “He feels in a way he is missing out, but at the same time he is very thankful to be where he is.”

“It has been bad,” Samuel said, “but bad things happen. I’ll live with that and be at peace.”

Samuel has decided to enroll at the University of Mississippi in Oxford this fall. His sister, Mary Mills Ritchie, and her husband, Spencer, live nearby and can provide support.

Meanwhile, he and his family have been taking time to thank the people who played a role in Samuel’s recovery. Sam Sr. gave a glowing account of Samuel’s care at Methodist Rehab’s annual legislative luncheon, and he sent a letter of praise to the local newspaper.

The Lanes also penned a letter to the editor to commend the staff at Athens Regional Medical Center, and they even nominated Landers for a Georgia nursing award.

“It was very humbling that I meant so much to him,” Landers said. But even more touching was a recent visit from Samuel himself. “I cried,” Landers said. “To see him walk through the door was amazing. It just validates why I love my job.”

While all involved in Samuel’s care are appreciative of the Lanes’ gratitude, they say the family also deserves recognition for playing a monumental role in his recovery. “Family support is one of the biggest predictors of outcome,” Sepehri said. And Samuel was fortunate to have a family devoted to his well-being.

“It was exhausting for them, but I told them when you look back, you’ll realize how strong you were,” Landers said.



Samuel Lane Jr. loves climbing, so occupational therapist Lisa Poe, left in top photo, and physical therapist Rachel Dear, right, incorporate the activity into this therapy sessions.

Leigh Anne Landers, a neuro ICU charge nurse at Athens Regional Medical Center, hugs Samuel Lane Jr. and shares her delight over his “amazing” recovery.*



“Looking at him those first few days, I thought his recovery would be a miracle.”

— Leigh Anne Landers

USING YOUR HEAD

Samuel Lane Jr. says there’s one good thing that came out of his near-death experience – a lot more Athens, Georgia bicyclists now wear helmets.

Statistics underline the logic of that decision. According to the Centers for Disease Control:

- Head injury accounts for 62 percent of bicycle-related deaths, 33 percent of bicycle-related emergency department visits and 67 percent of all bicycle-related hospital admissions.
- Approximately 7 percent of brain injuries are bicycle-related.
- Nearly 90 percent of deaths from bicycle-related head injury result from collisions with motor vehicles.

DRINKING + DRIVING = TRAGEDY

One facet of Samuel Lane’s saga is depressingly familiar – the fact he was hit by a motorist who was indicted for driving under the influence.

According to the Brain Injury Resource Foundation (BIRF), drunk driving is still the most frequently committed crime in America. BIRF reports that more than 31,000 victims/survivors of drunk driving received services from Mothers Against Drunk Driving in 2007.

Here are some more sobering statistics from the National Highway Safety Traffic Administration concerning the tragedies caused by inebriated drivers.

- In 2006, an estimated 17,602 people died in alcohol-related traffic crashes – an average of one every 30 minutes. These deaths constitute 41 percent of the 42,642 total traffic fatalities.
- About three in every 10 Americans will be involved in an alcohol-related crash at some time in their lives.
- Over 1.46 million drivers were arrested in 2006 for driving under the influence of alcohol or narcotics – an arrest rate of one for every 139 licensed drivers in the United States.
- Alcohol-related crashes in the United States cost the public an estimated \$114.3 billion in 2000, including \$51.1 billion in monetary costs and an estimated \$63.2 billion in quality of life losses. People other than the drinking driver paid \$71.6 billion of the alcohol-related crash bill, which is 63 percent of the total cost of these crashes.

* Photos by Trevor Frey, courtesy of The Athens Banner-Herald



Samuel Lane Jr. enjoys some time with his University of Georgia English professor, Hubert McAlexander, while visiting Athens Regional Medical Center.*

pRoven eXpertise

As Samuel Lane Jr. lay in intensive care in Athens, Ga, his parents had to decide where to send him for brain injury rehabilitation. They could choose the Shepherd Center, just an hour away in Atlanta, or they could transfer him to Methodist Rehabilitation Center, a few short miles from their northeast Jackson home.

"The last thing I wanted to do was spend two months in Atlanta," said his father. "But we were, of course, going to do what was best for Samuel. The Shepherd Center sent a representative to evaluate Samuel, as did Methodist Rehab. After thorough examinations

by both, everybody agreed that we needed to come home – including the neurosurgeon that saved Samuel's life."

One reason is the hospital's reputation for excellence in the field of brain injury rehabilitation. Methodist Rehab has twice been designated a Traumatic Brain Injury (TBI) Model System site by the National Institute on Disability and Rehabilitation Research. The honor put the hospital's research staff in line for millions of dollars in federal funding and offered opportunities to work with TBI experts across the world. But more importantly, it has ensured patients timely access to cutting edge care.

Methodist Rehab patients also are privy to a continuum of services that no other Mississippi hospitals provide. For example, Samuel spent months working with physical, occupational and speech

therapists at Methodist Outpatient Neurological Rehabilitation – East Campus, a facility dedicated to the needs of patients with neurological injuries and disorders. This allowed him to gain the physical and cognitive abilities necessary to advance to Quest, the state's only comprehensive community reintegration program for brain injury survivors.

Learn more about these programs by calling:

Brain Injury Program Nurse Manager
Lauren Dukes – 601-364-3438

Methodist Outpatient Neuro Therapy
Manager Lisa Indest – 601-936-8889

Quest Therapy Manager
Julie Walker – 601-713-1550



New device puts spring in step of people with foot-drop

As a TV camera whirs, Yvonne Porter executes some jumping jacks and jogs a few steps.

The Madison retiree is demonstrating how a new electronic device has helped her overcome the crippling effects of a condition called foot drop.

"I've told a lot of people I'm going to be the Bionic Woman," said Porter, who volunteered to be the subject of a WLBT Medical Matters spot. "Now I can confidently go outside and walk without the fear of falling."

The muscles that lift Porter's foot were weakened by multiple sclerosis. Foot

drop also can be caused by stroke, cerebral palsy, Parkinson's disease, brain injury or incomplete spinal cord injury.

In the past, the only remedy was a rigid foot brace – hardly a favorite accessory for a woman who loves fashionable shoes. So when Porter got wind of a device that stimulates weakened or paralyzed muscles, she immediately wanted to know more.

Her neurologist referred her to Methodist Outpatient Neurological Rehabilitation in Flowood, where she was able to try out the Ness L300. A similar device called the WalkAide is available at Methodist Rehab's Orthotics & Prosthetics clinics.

The devices aren't for everyone with foot drop. Because they employ an electrical current, they aren't appropriate for people with cardiac pacemakers or defibrillators. Nor are they recommended for people who have fractures, dislocations or cancer in the leg.

But for those who meet the criteria, the devices provide a variety of benefits, said Rhonda Fetcko, a physical therapist at Methodist Rehab. "I like that the device stimulates muscles that are weak or paralyzed while the person is walking," she said. "It is like getting therapy when you're just walking around."



Patients at Methodist Outpatient Neurological Rehabilitation and Methodist Orthotics & Prosthetics have been reaping the benefits of new devices that remedy a crippling condition called foot drop. At left, physical therapist Rhonda Fetcko monitors Yvonne Porter, right, as she jogs and does jumping jacks while wearing the Ness L300. At right, Methodist Orthotics & Prosthetics clinical manager Jennifer Long custom fits Steve Appelbee with a similar device called the Walk Aide.

“Now I can confidently go outside and walk without the fear of falling.” — Yvonne Porter

The devices work like this: Electrodes contained in a cuff worn just below the knee provide gentle stimulation to the peroneal nerve. Located on the outside of the lower leg, this nerve activates the muscles that lift the foot during walking. Specially trained staff at Methodist Rehab fine-tune the electrical stimulation to create the most effective walking pattern for each user.

Once the settings are determined, users can make some adjustments on their own, Fetcko said. “Yvonne can change the intensity if she is going up stairs and needs more ankle flexion. And she can increase it in the afternoon when she is fatigued, which often happens with people who have MS.”

The electrodes can evoke a light tingling sensation, which can be disconcerting for some. Jennifer Long, clinical manager

for Methodist Orthotics & Prosthetics in Flowood, well remembers Steve Appelbee’s reaction when he tried the Walk-Aide for the first time.

“He got very emotional,” she said. “He said it had been seven years since he had a stroke and he hadn’t felt anything in his right leg since then. When he actually felt the nerve impulses – it was a big thing for him.”

“It was like wow – my leg is like it is supposed to be,” said the Madison resident. “It feels natural just walking.”

Porter said the device has restored her confidence. “Before, I didn’t have confidence because I had a fear of falling. Now I can go in the yard without my husband watching me or walk around the block without someone having to go with me. It’s freedom.”

Now that she’s more steady on her feet, Porter has plans to return to favorite activities like shopping and going to the gym. And she already has next year’s Multiple Sclerosis Walk on her calendar. “I said if I had my machine this year I probably wouldn’t have come in last.”

Appelbee also planned to take advantage of his new capabilities, and he was especially looking forward to a special day in June. “When we first started talking about this device, I remember he talked about our daughter Jill’s wedding and how he would be able to walk down the aisle without a brace,” said his wife Tricia.

“I just wanted to be more normal for her wedding,” he said.



Steve Friend, right, a physical therapist at Methodist Outpatient Rehabilitation, devised a specific exercise plan for Millard Frazier to improve his flexibility and strengthen muscles that support the spine.

Saying **NO** to the **knife**

Non-surgical solutions abound for back pain sufferers

Millard Frazier's back hurt so bad, he could barely walk.

On the worst days, he would lie flat on his back, doped up on pain meds and thinking: This is no way to live.

Unwilling to undergo surgery, Frazier feared he might be in agony forever. Then he began seeing Dr. Kenneth Fox, a physician who specializes in physical medicine and rehabilitation (PM&R). And within a month, he was "walking straight and pain-free."

"It was a blessing the Lord sent me to him," said the Clinton resident. "Now my back very seldom hurts."

Happenstance put the two together. Dr. Fox had recently closed his New York City practice to join the staff of Methodist Spine & Joint Center. And a real estate friend of Frazier's was helping the physician find housing near his Flowood office.

"We went out to eat with Dr. Fox, and I mentioned my back pain," Frazier said. Dr. Fox said: 'Why don't you come to my office and we will do an exam.' "

Dr. Fox wasn't surprised that Frazier didn't know much about rehab medicine, a specialty comprised of nerve, muscle, bone and brain experts who treat injury

or illness non-surgically to decrease pain and restore function.

The American Academy of Physical Medicine and Rehabilitation only lists 18 PM&R physicians in all of Mississippi. And that scarcity may explain why so many state residents rush to surgeons for back pain relief. Few realize there's a specialty that advocates non-surgical solutions to alleviate pain.

"I've seen people who have had back pain for years who have never been to physical therapy, which amazes me," Dr. Fox said. "We get most patients better without sending them to surgery."

“My pain level used to be like 9.999 out of 10 and now I’m a zero. I contribute it all to the therapists at Methodist Rehab and Dr. Fox.” — Millard Frazier



Dr. Kenneth Fox, left, a physical medicine and rehabilitation physician at Methodist Spine & Joint Center, prescribed a multifaceted regimen for Millard Frazier that included soft tissue massage, transcutaneous nerve stimulation (TENS) and physical therapy

That was good news to Frazier, who dreaded going under the knife. “Over the last 10 years, I’ve had 10 major surgeries,” said the 62-year-old. “I already had a couple of vertebrae fused, and I have a plate in my neck.”

Dr. Fox said he doesn’t always discourage trips to the operating room. “Sometimes I’ll see something on the MRI and say: ‘You need surgery.’ But most pain is non-surgical, and the number of patients I have going for surgery is very small. We start with the most appropriate and least invasive treatment and move up from there.”

A thorough exam revealed Frazier had lumbosacral strain – a common cause of the low back pain that strikes 70 to 80 percent of all men. To address the condition, Dr. Fox prescribed a multifaceted regimen that included soft tissue massage, transcutaneous electrical nerve stimulation (TENS) and physical therapy.

“TENS works on blocking pain by bombarding the brain with sensory stimulation and overriding the nerves that transmit pain,” explained Steve

Friend, a physical therapist that worked with Frazier at Methodist Outpatient Rehabilitation in Flowood. “We also did soft tissue treatment to decrease tenderness. Our initial goal was to get his pain level down so he could start exercising.”

For a month, Frazier spent three lunch hours a week working on his flexibility and strengthening muscles that support the spine. He also followed up with a home exercise program, “which is probably the key that turns everything,” Friend said.

“Physical therapy teaches patients what they can do to treat their own pain, which is ideal,” Dr. Fox said.

As director of personnel and human resources for Capital Services Corporation in Jackson, Frazier has the kind of desk-bound lifestyle that contributes to back pain. But he has learned the strategies to keep recurrences at bay.

“My pain level used to be like 9.999 out of 10 and now I’m a zero,” Frazier said. “I contribute it all to the therapists at Methodist Rehab and Dr. Fox.”

**pRoven
eXpertise**

Methodist Spine and Joint Center is one part of the more comprehensive Methodist Pain Management Services, a highly regarded 10-year-old program located on Methodist Rehab’s east campus in Flowood. Physicians, therapists, nurses and other pain management specialists all work together – under one roof – to provide patients with easily accessible and efficient pain management services. This collaboration of experienced clinicians provides effective treatment of back and joint pain from “head to toe”.

Services include clinical evaluation and non-surgical treatment for injuries and illnesses such as neck, shoulder and back pain, lower extremity pain, cumulative trauma injuries such as carpal tunnel, sprains and strains, sports-related injuries, complex regional pain syndrome and recovery following joint replacement surgery. In cases where surgery is indicated, our physicians work with patients to make an appropriate referral to a well qualified surgeon. To learn more or to schedule an appointment, call 601-936-8801.



Tunes, Tutus and Turning Wheels

PERFORMANCE
PUTS NEW

ON ART OF
SPIN DANCE



At far left, Tom Burnley performs an elegant *pas de deux* with Belhaven College dance student Amanda Parsons. Burnley also takes a turn with Sheila Burnham, above left. A trio of dancers, center, including, from left, Burnham, Jerry Bowles, and Dejuan Surrell show off their moves in *Tunes, Tutus and Turning Wheels*.

“You had to put a lot of effort and your heart into it. We practiced from June until September. It was like putting together a movie.” — Dejuan Surrell

Jerry Bowles of Brandon has always been a dancing fool.

“It didn’t make a difference if it was two-step, jitterbug or cha-cha – if they played it, I got out there,” said the 75-year-old New Orleans native. “I was swing dancing the Friday before I got injured on January 17, 2000.”

On that night, Bowles tried to rescue a car accident victim, only to be hit by a car himself. His injuries forced the amputation of his lower legs, and Bowles seemed destined to never dance again.

Then came the chance to take part in “*Tunes, Tutus & Turning Wheels*,” a *pas de deux* between Methodist Rehabilitation Center’s therapeutic recreation program and the dance department at Belhaven College.

All it took was a few pirouettes in his power wheelchair, and Bowles was hooked. “I really did look forward to

going to the practices,” he said. “I’ll do it again – no question about it.”

The annual performance got its start in 2005 when former competitors and medalists of USA International Ballet Competitions decided to team up with disabled dancers for a one-of-a-kind production.

Ginny Boydston of Jackson, director of therapeutic recreation at Methodist Rehab, was put in charge of recruiting dancers. And she admits it was a tough sell at first. “Some people laughed out loud when I suggested it,” she said. “They couldn’t imagine how someone in a wheelchair could be part of a ballet performance.”

Sheila Burnham of Madison was one who had her doubts about dancing on wheels. “I never even thought about a wheelchair being on a dance floor,” she said. “I said I would do it if they needed

me -- but under duress. Now I’m the biggest fan. I wound up enjoying it more than anybody.”

In the latest production, Methodist Rehab’s troupe joined the Belhaven Dance Ensemble for several performances choreographed by Belhaven Dance Department Chairwoman Cynthia Newland.

Newland involved the wheelchair users as she developed and choreographed the dances, which was at times a bit unnerving for some of the male members of the ensemble. “Cynthia would ask us to do something such as to ‘be a tree blowing in the wind.’ Being a guy, and having never done anything like that before, it was difficult to comfortably allow myself to go limp and move like I was floating in the wind,” said Tom Burnley of Madison. “It was tough to soften my moves.”

Belhaven College student Benji Tompkins "duels" with Tom Burnley for the affections of fellow dancer Amanda Parson. To Burnley's great amusement, the script called for him to get the girl.



"If there ever was a story line that was pure fantasy, it was that pretty girl leaving the young guy to go off with an old guy in a wheelchair." — Tom Burnley

But by show time, Burnley had gotten the hang of things – particularly when it came to playing a determined suitor in the fun-filled "Dueling Dudes." In the witty piece, Belhaven dancer Amanda Parsons chooses him over her classmate Benji Tompkins – a source of great amusement for the 54-year-old Burnley. "If there ever was a story line that was pure fantasy, it was that pretty girl leaving the young guy to go off with an old guy in a wheelchair," he said.

While the performers made everything look easy, getting ready for the show was hard work, said 25-year-old Dejuan Surrell of Jackson. "You had to put a lot of effort and your heart into it. We practiced from June until September. It was like putting together a movie."

Boydston said the Mississippi Paralysis Association and VSA Arts of Mississippi generously provided funding to make the production possible. "Both of these organizations understand the importance of providing new activities for people with disabilities. I think everyone involved enjoys the fact it has turned out to be a huge hit."

Indeed, Bowles wasn't the only one vowing to put an encore performance on his dance card. "I loved it," Surrell said. "I'm just waiting for the next show."



pRoven eXpertise

Thirty years old and still thriving. That's the best way to describe Methodist Rehabilitation Center's comprehensive sports program for people with disabilities.

Since 1978, Therapeutic Recreation Director Ginny Boydston has introduced thousands to a wide range of activities including dancing, quad rugby, tennis, cycling, basketball, water and snow skiing, fencing, power soccer, scuba diving, sled hockey, road racing, rock climbing, swimming, hunting and fishing.

Her support helped one former patient make the track team for two Paralympic Games. And her dedication recently inspired another to submit her name for the Spinal Cord Injury Association's Hall of Fame.

Boydston continues to expand the program, and she's always on the lookout for new recruits. If you're ready to get in the game, give her a call at 601-364-3566.

Methodist Specialty Care volunteer earns statewide honor



The Mississippi Health Care Association has named Jill Tullar as one of five individual Volunteers of the Year for her work with Methodist Specialty Care Center in Flowood.

A member of the Rankin County Junior Auxiliary, Tullar first became involved at the center to satisfy the auxiliary's volunteer requirements, but she keeps coming back because she has become so attached to the center's residents and staff.

Robby Scucchi, certified director of volunteer services for the center, said Tullar and her fellow JA members have

helped create a number of ways to enrich the lives of residents at the long term care facility for the severely disabled.

Residents have enjoyed the pampering of "spa days," a visit from Miss Wheelchair America and countless field trips. "We've been to plays and to Mississippi Braves games – Robby is really good about exposing the residents to different activities," Tullar said. "I just go and enjoy it, honestly. Robby makes everything easy."

Scucchi, in turn, says he couldn't do his job without the dedication of the center's 63 volunteers, and Tullar stands out as



Volunteer Jill Tullar carves pumpkins with residents and their families at Methodist Specialty Care Center in Flowood.

one of his most caring and committed helpers. "She is a true inspiration to the residents, staff, and other volunteers," he said.

Methodist Rehabilitation Center celebrates research accomplishments



On April 17 at the Country Club of Jackson, Methodist Rehabilitation Center (MRC) celebrated 10 years since the establishment of its renowned research program, the Center for Neuroscience and Neurological Recovery. Dr. Dobrivoje Stokic, MRC's administrative director of research, summarized the program's contributions to the science of rehabilitation medicine, and the dramatic impact the research program has had on patient care and outcomes achieved at MRC. Stokic recognized researcher Dr. John Chow, awarding him the title of "scientist". Chow directs the center's Motion Analysis Laboratory.

The Wilson Research Foundation (fundraising arm of MRC) hosted the gala event that was attended by members of the foundation's board of governors, the hospital's board of trustees, MRC staff and associates. Dr. Randy Goldsmith, president and CEO of the Mississippi Technology Alliance, provided the keynote address.



Members of Methodist Rehab's research staff are, front row from left, Barbara Farley, Tenail Gayden, Kayla Anthony, Dr. John Chow, Dr. Clea Evans, Ashley Swearingen and Kalisa Ramsey. Back row from left, Dr. Samuel Gontkovsky, Yolanda Pannell, Mark Hemleben, Antonio Hayes, Dr. Dobrivoje Stokic, Richard Jones, Dr. Robert Hirko, George Gober, Dr. Tanja Mani, Arash Sepehri.

Wilson Research Foundation announces three new board members



The Wilson Research Foundation, the fundraising arm of Methodist Rehabilitation Center in Jackson, announces three new board members joining the foundation's Board of Governors: Sam Lane and Dick Molpus of Jackson, and John D. (Dave) Robinson of Ridgeland.

Ginny Wilson Mounger, chairman of the foundation's board of governors, stated, "we are very pleased to announce these additions to our outstanding board – Sam, Dick and Dave bring tremendous experience and energy to our foundation as we look to expand our fundraising to enable Methodist Rehab Center to help more people and in more significant ways."

Sam Lane is senior vice president of First Commercial Bank in Jackson. FCB, created in 2000 by Lane and other experienced banking executives, provides personal, relationship-based services to businesses and professionals. Lane has 32 years of banking experience, including 17 years with Deposit Guaranty National Bank where he served as senior vice president of commercial banking. He serves on the boards of directors for the Mississippi Sports Hall of Fame and Museum, the Neighborhood Christian Center and the Mississippi Kidney Foundation.

Dick Molpus is President of The Molpus Woodlands Group, LLC (MWG), a timberland investment firm based in Jackson with more than 734,000 acres under management. Prior to founding MWG in 1996, Molpus enjoyed a distinguished career in public service. In 1980, he was Governor William Winter's first staff appointee, and he subsequently was elected for three consecutive terms as Secretary of State. Molpus, along with his wife, Sally, were the founders of

Parents for Public Schools, which now has 25 chapters across the U.S. He also serves on the Executive Committee of the Mississippi Economic Council, the state chamber of commerce. In 2005, he was honored as an inductee into the Mississippi Business Hall of Fame.

Dave Robinson of Ridgeland recently retired as vice president of strategic planning for L-3 Vertex Aerospace. Previous to this position, he retired from the U.S. Army as a Major General after a brilliant, 33-year career. Robinson is a key lay leader in the Mississippi Conference of the United Methodist Church, and serves as chairman of the United Methodist Foundation of Mississippi. He is a sought-after strategic planner and keynote speaker on topics ranging from church budgeting, capital campaigns, stewardship and planned giving.

Other members of the board of governors of the Wilson Foundation include: Ginny Wilson Mounger (chair); Richard Fountain (vice chair and treasurer); Sharon Woodfield (secretary); Sally Carmichael, Matthew Holleman III, Ed Kossman, Mary Ann McCarty, Dean Miller, Nat Rogers, Steve Sansom, Robert Smith (MD), Faser Triplett (MD), Martha Lyles Wilson, Marion Wofford (MD), Chris Blount, executive director (ex officio), and Mark Adams, MRC president and CEO (ex officio).

Since its formation in 1989, the Wilson Foundation, a 501(c)(3) nonprofit organization, has given more than \$1.7 million to Methodist in grants for its growing neuroscience and neurological rehabilitation research program. While continuing to focus on research, the foundation is planning to expand and become the comprehensive fundraising arm for unfunded or under-funded needs at Methodist. The foundation was named



Sam Lane



Dick Molpus



Dave Robinson

for the late Earl R. Wilson, founding chairman of the board of trustees for the hospital, and his wife Martha Lyles Wilson, honoring their decades of service to help disabled Mississippians.

Long-time Board Member will be Missed



Methodist Rehabilitation Center lost a loyal supporter on April 2 when John H. Webb Jr. of Hattiesburg died at age 88. Webb was one of the original members of Methodist's Board of Trustees and faithfully served for almost 40 years. He became a Life Board Member in 2001.

Webb Park in Jackson, Mississippi's first accessible apartment complex for mobility impaired residents, was built by Methodist Rehab in 2001 and is named after the long-time champion for the disabled.

Webb was a former principal of Columbia Training School and the Sumrall School System, and retired as State Director of Vocational Rehabilitation. He also was

a member of the Board of Directors of Goodwill Industries, the Mississippi Alcohol and Drug Abuse Advisory Board, Mississippi Easter Seal Society Board, the Mississippi Mental Health Association, Lions Club and past president of the Council of State Administrators of Vocational Rehabilitation.

Survivors include his wife of 64 years, Jean Ulrich Webb; daughters, Linda Collins, Sherry Rasco and Patricia Webb; two grandchildren and four great-grandchildren.

Memorials may be made to Methodist Rehabilitation Center, Attention: Steve Hope, 1350 Woodrow Wilson, Jackson, MS 39216.



John H. Webb Jr.



Leave a legacy or honor a loved one with your support of Methodist Rehabilitation Center

The Wilson Research Foundation is the fundraising arm of Methodist Rehabilitation Center. To date, the foundation has funded more than \$1.7 million to build our growing neuroscience and neurological rehabilitation research program. The foundation continues to focus on research, yet we are expanding to support additional unfunded or underfunded needs such as a patient care fund, which hopes to provide special equipment for our disabled patients once they return home.

There are a number of ways you can support Methodist Rehabilitation Center through the Wilson Foundation:

- Cash Gift
- Charitable Lead Trust
- Life Income Gift
- Life Insurance Policy
- Memorial
- Honorarium
- Special Occasion Gift
- Bequest
- Real Estate Gift
- Securities Gift

Call the Foundation at (601) 364-3598 for more information or to schedule a tour of Methodist Rehabilitation Center. Or, we will come to you! Foundation Executive Director Chris Blount gives presentations about Methodist Rehabilitation Center to churches, civic clubs and individuals interested in our healthcare mission and ministry.

Make a donation online!

Visit www.methodistonline/fundraising to donate online with your credit card. Or, if preferred, you may print a donation form to be mailed in with your tax-deductible contribution.



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