

SUMMER 2007

# ways AND means

METHODIST REHABILITATION CENTER

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# METHODIST

REHABILITATION CENTER



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Ways & Means | Summer 2007, Volume 31, No. 1 | Ways & Means is published by the Methodist Rehabilitation Center Public Relations Department.

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

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

# THE Challenge



What can I do now?

It's a natural question for anyone confronting a disabling injury or illness. And it's a query that Methodist Rehabilitation Center is uniquely able to address. Our focus is on restoring function, a mission that makes us a logical choice for the thousands recovering from workplace injuries or illness.

Since 2001, more than 300 patients with the most serious work-related injuries have chosen our hospital to recoup from severe brain, spinal cord and orthopedic injuries suffered on the job. And hundreds more have turned to our outpatient clinics for help with garden variety strains and pains. This issue of Ways & Means includes some of their stories, as well as advice on how to avoid common job injuries such as carpal tunnel syndrome.

Also in these pages, you'll get a look at spinal cord injury trends across the nation via an interview with Dr. Samuel Grissom, medical director of The Spinal Cord Injury Program at Methodist. As a researcher and clinician, Dr. Grissom stays attuned to advances in the field, and is a great resource for his patients and their families.

Another staff member who's helping broaden our area of expertise is Dr. Kenneth Fox, a rehabilitation medicine physician who closed his New York City practice to join Methodist Spine & Joint Center in Flowood. You'll read about what attracted him to Methodist Rehab and Mississippi, as well as what new services he brings to the fold.

The addition of new physicians is just one of many ways Methodist Rehab is expanding. In fact, some might believe we've been giving our Orthotics & Prosthetics Division growth hormones. We recently opened a new O&P clinic in Meridian. And we're seeing patients at established locations and via our mobile lab in Vicksburg, Brookhaven, Port Gibson and Natchez, as well as Ruston and Delhi, La.

We're also getting ready to begin construction on Miller Park in Meridian, the state's third apartment complex custom designed for wheelchair users. The 17-unit complex will be at the corner of 29th Avenue and 52nd Street. It is named in honor of Dean Miller, former chairman and lifetime member of the Methodist Rehab board of trustees and a man who has helped us shepherd much of the growth you're reading about today.

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



# Methodist Rehab announces new board officers



Matthew “Matt” L. Holleman, III has been named chairman of the board of trustees of Methodist Rehabilitation Center. Holleman, a board member since 1999, has served as vice chairman since 2004.

Holleman is president and CEO of Galaxie Corp., an investment company. He is the former president and CEO of Mississippi Valley Gas, where he worked for 15 years. He has a bachelor’s degree in business from the University of Mississippi and a master’s degree in business administration from Mississippi College. He also is involved with the Society of International Business Fellows, the Public Education Forum, the Boy Scouts of America, the Mississippi Museum of Natural Science Foundation, the Mississippi Technology Alliance, the Nature Conservancy and the Mississippi Museum of Art.

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

He takes the helm from William R. “Randy” James, a board member since 1992. James, who is president of Pruet Production Co. and manager of Pruet Oil LLC, will continue to serve on the board. He has a Bachelor of Science in business administration finance from the University of Arkansas.

Mike P. Sturdivant Jr, will assume the role of vice chairman. A board member since 1979, Sturdivant most recently served as board treasurer. He has a Bachelor of Arts in business from Millsaps College and a master’s

degree in business administration from Harvard Business School. He is part owner of Due West Plantation, a family-owned farming operation in Glendora.

David L. McMillan will continue to serve as board secretary, a position he has held since 2001. A board member since 1999, McMillan received his master’s degree in business administration from Millsaps College and a bachelor’s of business administration from the University of Mississippi. He is a region sales manager for Xerox Corporation.

Walter Weems is the new treasurer for the board. A board member since 2002, he received his Bachelor of Arts in history, economics and political science from Vanderbilt University and a juris doctor degree from Vanderbilt Law School. Since 1999, he has been the chairman of the board for Brunini, Grantham, Grower & Hewes.

## Dean Miller honored as Life Member



When Dean Miller stepped down from his role as chairman of Methodist Rehabilitation Center’s board of trustees in 2004, he spoke of his great appreciation for the hospital’s mission.

The board, in turn, recently showed its appreciation for Miller’s role in that mission by awarding him the title of Life Member. The honor came as Miller — the hospital’s longest serving board member — readied to retire after almost 40 years of service.

“As one of our original founders, Dean has been deeply committed to Methodist Rehab from day one,” said Mark Adams, president and CEO of Methodist Rehab. “He has helped us grow from a dream in the eyes of our founders to a rehabilitation center recognized as one of the best in the United States. His active leadership, guidance and counsel will be sorely missed, but as a Life Member he will stay involved with the board in an advisory capacity.”

Miller assumed the role of chairman when Earl Wilson, the hospital’s founding chairman, died in 2000. And he speaks fondly of the many who helped him continue the center’s mission. “I worked with a lot of wonderful people, including the staff, the employees and the board members,” Miller said. “The hospital provides a service that is so needed, you have to appreciate that mission.”

# 007 MEDICAL REPORT

## Spinal Cord Injury Director offers overview of SCI trends

It has been more than 30 years since Methodist Rehabilitation Center began answering the needs of spinal cord injury (SCI) patients. In that time, much has changed and much has stayed the same.

To provide a perspective on some of the issues currently facing the SCI population, Dr. Samuel Grissom, director of The Spinal Cord Injury Program at Methodist Rehab, answered our questions about current trends in the field of SCI.

### Who is the "typical" SCI patient?

A lot of people think of a spinal cord injury patient as a 20-something-year-old male, but that is no longer the case. As the general U.S. population has aged, so has the classic victim of SCI. Since 2000, the average age at injury has been 38, which is up 10 years from the average age in the 1970s.

The prevalence of SCI in adults over age 65 has increased from 4.7 percent between 1973 and 1979 to 10.9 since 2000, which is possibly due to falls. In that same time span, the prevalence in the 0-15 year age group has decreased from 6.4 percent to 2 percent. There are some theories that the drop is due to better safety education for children.

As for gender, males account for 77.8 percent of the estimated quarter-million people with SCI. But there has been an increase in female victims since the SCI data base was set up in 1973. There also has been a rise in the number of African Americans and Hispanics sustaining spinal cord injuries, but that may have to do with the opening of SCI Model System sites in more urban areas. (These sites are the primary collectors of SCI data in the U.S.)

### What about causes of SCI?

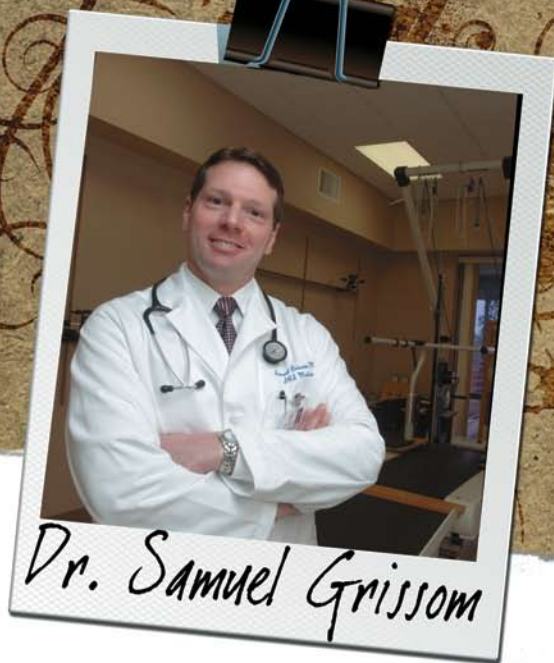
Motor vehicle crashes still top the list, accounting for 46.9 percent of SCI cases since 2000. Falls are next, followed by acts of violence (primarily gunshot wounds).

### What about the long-term outlook for people with SCI?

The best news is more people are surviving the initial trauma of spinal cord injury. One reason is emergency medical service staff are doing a better job in the field stabilizing patients. And we've become experts in acute medical management and the rehab process by treating and preventing the secondary complications that occur. As a result, there has been substantial progress over the past 30 years in improving the two-year survival rate from the time of injury.

Unfortunately, the survival rate more than two years post-injury and the overall life expectancy has tended to level off since 1980 with mortality occurring as a result of the causes seen with normal aging but at a higher rate.





*Dr. Samuel Grissom*

## Is the risk for cardiovascular disease greater for people with SCI?

It is a leading cause of death for SCI patients who have survived more than 30 years and are over 60. What we know is that the incidence of cardiovascular disease is 200 percent higher in SCI patients than in age and gender-matched control populations. And hypertension is almost two times as common in patients with paraplegia.

A contributing factor may be that HDL, the good cholesterol, is lower in patients with SCI. They also have a decreased metabolic rate and a reduced exercise tolerance. We know exercise helps decrease heart disease, so if you're not able to exercise, it is more difficult to decrease your risk.

Another interesting thing is SCI patients may not present with the same classic heart disease symptoms that would lead them to seek the help of a physician. A quadriplegic — because they are always short of breath — might not recognize shortness of breath and heaviness in the chest as cardiovascular disease symptoms.

## What progress has been made to improve the health care of SCI patients?

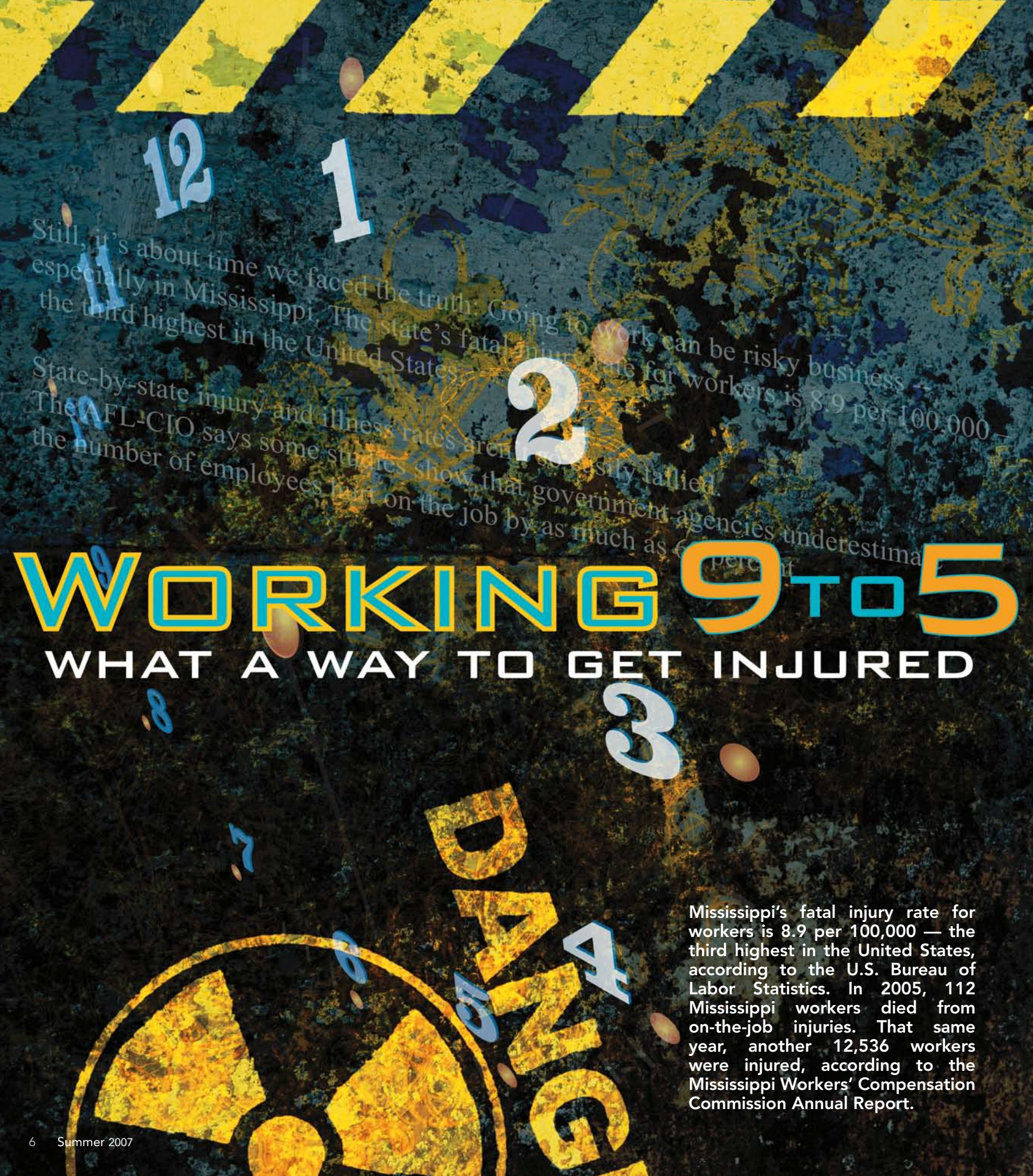
The major progress that has been made so far has been in preventing and treating the secondary complications that occur as a result of a spinal cord injury. We are beginning to identify that SCI patients are at an increased risk for certain diseases compared with the general population. In response, we are providing routine annual screenings and follow-ups for patients and providing instruction on health maintenance.

## Is there a take-home message here?

Yes, it's critical for SCI patients to be proactive about their health. If people with SCI think it's enough to see their physician only when they have a problem, they are not looking out for their own best interests. SCI patients should be consistently followed by a clinician who is aware of their potential for developing cardiovascular disease and other common complications and will prescribe medications and therapies to head off such problems.

As for the medical community, I hope we don't lose sight of the fact that many people have to live with this injury every single day for what potentially could be the rest of their lives. So what we can do to improve their quality of life, maintain a level of independence, decrease episodes of illness or hospitalization and hopefully increase life expectancy is a good thing for them and society.





Still, it's about time we faced the truth: Going to work can be risky business, especially in Mississippi. The state's fatal injury rate for workers is 8.9 per 100,000 — the third highest in the United States.

State-by-state injury and illness rates aren't necessarily tallied.

The AFL-CIO says some studies show that government agencies underestimate the number of employees hurt on the job by as much as 60 percent.

# WORKING 9 TO 5

WHAT A WAY TO GET INJURED

DANGER

Mississippi's fatal injury rate for workers is 8.9 per 100,000 — the third highest in the United States, according to the U.S. Bureau of Labor Statistics. In 2005, 112 Mississippi workers died from on-the-job injuries. That same year, another 12,536 workers were injured, according to the Mississippi Workers' Compensation Commission Annual Report.



# DANGER

## OCCUPATIONAL INJURIES TAKE TOLL ON HEALTH OF STATE WORKERS

It's not something you like to think about as you navigate your daily commute. And it's hardly appropriate banter for break-room gabfests.

Still, it's about time we faced the truth: Going to work can be risky business — especially in Mississippi. The state's fatal injury rate for workers is 8.9 per 100,000 — the third highest in the United States.

State-by-state injury and illness rates aren't so easily tallied. The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) says some studies show that government agencies underestimate the number of employees hurt on the job by as much as 69 percent.

But one measure of the problem can be found among the admissions files at Methodist Rehabilitation Center. Since 2001, Workers' Compensation insurance has been the primary payer for more than 300 severely injured inpatients at the Jackson hospital. The cost for their medical care: \$10.2 million.

As a hospital that offers treatment for brain, spinal and orthopedic injuries, Methodist Rehab cares for victims of the worst workplace tragedies, such as people maimed by machinery, burned by exploding gas wells and crushed by falling objects.

The dramatic stories of five men who survived such traumas can be found on Pages 8 to 19. But their plight is just one small part of the picture. Also suffering are the legions with less severe work-related ailments, such as carpal tunnel syndrome, low back pain and neck strain.

The search for pain relief brings many such victims to Methodist Rehab's outpatient clinics. Records show that Workers' Compensation cases accounted for \$3.3 million in business over the past six years.

It's a trend that promises to continue. Clinic therapists are well-trained in treating problems of the lower back — the most injured body part according to 2006 stats from the Mississippi Workers' Compensation Commission.

Methodist Rehab staff members — including the medical team at Methodist Spine & Joint Center — also are adept at helping employees develop injury prevention strategies. Dr. Kenneth Fox, a physician specializing in non-surgical management of spine and joint pain at the center, offers a roundup of common work-related injuries and how to avoid them on pages 20 to 22.



### LEADING CAUSES OF WORKPLACE INJURIES

1. Overexertion
2. Falls on Same Level
3. Bodily Reaction \*
4. Falls to Lower Level
5. Struck by Object
6. Highway Incidents
7. Repetitive Motion
8. Struck Against Object
9. Caught in or Compressed by Equipment
10. Assaults and Violent Acts

Source: Liberty Mutual Research Institute for Safety

*\*Injuries from bending, climbing, slipping or tripping without falling.*



From 1995 to 2002, 844 U.S. workers were killed while working at road construction sites — and more than half were hit by a vehicle or equipment. On Nov. 2, Brian Jones almost joined their ranks.

**“EVERY DAY IS A  
RISK OUT THERE.”**

— Brian Jones



Brian Jones discusses therapy goals with Dr. Samuel Grissom, medical director of Methodist Rehab's spinal cord injury program.



# BRIAN JONES



Physical therapist Gina McRae helps Brian Jones practice hill climbing in his wheelchair.

As a veteran road surveyor, Brian Jones of Clinton was well aware of the risks of his profession. On any given day, his “office” might be the center lane of an interstate teeming with distracted drivers.

But on Nov. 2, Jones thought he was relatively safe as he worked in an outside lane of Highway 80 West in Clinton. He was in front of Mississippi College, behind a barricade of traffic barrels, dutifully clad in a hard hat and a hard-to-miss orange safety vest.

Intent on his duties, Jones didn’t hear or see the driver careening into his workspace. Next thing he knew, he was the hood ornament on a car going an estimated 50 miles per hour.

“The car carried me 50 feet and slammed into the back of our work truck and got my buddy who was standing there. It flipped me 12 feet in the air. I landed face down and a doctor who worked at Mississippi College was coming by and started taking care of me. He probably saved my life.”

Jones says he was “out of it” for about a month. When he finally did come to his senses, the 41-year-old was a far cry from the guy who could swing a 16-pound sledge hammer all day.

Bones in both legs and his left arm were broken and his forehead was

gashed. But the worst of it was a fractured back and a damaged spinal cord. Jones was now a paraplegic.

“I asked why did this happen to me,” he said. “I didn’t know what to think to tell you the truth. But it’s not going to hold me back.”

Jones arrived at Methodist Rehabilitation Center on Nov. 30, eager to take advantage of the hospital’s comprehensive spinal cord injury program. But he faced a complicated convalescence, said program Medical Director Dr. Samuel Grissom.

Therapy for his spinal cord injury was hindered by his multiple open leg fractures and wounds that required skin grafts. “We had to work in concert with his orthopedist, who was dealing with the healing of his bones, and the plastic surgeon, who was doing the skin grafting,” Dr. Grissom said.

Therapists also had to work around Jones’ spinal fracture, which doctors opted not to fix surgically. “Because his medical condition was so fragile and required prolonged intensive care, they opted to use a clamshell brace to immobilize his spine so the bone could slowly heal, instead,” Dr. Grissom said.

Made of hard plastic and stretching from his collar bones to the groin, the brace’s rigid design limited the

therapeutic exercises Jones could perform. But he did what he could, especially after he saw other patients improving. “I saw it was helping them, so I thought I better get with the program if I wanted to get well,” he said.

After the brace was removed, Jones threw himself into therapy with renewed vigor. By May, he was pushing his wheelchair up the long hill in front of Methodist Rehab and anticipating the day he could go home for good.

“The brace was limiting because he could not lean forward and that made all his mobility more difficult,” said Methodist Rehab physical therapist Gina McRae. “Once he got the brace off, he knew he could be more independent and really started working harder. He wanted to do everything for himself.”

Jones knows he can’t go back to the job he loved, but he believes there is still a place for him in the construction industry. “I’m going to get my GED and start taking college courses,” he said. His ambition is to get a degree in computer-aided design and do civil engineering drawings.

But he’ll always have a concern for the workers who help build the roadways. “Every day is a risk out there,” he said. “Road workers get run over all the time.”



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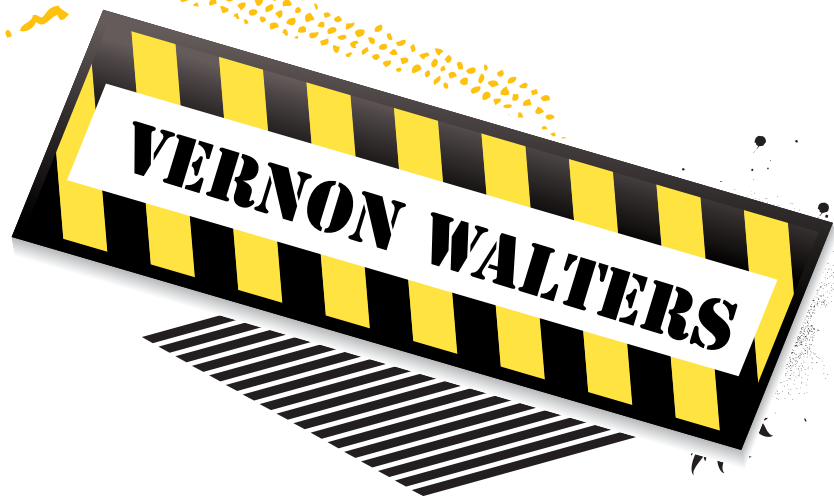


03 WIN

Truck driving accounts for the highest number of work fatalities for any one occupation, but Vernon Walters never worried about his safety — until his cab was crushed by a freight train. Now the brain injury survivor is more aware of the risks of his profession.

"The Lord could have very well taken me that day," he says.





Vernon Walters works on his strength, endurance and flexibility in the therapy gym at Quest, Methodist Rehab's outpatient community reintegration program for brain injury survivors.

## “THANK THE GOOD LORD I’M HERE.”

In 18 years of trucking, Vernon Walters of Wiggins has seen a lot of spectacular sights through the windows of his 18-wheeler. But on Oct. 10, he spotted something he hopes to never see again — a freight train headed straight at him.

It was a Tuesday morning, and the 41-year-old had just driven a load of 80-foot poles onto the scales at the Electric Mills pole plant in Kemper County. While he waited for his paperwork, Walters began jockeying his 100-foot-long rig into a parking spot, a maneuver that put him astride some nearby train tracks.

Walters didn't know he was in danger. A curve in the track and a cluster of trees hid the train until it was about 300 feet away. "In just a few seconds, he was right on top of me," Walters said. "I was trying to back off the tracks, but with an automatic transmission you sometimes have to wait a little bit to get in gear."

That pause almost proved fatal. "The train hit him on the passenger side, just before the door," said his wife,

Donyell. "If it had been a fourth of an inch toward the center of the door, it would have hit him dead center and killed him.

"A woman at the plant told me it sounded like a bomb going off. She wouldn't go out there. When she called his boss, she said there is no way he could have survived."

When Donyell first learned of the accident, the news was surprisingly reassuring. She was told that Walters was alive, alert and his worst injury appeared to be a broken ankle.

But once she arrived at Rush Memorial Hospital in Meridian, Donyell learned her husband had several deep cuts, terrible bruising and fractures in his right ribs and lower back. But what truly had doctors worried was the bleeding in his brain. "I said: 'Can he die?'" remembers Donyell. "And the doctor said: 'Yes, ma'am, he can.'"

Walters was quickly transported to the University of Mississippi Medical Center in Jackson, a hospital better equipped to deal with his traumatic

brain injury. After three days in an intensive care unit there, he transferred to Methodist Rehabilitation Center — another Jackson hospital renowned for its care of brain injury survivors.

Methodist Rehab is one of only 16 hospitals in the nation designated a Traumatic Brain Injury (TBI) Model System by the National Institute on Disability and Rehabilitation Research. The designation fosters collaboration between Methodist Rehab staff and neuroscientists around the world, and gives TBI patients timely access to treatment advances.

After six days of continuing progress, Walters headed home, happy to be away from confining hospital routines. But by February, he decided it might be prudent to take advantage of another TBI program at Methodist Rehab. He entered Quest, an outpatient program that helps people with acquired brain injuries make a successful return to work, school or community life.

*Continued on next page* →





## **“I NEVER THOUGHT I WOULD GET HIT BY A TRAIN — ESPECIALLY SITTING STILL. — Vernon Walters**

Walters said it took being home for awhile to realize he had “a ways to go” recovery-wise. “As time went on, I started noticing problems with my memory.”

It’s a common problem for people who’ve sustained brain injuries, and Quest participants typically work with a speech therapist to improve their level of attention and memory. Strategies include using a day planner, written cues, checklists, repetition and visualization.

Because Walters planned to return to his job, his therapy activities also

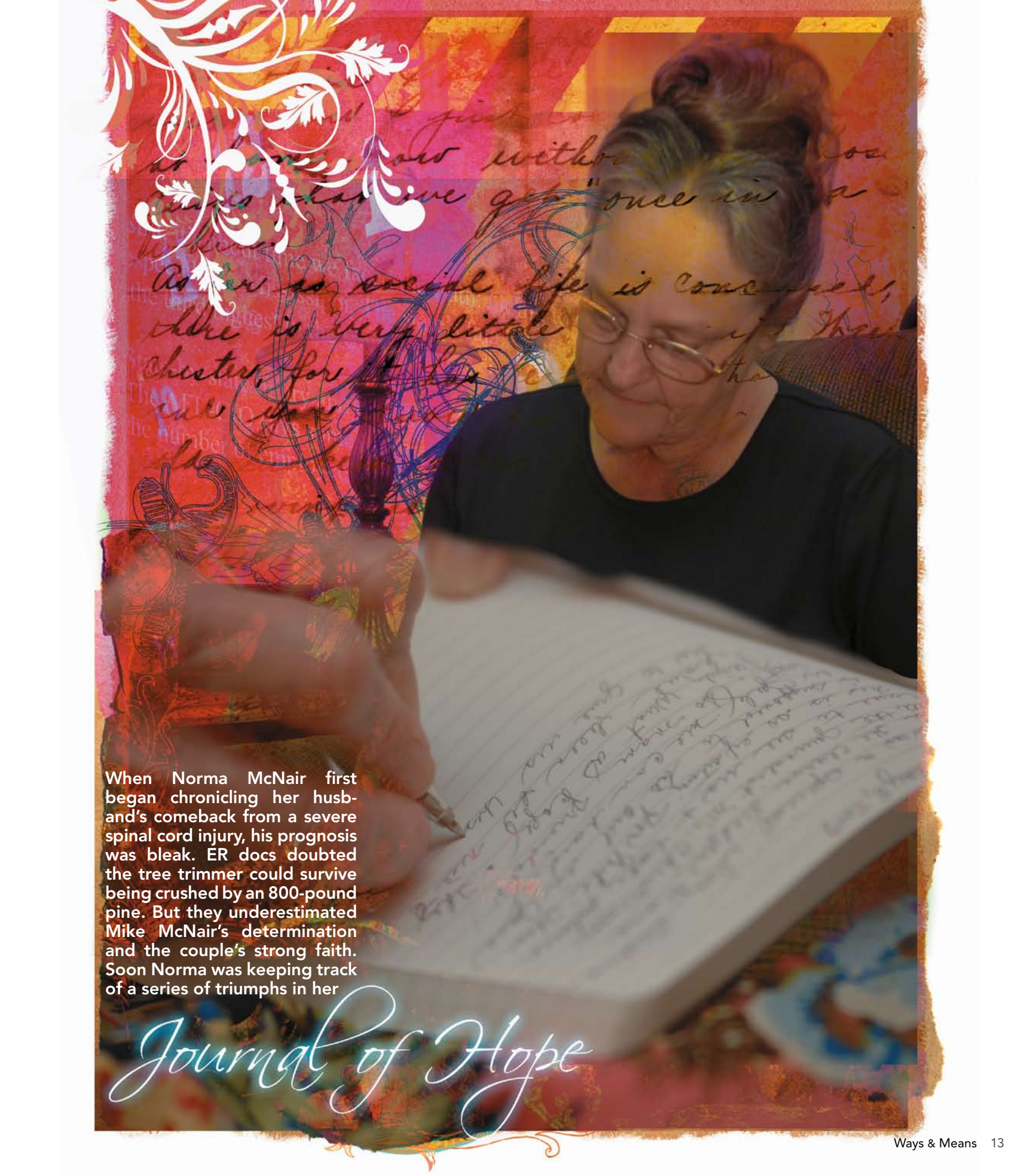
focused on building the strength and endurance necessary to manhandle heavy tarps and handle long hours in the driver’s seat. “His goal was to be able to lift 50 pounds and be able to participate in physical activities for two hours without feeling fatigued,” said Julie Walker, Quest therapy manager.

As Walters readied to run his first post-accident route in May, he looked forward to being back behind the wheel. “I’ve done it so long it ought to come back to me,” he said. Still, he confessed to being a bit nervous about his navigational skills. “I think

I’ll look at the map book more than I used to.”

Even though transportation accidents are the No. 1 cause of workplace fatalities, Walters said he never used to dwell much on the inherent risk of his occupation. Now he knows better than to be so naïve. “I never thought I would get hit by a train — especially sitting still. It gets you to thinking about life and about getting your priorities in order. I think I need to thank the good Lord I’m here because he could very well have taken me that day.”



A woman with glasses and a black shirt is writing in a journal. The background is a collage of red and orange tones with white floral patterns and faint cursive text. The overall style is artistic and inspirational.

When Norma McNair first began chronicling her husband's comeback from a severe spinal cord injury, his prognosis was bleak. ER docs doubted the tree trimmer could survive being crushed by an 800-pound pine. But they underestimated Mike McNair's determination and the couple's strong faith. Soon Norma was keeping track of a series of triumphs in her

## Journal of Hope





## MIKE MCNAIR

**“I SHOULD HAVE BEEN KILLED.”** — Mike McNair

In the tree trimming business, warning shouts mean one thing: Run for your life.

“When someone hollers your name, you don’t look,” stresses Mike McNair of Richland. “You move and then look.”

He tried as much on Nov. 10, but didn’t move fast enough. One short step from safety, he got clobbered by 800 pounds of Southern pine. “It was a freak accident,” said the owner of McNair Tree Service. “A tree I cut fell on another tree lying on the ground and it bounced up and hit me.”

Fortunately, McNair was at the home of pulmonary physician Dr. Barry Whites of Ridgeland, who came running when he heard screaming. He found McNair face-down in a ravine.

“Thank goodness the tree was not on top of him,” Dr. Whites said. “It mashed him into the ground, but the soil was soft enough that I could dig around his mouth and nose and get him breathing again.”

The trauma triggered violent seizures, and Dr. Whites had his hands full

trying to maintain an airway for McNair. “I went crazy,” McNair said. “They had to hold me down to keep me from hurting myself worse. The doc even held my tongue to keep me from choking.”

When rescue workers finally lifted McNair into an ambulance, his co-workers got an inkling of how hard he had been hit. The dirt below him bore a perfect indentation of his body. “There’s no doubt the Lord was looking out for him that day,” Dr. Whites said. “It was a scary situation.”

How scary became evident as emergency room physicians assessed McNair’s injuries.

His spine was damaged in five places, causing paralysis from the waist down. His collar bone and several ribs were fractured. And he suffered blunt trauma to his chest and a cut on his head.

“We don’t know if we can save him,” doctors told McNair’s wife Norma. But she refused to accept that her strong husband — a man who had been a full-time firefighter for 19 years — could be at death’s door. “I

said this can’t be as bad as they’re telling me,” Norma said.

It turns out she was right. By the next night, Norma had good news to report in her green suede prayer journal. “Doctor states Mike felt him squeeze his toes, so there is feeling in his feet,” reads her Nov. 11 entry. “We are all rejoicing. Mike will walk again.”

Nineteen days later, McNair began working toward that goal at Methodist Rehabilitation Center, home of the state’s most comprehensive spinal cord injury program. “The case worker for his Worker’s Comp insurance suggested Methodist Rehab,” Norma said. “And he consistently got better from the moment we got there.”

While McNair vowed he would leave rehab on his own two feet, it was hardly a rational notion. His injuries were extensive, and he was severely debilitated from 20 days in ICU.

Nevertheless, Norma was soon chronicling a long list of McNair’s rehab triumphs — from the first time he stood (Jan. 8) to his first hesitant





**Norma McNair is now on her second prayer journal, as she continues to chronicle her husband's remarkable recovery from a debilitating spinal cord injury.**



**Now that he has graduated to a rolling walker, Mike McNair can enjoy backyard jaunts with his Rat Terrier, Buster.**

steps (Jan. 15). On Feb. 21, she laid down her pen to snap a photo of McNair exiting Methodist Rehab with only a walker for support.

"Quite frankly, he exceeded everyone's expectations," said Dr. Samuel Grissom, director of Methodist Rehab's spinal cord injury program.

"My initial thought was he would be in a wheelchair from now on," said Shannon Moffett, a nurse practitioner for Methodist Rehab's spinal cord injury program. "But every day something new came back and he always had a good attitude. He told me the first day that he was going to walk out of here."

Dr. Grissom said McNair suffered an "incomplete" spinal cord injury, meaning he had the potential to

regain movement below the injury site. But such a recovery was by no means a given, especially for a 58-year-old.

"Older people with spinal cord injuries don't tend to do as well as younger people," Dr. Grissom said. "This is partly due to the adage that it's hard to teach an old dog new tricks." But McNair had several factors in his favor. "Besides being willing and able to try anything we asked him to, being physically fit and trim certainly worked to his advantage," Dr. Grissom said.

McNair also benefited from the experience of a medical team that specializes in spinal cord injury rehabilitation. And he continues to progress at Methodist Rehab's outpatient clinic in Flowood, where

staff predict he'll eventually be able to walk without support.

McNair says he's grateful for his excellent medical care, and all the family, friends and church members who rallied to his side. But he says credit for his remarkable recovery belongs to another source.

"It's God," he said. "When I got to Methodist Rehab, Shannon and Dr. Grissom said they were almost 100 percent certain I would never walk. But I said: You must not know who I know."

"When I started learning about what happened to me, one of the first things I realized is how God had intervened in so many ways. Having a doctor right there on the scene — that doesn't happen that often. I should have been killed."





After an industrial accident sliced off Michael Savage's right leg, most people expected the retired firefighter would get around in a wheelchair. But the gutsy Savage had a grander plan. He was confident he could master walking with a high-tech Otto Bock C-Leg, and the proof is in his grandparenting. His favorite activity is "chasing the grandkids," ages 7, 4 and 2.

No leg, no hip, no problem



# MICHAEL SAVAGE



How does it feel to be crushed by an enormous electrical transformer?

Michael Savage says it's like having a fully loaded truck trailer land in your lap. "The transformer was 15 feet tall, 12 feet long, 6 feet deep and it weighed 60,000 pounds," said the 52-year-old resident of Poplar Grove, Ark. "It was like a small room."

An electrical worker at the time, Savage was in a Newton steel mill, sitting cross-legged in front of the machine, when it suddenly tipped forward. As he tried to scramble to safety, a portion of the transformer fell on his lower body. The weight sliced off his right leg at the hip and shattered the femur and severed the toes on his left leg.

Yet Savage still managed to use his skills as a former firefighter to direct rescue efforts. "I was the only one who was calm," he said. "I was saying someone is going to have to go raise the door so the rescue equipment can come in. I got tickled at the ambulance driver. He had heard that a man was mashed under 60,000 pounds and I knew he thought he was going to scoop up a body and take it to the funeral home."

Instead, Savage was rushed to the University of Mississippi Medical Center in Jackson, where he received 78 units of blood and eventually underwent 15 surgeries. He spent a month in a coma, and at least six times his heart stopped beating.

Once his survival seemed assured, Savage turned his focus to "getting up and walking out." But not everyone thought that was achievable. "Most people said I wouldn't walk again because my left leg was so damaged and I had no right hip," he said.

"People wanted us to send him to Memphis or Little Rock," said his dad, John Savage. "But we went to Methodist Rehab because they were determined to make him walk. The therapists have done wonders."

Savage came to Methodist to be custom-fitted with an Otto Bock C-Leg. Featuring onboard sensors and a built-in micro-computer, the artificial leg is a technological marvel that gives people with high-level amputations the confidence to walk again, said Chris Wallace, director of Methodist Rehab's orthotics and prosthetics division.

"The C-Leg can analyze your gait 50 times per second and automatically adjust the prosthetic knee joint to adapt to different terrain. It's like having an onboard clinician making adjustments as you take each step."

Savage said his recovery has been enhanced by Methodist Rehab's team approach to treating patients with amputations. Because his physician, prosthetists and physical and occupational therapists are all under one roof, they've been able to make timely adjustments to everything from the fit of his leg to the focus of his therapy sessions.

Savage also has benefited from input from Methodist prosthetist Brad Kennedy. An above-the-knee amputee, Kennedy was among the first C-Leg users in the United States and now travels the country training other practitioners on how to fit the leg. "He knew how to tell me how to get around easier," Savage said. "It took a month before I quit watching my feet and legs."

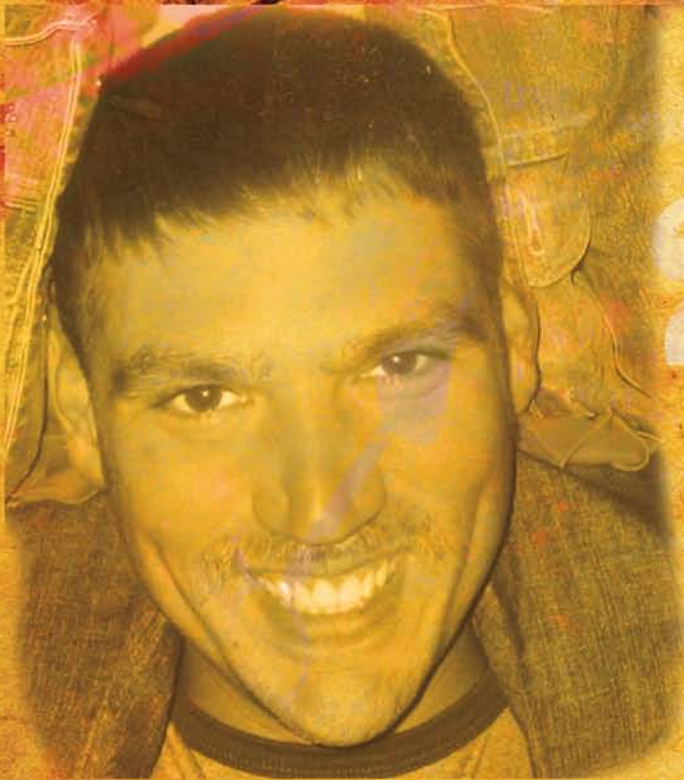
Wallace says an advantage of the C-Leg is it can be fine-tuned to fit each patient's gait. "While the patient is walking, we can use wireless technology to analyze parameters such as how much force is being applied to the foot or heel or how fast the knee is swinging when flexed. The goal is to have as normal and efficient a gait as possible."

Savage gets a kick out of C-Leg features, including the ability to recharge the limb while on the road. "You know how you get in someone's car and say, 'Mind if I smoke?' I say: 'Mind if I plug into your cigarette lighter and charge my leg?'"

Chances are the leg will need plenty of re-charging, as Savage is a man with an active lifestyle. Although he can no longer do electrical work, he stays plenty busy "chasing the grandkids," ages 7, 4 and 2.

"I hate to sit," he says. "If I hadn't gotten the C-Leg, I would have been in the shop making me one."





Fires and explosions killed 171 U.S. workers in 2005. And there were moments when Jack McDaniel thought he might prefer that fate to living with third degree burns over 90 percent of his body. But he soon found he had a knack for survival and a reason to go on. "I believe I've got a strong testimony to share," he says. "God left me here to spread the word."

**"THE FIRST TIME I SAW MYSELF,  
I GAVE UP HOPE."** — Jack McDaniel

Trapped atop a blazing Texas gas well, Jack McDaniel of Florence was frantic to escape the flames that were searing away his flesh.

Three times, he tried to jump 140 feet to his death, and each time he fell before he could make the leap.

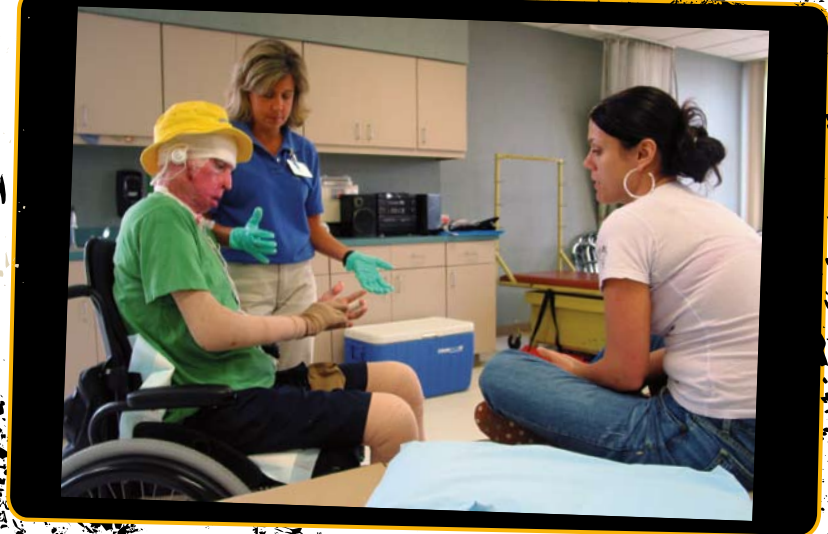
His life was spared, but McDaniel wasn't sure he wanted to live it.

"The first time I saw myself, I gave up hope," says the 31-year-old "derrick man," who was burned over 90 percent of his body in a well blowout on March 3, 2006. "I didn't want to

look like a monster. I knew kids would be scared of me — and they are. But then my little girl, Carney, squeezed my hand and said: 'You still look real good.' I thought if she can accept it and my wife can accept it, then I need to buckle down and accept it, too."



## JACK MCDANIEL



Occupational therapist Suzanne Colbert discusses strategies for maintaining hand function with Jack McDaniel and his wife A'Leta.

McDaniel says he likes to face challenges “head on.” But he won’t sugar-coat how hard life has been since he arrived at the Louisiana State University burn center in Shreveport with third-degree burns covering most of his body.

He has endured more than 50 painful surgeries and skin grafts, and there are more to come. And in between those surgeries, McDaniel must give it his all at Methodist Rehabilitation Center to maintain every ounce of function he has left. “When I get up in the morning, I’m just as stove up as a 90-year-old man,” he says. “Once I go to therapy I loosen up and I’m alright.”

Dr. Samuel Grissom, medical director at Methodist Rehab, said many of the basic principles of rehabilitation therapy apply to McDaniel. “We want to stretch him and improve his endurance and conditioning,” he explains.

But with burn patients, it’s a particularly tenuous process. “Their skin gets so tight that it’s hard to find a happy medium,” says Alison Johnson, a Methodist Rehab physical therapist. “They need stretching really badly, but you can’t be too aggressive or their skin will tear.”

McDaniel’s progress is measured by his degree of movement in each joint, and every day is a fight to maintain improvements from the day before. The process has inspired the title of McDaniel’s planned memoir — *Touching Lives 1 Degree at a Time*. And it’s a given that more than one chapter of that memoir will focus on his wife A’Leta, a woman he describes as “the strongest person I know.”

“My wife stood beside me from day one when I was a burnt-up piece of charcoal. She kissed me and hugged me every day and picked dead skin off my face. And she stood beside me when I screamed and hollered. A lot of times, her voice and touch were all that could calm me down.”

A’Leta’s strength may well be an inherited trait. Her mom faced similar trials when A’leta’s dad, Lemuel Combs of Florence, was burned in a drilling accident in 1970. “Dad was burned from the waist up, and that was when they just put you in a room to die,” she said. Since her dad survived, A’Leta had faith her husband would persevere, too.

“I prayed all the way from Jackson to Shreveport without ceasing, and I told God I knew what he was capable of doing,” she said. “I was not going

to accept anything less from Him than making Jack 100 percent again. It was like God wrapped me up and said everything is going to be fine.”

While McDaniel continues to improve, returning to his former job is out of the question. His injuries destroyed his sweat glands, and heat tolerance will always be an issue. Contractures caused by tightening skin also remain a threat, as does the possibility that the bones in his major joints could start to fuse.

Still, McDaniel did return to his rig one day so he could say: “You didn’t beat me.”

“They say I should be blind because I saw the fire, and my lungs should be burned up because I was hollering,” he said.

Instead, he’s alive and breathing and seeing how some good might come of his tragedy.

“I feel like I’ve got a strong testimony to share. If one person changes his walk and goes to heaven because I got burnt up or because I say something, then I’ll believe it’s worth it. I believe God left me here to spread the word.”



# Desk set not immune

## from workplace injuries

If Mississippi workers had a shared lament, it might be: "Oh, my aching back."

The lower back ranks as the most frequently injured body part in the 2006 Annual Report of Occupational Injuries and Illnesses produced by the state Workers' Compensation Commission.

People who do heavy lifting and loading — such as laborers, material movers and truck drivers — head the list of victims. But musculoskeletal problems are by no means the province of blue collar occupations.

Neck, back, shoulder and wrist pain have become almost epidemic among office workers, says Dr. Kenneth Fox, a physician specializing in non-surgical management of spine and joint pain at Methodist Spine & Joint Center in Flowood. He credits the trend to the increasing use of computers and a one-size-fits-all approach to work stations.

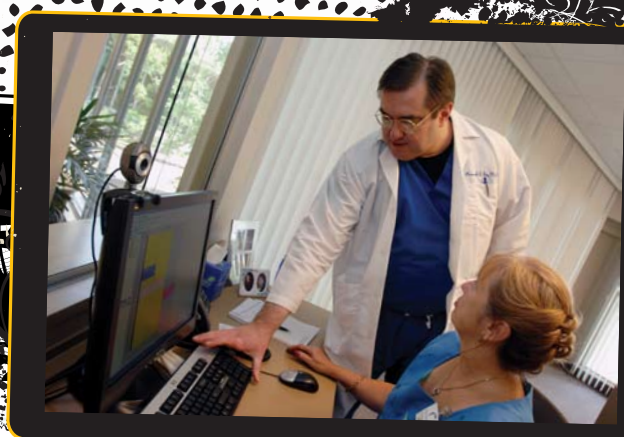
"I think employers fear that making work stations more individualized and

user-friendly will be expensive," Dr. Fox said. "In reality, small and simple adjustments can make an employee more comfortable, decrease sick days and increase productivity."

Dr. Fox said a physician experienced in computer-use pain is often able to suggest work station adjustments based solely on a patient's pain complaint. Factors to be considered include the height and position of the worker's chair, screen and keyboard.

"One of the most common problems is a lack of upper extremity support," he said. "Being able to rest one's forearms while using the computer provides substantial relief to the neck and shoulders over the course of an eight-hour day."

To get at the source of a patient's suffering, Dr. Fox couples a focused physical exam with a bit of detective work. "I want to know what their day is like," he said. "In addition to using the computer, do they spend a lot of time on the phone? And if they do, how do they hold it?"



Dr. Kenneth Fox counsels Cheryl Weaver, physician practice coordinator for Methodist Spine & Joint Center, on how to avoid computer-related neck and back strain.

While many workers realize their pain is related to computer use, many believe they'll have to quit their job to find relief. But Dr. Fox says a myriad of therapies are available for musculoskeletal pain, and the majority are non-surgical. "Computer pain, like most pain, can be treated successfully with physical therapy, acupuncture or medication."

Therapists at Methodist Outpatient Rehabilitation have the expertise to visit job sites and suggest workplace modifications, says therapy manager Jodie Howell-Joyner. But it remains an under-utilized service because few insurers will cover the visit. "This turns out to be a penny-wise/pound-foolish approach as the work station is often the root of the problem," she said.

"Often the problem is not the patient's body, but how he abuses that body on a daily basis," agrees Dr. Fox. "If you do not deal with the cause of a patient's pain, the relief will not last long."





Connie Snow, office manager of Methodist Rehab's Quest program, didn't have to look far for help when her clerical duties sparked flare-ups of carpal tunnel syndrome. She turned to the program's occupational and physical therapists to help her devise some pain-prevention strategies – such as the use of this ergonomically correct pen.

## Carpal tunnel syndrome

a common risk for state workers

Carpal tunnel syndrome (CTS) goes hand in hand with food processing jobs. So it's no surprise that Mississippi's preponderance of catfish, poultry and hog plants puts state workers at risk for contracting CTS.

But it's not just industry that is to blame. The poor health of many Mississippians also plays a role.

"Two big risk factors for carpal tunnel are obesity and diabetes and Mississippi tends to have high rates of both," said Dr. Kenneth Fox, a physician specializing in non-surgical

management of spine and joint pain at Methodist Spine & Joint Center in Flowood.

The syndrome occurs when swelling in the carpal tunnel — a narrow passageway in the wrist — compresses the median nerve. The typical result is numbness, tingling and pain in the thumb, index and middle fingers.

One way to definitively diagnose CTS is to have patients undergo electromyography (EMG) and nerve conduction studies (NCS), said Dr. Art Leis, senior scientist for the Cen-

ter for Neuroscience and Neurological Recovery at Methodist Rehab. The EMG assesses muscle function, said Dr. Leis, while the NCS measures how quickly impulses travel between nerves.





Two big risk factors for carpal tunnel are obesity and diabetes and Mississippi tends to have high rates of both.

"These tests offer several advantages," Dr. Leis said. "They can detect injury to the median nerve, localize the injury to the region of the carpal tunnel, evaluate the severity of injury, determine the patient's prognosis and allow an objective follow-up after any type of medical management or intervention."

CTS tends to afflict employees who repeatedly perform stressful motions with their hands, a common requirement of today's fast-paced workplaces. For instance, catfish workers might cut 100 catfish heads a minute. Some poultry workers make over 20,000 cuts a day. And many computer users stay glued to the keyboard and mouse for hours at a time.

Office manager Connie Snow of Canton says pencils and pens did her in. Filling out reams of referral forms sparked a bout of CTS so severe she wound up having surgery. First, though, she tried more conservative strategies, such as modifying her workstation, wearing a wrist-support splint, taking anti-inflammatory drugs and attending occupational therapy sessions.

"Typically, that will reduce symptoms," said Peggy Kelly, an occupational therapist at Methodist Outpatient Rehabilitation. "If it doesn't, the next treatment is cortisone injections, which help cool down the inflammation. If the symptoms persist, you're looking at surgery."

The operation relieves pressure on the median nerve by dividing the

transverse carpal ligament. Snow had the surgery in March, 2001, and stayed pain-free for awhile. But scar tissue pressing on her median nerve forced a follow-up surgery a couple of years later.

Snow said she still has occasional flare-ups of tingling and numbness, but she has learned several strategies to keep CTS symptoms at bay. "I still do stretching exercises, which really help," she said. "And when I have tingling, numbness or swelling, I'll put my brace back on for a little while."

As an employee of Quest — a Methodist Rehab community reintegration program for brain injury survivors — Snow was also able to turn to therapists there for helpful advice.

Julie Walker, Quest therapy manager, made sure Snow's work station was ergonomically correct. And occupational therapist Lisa Poe found Snow a pen-holding device that has reduced pressure on her median nerve.

Through therapy, Snow also has learned proper posture and positioning and the importance of pacing. She also stops frequently to stretch her hands and wrists. And she breaks up periods of typing or writing with duties such as faxing and filing.

"I'm doing exactly what I've been told to do," she said. "I knew the day I went back to work I would have to be 100 percent."

### prevention tips

- When working at your desk, use a comfortable chair at the proper height. Elbows should be at 90 degrees, hips at 90 degrees, the lower back supported and feet flat on the floor or on a footrest.
- Avoid using your wrist in a bent (flexed), extended or twisted position for long periods of time.
- When typing, avoid resting elbow or forearm on the edge of your desk or over-reaching with fingers or arms. Hit keys lightly.
- Avoid or limit working for long periods in cold temperatures.
- Avoid or limit activities that require constant gripping or vibration i.e. using power tools
- Reduce work speed and pace yourself. Take frequent work breaks or rotate work activities.
- Do stretching exercises before work, hourly at desk and after work.
- Use adaptations if helpful: wrist support devices, wrist splint, foot rest, document holder and telephone headset.



## Support Services Employee of the Year – Quantae' Walker



When rehabilitation technician Quantae' Walker arrived at Methodist Rehabilitation Center in December 2001, he thought he would be assigned to the spinal cord injury floor.

But the need for a tech on the brain injury floor changed his plans, and now Walker can't imagine having

worked anywhere else. "Everyone seems like family, especially on the 3 to 11 p.m. shift," he said. "And I love working with brain injury patients. I keep in contact with a lot of them after they leave."

And they seek him out, as well, said his supervisor Lauren Dukes, nurse manager for the brain injury program. "The families love him," she said. "They always come looking for him when they visit."

Dukes said Walker is "caring and compassionate" with his patients and dedicated to his duties. "He is



willing to work extra shifts when we need him," she said.

Walker's job includes assisting patients with their meals and bathing. And he's always looking for ways to answer their needs. For instance, he bought a pair of hair clippers to accommodate patients who can't make it to the barber.

Walker is delighted with all the perks that come with Employee of the Year, especially the extra vacation time. "I do a lot of traveling with my church, Lee's Chapel AME Zion, so those days will come in handy," he says.

## Clinical Services Employee of the Year – Kristi Goodson



Physicians aren't usually fans of hospital bureaucracy. But a bit of red tape worked in Dr. Stuart Yablon's favor back in 2001.

Paperwork delays postponed Kristi Goodson's start date at the University of Mississippi Medical Center emergency room, giving Dr. Yablon the chance to hire the newly minted

nurse practitioner for the brain injury program at Methodist Rehabilitation Center.

"I told him I didn't need a job," remembers Goodson, who worked at Methodist Rehab during her school years as both a rehab tech and registered nurse. "But I liked MRC and I knew what kind of organization it was. I was interested in working in this type of setting."

But just to be certain she knew what she was getting into, Dr. Yablon stressed to Goodson that she shouldn't expect the adrenaline-rush atmosphere of an ER. "He said: I need to make sure you're not looking for critical care. I like my patients to be stable."



In the years since, Goodson has proven she has a knack for helping patients handle the highs and lows of brain injury rehab. "She has an extraordinary clinical sense," Dr. Yablon said. "She can quickly discern when we're dealing with a clinical problem and sense how to manage the issue. Her exceptional memory and fund of knowledge greatly benefit the patients that we serve."

But it's not just patients who profit from her care and compassion. "We treat the family as a whole, and I enjoy being able to follow them through the continuum of the rehab process," Goodson said. "Even when patients don't have the best outcome, we're able to make a difficult time easier to deal with."





# technology

## THE LOWDOWN ON HIGH TECH



### Congratulations, it's a tennis elbow

The same technology that helps expectant parents decide whether to paint the nursery pink or blue is allowing physicians to better diagnose muscle and joint pain.

Improvements in ultrasound imaging have made it possible to pinpoint problems such as tendon tears and bursitis without the benefit of magnetic resonance imaging (MRI).

"This is a new application for ultrasound," said Dr. Kenneth Fox, a physician specializing in non-surgical management of spine and

joint pain for Methodist Spine & Joint Center in Flowood. "The pictures have improved enough to where things can be visualized with a lot better clarity."

Dr. Fox said Methodist Spine & Joint Center recently became the first clinic in the state to purchase a Phillips HD11 XE Ultrasound System for musculoskeletal purposes. But the New York City transplant said he has been using the system since 2005.

"It becomes an extension of the physical exam," he said. "When I

suspect there's a problem, I can look for the evidence myself, rather than waiting for results from an MRI."

Dr. Fox said patients appreciate the convenience of having the exam done in his office. And it's especially helpful for those who resist MRIs because of claustrophobia issues.

Those who would like more information on the system can call Methodist Spine & Joint Center at 601-936-8801.

### Brace yourself with latest innovation

People who rely on braces to walk can now turn to Methodist Orthotics & Prosthetics for one of the latest innovations in orthotics equipment.

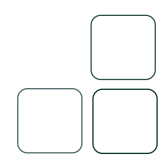
"We are among the first clinics in the Southeast to offer fittings for Otto Bock's new Reciprocating Gait Orthosis Hip Joint System," said Methodist O&P director Chris Wallace. "We're excited about this

new technology because it offers a number of benefits for brace users."

Wallace said the system weighs much less than traditional braces, and its anatomical design fosters easier movement. "These advances make it less cumbersome to operate, so patients expend less energy to walk and their step cycle is more effective. It's also much easier to put on and take off."

The system's adjustability is another advantage, particularly for pediatric patients, Wallace said. "It has exchangeable elements, which make it a snap to adjust to a child's growth."

For information on the system, call 601-936-8899 or call toll-free 1-866-306-9933.





## Is that a brain in your shoe?

Methodist Orthotics and Prosthetics is the only clinic in Mississippi certified to offer fittings and training for the Ossur Proprio Foot — the world's first motor-powered and intelligent prosthetic foot.

The winner of the 2007 Medical Design Excellence Award, the Proprio Foot automatically adjusts ankle positioning to accommodate changing terrain. The end result is a safer and more balanced gait.

A key advantage of the bionic foot is it provides artificial proprioception — the ability to sense where a limb is in space, said Chris Wallace, director of Methodist Orthotics & Prosthetics. "People with amputations lose that awareness, and it's a huge safety concern," he said. "It's hard to walk with confidence when you have no sense of what's underfoot."

Sophisticated motion sensors in the Proprio Foot measure real-time

movement at a rate of 1,600 times per second. A tiny battery-powered computer processes this data and adjusts the movement of the foot.

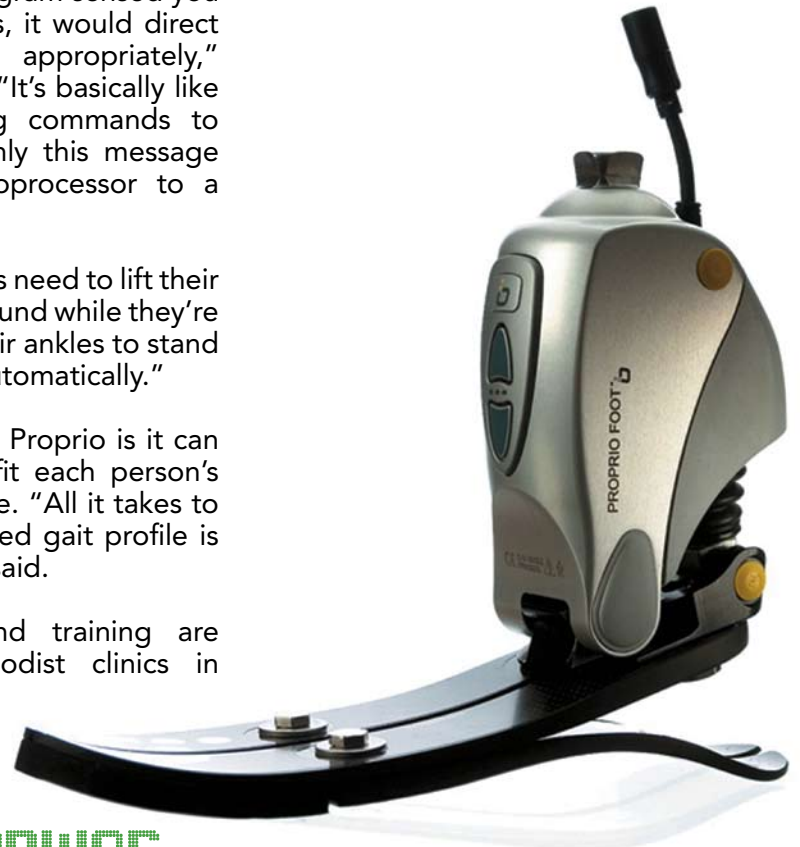
"If the software program sensed you were climbing stairs, it would direct the ankle to flex appropriately," Wallace explained. "It's basically like your brain sending commands to your muscles — only this message goes from a microprocessor to a motor drive."

"When Proprio users need to lift their toes to clear the ground while they're walking or bend their ankles to stand up, it all happens automatically."

Another plus of the Proprio is it can be customized to fit each person's distinct walking style. "All it takes to develop a customized gait profile is 15 steps," Wallace said.

Proprio fittings and training are available at Methodist clinics in

Flowood, Hattiesburg and Meridian, as well as Monroe, La. To schedule a free evaluation, call 601-936-8899 or call toll-free 1-866-306-9933.



## Electrifying pedal power

When you're in a wheelchair all day, staying fit can be a challenge. But a high-tech exercise bike now available at Methodist Rehabilitation Center is making it possible for paralyzed individuals to reap the benefits of stationary cycling.

The RT300-S provides Functional Electrical Stimulation (FES), a rehabilitation technique where electrical current stimulates nerves to evoke muscle contractions. This enables users to push the pedals on the cycle even though they may have lost voluntary control of their leg muscles.

Kimberly Willis, a physical therapist who has been using the system for patients at Methodist Outpatient Rehabilitation, said the cycling helps relax muscle spasms, prevent or retard muscle atrophy, increase local blood circulation and maintain or increase range of motion.

Tim Perry, a Jackson bricklayer who was paralyzed from the upper chest down when he fell 35 feet off a scaffolding, has tried out the system and said it has been beneficial.

"I feel like it has helped me with my range of motion," he said. "I also don't have as many spasms."

For more information on the system, call 601-936-8888.



# See you later, elevator



Methodist Rehabilitation Center is the only facility in the state and one of only six in the Southeast to become an INDEPENDENCE® iBOT® 4000 Mobility System Evaluation Center.

The patented gyro-balanced personal mobility system — a product of Johnson & Johnson's Independence Technology company — allows wheelchair users to:

- safely go up and down stairs, with or without assistance.
- move about at an eye-level height, which facilitates face-to-face conversations and the ability to reach high places independently.
- lower themselves to fit more comfortably under desks and tables.

- climb curbs as high as 5 inches, and to travel over uneven terrain, such as sand, gravel or grass.
- drive their system unoccupied into a vehicle.

"The system would be useful for anyone with a mobility-related disability who has fairly good upper extremity or hand control," said physical therapist Allison Fracchia assistive technology coordinator at Methodist Rehab. "People can come to our Assistive Technology Clinic for an assessment to determine if the system would be safe and effective for their lifestyle."

A certified assistive technology practitioner, Fracchia underwent extensive training on the system and says she's impressed with its capabilities. "The neatest thing to me was being seated in the elevated position. You could talk to people at eye level and reach for objects in cabinets and you felt very stable," she said.

Those interested in learning more about the iBOT system can call Methodist Rehab's Assistive Technology Clinic at 601-364-3533.



# Orthotics & prosthetics division experiences growth spurt



There has been a pushpin explosion on the map designating areas served by Methodist Orthotics & Prosthetics. And the credit goes to consumer demand, says division director Chris Wallace.

"People who are aware of the level of care available at our clinics in Hattiesburg, the Jackson area and Monroe, La. have just naturally pushed for similar services in their own communities," Wallace said. "So we've tried to accommodate that demand as much as possible."

The latest expansion has been the opening of a full-service clinic at 1600

14th Street in Meridian. Wallace said the location is in the midst of the local medical community and referrals have been pouring in.

"It has honestly exceeded our expectations. The community really was in need of additional service choices. The response has been truly overwhelming."

Demand for services also has been strong in Vicksburg, where staff members regularly see patients in established locations in the area. Thanks to the addition of a van equipped with a mobile lab, staff also make designated stops at clinics in

Brookhaven, Port Gibson and Natchez, as well as Ruston and Delhi, La.

"The van makes it possible to go anywhere we see a need, and that has been a big benefit for people in rural communities," Wallace said. "We're bringing top-notch technology and the experience of our staff to areas that have traditionally had limited access to O&P services."

For information on any of the O&P services or locations, call toll-free 1-866-306-9933.

## New outpatient clinic focuses on needs of female patients



Opening an outpatient facility is nothing unusual for Methodist Rehab. It already has three therapy clinics in the metro Jackson area.

But there is something unique about its new Ridgeland location. Because the clinic is housed in Fitness Lady — a health club that caters exclusively to women — the staff is able to put more emphasis on female concerns.

"In this setting, we can educate more women about common issues such as incontinence, pelvic pain and conditions related to pregnancy, Cesarean section and breast surgery," said Susan Geiger, manager of outpatient growth and development at Methodist Rehab. "Another plus is we can use the center's pool for aquatic therapy."

Fitness Lady owner Marilyn Tyler said women need that focused attention because so many ignore their own needs to care for others. "Lots of times it takes a health crisis for them to take care of themselves," she said. "Many of our members join Fitness Lady after they've been in physical rehab. A lot are dealing with hip and knee replacements, neck and back surgery or they are recovering from a stroke or heart problems."

Geiger said the clinic will be able to offer therapy for all the above, as well as problems that go hand in hand with an athletic lifestyle i.e. strains, sprains and typical overuse injuries. The clinic is open to all women — including those who aren't Fitness Lady members — but a physician's referral is required.

"A lot of people mistakenly believe that they need to go to a specialist for a referral to a physical therapist, but it really depends on your problem," Geiger said. "We work with obstetricians and gynecologists to care for women with incontinence and post-partum problems. And family physicians refer patients with a variety of conditions, including back and joint pain, balance concerns and reconditioning after surgery or illness."

For more information about the Methodist Rehabilitation Center clinic at Fitness Lady in Ridgeland, call 601-936-8888.

# Daily Times

## Mississippi Blade Rollers introduce wheelchair fencing at State Games

by Susan Christensen

Eliminate fancy footwork from the sport of fencing and you might expect to sacrifice some excitement. But that's hardly the case when the swords are in the hands of the Mississippi Blade Rollers.

Members of Methodist Rehabilitation Center's wheelchair fencing team say their sport features the same thrills as traditional swordplay and may actually be more combative. "It's in your face," says 30-year-old Joey Brinson of Brandon. "You can't run anywhere."

The sport was in the spotlight on June 17 when it became part of the competition at the State Games of Mississippi in Meridian. David Williams of Ridgeland — a volunteer coach for the Blade Rollers and fencing commissioner for the games — added the sport to the competition roster for the first time this year.

"I think it's a real good addition," he said. "When you work hard and train a lot, it's sort of a reward to go to a tournament."

Pete Collman, an internationally ranked competitor and former captain of the Shepherd Swords team in Atlanta, helped introduce wheelchair fencing in Mississippi via a July, 2006, clinic hosted by Methodist Rehab.

"We're always looking for new activities and fencing is one that suits a wide variety of wheelchair users," says Ginny Boydston, Methodist

Rehab's therapeutic recreation director. "The sport is suitable for amputees and paraplegics and can be adapted for some quadriplegics."

The rules of fencing are the same for disabled and able-bodied competitors, with a few exceptions. Wheelchair fencers lock their chairs into metal frames to avoid tipping over, and they're expected to stay seated and keep their feet on the footrest during competition. The fencer with the shortest arms decides whether the playing area will be at his distance or his opponent's. Scoring is done electronically, and points are awarded when the weapon touches a specific target area.

"In some ways, wheelchair fencing is faster and more intense," says Richard Jones of Clinton, the chairman of the Arkansas-Mississippi-Louisiana division of the U.S. Fencing Association, a volunteer coach for the Blade Rollers and a Methodist Rehab employee. "Able-bodied fencers use their feet to gain distance from an attack, while wheelchair fencers are confined in a chair within reach of their opponents. It's more like a close-in fighting position and that ups the intensity."

That intensity appeals to Brinson, but he says he also has come to appreciate the intellectual nature of the sport. "Physical chess is a good way to explain it," he says. "It requires a lot of thinking and strategy. It makes you use your brain. That helps me in my other sports, too, because I tend to be impatient."



Celebrating their debut at the State Games are Mississippi Blade Rollers, from left, Dejuan Surrell, Randy Lavender, Tom Burnley, Joey Brinson and Robert Donerson. Donerson placed first in the games. Brinson placed second. And Lavender and Burnley tied for third.

Boydston said funding from Methodist Rehab, Ameristar Casino Vicksburg and the Mississippi Paralysis Association made it possible to purchase the wheelchair frames, swords, scoring equipment and uniforms necessary for the sport. And she says the team is also fortunate to have volunteer coaches like Williams and Jones, who are from the Clinton Fencing Club.

The State Games wasn't the first competitive arena for the Mississippi Blade Rollers. The team recently participated in the Dixie Games in Birmingham, and Boydston says the group "held their own." "We competed against Shepherd and it has several Paralympic wheelchair athletes on its team," she said.

Since that tournament, team members have been meeting weekly to improve their skills. "It takes a lot of practice," says 25-year-old Dejuan Surrell of Jackson. "But I want to be the best I can be. It's making me feel more confident showing people I can do this."





## Wheelchair fencing

**History:** This sport was introduced at the 1960 Paralympic Games in Rome and there are 24 countries practicing Wheelchair Fencing today.

**Weapons:** Weapons include the foil, épée and sabre, which are the same equipment as for able-bodied fencers. Fencers who have a significant loss of grip or control of the sword are allowed to attach the sword into the hand using a bandage or similar type of wrapping.

**Clothing:** Fencers must wear protective clothing, including a mask, a jacket a vest and a glove covering the sleeve opening. For foil events, a protective cover is placed on the wheelchair to prevent hits on the chair from being recorded. In épée, a metal covering (an "apron") must be placed over the athlete's legs for added protection.

**Competition:**

- The wheelchairs are fixed in place to the ground by metal frames and the chair is preferably clamped to both sides of the frame to keep the chair from tipping. The fencer with the shortest arms decides if the playing area will be at his distance or that of his opponent. One hand holds the fencing weapon and the other is used to hold onto the chair when lunging and recovering.
- The target for foil and sabre competitions are exactly the same as able-bodied competition. In épée competition, the target is everything above the waist, with an apron being worn below the waist to aid in cancellation of these touches. Feet must remain on the footrest and the fencer must remain seated (no space between the fencer's buttocks and the seat of the chair). The chair must be fixed at a 110-degree angle to the central bar.
- Individual and team events are included in foil and épée for men and women. Sabre events (individual and team) are limited to men. The main object is the same as able-bodied competition. Athletes are connected electronically to a signal box that records the touches of the weapon. A point is awarded when a fencer touches the opponent in the target area.

Source: [Paralympic.org](http://Paralympic.org)





# Methodist Rehab honors contributions of research staff



Samuel P. Grissom, MD



Risa Nakase-Richardson, PhD



Clea Cornett Evans, PhD



Chad D. Vickery, PhD



Samuel T. Gontkovsky, PsyD



Jae E. Lee, Dr. PH



Methodist Rehabilitation Center in Jackson recently honored six researchers for their contributions to the field of rehabilitation medicine.

Dr. Jae Lee, Dr. Samuel T. Gontkovsky and Dr. Risa Nakase-Richardson were each awarded the title of "scientist" for work that includes:

- producing at least 12 peer-reviewed publications
- making at least 20 presentations at scientific meetings
- serving as co-investigator for three or more extramural grants.

A neuropsychologist at Methodist Rehab, Dr. Gontkovsky also teaches at the University of Mississippi Medical Center and Jackson State University. His research centers on psycho-social adjustment after spinal cord injury. He has published 40 manuscripts, four book chapters and eight book reviews.

A staff neuropsychologist at Methodist Rehab, Dr. Nakase-Richardson is director of the Traumatic Brain Injury Model System of Mississippi and assistant director of the Methodist Rehab/University of Mississippi Medical Center Post-doctoral Neuropsychology Fellowship Consortium. Her research centers on neurobehavioral functioning after brain injury. She has published 20 papers and two book chapters.

The recipient of a doctoral degree in quantitative research methods, Dr. Lee's research centers on quality of life after neurological injury, health outcome measurements and evaluation of health services. He has published 18 manuscripts.

The hospital's Research Council also recognized Dr. Samuel Grissom, Dr. Clea Evans and Dr. Chad Vickery for earning the title of "investigator" for making at least six presentations at

scientific meetings and publishing at least three peer-reviewed articles.

Dr. Grissom is medical director of The Spinal Cord Injury Program at Methodist Rehab. His research centers on spinal cord injury management and spasticity, and he has published seven manuscripts.

A staff neuropsychologist at Methodist Rehab, Dr. Evans is also on the faculty of the MRC/UMC Postdoctoral Neuropsychology Fellowship Consortium. Her research centers on interventions and outcomes after stroke and traumatic brain injury. She has published three manuscripts.

Dr. Vickery is also a staff neuropsychologist at Methodist Rehab. His research centers on emotional functioning and self-esteem after stroke, and he has published five manuscripts.





## Fully accessible apartment complex to be built in Meridian



Meridian will be the site for Mississippi's third apartment complex custom designed for wheelchair users.

Mississippi Methodist Accessible Housing, Inc. (MMAH) has announced plans to build Miller Park, a 17-unit complex at the corner of 29th Avenue and 52nd Street. The apartments will feature lowered light switches, raised electrical outlets, wider doorframes, kitchens with roll-under space at the sink and stove and fully accessible bathrooms.

"Research indicates a growing need for this type of housing throughout the state," said Steve Hope, MMAH president. "There are many disabled Mississippians who are independent enough to live on their own if the right kind of housing is available."

MMAH — a not-for-profit corporation sponsored by Methodist Rehabilitation Center in Jackson — secured a more than \$1.2 million grant from the U.S. Department of Housing and Urban Development to fund the

Meridian complex. It is named in honor of Dean Miller, a former chairman and lifetime member of the Methodist Rehab board of trustees.

"Working with HUD, we've been able to make good on our mission to increase housing options for Mississippians with disabilities," Hope said. "Before we opened Webb Park in Jackson in 2001, many people in wheelchairs simply made do by modifying existing housing. Our residents tell me they truly enjoy being in a setting where the accommodations aren't an afterthought."

When Methodist Rehab saw how quickly Webb Park's 19 units filled, a second complex was planned for south Mississippi. Fifteen-unit Wofford Park opened in Hattiesburg in February, 2006.

Hope said Meridian got the nod for the next complex site by virtue of its growing population and quality health care. "Methodist Rehab recently opened an orthotics and

prosthetics clinic in Meridian, so the center is familiar with the needs of the community," he said.

Hope projects the complex will be completed by the summer of 2008. Residents will be chosen via an application process. "Residents are typically people who use a wheelchair because of an amputation or a brain or spinal cord injury," Hope said. Rental rates will be based on a person's ability to pay.

While most of the apartment's amenities will be readily apparent — such as lowered security peepholes and the absence of stairs — another advantage of living at the complex might not be noticed until everyone settles in, said Mark Adams, president and CEO of Methodist Rehab.

"We've found that a true sense of camaraderie often develops among the residents," Adams said. "The complex gives them a sense of community, well-being and independence."

# Sigma Nu Charity Bowl raises \$100,000 for Delta teen paralyzed in football game



Sigma Nu fraternity members, from left, Hank Spragins, president; Matthew Marks, philanthropy chairman; and Charles Cascio, vice president; and New York Giants quarterback Eli Manning, far right, congratulate Robert Cassidy of Ruleville as he receives \$100,000 from the fraternity's annual Charity Bowl football game.

Until he googled the word "paralysis," University of Mississippi senior Matthew Marks had never heard of Robert Cassidy.

But after reading about the Ruleville teen, Marks was sure he had found the perfect recipient for funds raised at the Sigma Nu Charity Bowl.

Who better to benefit than a guy whose courage mimics that of the late Chuckie Mullins, the Ole Miss defensive back who first inspired the annual event. Both athletes broke their necks playing football, yet neither let the tragedy define his future.

"Chuckie's motto was never ever quit, and Robert has taken on that attitude," said Marks, a Monroe, La., native who is philanthropy chairman for Sigma Nu. "He's an amazing individual. After meeting him, we felt like we couldn't have picked a better person."

Since its 1990 inception, the Charity Bowl football game has raised about \$1.25 million to benefit people with spinal cord injuries — including \$100,000 for Cassidy, Marks said.

"I will be forever grateful," said Cassidy, a lanky 17-year-old who was paralyzed from the chest down during the first play of his second high school football game. "The Sigma Nus really went all out for me."

The Charity Bowl takes place in Vaught-Hemingway Stadium and features a clash between the Sigma Nus and whichever fraternity puts up the most money to play. (This year it was the Alpha Tau Omegas.)

Cassidy was honored during a halftime presentation that put him in the company of Ole Miss coach Ed Orgeron, All-America linebacker Patrick Willis and one of the university's most noteworthy Sigma Nus — New York Giants quarterback Eli Manning.

Manning is just the latest NFL star to reach out to Cassidy since he made sports page headlines. Cassidy recently spent some time with Tampa Bay Buccaneers defensive tackle Ellis Wymys. And Washington Redskins defensive back Fred Smoot and New Orleans Saints running back Deuce McAllister both visited Cassidy during

his more than two-month stay at Methodist Rehabilitation Center. McAllister's Catch22 Foundation even contributed \$10,000 to the proceeds raised at the Charity Bowl.

"He's a blessed kid," Smoot said. "He's going to make the best of his situation — regardless."

A classic example was Cassidy's demeanor while at Methodist Rehab. Hospital staff said the outgoing teen spent his time cheering on other patients, many of whom had less severe injuries than he did. "He never seemed to be angry, and he had a peace and acceptance about him," said Methodist Rehab occupational therapist Suzanne Colbert. "He knew God had a plan for him."

Cassidy is fond of saying: "Whatever life throws at you, you've just got to roll with it." But he's grateful that the Sigma Nus' generosity will mean a few less roadblocks in his path. "The money will go towards transportation, medical bills and school," he said. "I'm going to college, that's my main goal."

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# Generous donations benefit work of hospital, research foundation



## Work of Gift Shop volunteers supports foundation

When Nell Smith of Jackson rings up purchases at Methodist Rehabilitation Center's gift shop, it's more than a routine act of retailing for the hospital volunteer. It's also an opportunity to advance neuroscience research. Every sale benefits the Wilson Research Foundation, a charitable organization dedicated to fostering

better recoveries for people who have suffered strokes or brain or spinal cord injuries.

Gift shop profits recently added \$14,500 to the foundation's budget, a sum made possible by the store's unique staffing policy. Except for store manager Terri McKie of

Madison, all the "employees" are unpaid volunteers. "It helps cut those bottom line expenses when you don't have to pay salaries and benefits for employees," explained McKie. "Thanks to the volunteers, we are able to donate more funds to the foundation."

## Wilson Research Foundation funding advances research

The Wilson Research Foundation in Jackson has donated \$457,866 to advance neuroscience research at Methodist Rehabilitation Center.

"As we look to the future, we're committed to the hospital's vision for rehabilitation and research," said Ginny Mounger of Jackson, board chairman of the Wilson Research Foundation and daughter of the late Earl R. Wilson, one of Methodist Rehab's founders. "The greatness of a hospital should be reflected through the value and quality of its research."

Methodist Rehab's Center for Neuroscience and Neurological Recovery (CNNR) focuses on research related to motor function, disorders of consciousness, neuromedical complications, pain control and assistive technology.

"Our researchers have already contributed greatly to the understanding of many of the world's most disabling illnesses and injuries," said Mark Adams, president and CEO of Methodist Rehab. "It's our hope that we'll be able to use the Wilson

Foundation funding to expand our expertise in this critical area of research."

The Wilson Research Foundation was established in 1989 with a grant from the H.F. McCarty Jr. Family Foundation. It honors Earl R. Wilson and his wife, Martha Lyles Wilson, for their lifelong support of the physically disabled.

## Ameristar Casino employees continue commitment to SCI patients

For the third year in a row, employees at Ameristar Casino Vicksburg and The Craig H. Nielsen Foundation have donated more than \$100,000 to support spinal cord injury research and care in Mississippi.

Ameristar Casino Vicksburg General Manager Adrian Caldwell recently joined with the company's employees to present a check for \$101,020 to Methodist Rehabilitation Center. The money will be used to help fund

research at the hospital's Center for Neuroscience and Neurological Recovery. A portion of the donation also will be used to support a patient care fund — a resource for patients who cannot afford critical equipment such as wheelchairs.

Employees at Ameristar Casino Vicksburg donated \$33,673 to Methodist through the Ameristar Cares Workplace Giving Campaign. Their contribution was matched

dollar-for-dollar by both the company and by The Craig H. Nielsen Foundation. A busload of Ameristar employees attended the check presentation ceremony at Methodist Rehab, where they got a glimpse at how their past contributions have supported therapeutic recreation activities at the hospital. The event featured demonstrations of wheelchair fencing, quad rugby and power soccer.

# New York City transplant enjoys new role as physician for Methodist Spine & Joint Center



Who the h\$#@ wants to live in Mississippi?

When U.S. Rep. Charles Rangel, D-NY asked that infamous question, he implied that it definitely wouldn't be a fellow resident of New York City. But Dr. Kenneth Fox begs to differ. After but a few months in the Jackson area, the Big Apple transplant is thriving.

"People here are decidedly more friendly and polite," said the physician for Methodist Spine & Joint Center in Flowood. "Having people I've never met wave to me in my apartment complex was a little taste of culture shock."

Dr. Fox said several factors inspired him to close his two clinics in New York City and head south. "I wanted to devote my full energies to being a doctor and not running a business," he said. "And I wanted to go to an area where there was a need for doctors who specialize in physical medicine and rehabilitation."

Before coming to Mississippi, Dr. Fox considered positions all over the United States. "I even spoke to a practice in Alaska," he said. But he said what set Methodist Spine & Joint Center apart is its affiliation with Methodist Rehabilitation Center

in Jackson. "I was attracted to the idea of working for the only hospital in Mississippi to be named one of America's best by U.S. World & News Report," he said.

Methodist CEO Mark Adams said Fox's extensive experience will be a great asset, particularly in the area of pain management. "We were looking for someone who could care for the aches and pains of a diverse patient population and Dr. Fox definitely fits the bill."

Board certified in physical medicine and rehabilitation, Dr. Fox says he treats pain from head to toe. "My patient population varies from senior citizens with arthritis to amateur athletes with sports injuries."

A graduate of Muhlenberg College in Allentown, Pa., Dr. Fox attended Columbia University's pre-medical program before beginning his studies at New Jersey Medical School in Newark. After earning his medical degree in 1990, Fox completed a residency in physical medicine and rehabilitation at Mount Sinai Medical Center in New York City. He is a member of the American Academy of Physical Medicine & Rehabilitation, the American Institute of Ultrasound in Medicine and is also certified as a physician acupuncturist.



Methodist Spine & Joint Center is housed on the same Flowood campus as Methodist Outpatient Rehabilitation and Methodist Orthotics and Prosthetics. And Dr. Fox says he likes that the setting fosters easy collaboration between professionals who specialize in conditions such as sports-related trauma, repetitive motion injuries and shoulder, neck, back and joint pain.

"I can be certain of the quality of therapy the patient is getting, communicate better with the staff and take advantage of a broader array of non-surgical treatment options," he said. "It also ensures timelier evaluations and treatment, which just naturally promotes a more favorable outcome. The quicker you see the patient, the easier it is to produce a better result."

Although Dr. Fox lives just down the street from his office, he has been taking his new car to work. After years of not owning a vehicle in New York City, he's enjoying navigating traffic in a place where Southern niceties prevail. "I think I've only heard someone honk at someone else twice since I've been here," he marvels.





One Layfair Drive, Suite 100  
Flowood, MS 39232  
(601) 936-8801

## Methodist Spine & Joint Center Staff Committed to Patient Care

The staff at Methodist Spine and Joint Center believes people who suffer from painful backs and joints deserve a prompt, skillful and thorough medical evaluation. This, coupled with a well-conducted treatment plan, ensures the best possibility for immediate and long-term relief. It also prevents patients from being subjected to therapies or surgical treatment that may not be necessary or appropriate for their specific medical condition.

To that end, we make these promises:

- During normal working hours, a person — not an answering machine — will always answer your phone call.
- You will always find easy and accessible parking with friendly security personnel to assist you, if needed.
- You will not have to wait several weeks or months to see your physician. We are currently scheduling new patient appointments within 24 hours.
- You will not wait hours in our waiting or exam rooms before the nurse or physician begins to address your needs. Our goal is to see you within 15 minutes of your scheduled appointment time.
- Our staff will always treat you with courtesy and dignity. We will file your insurance and help you with any requests or financial concerns you may have.
- We will help you with follow-up appointments to other specialists, if needed, and respond promptly to your referring physician with requested medical information.
- Following your appointment, we will call to ask if you have questions or concerns about your treatment or have additional issues that need to be addressed.



## Students suffer 'workplace' injuries, too

Therapists show students how to lighten load, avoid backpack injury

Can an overstuffed backpack be hazardous to your health?

That was the question of the day at two backpack screening clinics organized by the staff of Methodist Outpatient Rehab, the Quest program and occupational therapy students at the University of Mississippi Medical Center School of Health Related Professions. The clinics showed students how to lighten their loads, and staff found many who were in sore need of the advice.

"A backpack should never weigh more than 15 percent of your body weight, yet we saw several kids who were toting excess pounds," said Susan Geiger, a physical therapist at Methodist Outpatient Rehabilitation in Flowood.

"This over-packing is dangerous because it can strain and fatigue muscles and soft tissue leaving kids more vulnerable to injury. It also can compress nerves in the shoulders and arms."

Signs that a backpack load should be lightened include red marks on the shoulders, back pain and numbness in the arms.

To head off such injuries, the staff weighed each student's backpack and suggested proper load limits. Students also learned about recommended backpack features, such as padded and contoured shoulder straps and a waist belt.

"The straps help reduce pressure on the chest and shoulders and the waist belt helps distribute some of the load to the pelvis," Geiger said. "We also recommended a compression strap to hold down articles in your backpack so you're not knocked off balance by shifting weight."

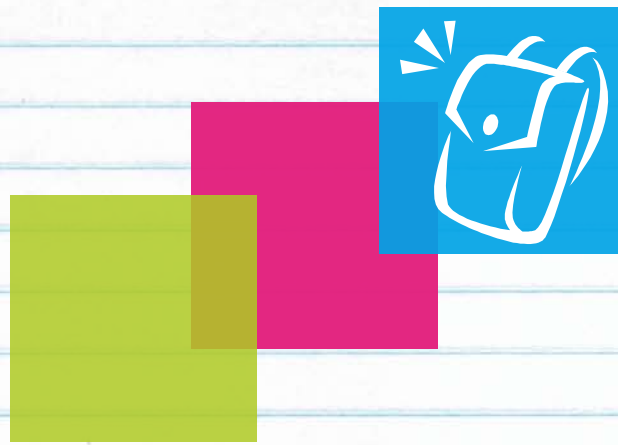
Once you find a backpack with the right features, Geiger recommends taking time to get a proper fit. According to the American Occupational Therapy Association, the bottom of your pack should rest in the curve of your lower back — never more than four inches below your waistline.

## Backpack Tips

- Make sure the backpack fits. Shoulder straps should rest comfortably on the shoulders and under the arms. The bottom of the pack should rest on the contour of the lower back. The pack should sit evenly in the middle of the back, not sag toward the buttocks.
- Wear both straps to distribute weight evenly. Using one strap causes one shoulder to bear all the weight.
- Pack with care. Load heaviest items closest to your back and arrange contents so they don't slide around.
- Don't let your backpack be a stumbling block. In a recent study, the majority of backpack injuries that required an emergency room visit were the result of someone tripping over a backpack.
- Pack only necessary items. If your must-haves overload your backpack, carry other items in your arms.
- If you choose a wheeled backpack, look for an extended handle that is long enough so that you are not forced to twist and bend, and that the wheels are large enough so the backpack doesn't topple.

*Source: American Occupational Therapy Association*





# Can a pack throw your back out of whack?

That depends on what it weighs and how you wear it, say therapists for Methodist Rehabilitation Center. Take the quiz below — based on tips from the American Occupational Therapy Association — to decide if your backpack habits could use an overhaul.

1. Are you careful to carry less than 15 percent of your body weight in your pack? For example, if you weigh 100 pounds, does your pack weigh no more than 15 pounds? **Yes** **No**
2. Do you load your heaviest items closest to your back? **Yes** **No**
3. Do you arrange backpack contents so they don't slide around? **Yes** **No**
4. Do you carry only items necessary for the day's activities? **Yes** **No**
5. If your backpack is too loaded, do you carry a book or other item in your arms? **Yes** **No**
6. Do you select a backpack with well-padded shoulder straps, and adjust the strap so that the backpack fits snugly? **Yes** **No**
7. Do you wear both shoulder straps? **Yes** **No**
8. Do you rest the bottom of the pack in the curve of your lower back — never more than four inches below your waistline? **Yes** **No**

Answered yes 6 to 8 times? **Go to the head of the class.**

Answered yes 3 to 5 times? **Bone up on some backpack basics.**

Answered yes less than 3 times? **Go ahead and schedule some therapy.**





# Wilson Research Foundation Honorarium

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

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