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Practice makes perfect.

We all grew up hearing that old saying, and there’s a reason it’s still around. Familiarity does breed expertise, particularly in the realm of health care.

Consider the experiences of the six Guillain-Barre’ patients who are featured in this issue of Ways & Means.

Because the average doctor seldom encounters this rare neurological disorder, most of the patients spent several days in limbo before their strange symptoms were diagnosed as GBS. But once they arrived at Methodist, they found a team highly familiar with the paralyzing disease and ready with a rehab protocol to get them back on their feet.

I’ve always been proud that our experience provides patients better outcomes than they would receive at places where rehab is merely one job among many.

And I’m prouder still that our expertise continues to grow, thanks to the recent addition of Dr. Samuel Grissom, the medical director of The Spinal Cord Injury Program at Methodist.

A clinician and researcher in the field of physical medicine and rehabilitation, Dr. Grissom most recently served as associate medical director at Kessler Institute for Rehabilitation in Chester, N.J. He has practiced at some of the most esteemed neurological rehabilitation programs in the country, and is already well recognized by his peers as a committed and capable physician scientist.

Dr. Grissom’s office is located inside the hospital, and he sees outpatients in our second floor clinic on Mondays, Tuesdays and Wednesdays. We look forward to his contributions both as a caring and committed doctor and a dedicated researcher.

Another cause for celebration this year has been the opening of Wofford Park in Hattiesburg, a 15-unit complex custom designed for the physically disabled. We sponsored the grant application that secured federal funding for the project, and the complex is named after one of Methodist’s founders – Dr. Jesse L. Wofford of Jackson.

Dr. Wofford called the complex “a magnificent opportunity for continuing Methodist’s service,” and I couldn’t agree more. It’s just another example of how our expertise helps us address the lifelong needs of our patients.

Mark A. Adams  
President and Chief Executive Officer  
Methodist Rehabilitation Center
Wofford Park in Hattiesburg is a custom designed 15-unit apartment complex for the physically disabled. The complex is named in honor of Dr. Jesse L. Wofford, one of Methodist Rehabilitation Center’s founders. Methodist opened Webb Park, a similar complex in Jackson in 2001.

Visitors to Wofford Park might notice a few architectural oddities as they check out the new apartment complex on St. Claire Parkway in Hattiesburg.

Doorways are extra wide. Doorbells and peepholes are low. And there are no steps or steep ramps.

That’s because the 15-unit complex is only the second in the state to be custom designed for the physically disabled. Among the amenities: lowered light switches, raised electrical outlets and fully accessible kitchens and bathrooms.

Wofford Park Inc., a not-for-profit corporation, secured a grant from the U.S. Department of Housing and Urban Development to build the apartments. Methodist Rehabilitation Center in Jackson sponsored the grant application, and the complex is named after one of the hospital’s founders—Dr. Jesse L. Wofford of Jackson.

“Wofford Park is a magnificent opportunity for continuing Methodist Rehabilitation Center’s service,” Dr. Wofford said. “This is an extension of what we first envisioned.”

Steve Hope, Wofford Park Inc. president, said research indicates a growing need for such housing throughout the state. “There are many disabled Mississippians who are independent enough to live on their own if the right kind of housing is available,” he said.

Hope said the apartments are open to people with mobility impairments who are wheelchair-bound because of a brain or spinal cord injury or other disability. Rental rates are based on a person’s ability to pay. Potential tenants can call manager Trisha Beamon at 601-545-8953 to request an application.

Webb Park, the state’s first apartment complex built for the physically disabled, opened in Jackson in 2001. After its 19 units quickly filled, Methodist Rehab began looking for another site to sponsor a complex.

“South Mississippi’s growing population and the quality of health care in the area were key factors in our decision to build in Hattiesburg,” Hope said. “Also, Methodist Orthotics and Prosthetics, a division of Methodist Rehabilitation Center, already has a clinic in Hattiesburg and treats a large number of patients from the area, many of whom could be potential residents of this facility.”

Mark Adams, Methodist’s chief executive officer, said he hoped to see accessible apartment complexes open in other parts of the state, as well. “The new building in Hattiesburg is a great example of community leaders working with a government agency to help provide housing solutions. The complex will give residents a sense of community, well-being and independence.”
In his last official act as chaplain of Methodist Rehabilitation Center, Bruns Myers III of Madison rolled his power wheelchair to a microphone and obligingly blessed the food at his own going-away party.

It was a fitting farewell for a man whose care and concern nourished the spirits of center patients and staff for 16 years.

"Just by coming to work each day, Bruns gave hope to everyone who has ever faced a disabling illness or injury," said Mark Adams, chief executive officer of the Jackson hospital. "When he told patients things were going to get better, they knew it wasn't just sugarcoating. They could see he had experienced the same challenges and prevailed."

Many of those challenges became the stuff of hospital legend, particularly those involving Myers' frequent adventures in his joystick-controlled van. Adams said he'll never forget the day his wife called to say she had seen Myers' van being towed away by a wrecker. "I said: How do you know it was Bruns' van? She said: Because it has a Methodist Rehab sticker and Bruns is in it!"

"They could not get me out of the van, so they just put me on the wrecker," explained Myers, who had gone off the road when the van's controls went haywire.

Myers can laugh now about such perils, but his sense of humor is hard won. In the first years after his injury, "I felt like I had lost everything that meant anything to me," he said.

Myers always thought his life's work would be training horses. But he became uniquely qualified for his role at Methodist on May 7, 1970. On that sunny spring day, the Mississippi State University sophomore dove full-speed into a shallow lake and broke his neck. As he lay paralyzed underwater, "I knew with absolute certainty I was going to die," he said.

A swimming buddy saved Myers from drowning, and doctors kept him breathing. But his carefree lifestyle wasn't so easily resuscitated. Mississippi didn't have a rehabilitation hospital then. So the 19-year-old returned to his parent's home, ill prepared for his future as a quadriplegic. "I wondered why the world went on," he said.

The answer eventually came after he began asking "big questions" about the meaning of life and existence of God. "In struggling with the reality of quadriplegia and its life-changing repercussions, I turned to the Lord, reaching out in faith to Jesus Christ," he said. "The work of Christ in my heart and mind completely altered my perspective on living with quadriplegia."

"No longer did I see life in a wheelchair as unbearable. Instead, I realized that life could still be rewarding and fulfilling, knowing God's grace was sufficient for my needs."

When Methodist opened in 1975, Myers became among the first patients to take advantage of the state's first and only hospital devoted to rehabilitation medicine. And the experience turned his life around. "They taught me how to write, to use the telephone, to feed myself. They freed me."

Methodist staff also introduced Myers to a power wheelchair, a moment he compares to a bird being let out of a cage. "I was able to enjoy independent mobility, something I had not been able to do for the past five years."

Myers often thought about attending seminary, but didn't think it was possible given his physical limitations. Then he made an important connection while recovering from pneumonia in a local hospital's ICU. A visiting Reformed Theological Seminary professor learned of Myers' ambitions and arranged transportation and assistance so he could attend RTS.
Fifty hours of coursework later, Myers decided he needed an undergraduate degree if he were to fulfill his dream of obtaining a master’s of divinity. He earned a bachelor of arts in biblical studies and philosophy at Belhaven College in 1986. Two years later, he received his master’s from RTS.

Myers said one key to his success was the devotion of his parents, Evelyn and Bruns Myers Jr. “Their assistance and faithfulness enabled me to be involved, productive, and accomplish my goals.”

After graduation, Myers began volunteering one day a week at Methodist and was hired as a part-time patient representative in 1990. He was named Director of the Chaplaincy and Ethics Department in 1993, after a year as interim chaplain. “I could not have found a better place to work or better friends,” he said.

Myers’ duties included administering the hospital’s patient care fund, as well as chairing Methodist’s Institutional Review Board and the Ethics Board. But he’s best remembered for the connections he made with patients and their loved ones.

“The fact that he was in a wheelchair meant more to the patients than I think we will ever know,” said Janice McGee, vice president of nursing and program director at Methodist. “He could counsel and support people in a way that was unique.”

“I could show them the possibility of the future,” Myers said “I was a living testimony to the mission of rehab.”

Myers left his chaplain post in March because long periods of sitting were affecting his health. But that doesn’t mean his ministerial days are behind him. Myers will work part-time as an associate to the rector at St. Phillips Episcopal Church in Jackson. And he plans to continue to support Methodist in any way he can.

“I always was a believer in what Methodist was founded for and what it could do. I can remember people coming in young, frightened and uncertain and I saw their lives change and they had hope again.”

As you can tell by these pictures, Bruns Myers III was a chaplain who liked to be in the thick of things. He says his parents Evelyn and Bruns Myers Jr., (shown above at his going-away party) played a big role in helping him stay involved and productive.

"Just by coming to work each day, Bruns gave hope to everyone who has ever faced a disabling illness or injury.”

— Mark Adams
President and CEO, Methodist Rehabilitation Center
Charlie McEwan was on cloud nine as he climbed aboard his motorcycle one morning in 1992.

The night before, the 19-year-old South African had scored the winning goal in a professional soccer championship and was named most valuable player. So he was looking forward to rejoining his teammates for a light day of practice.

But tragedy intervened at an intersection some 30 minutes from the soccer field. A driver ran a stop sign and rammed into McEwan. The accident forced doctors to amputate his lower right leg, and his fate was summed up in the morning headlines — Soccer Career Shattered.

Thirteen years later, McEwan is still a threat on the soccer field. But nowadays he’s directing the action as a coach for the Hattiesburg Youth Soccer Association.

“On most teams I coach, nobody knows about my leg,” he said. “I don’t want to do anything to distract the kids.” It’s easy to see how McEwan keeps his hardware under wraps. Nothing stops him — not even busted equipment.

When his artificial leg gave up the ghost during the last miles of the New York Marathon, he cobbled it together and hobbled to the finish line.

In addition to running, McEwan plays tennis and golf and he just took up scuba diving. So he recently turned to the staff at Methodist Orthotics and Prosthetics in Hattiesburg to fit him with a leg that could keep pace with his active lifestyle.

Methodist certified prosthetist Jennifer Long said he was long overdue for a more advanced prosthesis. “His old leg was heavy,
it wasn’t fitting right and the suspension was horrible. He told me if someone tried to rob him, he wouldn’t be able to run away."

Like a lot of people who've worn a prosthesis for awhile, McEwan wasn’t aware of how components have progressed – until Long set him up with a high-tech Otto Bock Harmony system.

"Technological advances happen so quickly in the prosthetic field that manufacturers are always coming out with something new," she said. “We keep up with those improvements so we can recommend the best products for each person's needs.”

Long said the Harmony model was a good choice for McEwan because it has a vacuum system that provides enhanced suction and a more reliable fit. “This leg stays on when Charlie kicks the ball and runs,” Long said. Plus, it has a built-in shock absorber and a rotator that allows McEwan to pivot his foot. “We also gave him an energy-storing foot to get some spring in his step.”

The upgrade helps McEwan keep up with his Youth-17 team, a close-knit group that first learned about his painful past last summer.

“I couldn’t believe it,” said 17-year-old Dan Robertson, who has played for McEwan since 2003. “He said we were only the second team he had ever told.”

The confession came during a special workout session on a Biloxi beach, and it definitely had the desired effect. “He really inspired everybody,” Robertson said. “I looked up to the guy already, and now I have even more respect.

“It left me with the idea that it really is possible to do what you want to do ... that what you put in, is what you get out. We all worked extra hard and we didn’t complain.”

At the time of his accident, McEwan could have been forgiven for throwing a pity party. Playing professional soccer had been his dream since age 5. But seeing the pain in his parents’ eyes convinced him that he had to forge ahead. “My family is very close and I was more concerned about how they were going to deal with it,” he said.

“I just carried on as I did before. I think because I was young and fit, I managed to have a decent gait. I was able to get a flex foot and run with it. And my activity level just got higher.”

As has his tolerance for life's little annoyances. “People really tend to make a meal of things when something goes wrong, but I try not to let things bother me. There’s always someone worse off than you are.”

That laid-back attitude is one of the reasons McEwan is such a good coach, Robertson said. “Everything he says is constructive, everything that comes out of his mouth is going to help you – and not just in coaching. He’s the only coach who has ever told us: There’s more to life than just soccer.”
Jim Chaney of Vicksburg, above, and Joey Brinson of Brandon, near right, steer their adaptive skis down the slopes of Breckinridge, Colorado. At far right, Ginny Boydston, therapeutic recreation director at Methodist Rehabilitation Center, congratulates Chaney on a successful run down the mountain.
On a recent jaunt to Colorado, Skylar Ellis of Clinton met kids from other countries, mastered the fine art of snowball fighting, and zipped down powdered peaks like she had been born to schuss.

So what was the best part of her trip? “Skiing with my mom,” says the 9-year-old.

Hurtling down a mountain with her daughter didn’t come naturally for Natalie Ellis – wheelchair users aren’t wild about steep slopes. But with the help of some specially designed ski equipment, Ellis embraced the challenge like she has all the other hurdles she has faced as a paraplegic.

“I never let anything stop me,” said Ellis, who was injured in a 1988 car accident. “I never want my disability to get in the way of my children having a normal life.”

Fortunately, adaptive technology has made a variety of sporting activities more accessible, says Ginny Boydston, director of therapeutic recreation at Methodist Rehabilitation Center in Jackson. Nowadays, everything from hockey to cycling can be accomplished with the right equipment and training.

Over the years, Boydston has introduced a variety of adaptive sports to Mississippians with disabilities. And Ellis was often first in line for the fun. “I was Ginny’s resident guinea pig for a number of years,” she says. “I’ve tried wheelchair racing, wheelchair tennis and water skiing. I even got my certification in scuba diving.”

Ellis jumped on the bandwagon again when Boydston proposed a trip to Breckinridge.

What’s more, Ellis, who is vice president and executive director of the Mississippi Paralysis Association, encouraged the association to help others participate in the opportunity, as well.

“We donated money to sponsor the trip because we like to promote sports among the disabled community,” Ellis said. “It makes the disabled person feel more independent and gives them a feeling of accomplishment when they succeed.”

Methodist and Ameristar Casino Vicksburg also contributed funding, which made it possible for Boydston’s program to provide lessons, equipment and lodging for three disabled skiers.
Joey Brinson of Brandon and Jim Chaney of Vicksburg joined Ellis for the February trip to a Breckinridge ski resort. And all pronounced it a peak experience. “It’s exciting,” said Brinson, 29, a paraplegic since a 1994 car accident. “On the steep part of the hill, I was like: Man!”

The trio began their lesson in sit-down skiing at the Breckinridge Outdoor Education Center (BOEC). Staff there fitted each with an adaptive ski, which is basically a bucket seat mounted over a double or single ski. They also were outfitted with outrigger poles, which are used for balance and braking.

Ellis and Chaney opted for a bi-ski (the version with the double skis), while Brinson chose the more challenging mono-ski.

After some initial instruction, the group boarded the ski lift (a feat in itself) and headed up the mountain for some on-the-slope training.

They began their runs tethered to ski instructors. But it wasn’t long before they were cut loose. “I didn’t know my instructor had let go until I did a sharp turn and he kept flying past me,” Brinson said. “I was like: OK!”

As a veteran sled hockey player, Brinson found it fairly easy to stay balanced. But Chaney, the only quadriplegic in the group, had to work to stay upright. “The balance was difficult because I don’t have trunk control,” explained Chaney, who damaged his spinal cord in a 2002 car accident.

Learning to turn proved to be the biggest challenge for the novice skiers. And the three took some tumbles before they got the hang of things. “A couple of times I was going backwards and I had to fall over,” Chaney said.

Ellis admits to the trip’s most spectacular face plant, but she brushed off her bruises and kept trying to get better. “By the end of the second day I was totally independent and ready to move to the next level of runs,” she said.

Ellis and Chaney spent their last day of lessons on the intermediate slopes. But Brinson went even higher, and found a racecourse to practice on. “I was trying to beat my time and I was pretty tired by the time I got to bottom of it,” he said. “It was like a slalom course with 10 poles. I wish I had had somebody to race.”

Brinson says he will definitely go skiing again. “I like the adrenaline of it,” he says.

Chaney and Ellis are interested in an encore visit, as well. Until then, they can recall the good times by viewing the more than 700 photographs Boydston snapped of their skiing.

“I’m so proud of everyone,” Boydston said. “It was like the best Christmas gift I could get to see them all skiing and to ski with them. They’ve all done great.”
Ameristar donation benefits patients and research at Methodist

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

Ray Neilsen, corporate vice president of operations and special projects at Ameristar, joined with the company’s employees to present a check for $104,568 to Methodist Rehabilitation Center in Jackson. 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 essential equipment such as wheelchairs.

Employees at Ameristar Casino Vicksburg donated $34,856 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. Neilsen Foundation, bringing the joint donation to $104,568.

The foundation was created in 2003 by its namesake, Ameristar’s chairman and CEO, Craig H. Neilsen, to help those living with spinal cord injuries. It supports cutting-edge research to find a cure for spinal cord injuries, as well as innovative nonprofit organizations focused on improving quality of life for those with spinal cord injuries.

“My father has a deep personal commitment—and it is the mission of his foundation—to support organizations like Methodist Rehabilitation Center as they provide comprehensive and innovative programs that make a profound difference in their patients’ lives,” said Ray Neilsen. “I am very pleased that Ameristar and the Neilsen Foundation were able to match our team members’ contributions to Methodist Rehabilitation Center.”

Methodist President and CEO Mark Adams said the Ameristar donation will advance the important research being conducted by the hospital’s neuroscience research team. “This donation will help fund our ongoing efforts to more quickly translate emerging discoveries into clinical practice,” Adams said.

Dr. Dobrivoje Stokic, CNNR director, said the money will enable his team to continue work on several SCI projects already under way.

“In particular, we hope to finalize a system that will allow patients computer access to interactive internet-based educational material designed to improve their knowledge of self-care,” Dr. Stokic said. “Patients will be able to use it in the privacy of their rooms at their convenience 24 hours a day.”

Last year, Ameristar, its employees and foundation donated $114,000 to Methodist to help Mississippians living with spinal cord injuries.
Guillain-Barre’ Syndrome
This past fall, six Mississippians came to Methodist Rehabilitation Center to recover from the neurological disorder – all proclaiming they never knew what hit ‘em.

“When they said I had the classical signs of Guillain-Barre’, I didn’t know what that meant,” said 66-year-old June Gautier of Long Beach. “I hadn’t heard of it.”

GBS is rare – affecting only one to two people per 100,000. But staff at Methodist are especially familiar with the syndrome’s eerie effects. As Mississippi’s only hospital that specializes in rehabilitation medicine, Methodist attracts GBS patients from across the state – some 26 since January 2000.

The syndrome occurs when the body’s immune system attacks myelin, the insulation that surrounds and protects nerve fibers, said neurologist Art Leis, a senior scientist at Methodist’s Center for Neuroscience and Neurological Recovery.

The resulting damage leaves the nerves like frayed telephone wires and disconnects communication between the brain and muscles. “Most patients initially complain of loss of sensation or weakness in their feet,” Dr. Leis said.

According to the Centers for Disease Control, symptoms usually reach their peak by four weeks and more than 95 percent of GBS victims survive. While most patients recover functionally, about 20 percent are left with persistent symptoms.

Dr. Leis said about half of GBS cases are triggered by a viral or bacterial infection. “Typically it’s an upper respiratory infection, but it also can be gastrointestinal,” he said. “Some cases of gastrointestinal infection have been linked to Campylobacter, a bacteria found in undercooked foods such as poultry.”

Other risk factors associated with GBS include vaccinations, stress and surgery. People who have compromised immune systems because of conditions such as HIV or West Nile virus also may be more susceptible to the syndrome.

Dr. Leis said he’s not sure if the cluster of patients at Methodist reflects a rise in GBS following Hurricane Katrina or is merely coincidental. But he says at least two of the cases do appear to have a hurricane connection.

Jackson lawyer LaKeysha Greer believes her illness was triggered by the hepatitis B, tetanus and diphtheria vaccinations that she got in anticipation of volunteering on the Mississippi Gulf Coast. And Gautier, a temporary Jackson resident, says her GBS may be the result of the tetanus and flu shots she received before heading to her hurricane-damaged home in Long Beach.
While the CDC says less than 1 percent of GBS cases have been linked to vaccinations, a cluster of GBS was associated with the Swine Flu vaccine of 1976. And as recently as September, the Food and Drug Administration sounded an alert over five reports of the syndrome among teenagers receiving certain meningococcal vaccines.

Nevertheless, Dr. Leis advises against skipping necessary vaccinations. “The risk of developing GBS is minimal compared to the risk of developing the diseases that the vaccines prevent.”

He adds, however, that people should be on the alert for GBS symptoms following a vaccination and seek prompt medical care if they occur. The disorder can progress rapidly to complete paralysis, so timely support services are critical.

The GBS patients at Methodist didn’t waste any time reporting their strange symptoms. Still, most waited days for a diagnosis.

“What made me feel helpless is no one could figure out what was going on,” said 45-year-old John White, a vending route operator from Star. “They acted like it was all in my head.”

Dr. Leis said it’s not unusual for GBS to be mistaken for other illnesses. “Early on, clinical symptoms can mimic other diagnoses,” he said. “That’s why it’s important to consider GBS when patients complain of weakness and numbness that starts in the hands and feet and ascends to include the whole body -- especially if these symptoms occur a few weeks after vaccinations or an upper respiratory or gastrointestinal illness.”

GBS can be confirmed by analyzing spinal fluid for evidence of elevated protein levels and conducting electrodiagnostic studies to examine nerve and muscle function.

Doctors typically turn to plasma exchange or intravenous immunoglobulin (IVIG) therapy to limit the syndrome’s attack on the nerves. “In many cases, if only the myelin is damaged, recovery is excellent,” Dr. Leis said. “But if the nerve fibers themselves are damaged, recovery can be slow and incomplete.”

Leis said GBS patients also benefit greatly from extensive physical and occupational therapy. And for the “GBS 6” at Methodist, it has made all the difference.

Most have gotten back on their feet, and are grateful to be putting their bedridden days behind them. “The main thing that has gotten to me is all the things I used to take for granted, then couldn’t do – like opening a Coke can or shaving,” White said. “It makes you appreciate what God gave you.”
MEET THE GBS 6

1. DIESEL MECHANIC
2. TRUCKER
3. GRANDMOTHER
4. LAWYER
5. RETIREE
6. VENDING ROUTE OPERATOR
For eight days, Danny Beard waddled through his workdays. “I had to start walking like a duck so I could keep my balance,” said the diesel mechanic from Brandon.

When doctors finally determined the source of his staggering, the news was sobering. “They said I had eight of the 10 symptoms of Guillain-Barre’ Syndrome, and I had no idea what they were talking about,” he said.

Once Beard knew more, the information was no less unsettling. Doctors initially thought he had a recurring form of GBS known as Chronic Inflammatory Demyelinating Polyneuropathy (CIDP). But his recovery since indicates he may be putting GBS behind him.

Beard isn’t sure what triggered his GBS. “They told me I could get it from a viral infection, a tick bite or a mosquito bite, and I had all three in one week,” he said.

At the height of his weakness, Beard couldn’t even stand. “Before I went to the hospital, my sister-in-law had to bring an office chair to roll me to the car. I felt so helpless.”

Plasma exchange and intravenous immunoglobulin therapy has helped Beard improve, as has intense workouts with Methodist Rehabilitation Center’s occupational and physical therapists. “Everyone told me how good Methodist Rehab is, and I saw how good it is, too,” he said. “I got leg braces and that helps me because my knees buckle under me so badly.”

While he says GBS “is something he wouldn’t wish on anybody,” Beard says it has taught him to be grateful for family and friends. “Without my wife I don’t know what I would have done. It takes a lot of prayer and a lot of good people to get through something like this.”

First, her beloved grandchildren moved out of state. Then Hurricane Katrina flooded her Long Beach home. So 66-year-old June Gautier figured the odd tingling in her limbs signaled a stress-induced heart attack. She never imagined something as exotic as Guillain-Barre’ Syndrome.

At a local medical clinic, Gautier was told she probably had arthritis. Hours later, her legs buckled beneath her. “I had to call 911 to pick me up off the floor. I thought I had Mad Cow Disease because I had fallen like those cows on TV.”

In the months since, Gautier has made great strides. “They told me my progress was good. I’ve gone from not being able to move my legs to walking with a cane.”

Gautier, who used to walk three miles a day, aims to get back to her “gadabout” ways. “I want to be able to walk, drive my car and visit my friends.”

Walt Gautier has no doubt his wife will accomplish those goals. “She’s basically very independent and determined,” he said. And now she has a big incentive to get better – her grandchildren recently moved back home.
The strangest day of Ricky Creekmore’s life began with him tossing 100-pound tarps over the cargo of his flatbed truck. By afternoon, he was too weak to mash his brake pedal.

“I had to be helped out of my truck and hauled away in an ambulance,” said the 51-year-old Moorhead resident.

Doctors suspected stroke, then multiple sclerosis, and wound up diagnosing Creekmore with something he had never heard of – Guillain-Barre Syndrome.

“It’s kind of scary – especially the onset,” said the long-haul truck driver. “You don’t know what is happening. I had no leg strength, no arm strength. And my face felt like I had been to the dentist.”

Creekmore suspects that a gastrointestinal virus around Thanksgiving prompted his case of GBS. Two days before Christmas, Creekmore wound up in the University of Mississippi Medical Center, where he underwent five rounds of plasma exchange and five rounds of intravenous immunoglobulin (IVIG) therapy.

Creekmore arrived at Methodist Rehabilitation Center on Jan. 10, dismayed at how much strength he had lost. “I woke up one morning and could scratch my nose and I thought that was a big accomplishment. It seems like GBS takes a good strong individual and just zaps them. It’s shocking.”

By the time he left on Feb. 16, Creekmore had progressed to being able to feed himself and brush his hair and teeth. He continues to improve in outpatient therapy and recently began taking steps with a walker.

“I’m trying to get where I can take care of myself at home,” he said. “I don’t think I’m very far from that.”

Physicians use this technique to “wash away” disease-provoking antibodies in plasma, the fluid part of the blood. During the process, blood is removed through a catheter and blood cells are filtered out via a screening device. These cells are combined with fluids and returned to the patient through another catheter. The plasma, which contains the antibodies, is discarded.
LaKeysha Greer easily could have ignored the tingling in her toes and fingers.

Instead, the Jackson lawyer hit the emergency room before leaving on a business trip to Austin, Texas. And she’s ever so glad she did. Otherwise, she might have been aboard a plane when the “weird feeling” escalated into Guillain-Barre’ Syndrome.

Within 24 hours, Greer could lift her big toes, but not her feet; her fingers, but not her hands. “Then I got facial paralysis. I remember saying: I don’t want to be a prisoner in my own body.”

Greer, 31, said her body seemed stuck in some strange stupor, while her mind churned with worry. “The hardest part was not knowing. It took a week and a half before they figured out what it was.”

Once the diagnosis was made, Greer underwent intravenous immunoglobulin therapy before moving to Methodist Rehabilitation Center in mid-October.

Greer believes her illness was triggered by vaccinations that she got in anticipation of volunteering on the Mississippi Gulf Coast. The syndrome so sapped her strength, she wondered if she could withstand the rigors of rehab.

“There were days I didn’t know if I could be there.”

“I knew I would be in therapy several hours a day and I didn’t know if I would be able to do it. I couldn’t walk or stand. But after the first week, I started feeling a lot stronger.”

In January, Greer returned to work part-time at Cosmich and Simmons in Jackson, even though she still had problems with stamina and endurance. “I felt like I could do most anything – just not for a long time,” she said with a grin.

By March 13, she was back to her full work schedule and gearing up for her next big project – her wedding to fiancé Ronnie Isaac of Jackson on May 28. And she was happily anticipating walking down the aisle without a cane. “I’m actually in better shape than I was before,” she said. “It’s kind of embarrassing.”

Shairod Robinson first dismissed the tingling in his hands and feet as a side effect of diabetes.

When it got worse, the 74-year-old suspected a stroke. But after 10 days of tests, his doctors came up with an anxiety-provoking diagnosis – Guillain-Barre’ Syndrome.

“When you’ve never heard of a disease, you wonder what the future holds,” said the retired deputy director of the Jackson Municipal Airport Authority. Plus, it’s disturbing when no one can pinpoint the cause. “But one thing all the doctors told me is I would get over it. I had to take them at their word.”

Things didn’t look good at first. Robinson spent 25 days completely paralyzed in the ICU. “He missed being on a ventilator by a hair,” said his wife Frances.

But the tide turned after Robinson underwent five sessions of plasma exchange. And after months of hard work at Methodist Rehabilitation Center, he is fulfilling his physicians’ predictions. Ever so steadily, he progressed from bed to wheelchair to walker to cane. “Balance and strength are the biggest things I have to work on now,” he said.

Robinson credits much of his comeback to the expertise of the staff at Methodist. “We felt like that was the No. 1 place to go,” he said.

It also helped that he was no slouch before he contracted GBS. “I would walk 2 ½ to 3 miles a day,” he said. “I feel like if I hadn’t been as active as I was, I might not be here now.”
Patients who undergo IVIG therapy are infused with a blood product containing antibodies from about 1,000 different donors. These antibodies are used to “confuse” the body’s immune system when it’s in the midst of attacking itself. Studies have indicated that it can shorten the recovery period for people with Guillain Barre’ syndrome and reduce the risk of residual effects.

Months after he was diagnosed with Guillain-Barre’ Syndrome, John White still felt as if he were walking in concrete boots.

But he was happy he could at least move his toes. In the beginning stages of the disorder, he couldn’t even feel his feet.

“I fell in my house because my legs just collapsed,” said the 45-year-old vending route operator from Star. “What made me feel helpless is no one could figure out what was going on. They were acting like it was all in my head.”

Tests eventually pointed to GBS and White said he asked: What’s that? “I’ve heard about five or six cases of it now,” he said. “My wife got on the Internet and found a bunch of stuff on it.”

Doctors traced the disorder to a bout of stomach flu that White had two weeks before. And they prescribed several rounds of plasma exchange and intravenous immunoglobulin therapy.

When White was ready for rehab, he says he knew exactly where he wanted to go. “I had a brother-in-law in a racing car accident 25 years ago that was hit so hard it broke his leg in two places and he also had a stroke. He stayed at Methodist Rehabilitation Center for five or six weeks, and he’s walking now. That impressed me.”

White said his time at Methodist got him walking again, too. And the whole experience has taught him not to take little things for granted - like tearing paper off a straw or opening a Coke can. “Learning everything over again makes you appreciate what God gave you,” he said.

Intravenous Immunoglobulin (IVIG) Therapy

John White
It was the scariest Halloween ever and the happiest New Year by far.

That’s how 36-year-old Hollie Harvey sums up a holiday season that has taught the Mendenhall mother of three to treat each new day as a gift. “I’m thankful to be alive,” she said. “I look at things in a whole new light.”

Harvey’s perspective was changed the night her husband Tim hitched a hay trailer to his father-in-law’s Chevrolet Silverado and took family and friends on an old-fashioned Halloween hayride.

Harvey remembers being “happy and excited” as she sat on the truck’s tailgate cuddling her 5-year-old son Hooks. Then came a small bump and the simultaneous snapping of both tailgate cables.

Harvey had time to toss Hooks out of harm’s way before their perch plummeted. But she slid under the trailer’s left wheel. As it rolled over her torso, the impact punctured a lung and broke six ribs, a shoulder blade and two vertebrae in her back.

Harvey heard her bones crack and her children scream, yet she never panicked. “I couldn’t breathe and I knew I was paralyzed, but I was as calm as if I was lying on the beach,” she said. “I felt God was there with me and he was going to use me.”

Taking life one step at a time

Mendenhall woman is back on her feet despite surgeon’s prediction
Harvey heard her bones crack and her children scream, yet she never panicked. “I couldn’t breathe and I knew I was paralyzed, but I was as calm as if I was lying on the beach,” she said. “I felt God was there with me and he was going to use me.” — Hollie Harvey

Today, her purpose may be to prove what’s possible when you’ve got God, gumption and a good medical team on your side. Despite a surgeon’s predictions that she might never walk again, Harvey is back on her feet.

It’s a far cry from how she arrived at Methodist on Nov. 9. “I couldn’t move anything,” she said. “I cried all the way over I was so scared.”

But as soon as she hit the therapy gym, Harvey learned there was no time for tears. She had work to do. “People come in here thinking they’re sick and we don’t give them any slack,” said Methodist physical therapist Mary Smith.

“These therapists know exactly how to treat you,” Harvey said. And she took pride in rising to their challenges. “When they would tell me to do 10 reps, I would do 20,” Harvey said. “I wanted to be able to kick a ball with my children (Hooks, 5; Anna Grace, 7; and Honey Beth, 12). That was my motivation.”

Although she was a registered nurse at River Oaks Hospital in Flowood, Harvey admits she had a lot to learn about the realities of rehab. While Smith kept telling her to “take the abilities you have today and work with that,” Harvey wanted to skip past the fundamental exercises designed to build balance and endurance.

“I thought they were a waste of my time,” she said. “I thought: What has this got to do with me walking? Then I realized each one built on the other and if I was going to walk, I had to sit first.”

Harvey’s spinal cord injury was classified as incomplete, meaning there was a chance her paralysis might not be permanent. So Dr. Michael Winkelmann of Madison, a rehabilitation medicine physician at Methodist, prescribed a regimen of medication and therapy designed to foster a return of nerve function.

Just as importantly, said Harvey, he gave her the hope she could heal. “Every time I’ve done something new, Dr. Winkelmann has said: ‘I knew you could do it.’ He had faith in me from the beginning.”

Her family and friends offered their support, as well, filling her room with a 200–card “wall of inspiration” and making sure she was rarely alone. Her brother John Hooks of Jackson even showed up every night to work her legs for an hour and a half. “He’s a lawyer, but he makes a good physical therapist,” Harvey said.

A week after arriving at Methodist, Harvey wiggled her right toe – the first in a series of returning movements. Soon, Methodist occupational therapist Bridgett Pelts had Harvey up and crawling, a therapy that strengthened her hips and knees and improved her coordination. Then it was time to stand. “I was scared to death,” Harvey said. “But it was the most awesome feeling.”

Next, Harvey took advantage of the hospital’s treadmill gait-training system. While her weight was supported in a harness, therapists helped her walk her legs on the moving treadmill. “It gets the body used to the reciprocal motion of walking and seems to get things going neurologically,” Smith said.

By the time she left Methodist for the Christmas holidays, Harvey was doing laps around the therapy gym on a rolling walker. She continued therapy at Methodist’s outpatient clinic in Flowood, and her determination was evident from day one, said physical therapist Lisa Indest.

“She wanted to walk with a cane in just a month, and I was worried that might be being too ambitious,” Indest said. “But I didn’t want to discourage her. I told her we would work toward her goals. And her return of function has been extraordinary.”

“One of my goals was to walk without my cane to my little boy’s first baseball game on April 4 and I did it,” Harvey said. “The only thing I can’t do is run, and that is my next goal.”

Meanwhile, Harvey is making good on another vow by sharing her testimony at a variety of venues. “I’m speaking everywhere I can about what God has done for me,” she said. “I told my mom I’m going to be walking and talking about God and how good he has been.”
When Earl Wilson helped found Mississippi’s most comprehensive rehabilitation facility, Dr. Samuel P. Grissom was just beginning junior high in Florida.

Still, the two had much in common. Wilson’s father and Grissom’s grandmother were left virtually speechless by devastating strokes. And their sad plight had a profound effect on their loved ones.

At a young age, both men felt led to make life better for people with disabling illnesses and injuries.

Wilson pushed for the creation of Methodist Rehabilitation Center and was its board chairman until his death in 2000. Now Grissom is continuing that caring legacy. In February, he became medical director of the Jackson hospital’s spinal cord injury program.

“What drove me to medicine was my interest in caring for people,” said Dr. Grissom, who is board certified in physical medicine and rehabilitation. “My philosophy is to focus on what people can still do and to help them maximize their abilities.”

Dr. Grissom most recently served as associate medical director at Kessler Institute for Rehabilitation in Chester, N.J., where he was both a clinician and researcher.

“We think Dr. Grissom’s background and expertise are perfect for what we want to maintain here at Methodist—a center for excellence in the treatment of spinal cord injuries,” said Mark Adams, president and CEO of the Jackson hospital. “He has practiced at some of the most esteemed neurological rehabilitation programs in the country, and is already well recognized by his peers as a committed and capable physician scientist.”

Much of Dr. Grissom’s research has focused on controlling spasticity, a debilitating condition that can cause painful spasms and abnormal postures. He has done several studies on the use of implantable pumps containing the drug baclofen. It’s an area of interest he shares with Dr. Stuart Yablon, medical director of Methodist’s brain injury program.

“One thing that drew me to Methodist was the opportunity to work with the already established researchers that are part of its Center for Neuroscience and Neurological Recovery,” Dr. Grissom said. “I think we can make great strides in improving quality of life by preventing medical complications and using newer technologies and equipment to foster active lifestyles for our patients.”

Dr. Grissom said he’s excited about the hospital’s planned purchase of an Ergys 2 Rehabilitation System, a type of stationary bike that can be used by people with little or no voluntary leg movement.
“The system is like the one used by the late Christopher Reeve, and it offers a number of benefits,” he said. “It has been shown to improve exercise tolerance, cardio-respiratory capacity and blood flow, as well as prevent muscle atrophy and bone demineralization.”

Dr. Grissom’s office is located inside Methodist Rehabilitation Center. He sees outpatients in the hospital’s second floor clinic on Mondays, Tuesdays and Wednesdays.

Given that Mississippi has one of the highest SCI rates in the nation, Dr. Grissom has no doubt he’ll be kept busy as he splits his time between patient care and research.

But he’s confident that Methodist’s dedicated staff of professionals will help him succeed. “There are some very knowledgeable and committed staff members here who have been involved with SCI care for quite some time. I look forward to working with them.”

Dr. Grissom said he was attracted to rehabilitation medicine because it involves aspects of neurology, internal medicine, orthopedics and psychiatry. He also likes the rewards of working with patients over the long haul. “When someone gets sick, you see them through the entire illness and into the recovery phrase.”

The dynamic can be challenging for doctors more accustomed to a treat-em-and-street-em approach. But Dr. Grissom said he learned the tenets of rehab medicine from a physician who knew how to nurture relationships with patients and their families.

“In my early training, I got the chance to study with Dr. Murray Brandstater, a well-known physiatrist who is just a phenomenally caring and knowledgeable physician. The time he spent with patients and families and the satisfaction he gained as patients recovered or learned to compensate for deficits was a role model for me.”
Marjorie Taylor of Canton awoke from surgery, saw her bandaged head in a mirror and thought: “My word. What happened to you?”

The 78-year-old couldn’t believe that a simple fall had left her with a life-threatening brain injury. But statistics show it’s a common fate for the elderly.

“Falls are a leading cause of traumatic brain injuries, and the risk is particularly high for senior citizens,” said Susan Geiger, a physical therapist at Methodist Rehabilitation Center’s outpatient clinic in Flowood. “In 2004, accidental falls killed 181 Mississippians, and 139 of the victims were age 65 and over.”

Taylor blacked out twice after her Jan. 5 tumble on a friend’s brick walkway. But in her confused state, she didn’t realize the seriousness of her condition. “I had no outward bleeding except my mouth,” she said.

At first, Taylor refused to go to the emergency room—she had her fill of ERs during her late husband’s extended illness. But her daughter Judy Packer insisted, a decision that probably saved Taylor’s life. “Her doctor said many people die from this because they take two Tylenol and go to bed,” said Packer, a Madison resident who teaches at French Elementary in Jackson.

As it was, Taylor got to surgery just in the nick of time. “Her doctor said the blood clot was bigger than he originally thought and she also had some bleeding in her brain,” Packer said.

Realizing her mother would need extensive rehabilitation, Packer pushed for a transfer to Methodist Rehab in Jackson. And on Jan. 16, Taylor began therapy at one of only 16 hospitals in the country designated a Traumatic Brain Injury Model System by the National Institute on Disability and Rehabilitation Research.

“We begged to come to Methodist because my dad had rehабbed here after his 1998 stroke,” Packer said. “He came in unable to even stand and walked out on a cane.”

Until her injury, Taylor walked two miles a day on her treadmill, so she doesn’t believe her fall was caused by any physical frailties. She says she simply tripped on a slightly raised brick paver and fell face-first.

To prevent such tragedies, Geiger urges homeowners to be on the lookout for fall hazards. Common dangers include uneven walkways, stairs without handrails, slippery throw rugs, appliance cords that stretch across pathways and wobbly furniture. Geiger also recommends adding safety improvements, such as grab bars for shower stalls and brighter lighting, indoors and out.

Geiger said a number of physical conditions contribute to falls, including poor vision related to cataracts and glaucoma, gait and balance disorders and fainting caused by cardiovascular diseases. Ailments that affect the legs and feet, such as arthritis, muscle weakness and nerve damage, also play a role.

Dizziness is another concern, and can be a sign of vestibular system disorders. Geiger, who has special training in vestibular rehabilitation, says the system includes the parts of the inner ear and brain that help control balance and eye movement.

Geiger said she recommends a balance assessment for people who complain of unsteadiness. She said the screening is a good fall prevention measure because it can pinpoint problems with vision, the inner ear or inadequate input from the joints and feet. “If we can isolate the cause, we may be able to prescribe therapy that gets rid of the problem once and for all,” she said.
Daily in-patient therapy has greatly improved Taylor’s cognitive skills. And she now looks forward to making further progress at Quest, Methodist’s community reintegration program for people with brain injuries.

Before her fall, Taylor lived a “blow-and-go” lifestyle, said her daughter. And Taylor says she’s eager to return to her self-sufficient ways. “I want to get back to where I don’t have to depend on anybody,” she said.

For more information on Methodist Rehabilitation Center’s balance assessment program, call Susan Geiger at 601-936-8888.

Taylor advises other seniors to do all they can to prevent falls because the aftermath can be life changing. Her brain injury left Taylor with a baffling communication disorder known as expressive aphasia.

Methodist speech therapist Trinity Bonner said the disorder affects Taylor’s ability to find the right word and express her thoughts. She also struggles with math, a frustrating turn of events for the retired bookkeeper. “When it’s something you’ve done all your life and you can’t do it now—it’s so confusing,” Taylor said.

Fall Prevention Tips

- Remove things you can trip over (such as papers, books, clothes, and shoes) from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Have grab bars put in next to your toilet and in the tub or shower. Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Lamp shades or frosted bulbs can reduce glare.
- Wear shoes that give good support and have thin non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.

*Source: Centers for Disease Control
Lanny the yellow Labrador still has some puppy in him. He sits with his legs all akimbo, and he wiggles his rump when he’s excited.

But when he’s at work at Methodist Rehabilitation Center in Jackson, the 2-year-old is a model of maturity. Lanny is devoted to his duties as the center’s new facility dog.

On a recent Tuesday, he trotted back and forth across the hospital’s fourth floor therapy gym, tirelessly fetching a ball thrown by stroke patient Dupree Seals of Camden.

The scene looked like play time, but physical therapist Gina McRae of Ridgeland says the routine was actually part of Seals’ rehab plan. “We’re working on his sitting balance and getting him to bear some weight on the arm that was made weaker by the stroke,” explained McRae, who serves as Lanny’s handler. “This is just more fun than reaching for cones.”

Especially for Seals, who was pining for his own pet—a Chinese Crested named Jada. “I like dogs,” he said. “Lanny is very friendly and he isn’t shy.”
Lanny learned his good manners at Canine Companions for Independence (CCI), a non-profit group that trains assistance dogs for the disabled.

CCI volunteers Art and Cindy Patterson of Melbourne, Fla., began working with Lanny at age 5 months. “From the day he arrived, he was a big bundle of furry love,” Cindy said. “Lanny always loved people – especially children. During church, he would peek under pews to watch them come and go. He was such a regular and well-loved member of our congregation that the ushers added a category for dogs when they counted attendance.”

By the time he arrived at Methodist in November, Lanny had undergone more than two years of intensive training. He came home with McRae after she finished her own training at CCI’s Southeast Regional Training Center in Orlando.

During the two-week course for handlers, McRae learned to communicate 40 different commands. She also practiced strategies for navigating public settings. “Lanny is like a magnet for people to pet,” she said. “One stranger grabbed Lanny’s head and rubbed and rubbed for at least a minute.”

At his “final exam,” Lanny had to prove that he could maintain control in a Florida mall packed with holiday shoppers. McRae said he aced all his tests, including remaining impervious to food being dropped in front of him. “He even backed his paw away from a piece of kibble that touched his foot during the food drop,” she said.

Lanny is based on Methodist’s stroke floor, and McRae believes he’s a perfect companion for the mostly elderly patients there. “The CCI trainers told me he would be hard working and not too rambunctious,” she said.

Those traits have helped Lanny fit in at McRae’s home, too, where he shares living quarters with her Golden Retriever Sadie. “At first they had a little tiff over a food bowl and ever since they’ve been best friends.”

If Lanny were a canine companion for a person with disabilities, he would help with practical tasks such as retrieving dropped items or opening doors. As a facility dog, he assists the staff at Methodist with various therapy goals.

“For instance, if I were working with brain injury patients who had vision or memory problems, I might ask them to find Lanny in the room or to recall his name, age or what type toy he liked,” McRae said.

At other times, Lanny’s role is simply to cheer people up, and McRae says that might be his best skill. “He loves people. Nothing gets his tail wagging like someone loving on him.”

Fast Facts on CCI

- CCI uses Golden Retrievers, Labrador Retrievers, and crosses of these two breeds. Most dogs come from CCI’s selective breeding program.
- Since its founding, CCI has graduated 2,522 teams.
- People with physical or developmental disabilities who can demonstrate that a canine companion will enhance their independence or their quality of life are qualified to apply for a CCI dog. Also eligible are professionals working for organizations that provide physical or mental health care to clients who will benefit from interaction with a facility dog. Interested parties should contact the regional center nearest where they live for an application.
- The average service life of each dog is eight years. After that time the dog is retired and will live out its golden years as a pet.

For information, call 407-522-3300 or visit caninecompanions.org.
Brad Kennedy, a certified prosthetist at Methodist Orthotics and Prosthetics in Flowood, received one of the highest military honors given to a civilian on March 18 when he was awarded the Mississippi Magnolia Cross Medal.

The 30-year-old corporal for the all-volunteer Mississippi State Guard was recognized for rescuing a Gulf Coast man who suffered a severe asthma attack in the midst of Hurricane Katrina.

Kennedy is a member of the State Guard's Hattiesburg-based 402nd Military Police Battalion, which was sent to the Gulf Coast to augment forces from the National Guard's 112th Military Police Battalion. He was assigned to an attachment that waited out Hurricane Katrina at the Moss Point High School shelter.

As an above-the-knee amputee who uses a high-tech artificial leg, Kennedy knew the risks of driving in search of an inhaler for the man. If floodwaters swamped his truck, his leg's expensive electronics would surely be short-circuited.

But Kennedy said waiting for help wasn't an option. “Some EMTs from Florida who were at the shelter felt like the man was going to die if he didn’t get medical attention,” Kennedy said. So he hurried the asthma patient, an EMT and a local resident into his four-wheel drive, Ford F-250 truck, and they made a run for higher ground.

As the group headed toward what might be dangerously deep waters, Kennedy’s mind wasn’t on his vulnerabilities. “The individual that we were helping came first,” he said. “My truck and leg could be replaced. The person couldn’t.”

When his truck stalled, Kennedy and the EMT helped the others wade to safety through chest-deep waters. Then he went house to house and located an inhaler. “The man took about four hits and got his breathing back under control,” Kennedy said.

After finding a boat to ferry everyone back to the shelter, Kennedy quietly returned to his duties—despite being hobbled by his ruined left leg.

First Sergeant Clint Williams sent him home two days later to have his leg repaired. “It’s one of the hardest things I had to do,” Williams said. “I was proud that he had the guts to go out and try something like that. He has my respect totally as a soldier and a human being.”

Kennedy said the car accident that cost him half his left leg at age 17 ended his dream of becoming a Marine. So he’s proud to be a part of the Mississippi State Guard—a unit that serves as a defensive force for the state during times of emergency.

He’s also happy to have found a way to support the troops in Iraq. Lately he has been using his vacation time to visit Walter Reed Hospital in Bethesda, Maryland, where he helps soldiers injured in the war adjust to their prostheses. “I’m doing what I can to do my part here,” he said. “If they let me in the military a little later on, I’ll do that, too.”
Adaline Wilcher’s official title is tray line supervisor.

But she’s probably best known as that sweet lady who calls everybody “sugar” and “baby” when they go through the Methodist Rehabilitation Center cafeteria line.

“She is most certainly a favorite of our customers,” says her supervisor Clay Davis, director of Nutrition Services. “She is friendly and courteous to everyone.”

Davis said that caring demeanor is one of many reasons that Wilcher was named Support Services Employee of the Year for 2005.

“Adaline (or Momma as she is affectionately referred to) is the best team player we have on our staff,” Davis said. “She is willing to do anything and goes the extra mile to make sure that everything runs smoothly under her watch. She is a huge asset to our continued success.”

Wilcher has been with Methodist for five years. While she says her favorite part of her job is “greeting people,” she’s happy to do “a little of it all.”

In addition to making sure patients get their evening meals on time, she also helps serve lunch and does a little cooking when needed.

When Wilcher heard her name called as an Employee of the Year, “I was too happy and too surprised,” she said.

But it was nothing compared to the hullabaloo her award garnered on the home front. Her seven grandchildren love the DVD player and movies that she bought with some of her award money.

“They were excited,” she said. “They said: ‘We see why you work all the time.’”

Anna Dawson

When it comes to getting patients what they need, Anna Dawson is one determined occupational therapist.

“She is very devoted to patients and their families,” says Peter Fayard, therapy manager at Methodist Rehabilitation Center. “No matter how complicated their discharge planning, she ensures patients have the resources and training they need. She is an incredible patient advocate, and she helps them become their own advocate, too.”

That commitment has earned Dawson the honor of being named Clinical Services Employee of the Year for 2005.

Dawson said she was first drawn to occupational therapy because it afforded a means to affect many areas of a patient’s life. “OT tends to be a little more holistic,” she said. “You’re taught to look at a person’s work, rest, play and all their roles.”

During her dozen years at Methodist, Dawson has worked in a variety of areas – from orthopedics to brain and spinal cord injury. But she says she feels most at home in her current setting – the stroke floor.

Dawson grew up visiting her great-grandmother in a nursing home. So even as a 3-year-old, she felt comfortable among the senior citizens in their wheelchairs. “I like the age group,” she says.

She also likes being able to see the transitions they make as they progress through therapy.

“I’ve got two patients now that couldn’t sit on the side of the bed or use their arms when they first came in. And now they can dress themselves. If they hadn’t come here, they wouldn’t have been able to go home.

“It makes you feel good when they come back for a visit and say you really helped them.”
Putting your dollars to work... People wishing to donate to Methodist Rehabilitation Center may choose where their money will go and how it will be used. An envelope is included in this magazine should you wish to donate.

Housing Opportunities

As part of our mission, Methodist Rehabilitation Center is committed to providing low cost, accessible housing opportunities for people with disabilities.

In 2001, we worked with the U.S. Department of Housing and Urban Development to open Webb Park—a first-of-its-kind, two-story, 19-unit, custom designed apartment complex for the physically disabled in Jackson. The building features lowered light switches, raised electrical outlets and fully accessible kitchens and bathrooms.

Recently, Wofford Park—a 15-unit complex in Hattiesburg—opened its doors, offering the same amenities as Webb Park.

Together, these buildings offer new housing options for physically disabled Mississippians. Donations earmarked for housing will be used to help fund similar complexes in other areas of the state.

Patient Care Fund

The patient care fund at Methodist Rehabilitation Center serves as a resource for patients who cannot afford essential equipment like wheelchairs or ramps. It also provides reduced rate hotel rooms and other services for the families of some patients receiving treatment at the hospital. Once a patient’s needs are determined, staff identify available resources and work closely with the patient and their families to meet those needs.

Therapeutic Recreation Programs

Methodist Rehabilitation Center’s therapeutic recreation program offers people with disabilities an opportunity to get back in the game by participating in organized sports programs.

Through education, patients learn that with special training and adaptive equipment, they can enjoy a variety of athletic activities, including water and snow skiing, rock climbing, wheelchair racing, handcycling, scuba diving, fishing, tennis, ballet, fencing, golf, quad rugby and sled hockey.

In addition to serving as a resource people with disabilities, our sports programs offer one-on-one training, specialized clinics and opportunities to participate in sporting events.
The Wilson Research Foundation, a 501(3)(c) nonprofit organization, was established to improve the lives of the physically disabled by funding rehabilitation research at Methodist Rehabilitation Center. Established in 1989 with a generous gift from the H.F. McCarty Jr. Family Foundation, the Wilson Research Foundation honors the late Earl R. Wilson, and his wife Martha Lyles Wilson’s service to physically disabled Mississippians. Earl Wilson was the founding chairman of Methodist Rehabilitation Center.

The purpose of the current research campaign is to raise $5 million to expand the scope and intensity of spinal cord injury, brain injury and stroke research at Methodist Rehabilitation Center.

CNNR clinician-scientists translate basic neuroscience research into useful therapies that benefit patients suffering from neurological illnesses and injuries.

There are a number of ways you can give to the Wilson Research Foundation:

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

For more information about donating to the Wilson Research Foundation, call 601-364-3598, 1-800-223-6672 (ext. 3598) or go to wilsonresearchfoundation.org. The Web site includes information about funded projects and the history of the foundation.

Should you wish to make a donation to support rehabilitation research at Methodist Rehabilitation Center, a donation envelope is included in this issue of Ways & Means.

A life-size statue in the atrium mall at Methodist Rehabilitation Center honors Earl R. Wilson.
Larry Word has joined the staff of Methodist Rehabilitation Center as manager of its Orthotics and Prosthetics office in Hattiesburg.

Word is a certified orthotist and prosthetist with 22 years of clinical experience. He most recently practiced in Georgia, where he was on the board of directors of the Georgia Society of Orthotist and Prosthetist.

He also is a member of the American Academy of Orthotists and Prosthetists and for the past six years has served as an examiner for the American Board of Certification for Orthotics and Prosthetics.

Word said such national certification is especially important in Mississippi because the state doesn’t require any special training for people who fit and sell artificial limbs.

“My certification means I’ve gone through an educational process that includes formalized post-graduate training, an internship and that I’ve passed a series of exams,” Word said. “People who earn a certification also must acquire a certain number of continuing education credits, so they have to stay abreast of new developments in the field.”

Word said certification also helps ensure the health and safety of people who use braces and artificial limbs. “We deal with people with varying medical conditions, such as diabetes, heart problems and poor circulation. If you’re not properly trained and you fit their prostheses improperly, you can do them harm.”

A native of Wren and a graduate of Amory High School and the University of Mississippi, Word said he’s glad to be returning to his Mississippi roots. “My wife Anita is from Jackson and we wanted our daughter to grow up in Mississippi.”

South Mississippi is fortunate to have someone as knowledgeable as Word serving the area, said Chris Wallace, director of Methodist Orthotics and Prosthetics, a division of Methodist Rehabilitation Center in Jackson.

“We’re lucky that he and his wife wanted to give their daughter the kind of childhood that they had,” Wallace said. “People with his background and expertise are highly sought after. He’s truly going to help improve the quality of life for amputees in the area.”

Ingenuity, not engines, wins Downhill Derby

Methodist Rehabilitation Center’s Downhill Derby showcased daring drivers, devoted fans and a fight to the finish between flashy, corporate-sponsored cars. But this rumble didn’t start with the grumble of monster engines.

Racers relied on plain old momentum to power their cars down a sloping stretch of Riverside Drive in Jackson.

This year’s event raised funds for the Andrew Jackson Council of the Boy Scouts, giving local troop members the chance to act like junior Jeff Gordons.

Go to methodistonline.org to see photos from this event.
Methodist Rehabilitation Center is home to the largest and most successful spinal cord injury program in Mississippi and surrounding states. We see more than 200 spinal cord injury patients in the hospital a year and serve approximately 2,000 through our clinics, clinical trials, long-term residential care, sports programs, drivers training and accessible apartment complexes.

www.methodistonline.org
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