Orthotics & Prosthetics
A ‘Model’ Practice
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WINTER 2014

SHOWING A LITTLE LEG
Methodist Orthotics & Prosthetics has become the go-to practice for prosthetic manufacturers looking to put a face to their products. Find out why.

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After 17 months battling a rare paralytic illness, Jay Killen returns home with the help of MRC staff.

SHARING THE MESSAGE
After a brain-injuring crash, Robyn Thomas takes a stand against distracted driving.

YOU CAN’T KEEP A GOOD DAWG DOWN
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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 orthopaedic disorders. The 124-bed state-of-the-art hospital in Jackson has twice been designated a Traumatic Brain Injury (TBI) Model System site by the National Institute on Disability and Rehabilitation Research and is also the only hospital in Mississippi twice named one of America’s best by U.S. News & World Report.

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.

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The Challenge

In the wake of a paralyzing car accident, Trainor Storey of Flora knew he would need extensive rehab. As his family began researching the best place for that next step, one name kept popping up. “Just about everyone who came to visit me said I should go to Methodist,” said Storey, whose amazing comeback from a spinal cord injury is featured on pages 36-41.

Among the MRC advocates was Whit Bain, a high school friend of Trainor’s mom who had rehabbed with us after a brain injury. Bain traveled from Texas to visit Trainor at MRC, hoping to offer encouragement through his own story of recovery. I’m proud that we have so many supporters among former patients and their families. It’s encouraging, too, that our reputation for excellence has earned the trust of like-minded companies. As you’ll learn on pages 46-49, international manufacturers go the distance to work with our Methodist Orthotics & Prosthetics team, giving staff and patients the opportunity to test new technology and spread the word to those who could benefit.

As CEO of a non-profit, I’m immensely grateful for all who help tell our story. It allows us to focus resources on patient care and research, rather than highway billboards and ad space. And it’s particularly valuable in a competitive marketplace where consumers aren’t always educated on all their rehab choices.

Consider the case of Jay Killen of Horn Lake, who was paralyzed by botulism and further debilitated by long months of bed rest. His story on pages 24-29 traces what can happen when families don’t know where to turn for intense, inpatient rehabilitation.

Robyn Thomas of Snow Lake is another patient who might have slipped through the cracks. Her mother, Kim, says she had to fight “tooth and nail” to get Memphis doctors to recognize that her brain-injured daughter would be shortchanged if she received nothing more than nursing home care.

The tale of Robyn’s unlikely comeback starts on page 30, and it’s a success story that wouldn’t have happened without MRC. “The Med may have saved Robyn’s life, but Methodist Rehab gave her quality of life,” says her mom. It’s disheartening to think how many people we could help who aren’t learning of our expertise. So I have a favor to ask of our “graduates.” When you hear of someone in your community who might benefit from MRC services, will you share your story with them? They’ll surely be encouraged by your been-there-overcame-that perspective. And to ask of our “graduates.” When you hear of someone in your community who might benefit from MRC services, will you share your story with them? They’ll surely be encouraged by your been-there-overcame-that perspective. And

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When the first toured Methodist Rehab, Donna Short crossed it off her list of future employers. “I was in high school, and I said I would never work there. It seemed like a nursing home.”

But after becoming a registered nurse, Short found that MRC’s hands-on style of caregiving suited her desire to connect with patients. She joined the staff in 1984 and “fell in love” with the rewards of rehab nursing. “Some patients stayed almost a year, and you got attached,” she said. “I've seen patients wake up from coma and that's amazing. Most return home, it's a place of hope, not any thing like a nursing home.”

Now, rehab stays are much shorter, but MRC's Clinical Employee of the Year is no less devoted to her job. “They all love him to death,” Thompson said. “He gets on going to the banquet, but he's flabbergasted.”

Brown said it helps to have “a cool boss lady” who has taught him the art of housekeeping. “She started me with laundry,” he said. “Now I do it all.”

When he's not washing linens or cleaning floors, Brown enjoys helping out with center activities—from in-house parties to recreational outings to Mississippi Braves games. “You've got to be excited to come to work, and I'm glad I'm here,” he said. Outside of work, Brown stays busy fixing up his GMC Sierra. So his $1,600 check “came in right handy,” he said. “I was putting my truck together from the ground up.”

Thomas said she wasn’t expecting to receive the honor “I wasn’t planning on going to the banquet, but Mr. Steve said you might need to change your mind about that.”

Thomas said she’s grateful for the cash gift that comes with the award. “I got my bathroom redone, and it paid a huge chunk of that,” she said. And she gets a kick out of her seeing her photo on display in the cafeteria. “It’s nice to have my name right there and say: ‘That’s me.’”

A 20-year veteran of the food crew, Thomas now serves at the a.m. nutrition services supervisor. But it's the department's move to a healthier menu that makes her feel the most useful. “You have to get used to change,” she says. “But I sure miss our two big deep fat fryers with fried chicken popping out of them.”

Today, Thomas' job is to order food and supplies, cater events and schedule employees. “My main concern is my patients,” she says. “If they want something, I feel they should have it sometimes.”

So when dietary restrictions allow, Thomas might try to accommodate a patient’s tastes or tweak the menu for someone with a weak appetite. She’s also flexible about filling in for her coworkers. “If someone doesn’t come in, I jump in and get it done,” she says. “She has a can-do attitude,” says Steve Davis, director of food and nutrition services at MRC. “She is the type supervisor that any manager would wish to have as a team member. She is extremely dedicated to her job.”

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“My work is my life,” says psychologist Dr. Gladys Dinkins Johnson, who heads Jackson’s Wellington Institute. Adults and children in crisis turn to her for help with issues like grief, anxiety, depression, substance abuse and post-traumatic stress disorder.

After suffering a stroke that impaired her ability to walk, talk and write, Dr. Johnson found her own life and career in crisis. So she turned to Methodist Rehab for help. After two weeks of intense inpatient rehab, and through a continuing regimen of outpatient therapy, she is back on her feet and has returned to work helping others through tough times.

“It’s wonderful what Methodist Rehab is doing for me,” she said. “I went there in a wheelchair that I couldn’t get out of without assistance. They worked diligently with me and encouraged me that I would get better. And I have as you can see.”
After falling six stories from the roof of her New York apartment building, Nicole Marquez woke up in the hospital on a ventilator with crushed vertebrae and other injuries. In her mind, she knew that she had worked hard for many years to reach the level of a dancer on Broadway. “At that point, I knew what I had to do. I had to start all over again, and I was prepared to do just that,” she said.

With the motto “You Can’t Stop This Dancer,” Nicole put all she had into the rehab process, amazing her doctors and therapists. “I came to Methodist Rehab in a wheelchair, and thanks to the skilled therapists, I walked out,” she said. All the while, she encouraged the other patients to give it their all, always with a smile on her face.

Today, Nicole is back in the spotlight—doing choreography and traveling the country as a motivational speaker, inspiring audiences with her message of perseverance and hope.
The road to recovery took Audrae Barnes right where he wanted to be. But it was one bumpy ride for the Hattiesburg School District transportation director. Complications after brain tumor surgery had left Barnes severely disabled. When he began therapy at Methodist Rehab Center, “he couldn’t do anything but breathe,” said his wife, Elaine.

Putting his trust in MRC’s seasoned brain injury team, Barnes tried his best to get better. “I wanted to accomplish whatever mission they had for me,” he said.

And his hard work was rewarded. He’s back in his beloved transportation center, happily managing the safe transit of some 3,000 students.
Dizzy no more

Ridgeland woman overcomes vertigo via therapy that sounds like ‘hocus pocus’

By Susan Christensen

Odessa Whitehead was meeting friends for lunch when it happened—dizziness so severe that she blacked out in the foyer of a restaurant. “My neighbor said she turned around and all the waitresses had a hold of me. I completely went out, I didn’t know anything.”

By the time an ambulance arrived, the 82-year-old Ridgeland resident had recovered her wits and was questioning whether she needed a trip to the ER. Then she remembered a friend whose dizziness had almost made her homebound. “I thought: I can’t live like that the rest of my life,” she said. “That’s why I thought: I can’t live like that the rest of my life.”

Whitehead made a wise decision, said Susan Geiger, a physical therapist at Methodist Rehab Outpatient Services in Flowood who is specially trained to treat balance disorders. “For some people, just one treatment clears up the BPPV. But for most people, it takes another session or two. Unfortunately, research says a high percentage of people will have it happen again.”

According to the Vestibular Disorders Association, BPPV is the most common disorder of the vestibular system, a group of sense organs that play a role in balance, posture, movement and spatial orientation. In the senior population, BPPV is often linked to age-related degeneration of the inner ear. But it’s also associated with head trauma, ear viruses, Meniere’s disease and prolonged periods of inactivity.

The latter wasn’t an issue for Whitehead. Her busy days include babysitting great-grandchildren and working in her yard. “I rated her confidence level done. The latter wasn’t an issue for Whitehead. Her busy days include babysitting great-grandchildren and working in her yard.”

But the best measurement of Whitehead’s progress is her recoverability to “get out and do.” “Now, we have her to where she is totally independent,” Geiger said. “One day she came in for therapy and said she had been raking leaves that morning. She also is back driving to meet friends for lunch.” Methodist Rehab Outpatient Services in Flowood offers specialized therapies for people who have been referred by their physicians for treatment of balance and vestibular disorders. For more information, call 601-936-8888.

Odessa Whitehead works on balance with MRC physical therapist Susan Geiger.

To accurately treat BPPV, therapists put patients through a set of transitional moves to help confirm the diagnosis and pinpoint the affected area of the inner ear. “The last thing is the Dix-Hallpike maneuver, a specific position you put the patient in to provoke symptoms of the condition,” Geiger said. “I am looking for eye movement called nystagmus. The eyeballs twitch, and it’s pretty wild. Some people grip my arm like they’re riding a roller coaster.”

Once the condition is confirmed, patients undergo Epley’s maneuver, also known as the canalith repositioning maneuver, to return the calcium crystals to their proper place. “They have to act like they have a crown on their head and keep their chin level,” Geiger said. “But same night, they have to sleep reclined 45 degrees. This gives the crystals an opportunity to stay.”

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Odessa Whitehead is back to babysitting great-grandchildren and working in her yard.

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OUTPATIENT SERVICES

For more information, call 601-936-8888.
Living big and loud

Parkinson’s patients regain abilities, confidence via innovative speech and movement therapy

By Susan Christensen

Loss of confidence isn’t an official symptom of Parkinson’s disease. But for Barbara Jones of Smithdale, feeling “weak and helpless” was as much a part of Parkinson’s as her disease.

Then she attended a free screening for an innovative treatment offered at Methodist Rehab Outpatient Services in Flowood. Known as LSVT Big and Loud, the therapy addresses two major challenges of Parkinson’s—movement impairments and speech/swallowing problems.

LSVT stands for Lee Silverman Voice Training and is the “Loud” component that sold her on the program. “When I saw that I could do speech, physical and occupational therapy all at once, that’s when I called Methodist Rehab,” she said.

Indest said Methodist Rehab is the first clinic in the Jackson area to combine Big and Loud, and patients appreciate the convenience once they learn of the program’s intense time commitment.

Patients do therapy four days a week for four weeks, as well as daily homework. “The whole time you are going through therapy, you are learning to do exercises so you can do them yourself,” Jones said.

The program is custom-tailored to each patient’s goals, even down to the words practiced in speech therapy. “I ask them for 10 functional phrases they use most often,” said Methodist Rehab speech therapist Lisa Indest. “But their perception of their voice is not what ours is, so they can’t tell us their voice is low,” Boyd said. “We do voice recordings during their initial evaluation and throughout their therapy. After a couple of weeks, I’ll have them listen and they are absolutely amazed. They can’t believe how low their voices were when they started.”

Indest said patients also can be confused about their walking ability. “What they feel is normal movement—but it is not,” she said. So they practice making bigger movements during therapy, such as lengthening their steps and swinging their arms wide.

“I was so glad to know what to do because they don’t realize their speech is difficult to understand. ‘Their perception of their voice is not what ours is, so they can’t tell us their voice is low,’” Boyd said.

Jones said she was inspired by her renewed abilities. “After about two weeks, I could do some of the exercises without holding on, my voice was stronger and I was having less trouble swallowing,” she said.

Now, she can rise from most chairs by herself and even walk backwards without assistance. And she has done it all without failure.

“Her self-esteem wasn’t suffering. ‘One thing Big and Loud does is give you confidence,’” Jones said. “It really helps your mental attitude when you know you’re doing the right thing and you can get better.”

Methodist Rehab Outpatient Services in Flowood offers free screenings for Parkinson’s disease patients interested in Big and Loud therapy. Call 601-936-8888 to schedule an appointment.
Ways & Means

Dover tox overdose have tripled in the United States over the past decade while sales and prescriptions have quadrupled, according to a report by the Mississippi State Department of Health.

“It’s a real problem,” Hirshman said. “Opiate overdose and misuse has been a huge medical issue in this state as well as the rest of the U.S. There are more people dying of prescribed opiate overdoses than there are from illicit drug use.”

In Mississippi, deaths have increased tenfold since 1990. In January 2013 alone, Mississippi doctors prescribed opiate overdoses than there are from illicit drug use.

“The bottom line is pain management is all about what works for the individual.”

Before making a diagnosis and a suggested treatment regimen, Hirshman extensively interviews patients and performs in-depth diagnostic exams and tests to pinpoint the causes of their pain.

In Ouida Shotts case, prescription pain medication was not the answer for her chronic pain.

“I saw doctor after doctor and went through everything imagin-able,” she said. “I had been on medi- cines from everyone under the sun.”

While some prescriptions provided temporary relief, the pain that gnawed at her back and hip always returned, sometimes with a vengeance.

“I could hardly bend my back,” she said. “I was sleeping from one to two hours a night. On a scale from one to 10, if there was a 10-plus, I was there. It was the most horrible thing I ever went through in my life. I was at my breaking point and didn’t know what else to do. I needed another aggressive step. I was ready for something else.”

On the recommendation of a friend, Shotts went to see Hirsh- man, who provided the break- through alternative she was searching for.

“I think there is a widely held belief that arthritis of the back cannot be treated, and that it is hopeless,” Hirshman said. “That the only thing you can do for it is anti-inflammatories and offer pain medicine, but that’s not the case. There is good treatment for back and joint pain.”

Hirshman says recent ad- vancements in his field have pro- vided alternatives.

“In the old days all that we could really offer people was shots in the joints of their backs, using cortisone or local anes- thetics,” Hirshman said. “These shots, although often effective, produced results that were very short-lived.”

“About 15 years ago, we de- veloped technology to burn the little nerves that go to the joints in the back, offering peo- ple often six months to two years of pain relief, some even more than that, such as Mrs. Shotts.”

This technology, commonly referred to as radio frequency rhizotomy, is what yielded wel- come results for Shotts.

Coupled with bursa injec- tions and a regimen of physical therapy for her hip pain, her individual course of treatment freed her from the pain that had upended her life.

“I have always been such an active person, and when it hit me, it was like ‘boom!’ overnight,” said Shotts, who enjoys walking and the outdoors. “It took everything away from me.”

It even threatened to take her away from her busy career as an office manager at a Brandon re- altor.

“I have a high tolerance of pain, above the average person. When I say I am really hurt- ing—I am really hurting,” she said.

“But I believe in working ev- ery day. I never let it interfere with my work. It was very hard, but I dealt with it.”

Now Shotts is back to her ac- tive lifestyle and is pain-free at work.

“It’s been close to three years since I’ve last been treated, and I’m still fine today,” Shotts said.

“Dr. Hirshman really changed my life.”

For more information on the services offered by the Mississippi Re- habilitation Pain and Spine Center, please call 601-936-8801.

Role reversal

Car accident puts pain doc in his patients’ shoes

Dr. Bruce Hirshman recent- ly found himself seeking relief from pain rather than treating it. The doctor be- came the patient after an auto accident left him with lingering pain. He spoke to Ways & Means about the experience and how he has applied it to his practice.

What happened?

Our nurses and I were returning home from a ru- nal clinic in Kosciusko when a trailer coming from the opposite direction became unattached from the truck that was pulling it. It careened across the grass median on the highway and collided with our vehicle, resulting in all three of us being trans- ported to the emergency room by ambulance for injuries.

What kind of pain were you experienc- ing following the accident?

My pain was primarily in my neck and my ribs, and my legs, where there were large contusions and bruises. I also sustained a minor head injury.

What kind of treatment did you undergo for your pain?

My treatment was rest initially, followed by physi- cal therapy and care from a MRC physical medicine and rehab physician.

Was there anything surprising about your experience with pain?

Mainly the fact that improvement was slow, taking four months. Physical therapy was very uncomfort- able for the first four weeks.

How have you applied this to your practice?

I’m much more patient with improvement. I realize that improvement doesn’t always come dynami- cally in two weeks like we hope it will, but can often take two to four months.

Did your experience alter your perception of pain management in any way?

Yes, when patients tell me that physical therapy hurts, I believe them! Now I can reassure them that the effort is a crucial part of the recovery process.
Team Methodist Orthotics & Prosthetics makes a stellar debut at 2013 Endeavor Games

By Carey Miller

It was a hazy February afternoon when 22-year-old Bryant Camp of Tupelo first tried out his new pair of legs. As he ran around a high school track that was still damp and glistening with rain, he flashed a smile as wide as the track was long. That smile never left his face, even as he fell a first time, then a second. Each time, he picked himself up and kept running. Though he knew his new legs would take some getting used to, they were bringing him closer to his dream of becoming a Paralympic athlete.

The four-sport high school athlete had planned to try out for his school’s newly formed track team when he lost both legs in a car accident at age 16, so racing has been on his to-do list for a while. "The effect that has in their lives,” said Long.  “We went out with the hopes of introducing someone to the world of sports. It gives them a drive within themselves that they may not have known existed. It gives them hope. That’s why I got into this field in the first place.”

Bouchillon and Camp are friends who first became acquainted when Bouchillon came to the Regional Medical Center at Memphis (The Med) after losing both his legs in a bushhog accident in 2008. "Everyone was so encouraging,” Camp said of the event. “Even though I had never been there before or ever tried some of the events, the people were so helpful. I was able to learn very quickly.”

Drew Bouchillon of Senatobia scored gold in powerlifting, javelin, shot put and the 100-meter and 200-meter in wheelchair racing, plus a sixth gold in discus where he was "just two meters shy of the American record,” he said. “I’m real happy with that.”

Marcus Sartin of Hattiesburg won a bronze in wheelchair basketball and a gold in javelin, where he set a new American record in a sport he had never attempted.

"I was really trying to find out what I was good at, and find what I like to play,” said Sartin, who had both legs amputated below the knee due to infection. “I really had fun with wheelchair basketball, and now I want to get into track.”

Methodist O&P has plans to fit Sartin, who joined the team just weeks before the games, with running legs so he can compete in track events, something Long had been suggesting to him for the last few years. "I knew that if I could introduce him to what’s out there, it would be eye-opening,” Long said. “Endeavor is such an incredible avenue to introduce someone to the world of sports. It gives them a drive within themselves that they may not have known existed. It gives them hope. That’s why I got into this field in the first place.”

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"About three weeks after my accident things were still pretty rough, and Bryant came up to The Med for a check-up,” Bouchillon said. “They introduced us because we were around the same age and simi-
lar injuries—and Bryant got down on the floor and break danced. That cheered me up so quick!”

After recovery at The Med, Bouchillon came to Methodist Rehab for nearly a month, and was referred to Methodist O&P for his prosthetic needs. There, Long introduced him to the idea of returning to athletics.

“I’ve been playing sports since T-ball,” Bouchillon said. “Getting back into competing, that’s one way to overcome what’s happened to you. It’s something to wake up in the morning for.”

Bouchillon had never used a racing wheelchair but still scored gold in the two wheelchair racing events. “I’m hooked now,” he said.

The three rookies did not compete head-to-head, as Endeavor Games events are divided by both age group and injury classification. “The first day was culture shock, being around so many people like me,” Bouchillon said. “Where I’m from, I’m the only person for miles with an injury like mine.”

Also making a strong showing was Endeavor Games veteran Tyler Jones, an 11-year-old whose right leg was amputated below the knee due to cancer at an early age.

He snagged gold in indoor archery, discus, shot put and javelin, and silver in the 100-meter and 200-meter. Jones joined Team Methodist this year but has been competing at the games since 2009. After his family moved to Jackson from Olive Branch, Tyler officially became a part of the team.

“Tyler did phenomenal,” Long said. “It’s been great to see him not only grow as an athlete, but also as an individual.”

Vance found a fan in 9-year-old Cooper Blair of Glendale, W.V., an aspiring sprinter with amputations below both knees. Blair was struggling with his new running legs, which he had gotten just a week before going to the games, and Vance was glad to give him some expert tips. “Cooper and his family just fell in love with Shaquille,” Long said.

Paralympic medalist Shaquille Vance, at right, serves as a mentor to some of Team Methodist O&P’s younger members like Cooper Blair, at left.
Jay Killen couldn’t see with his eyelids sewn shut.
He couldn’t talk with a breathing tube down his throat.
And he sure as heck couldn’t move. All his muscles—even those that control blinking—had been put on strike by a strange, head-to-toe paralysis.
So the Horn Lake man could only listen in horror as doctors discussed removing his life support.
“I overheard them tell my wife, Amanda, that they wanted to take me off my feeding tube and ventilator. I thought: Oh my God.”
And Amanda thought: Oh no you won’t give up on my husband.
“They were talking about him being brain dead … and my gut was telling me it was not correct,” she said. “I sat up with him, playing his favorite Rush album and music from a Wilco concert. I was talking to him and praying and bargaining with God. And he started shaking his leg.
‘Nurses kept telling me it was an involuntary reflex. And I kept saying: ‘No, when I tell him I love him, he shakes his leg.’ My mom came the next morning, and she is the one who got the doctors to start asking him questions.”
Jay moved his foot to reply—one twitch for yes and two for no. But there was no answer for the biggest question of all: Why was he paralyzed?
It’s not that doctors at Baptist Memorial-Desoto in Southaven weren’t trying to solve the puzzle. “The chief of pulmonary medicine, the infectious disease doctor and the neurologist were all doing research,” Amanda said.
Guillain Barré Syndrome was a possibility, but the progression of Jay’s paralysis didn’t fit. And he wasn’t a big outdoorsman, so Amanda doubted rabies was right—“unless he had met a rabid raccoon at the trash can.”
Finally, the neurologist suggested food-borne botulism, something he had only seen during his early training. Could Jay have consumed something contaminated by Clostridium botulinum bacterium? Maybe some home-canned food or jarred or preserved meat?
“My husband is a redneck, so Spam is a staple in our house,” Amanda told the doctors, who had never heard of the canned meat. “They are all from other countries, so I had to describe it to them. It was so funny, just the look on their faces.”
The Killens will likely never know what dish did him in. By the time a test came back positive for botulism, Jay’s mother-in-law had helpfully cleaned out their kitchen and fridge.
But at least they had an explanation for his quadriplegia—and soon he was taking an anti-toxin delivered by FedEx. The then 43-year-old was finally on the road to recovery, or was he?

Answered Prayers
According to the Centers for Disease Control, the United States averages about 145 reported cases of botulism each year. About 65 percent are infant botulism, 20 percent wound botulism and 15 percent food-borne.
In 1735, German sausage caused the first recorded case of food-borne botulism, and improperly preserved meats and fish are still a source of the toxin. But vegetables with low acid content are more common culprits, particularly home canned-asparagus, green beans, beets and corn.
Foil-wrapped baked potatoes can be carriers, too, if they’re not kept hot or refrigerated. In 2011, jailhouse moonshine made from a botulism-laced potato sickened eight prisoners in Utah.
Botulism symptoms generally appear 18 to 36 hours after eating a contaminated food and include abdominal cramps, nausea, vomiting, double vision and difficulty swallowing and speaking. Paralysis occurs when the toxin disrupts communication between the nerves and muscles.
Jay’s astonishing descent began on Dec. 11, 2011. “I was having a hard time breathing, my voice became weak

LITERALLY, ONE DAY THEY ARE TELLING ME HE HAS PNEUMONIA, AND THE NEXT DAY THEY’RE SAYING HE’S NOT GOING TO WAKE UP.
—Amanda Killen

Home at Last
After a paralyzing toxin prompts a 15-month hospital stay for Jay Killen, Methodist Rehab helps the Horn Lake resident return home

Story by Susan Christensen • Photos by Barbara Gauntt and Carey Miller
and I slowly started becoming limp,” he said.

The next three days were “surreal,” remembers Amanda, the assistant director for the Center for Excellence at Hutchison School in Memphis. “Literally, one day they are telling me he has pneumonia, and the next day they’re saying he’s not going to wake up.”

Overhearing that prognosis, Jay started praying. “I asked God to give me another chance because I didn’t want to give up life with Amanda,” he said.

The couple had been married only two and a half years. Yet they were about to face an extreme test of their “for better or worse” vows. Jay would eventually endure 17 straight months in hospitals, two Christmases in ICU and several trips to death’s door. And all the while, Amanda would be a fierce advocate for her husband.

“I was going to fight to the death for him if I had to,” she said. “I was not shy about letting people know that. I would get right up in their faces.”

But even in warrior-wife mode, Amanda had trouble wrangling a transfer to an inpatient rehabilitation center. She said a referral to an Atlanta facility fell through when Jay was deemed “too sick.”

“We were really frustrated,” she said. “I knew he was ready to work on something. I kept saying there has got to be another place for him to go.”

Around the same time, Amanda appeared on local TV news and Mollie Kinard of Holly Springs happened to see it. Before botulism changed their lifestyle, Amanda and Jay Killen loved to travel.

“Seven days later, we were there,” Amanda said. “Jay and I looked at each other and said, ‘This is what God has planned.’ It was such a miracle.”

“Even though they did not know much about botulism, they knew about dealing with quadriplegics,” Jay said. “The therapists, the nurses, the techs and the doctors—everybody has been good.”

Keep Working and Have Faith

Until he began rehab, Jay had spent 21 hours a day languishing in bed. At MRC, “it was hit the ground running,” Amanda said. “The first day they had him up in a wheelchair working and his spirit was good. I feel strongly if he had been able to stay there longer he would be a whole lot closer to walking. After having electrical stimulation and using a stationary bike, he made exponential improvement.”

Still, it was not the turnaround the Killens had once imagined. After Jay was given botulism antitoxin, his ICU doctors had been optimistic. “Originally, they told us it would take three months to come out of the paralysis,” Amanda said. “Then it was six months. Then they said it will just take as long as it takes.”

“Keep working and have faith”

While it looks more like play, batting at a balloon was one strategy that helped Jay Killen work on arm movement and endurance.

“Keep working and have faith”

While it looks more like play, batting at a balloon was one strategy that helped Jay Killen work on arm movement and endurance.

Source: National Institutes of Health, Centers for Disease Control

• Follow strict hygienic steps when canning foods at home.
• Refrigerate oils containing garlic or herbs.
• Keep baked potatoes wrapped in aluminum foil either hot until served or refrigerated.
• Consider boiling home-canned food 10 minutes or more before eating to kill any bacteria lurking in the food.
• Don’t give honey to children under age 1.
• Don’t eat foods from cans that are bulging, rusted or have holes.

Preventing Foodborne Illnesses

EMT Beth White helps Jay try out an adaptive stylus for his iPad. White is among a team of caregivers who assist Jay Killen whenever he’s home alone.
be persisting. Tests indicated he had critical illness polyneuropathy and myopathy, which can develop after extended periods in ICU.

Dr. Samuel Grissom, medical director at MRC, said symptoms include mild to severe weakness, muscular atrophy (particularly in the lower limbs), impaired sensation, limited endurance and delayed weaning from the respirator.

Doctors used to blame the condition on bed rest.

“However, in the early 1980s, studies showed that the abnormalities were often a result of actual degeneration of the nerves and/or muscles,” Grissom said. “That’s why it’s important to identify patients with the syndrome so they can receive comprehensive inpatient rehabilitation.”

On April 4, 2013, Jay was wearing a “Life is Good” T-shirt as he headed home for the first time in 17 months.

In the therapy gym, Jay focused on improving his physical abilities and developing strategies to overcome his limitations—like learning to control a power wheelchair. “It gave me freedom I hadn’t had in 14 months to go places by myself,” he said.

And thanks to MRC, Amanda said they felt better prepared for his return to MRC for the more rigorous schedule available during an inpatient stay.

Some days he wishes he had a wand that would magically make everything OK. But he’s mostly pragmatic about his plight.

“You can really get far down in a quagmire if you don’t laugh,” Aman da said.

So every time Jay moves a new muscle, they celebrate his “stupid human trick.” And Jay jokes that it’s not all bad being poisoned by the same toxin used in Botox injections.

“I don’t have any wrinkles on my face,” he says. “We joke that he looks 20 years younger than he did before he got sick,” Amanda adds.

Jay has been continuing therapy since he got home, but he hopes to return to MRC for the more rigorous schedule available during an inpatient stay.

Some days he wishes he had a wand that would magically make everything OK. But he’s mostly pragmatic about his plight.

“I don’t know why God chose me for this or if he even did,” he says. “But I do know this has been a Godsend for patients plagued by spasms and stiff-ness. Pharmaceutical companies began diluting, purifying and packaging the paralytic agent in the 80s, and it debuted as a treatment for eyelid spasms. But USA Today didn’t dub it “the little neurotoxin that could” until it hit the big time as the wrinkle-relaxing potion in popular Botox injections. Today, it’s also a remedy for migraine headaches, overzealous sweat glands and urinary incontinence.

Methodist Rehab physicians only recently began offering Botox injections to treat migraines. But they’ve long used botulinum toxin to relieve spasticity, injecting more than 800 units of the drug per year.

Dr. Alyson Jones, a physical medicine and rehabilitation physician at MRC, does the procedure up to a half dozen times each week, typically for upper extremity contractions. But she says she recently treated a Parkinson’s patient with calf, ankle and foot spasticity and got “crazy good” results.

“He wasn’t walking when I first met him, now he’s walking without any assistive device, and doing great,” she said.

Most of her patients arrive with an arm clenched into a fist, a spastic posture that’s a frequent side effect of stroke or brain injury. “It causes loss of pain and it’s debilitating,” she said. “They can’t put on a shirt or they might not be able to sleep at night.”

While botulinum injections typically relax stiff limbs, Jones tells patients: “If you’re going to make your arm work again, but she said some patients can make gains in the therapy gym when they’re relieved of contractions. The drug also offers only temporary relief, and injections are limited to once every three months. But those who benefit from the therapy aren’t put off by the restrictions. “I’ve got some patients who have been doing it for six years,” Jones said. And she’s happy to oblige.

“It works, and I like doing stuff that works,” she said.

For information on spasticity and headache treatments at Methodist Rehab’s outpatient clinic, call 601-364-3477.
"Put your cell phone on silent and throw it in the back," says brain injury survivor

Story By Susan Christensen • Photos by Barbara Gauntt

Hey, what are you doing?" If Robyn Thomas had answered that text, the reply might have been: Fighting for my life. The Snow Lake teen lay trapped in her silver Ford Fusion, the victim of a brain-damaging crash. "We believe she looked down at her phone and hit a tree going 60 miles per hour," said her mother, Kim.

Robyn can’t recall being pried from the wreckage with the Jaws of Life. Or the helicopter whisking her to The Med in Memphis. Or her parents’ despair when they learned their 19-year-old daughter might not survive the night.

But she can’t forget all she lost in the wake of the May 21, 2012, accident. "I miss college a bunch," said the former scholarship student at Northwest Community College in Senatobia.

Today, 20-year-old Robyn speaks out about the dangers of distracted driving. And it’s a poignant message coming from someone who spent months unable to speak at all. "Even when she was in pain, she did not yell out," remembers Lauren Pierce, Robyn’s speech-language pathologist during her 45 days at Methodist Rehab. "It took her two weeks and 10 to 15 hours of therapy with me before she even mouthed a word."

Robyn had only recently emerged from an almost two-month coma when she began therapy at MRC on July 3, 2012. She arrived slumped in a wheelchair, her chin resting on her chest. "Her head control was so poor that we considered putting her in a cervical collar," said occupational therapist Chuck Crenshaw. "She didn’t have any trunk control or balance. We put her in a wheelchair that tilts backwards to keep her centered in the chair and upright."

"She was just a limp little rag doll," Pierce said. "But I knew she was in there."

To improve Robyn’s awareness, Dr. Zoraya Parrilla tried a variety of time-tested strategies, starting with fine-tuning her medications.
“You eliminate medications that are sedating or that might negatively impact cognition or motor recovery, then you try medications to enhance cognition and wakefulness,” explained the rehab medicine physician that leads MRC’s brain injury team. “All our team members got involved to come up with ways to get her to engage.”

The first step forward came the day Dr. Parrilla handed Robyn a pen and paper. “She asked Robyn to write her name and she wrote, ‘Robyn Thomas,’” Kim said. “I have that framed on the wall. She also asked her how she felt, and she wrote two full sentences.”

Encouraged by the exchange, the brain injury staff began an all-out assault to get Robyn to talk. “They were promising her anything to speak,” Kim said. “And she said Pepper (as in the drink Dr Pepper) and they got her one.”

But Pierce said it was a wildly popular Carly Rae Jepsen tune that sparked a conversational breakthrough. “I sang: ‘Hey, I just met you, and this is crazy. But here’s my number,’ and Robyn whispered: ‘So call me maybe.’ Her mom started crying, and she was a puddle. And Robyn put on a show. We sang the entire song in the hall.”

Kim’s outburst was understandable, given all the Thomases had been through. Until they got to Methodist Rehab, the family was given little hope that Robyn could recover.

Her brain had ricocheted inside her hard skull, causing such widespread bruising and bleeding that doctors compared it to the often fatal shaken baby syndrome.

“Her neurosurgeon told us she would never wake up and would have to be in a nursing home,” Kim said. “I had to fight to tooth and nail,” she said, because doctors had deemed Robyn “unresponsive.”

“I got a Spiderman squeeze ball in the gift shop and for hours I would say: Robyn, squeeze the ball. When she did, I would videotape it. Then I said: ‘Let me show you what she can do.’”

The video convinced one doctor to give Robyn a chance at rehab, and Kinard remembers getting the referral call. “They told me we were her last hope,” Kinard said. “Nobody could take her because she was so low level. When I first saw her, she couldn’t do anything but roll side to side on the bed. I wouldn’t have thought she would ever talk or walk. Then three or four weeks later, I went into her room at Methodist, and she said: ‘Hey and thank you.’ It blew me away.”

Robyn’s young age was “a big driving factor” in her recovery. “A framed note on the wall reminds the Thomas family of a breakthrough in Robyn’s recovery. By answering a doctor’s request to write her name, she proved she could communicate.”

Mollie Kinard of Holly Springs, a former critical care nurse turned outreach rep for MRC, wasn’t surprised that ICU staff doubted Robyn’s potential.

“‘When you’re an ICU nurse, you work very closely with doctors and are one-on-one with patients 24 hours a day. And when you see a patient make little to no progress and the doctors say the prognosis is grim, you expect a poor recovery. I’ve been guilty of it myself,’ Kinard said.

“But working at Methodist Rehab totally changed my perspective. I didn’t know what specialized rehab did for people.”

Neither did Kim. But after some research, she was convinced MRC could help her daughter. And she was determined to get Robyn transferred to the hospital’s nationally recognized brain injury program.

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A framed note on the wall reminds the Thomas family of a breakthrough in Robyn’s recovery. By answering a doctor’s request to write her name, she proved she could communicate.
astonishing recovery, Parrilla said. But she also benefited from strong family and community support and a number of specialized therapies available at MRC.

Staff used the Dynavision 2000 Light Training Board, an electronic device that employs game-like exercises, to address Robyn’s vision and attention problems. And sessions on the hospital’s weight-supported treadmill system helped improve her walking ability, as evidenced by her frequent jaunts around the hospital with her mom in tow. “They used to keep track of the number of laps they did in the hallway and it was in the thousands,” Crenshaw said. “I told her mom if she only weighed 20 pounds when she came back, we would know why.”

Once she got home, Robyn also managed a trot around the bases following one of her sister’s softball games. “People said the whole stadium stood up and started clapping and there wasn’t a dry eye in the house,” Kinard said.

MRC therapists also were touched by the rejuvenated Robyn, and Pierce admits: “After she left, we talked about her at lunch all the time. We all fell in love with her, and she really impacted us. She gave me hope as a therapist to see how severe she was and how well she is doing now.”

The Thomases are similarly emotional about Methodist Rehab staff. “I love them,” said a teary-eyed Kim. “The Med may have saved Robyn’s life, but Methodist Rehab gave her quality of life.”

“If anybody asks me, I’m like: Go there,” adds Robyn. “I want to get my license back and prove to my mom I can do anything by myself,” she said.

Robyn is continuing therapy at a clinic close to home and has a long list of goals. “I say: Put your cell phone on silent and throw it in the back,” she said.

While Robyn’s parents are proud of her efforts, it hurt to face the likely cause of her accident. “It took a long time for my husband and I to come to grips with the knowledge our daughter had made a mistake,” Kim said.

But by the one-year anniversary of her accident, the family was ready to let Robyn’s tragedy become a cautionary tale. “We were contacted by a TV producer to do a story on her,” Kim said. “We agreed if it could help someone else, it’s worth it.”

For more information on Methodist Rehab’s Brain Injury Program, please call 601-364-3336.

**By the numbers**

| Number of people killed in crashes involving distracted drivers in 2011. | 3,331 |
| Number of people injured in crashes involving distracted drivers in 2011. | 387,000 |
| Estimated number of drivers, at any given daylight moment in America, who are using cell phones or manipulating electronic devices. | 660,000 |
| Percentage of drivers under age 20 who were reported as distracted during time of fatal crash. Of those distracted drivers ages 15 to 19, 21 percent were distracted by cell phones. | 11% |
| Percentage of teens who respond to a text message once or more every time they drive. | 25% |
| Percentage of parents who admit to extended, multi-message text conversations while driving. | 10% |

Walking on the family’s rural property in Snow Lake gives Kim Thomas, left, and daughter, Robyn, some great exercise and a time to stay connected.
Flora youth bounces back after devastating spinal cord injury to further his education

Story and Photos by Carey Miller

He goes to class, studies hard, hits the gym, cheers on the Bulldogs on game day and even finds a little time to party in the Cotton District.

Trainor Storey rarely stands still, like most 20-year-old students at Mississippi State University.

But just a year ago, his life was at a standstill.

He and six of his close Tri-County Academy friends were catching up while back at home for Christmas break. They all piled into the cab of a truck to call it a night. They had just dropped off one friend and were on the way to Rachel Hillman’s home around 2 a.m.

“I was in the back seat not really paying attention,” Trainor said. “I heard Tyler yell, felt the truck swerve really hard, then I don’t remember anything but waking up on the ground. I couldn’t move anything but some toes on my left foot. I tried to get up and help my friends, but I couldn’t.”

The truck had run off the road on Mississippi 22 and flipped, ejecting all of its passengers. Hillman died at the scene. Trainor and Renicker, along with Steven Cumberland, Anna Flowers and Kaycie Bennett, were all badly injured but still alive. None of them had on their seat belts. It was over an hour before they were found and help arrived.

The tragedy left their close-knit Flora community in shock but eager to lend support.

“I was asleep in bed and I’m a very deep sleeper,” said Trainor’s mother Marilyn Storey. “At 5:30 a.m., the mayor of Flora had called me, but I didn’t pick up. When I awoke at 6, there were all these messages from everyone asking about Trainor and I was freaking out. As soon as I found out what was going on, I raced to the hospital. When I got there, the waiting room at the ER was
already packed full of people from Flora."

Trainor and the others were taken to the University of Mississippi Medical Center emergency room. He had sustained a spinal cord injury that completely shattered one of his vertebrae and severely damaged three others.

"Trainor had on a brand new shirt and pair of jeans he had gotten for Christmas, and when I saw him he was so upset that they had to cut them off," Marilyn said. "He was worried about that, but he couldn't move! He could breathe and he could talk. He was in a lot of pain."

Trainor underwent emergency spinal surgery the next day. After a week recovering, the decision needed to be made where Trainor would rehab.

Prior to the accident, Trainor’s father, Conor Storey, had become acquainted with Joel Shows at Paul Lacoste Sports in Ridgeland, where they both exercise. Shows, a registered nurse, was working as an outreach representative for Methodist Rehab.

“I decided on Methodist Rehab based on support I received from my friend Joel, as well as the stellar reputation of Methodist that was repeated by everyone I talked to about rehab facilities,” Conor said.

“Just about everyone who came to visit me said I should go to Methodist,” Trainor said.

That couple of toes Trainor could move at the accident scene was a good sign of things to come as strength was returning to his legs as he checked in to Methodist.

“When they tried to get him to walk at UMC, it was scary,” Marilyn said. "I was like, 'We have such a long way to go.' But the very fact he was even up and trying to walk was encouraging."

Upon arriving at Methodist Rehab, medical director Dr. Sam Grissom offered more hope.

“It was very important in talking with Trainor and his mom up front to give them that encouragement that the prognosis was very favorable,” Grissom said. "He had an incomplete injury. That means he had some sensation or some motor movement, particularly in his legs."

“His injury is something that we call a Central Cord Syndrome (CCS). With such an injury, patients tend to have more paralysis or weakness in the upper extremities.”

CCS is an injury most associated with elderly patients who have suffered falls. It is usually caused by a hyperextension of the neck, which Trainor likely suffered by not being properly restrained in the vehicle.

With Trainor’s legs responding well, it was crucial to begin rehab immediately.

“We concentrated on areas where he had neurologic improvement and that we felt were going to continue to improve so that we could maximize his functional recovery and level of independence,” Grissom said. "If things are recovering quickly, then you tend to have a more complete recovery."

Trainor’s sports background and can-do attitude became an asset in the therapy gym.

"I treated it like a competition—to go in there and try and do better immediately."

“We concentrated on areas where he had neurologic improvement and that we felt were going to continue to improve so that we could maximize his functional recovery and level of independence,” Grissom said. "If things are recovering quickly, then you tend to have a more complete recovery."
trainor said. “I’m going to run the table!” Marilynn said. “And he was like, ‘Heck no, I’m not going to run the table!”

To help with Trainor’s weak hands, Jones bought a Nerf dart gun and a bullseye. The toys encouraged his competitive nature, while the trigger-pulling strengthened his right hand. “I could see how everything was unchanged his competitive nature, while the trigger-pulling strengthened his right hand. “I could see how everything was unchanged his competitive nature, while the trigger-pulling strengthened his right hand. “I could see how everything was...
Dr. Lincoln Arceneaux was a man of letters, suddenly at a loss for words. "He couldn't express himself," said his wife, Jean. "I knew something was wrong."

It was Oct. 13, 2012, and the microbiologist who had helped educate thousands of future physicians was being silenced by a hemorrhagic stroke. He was as tongue-tied as the anxious students he used to teach.

"He couldn't carry on a conversation," said Heather Wise, a speech-language pathologist at Methodist Rehab.

"But it's not an overnight phenomenon," Jean adds. Or as Wise puts it, "it's more of a marathon than a sprint."

The race began for Arceneaux when he started outpatient therapy at Methodist on Dec. 31, 2012. "His doctor said he needed something aggressive," Jean said. And she believed Methodist could deliver.

Methodist treats hundreds of stroke patients each year with a team approach that includes intensive physical, occupational and speech therapy. But in Arceneaux's case, speech therapy took prominence. Much depended on his ability to comprehend instructions. "If he couldn't understand what we were saying, he couldn't follow our directions," Wise said.

"At first, little things came back," Jean said. "There was his surprising ability to recount his Social Security number, and he could sign his name.

"His memory wasn't affected, which is huge," adds Wise. "We had him bring in UMMC yearbooks and just talk about people, and he could say where they were from."

"My mind, fortunately, is there," Arceneaux said. But the 72-year-old knew he needed to work harder on responding to others and conveying what he was thinking. So Wise gave him some homework. "He pushes himself," Wise said. "At night, Arceneaux works diligently on word exercises and has to be gen..."
n iPad screen is only 4.5 square inches, yet it may be the next big frontier for speech therapy. Thanks to a growing number of innovative apps, smart tablets have become a popular resource for therapists and patients alike. Here are some reasons why more people are thinking "inside the box" to achieve therapy goals.

Availability. Speech therapists have always used popular games and puzzles to work on cognitive skills such as attention, memory, reasoning and speed of processing. Now those games have been turned into apps—available all in one place and easy to access. Designers also have translated many speech therapy basics—such as cognitive tests and education and exercise demos—into visually appealing formats. Speech therapist Heather Wise says she uses one app to show patients with apraxia how a proper swallow should look. And since business is booming in app development, therapists are never at a loss for something to show patients.

Best for: Improving receptive and expressive language skills.

Language TherAppy (iOS, $39.99, free trial version)
Four bundled apps that focus on comprehension, naming, reading and writing. (Apps also available separately.)
Best for: Improving receptive and expressive language skills.

Prologquo (iOS, $19.99)
Provides age and character-appropriate speech for those who use typed text or symbols to communicate.
Best for: Giving voice to those who are unable to speak or have difficulty speaking.

TalkPath Speaking (iPad only, free trial version)
Exercises to improve speech via repetition and cueing.
Best for: Adults with aphasia or apraxia.

Where’s My Water? (iOS and Android, free)
Multi-level physics puzzles featuring animated Ducky game.
Best for: Enhancing cognitive skills.

Mah Jong!! (iOS, free)
Matching game.
Best for: Enhancing cognitive skills.

SmallTalk Video Apps (iOS, free)
Series illustrating tongue and lip movements for producing language sounds, words and phrases.
Best for: Improving language skills.

iSpeech TTS (iOS, free)
Text to speech conversion.
Best for: Giving voice to those who are unable to speak or have difficulty speaking.

Parking Lot! (iOS, free)
Multi-level logic games.
Best for: Enhancing cognitive skills.

Prologquo (iOS, $19.99)
Provides age and character-appropriate speech for those who use typed text or symbols to communicate.
Best for: Giving voice to those who are unable to speak or have difficulty speaking.

MBSimP (iOS and Android, $9.99)
Animated videos illustrating mechanics of normal swallow/vascular impairments.
Best for: Educating patients with swallowing disorders.

TherAppy (iOS, $39.99, free trial version)
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And they say long-distance relationships don’t work. Roughly 3,600 miles separate Methodist Orthotics & Prosthetics’ flagship Flowood location and prosthetic manufacturer Össur’s home of Reykjavik, Iceland.

Yet when Össur needed a patient model for a series of commercials for their new Unity vacuum system foot, they called Methodist O&P. Why deal with a practice located an ocean away? Because Methodist O&P’s high number of patients and experience testing new products makes them a valuable resource to prosthetic manufacturers around the world.

“We’re readily available to them and responsive to them,” said Methodist O&P Director Chris Wallace. “Then there’s our history of using advanced components and being on the forefront of technology. And frankly, it’s because we’re willing. We’re large and diverse enough in our staffing that we have the people able to put in the effort required to make a difference.”

Methodist O&P has four locations in Mississippi—Meridian, Hattiesburg and Cleveland in addition to Flowood—and one in Monroe, La.

“That gives us access to a diverse number of people,” Wallace said. “When they’re looking for a specific patient that has this type of job and does this type of activity, we can recommend someone.”

Methodist O&P patient Ann Marie Rivera of Pineville, La., was just what Össur was looking for, and the company flew a team of photo and video professionals across the
Fonda to produce the ad. Rivera is a pediatric nurse who suffered a sports injury that led to a below-the-knee amputation.

"Being a nurse, I always like to help people," she said. "I was glad to show that people can do whatever they love to do without any limitations." While Rivera is Methodist O&P’s first international patient model, Methodist staff has been helping out with modeling duties for a number of years.

"It all started when we fit one of the early C-Legs on Brad (Kennedy)," Wallace said. "I was coming four days a week to help people," said Kennedy. "I fell in love with the people at Methodist," Gaddis said. "And after just the first month of working, I felt like, 'We want you to come out and show that people can do whatever they like, things changed."

"Not only did I fall in love with the knee, I fell in love with the people at Methodist," Gaddis said. "Part of the mindset of beta testing is really about research," Wallace said. "We're finding what does and doesn't work for our patients. Our prosthetists are interested in research and willing to spend the time and effort though there's not an immediately apparent benefit. We see the value of research for improving our profession in the long term." For more information on Methodist Orthotics & Prosthetics, call 601-936-8899.

She was one of the first in the country to be fit with it and did a couple of different trips for Össur to model it at trade shows," Wallace said. Gaddis’ left leg was amputated above the knee from complications due to cancer in 1973, but she chose to rely on crutches for mobility rather than a prosthetic leg. "I went about 30 years without wearing a prosthetic," she said. "When a family friend referred her to Methodist O&P to check out a revolutionary new microprocessor knee, things changed."

"I was ready for a change," said Gaddis, who said she was at the time already looking for a new career. "And after just the first month of talking to patients, I could see that my mother is in heaven laughing at me," Gaddis said. "Because I just was not the kind of girly-girl who would wind up being a model." Gaddis also takes satisfaction in knowing her feedback on the devices she tests helps others. "I'm a very analytical person," she said. "I love doing research and giving feedback, both positive and negative."

"It's efforts like hers that help the O&P division contribute to Methodist Rehabilitation Center’s overarching dedication to research." "Part of the mindset of beta testing is really about research," Wallace said. "We're finding what does and doesn't work for our patients. Our prosthetists are interested in research and willing to spend the time and effort though there's not an immediately apparent benefit. We see the value of research for improving our profession in the long term." For more information on Methodist Orthotics & Prosthetics, call 601-936-8899.

"I joke that my mother is in heaven laughing at me. Because I just was not the kind of girly-girl who would wind up being a model." —Lynn Gaddis

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A look at what some Methodist Rehab alumni have done since they left the therapy gym

Shirley Jones of Jackson was on her way to Sunday School when a car wreck put her on the Hillcrest Baptist Church prayer list. “I was coming around a curve and hit some people’s mailbox and ran into a tree,” she said. A long-time registered nurse for Baptist Health Systems, Jones was suddenly the one needing medical help. A head injury had left her fighting to breathe. Quick emergency help and “a big prayer meeting in the waiting room” helped Jones survive. But after some time in recovery, she wasn’t progressing as rapidly as she had hoped. “I said: I’m not getting enough care, and I don’t want to be parked on a bench somewhere,” she said. “Then they got an appointment for me at Quest.”

Quest is an MRC outpatient program that helps brain and spinal injury survivors return to school, work or community life. And Jones said sessions with occupational therapist Charlene Toney were just what she needed. “I thought: I’ll get better if she takes care of me.”

Jones said the therapy helped her recover enough to start volunteer work. And she found her niche working once a week at MRC’s second floor reception desk. “The patients are friendly, and they remember me,” says the 73-year-old. “I only work on Thursdays, and one of the patients asked to have appointments then.”

We’re always looking for a few good volunteers. If you’re interested, contact Bettye Sullivan, director of volunteer services, at 601-364-3474 or by email at bsullivan@mmrcrehab.org.

Jerry Bowles has a heart for people in need, as evidenced by what happened the night he got hurt. In 2000, he was trying to help someone at the scene of a car accident when he was struck by a car himself. Both of his legs had to be amputated. And after a couple of surgeries, the Reservoir resident turned to Methodist Rehab to learn how to adjust to life in a wheelchair.

While the transition was difficult at first, Bowles soon found a new perspective. “I look at things differently now,” he said. “I understand it’s not all about me. We’re all here to help each other. I decided I might like volunteering and that I had something to offer.”

Now, the gregarious 81-year-old is one of the hospital’s most ardent supporters. Bowles is willing to do whatever is needed, from manning the second floor reception desk to stockpiling the hospital’s publications table. But he gets the most satisfaction from spending time with patients and answering their questions about rehab.

“It’s always good to talk to someone who’s been there,” he said. “I just tell them I remember what it was like and tell them how far I’ve come. I do just about anything now that I want to.”

On June 1, 2011, Ken Boone took an 11-foot tumble off a deck with no railing. He broke his collar bone, two vertebrae in his back and damaged his spinal cord. He spent 10 days in a New Orleans hospital and his physician wasn’t optimistic about his prognosis. “He told my wife, ‘He is never going to walk again I don’t think,’” Boone said. When Boone arrived at Methodist Rehab, he told rehab tech Janet Barnes: “I’ll walk out of here.” Fifty-six days later, he did just that—albeit with the help of a walker.

Balance problems and some back and leg numbness have kept Boone from returning to his manufacturing job. So the 48-year-old is using his time to be of service to the hospital that helped him heal. “Methodist Rehab is the greatest place I’ve ever come to,” he said.

Once a week, Boone commutes from his Hazlehurst home to volunteer. And he says he’s happy to help out, particularly with spinal patients who need reassurance that they can get better.

“I had one patient’s dad tell me that the doctor could come in and tell his son something, but he wouldn’t listen. But I could come in and it was like—been there, done that, got the T-shirt. He said his son would listen because I had been through it.”
Methodist Rehabilitation Center’s Outpatient Services in Flowood underwent significant renovation in 2013. The therapy gym was completely redesigned, making it more open, bright and inviting. The waiting room was also remodeled to make it more comfortable. The facility offers a wide array of outpatient therapy services. For more information, visit www.methodistrehab.org.

Room to grow
Assistive Technology services continue to evolve
By Carey Miller

The idea of a handheld device that can control all your household items with your voice probably sounded like science fiction when Methodist Rehab was founded in 1975.

But as technology developed at a lightning pace during the subsequent decades and such devices became a reality, the hospital’s in-house assistive technology services have grown in kind to provide information about such devices to patients. After assessing the needs of the patient, solutions are demonstrated and after some training the patient has the opportunity to actually use these devices in the lab.

Since 2008, research associate George Gober has managed the adaptive computing lab on the hospital’s third floor, helping patients become proficient with the proper devices that might allow them to continue to use their home computers after their injuries.

That facility gave him the room to house some devices for demonstration purposes, but many were shown to patients via a Web site Gober designed.

Recent renovations at the hospital afforded the opportunity to move into a larger space on the hospital’s sixth floor, which allows Gober to expand his offerings beyond adaptive computing to hopefully soon encompass the entire suite of assistive technology devices.

“If a picture is worth a thousand words, actually using a device is worth ten thousand,” Gober said. “We now have what I would call a showplace for assistive technology.”

One advantage of the larger space is that he now has room for two power wheelchairs used for demonstrating “integrated controls” which allow the patient to use the wheelchair as a mobile environmental control unit.

“The idea is that if there is something available that will really be beneficial to a patient, we hope to have an example of it,” Gober said. The facility will also allow Methodist Rehab staff such as physical and occupational therapists to familiarize themselves with the devices to be able to better serve their patients.

“The beauty of modern technology is constant innovation…but rapid change makes it difficult to stay up on all the new emerging possibilities,” Gober said. “Most people can’t keep up—we strive to keep up with what’s out there. Now we have the ability to better share that with others.”

George Gober, at right, helps people like Adam Booker, a Millsaps College student and Methodist Specialty Care Center resident, with their assistive technology needs.
**A friend in knee**

Methodist Rehab wins research grant to examine benefits of microprocessor knee

By Chris Blount

The Center for Neuroscience and Neurological Recovery at MRC has been awarded a $100,000 clinical research grant from Iceland-based Össur, a leading manufacturer of prosthetic devices.

MRC will conduct a study on the use of a state-of-the-art microprocessor knee, compared to a standard mechanical knee used by lower limb amputees. The project team includes Chris Wallace, CPO, FAAOP, director of Methodist Orthotics & Prosthetics; Dobrivoje Stokic, MD, DSc, administrative director of research; and Charla Howard, MRC researcher and prosthetics resident. Participants in the study will be physical therapy patients with above-the-knee amputations who will be evaluated weekly at MRC at the motion analysis lab with their standard mechanical knee and Össur’s microprocessor knee, as well as by recordings of steps taken, stumbles, falls and overall performance.

Prosthetic microprocessor knees are known clinically to offer significant benefit, though the published research is limited and insurance coverage is selective. Lower activity-level situations, we will gather a comprehensive picture of the use and benefits of microprocessor knees.

“We are very grateful for Össur’s commitment to this project,” Stokic said. “Being chosen to perform such a high level research project for a market leader in prosthetics is a great honor for Methodist Rehab Center.”

Through the grant, MRC will receive a Zeno Walkway portable mat for gait analysis, a tool that will benefit MRC’s research program far beyond this study."

**It runs in the family**

Wilson family honored for $1 million in giving

By Carey Miller

It runs in the family

Wilson family honored for $1 million in giving

By Carey Miller

But as the group recently gathered to recognize $1 million in cumulative giving to the Wilson Research Foundation at MRC, board members pinned on fresh rosebuds.

The gesture was a sentimental salute to the late Earl R. Wilson, one of the founders of MRC and the patriarch of a family whose gifts total-$1 million have helped sustain the hospital for the past 36 years. Wilson began 25 years of service as board chairman. "Earl was Methodist Rehab Center’s heart and soul, a wonderful mentor to all of us and a very hands-on chairman who invested countless hours to help us grow into a recognized center of excellence," said Mark Adams, president and CEO of Methodist Rehab.

Two months before Wilson’s death in 2000, the hospital was named one of America’s best by U.S. News & World Report, a source of immense pride for the Jackson business- nessman, said his family. In the years since, Wilson’s family has continued his legacy. His widow, Martha Lyles Wilson of Madison, serves on the foundation board. Daughter Ginny Wilson Mounger of Jackson is chairperson of the foundation board. Daughter Ann Wilson Holifield of Ridgeland is a trustee of the hospital. Daughter Amy Lyles Wilson of Nashville, Tenn., volunteers public relations

Presenting a framed resolution to honor the family of the late Earl R. Wilson: from left, Matthew Holleman III, chairman of the Methodist Rehab Board of Trustees; Chris Blount, director of the Wilson Research Foundation; Ann Wilson Holifield; Wilson Holifield; and Mark Adams, president and CEO of Methodist Rehab.
counsel. And grandson Wilson Holfield of Birmingham, Ala., is a member of Methodist Accessible Housing Corporation, a sponsored entity of MRC.

All have also contributed generous financial support, resulting in the board’s May 23 resolution honoring their “unprecedented service and philanthropy.”

“This is among the most remarkable philanthropic legacies in Mississippi,” Blount said. “The Wilson family has led the way to build a thriving, patient-focused research program which results in innovative therapies and improved care of our patients.”

Established in 1988 with a seed gift from the H.F. McCarty, Jr. family, the nonprofit Wilson Research Foundation has provided nearly $5 million in grants for clinical research studies, all from local philanthropic gifts. And the research scientists at Methodist have brought in an additional $8 million in government and industry research dollars, achieving 240 peer-reviewed publications to date.

Still, there’s much left to accomplish and Blount hopes the Wilsons’ example will inspire others to contribute to a $3 million campaign to fund research, technology and education programs to help the thousands of people with disabilities both here at home and across the world.

“Research-based care helps our patients recover more abilities, and there can be significant tax savings by giving to a qualified nonprofit in this way, while utilizing other ways to create security for your loved ones,” a spokesperson said.

Patients recover more abilities, and there can be significant tax savings by giving to a qualified nonprofit in this way, while utilizing other ways to create security for your loved ones.

Memorials and honorary gifts are a wonderful way to honor or remember a loved one. Many of our living donors and planned gift donors give in this way, and we notify the honoree or family members of the person remembered, to let them know you have made a generous gift on their behalf.

A gift of stock results in twofold tax savings: You can avoid paying any capital gains tax on the increase in value of the stock since its purchase, and you receive a tax deduction for full market value.

IRAs and (some) pension plans are subject to income taxes if passed to your loved ones, whereas you may gift those assets to a qualified nonprofit like the Wilson Research Foundation with no income tax burden.

Bank accounts and CDs: You may name the foundation as the beneficiary upon your death. Yet you own and may use the assets.

It was our founders’ vision that the Wilson Research Foundation establish and build a thriving research program here at Methodist Rehab. With more than 240 peer-reviewed, published studies and the daily translation of our research discoveries into clinical practice, the foundation has indeed helped build Methodist Rehab into a nationally recognized center of excellence. Yet there is so much more we can do with your support!

On behalf of our board of governors, I hope you will consider remembering the foundation in your will. A planned gift is a wonderful legacy that will help people in profound ways, here in Mississippi and globally.

For more information, please contact foundation director Chris Blount at (601) 364-3598 or email: cblount@wilsonfoundation.org.

Earl R. Wilson

A legacy of hope

Every dream fulfilled begins with someone who sees a need, imagines a solution and works tirelessly to bring that vision to life. For Methodist Rehab, that dreamer and doer was Earl R. Wilson—the hospital’s founding chairman who led the Board of Trustees for 25 years. Mr. Wilson knew firsthand how families are affected by a loved one’s disabling injury or illness. His own father suffered a stroke at a young age, and his struggles opened Mr. Wilson’s eyes to the appalling lack of rehabilitation services in our state at that time.

As he traveled across Mississippi as a businessman, Mr. Wilson saw his family’s predicament repeated in community after community. Victims of devastat-

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son’s philanthropy.

Earl Wilson put his faith as a commit-
ted Methodist to work as he inspired business and healthcare leaders to come together in 1975 to open what is now a treasure for Mississippi, a world-class regional rehabilitation center.

Since 1989, the Wilson Foundation has contributed more than $4.7 million to meaningful research and services, mostly through the Center for Neurosci-
ence and Neurological Recovery at MRC. In 2013, the Wilson family exceeded $1 million in cumulative giving toward this work. Other major gifts are also coming to fruition, helping the Wilson Founda-
tion to restore abilities and hope for Methodist Rehab patients, and others around the world through our research successes.

Leave a legacy

Estate giving can help impact future generations

By Chris Blount

The late John and Maxine Tullos of Jackson were wonderful members of our community. Mr. Tullos was a senior executive with Trustmark National Bank and they were longtime members of Galloway Memorial United Methodist Church. Among their many friends were Methodist Rehabilitation Center’s founders, board members, volunteers and patients. They witnessed firsthand the creation of this center, and they knew of the importance of the center’s Wilson Research Foundation to discover better ways for our patients to recover abilities after a disabling injury or illness.

During their lifetimes, Mr. and Mrs. Tullos were regular contributors to the Wilson Foundation. Today and for many years to come, the Tullos legacy of giving continues, as they have remembered the foundation in their will.

The Wilson Research Foundation is a 501(c)(3) nonprofit organization that supports Methodist Rehab. Have you thought about remembering this life-changing mission and ministry in your will? There are a number of simple and flexible ways to make a lasting gift, with significant savings on estate, capital gains and other taxes. Here are some of the possibilities:

A bequest in your will for a percentage of your estate or a specific amount of cash or property, allows you to support this foundation without giving up assets now.

A gift of real estate allows you to eliminate all capital gains taxes. And you may deduct the fair market value of your gift. If you wish, you can transfer the deed to the Wilson Research Foundation to have you use the property for your lifetime. You will receive a current charitable deduction based on your life expectancy and the value of the property.

Charitable lead trusts allow you to “lead” with a gift to the Wilson Foundation, typically over a period of years, and the remaining trust assets will pass to your family members. This can have significant advantages in estate and gift taxes.

Charitable remainder trusts allow you to receive income for life or for a period of time (up to 20 years), and the remainder of the trust assets will support our mission. You receive a partial income tax deduction.

Life insurance policies are a giving option that few people would think to use, but there can be significant tax savings by giving to a qualified nonprofit in this way, while utilizing other ways to create security for your loved ones.

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WILSON FOUNDATION

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2012


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Wilson Research Foundation Honorary

Our donors help our patients recover ability and hope through research at Methodist Rehab Center. "Research Fellows" are those who have given us this life-changing gift. Gifts listed below are those received since the last published list that appeared in the Winter 2013 issue of Ways & Means. We strive for accuracy, so please let us know if we have neglected to recognize your contribution.

To make a donation or to learn more about The Wilson Research Foundation, contact Chris Blount or strive for accuracy, so please let us know if we have neglected to recognize your contribution.

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