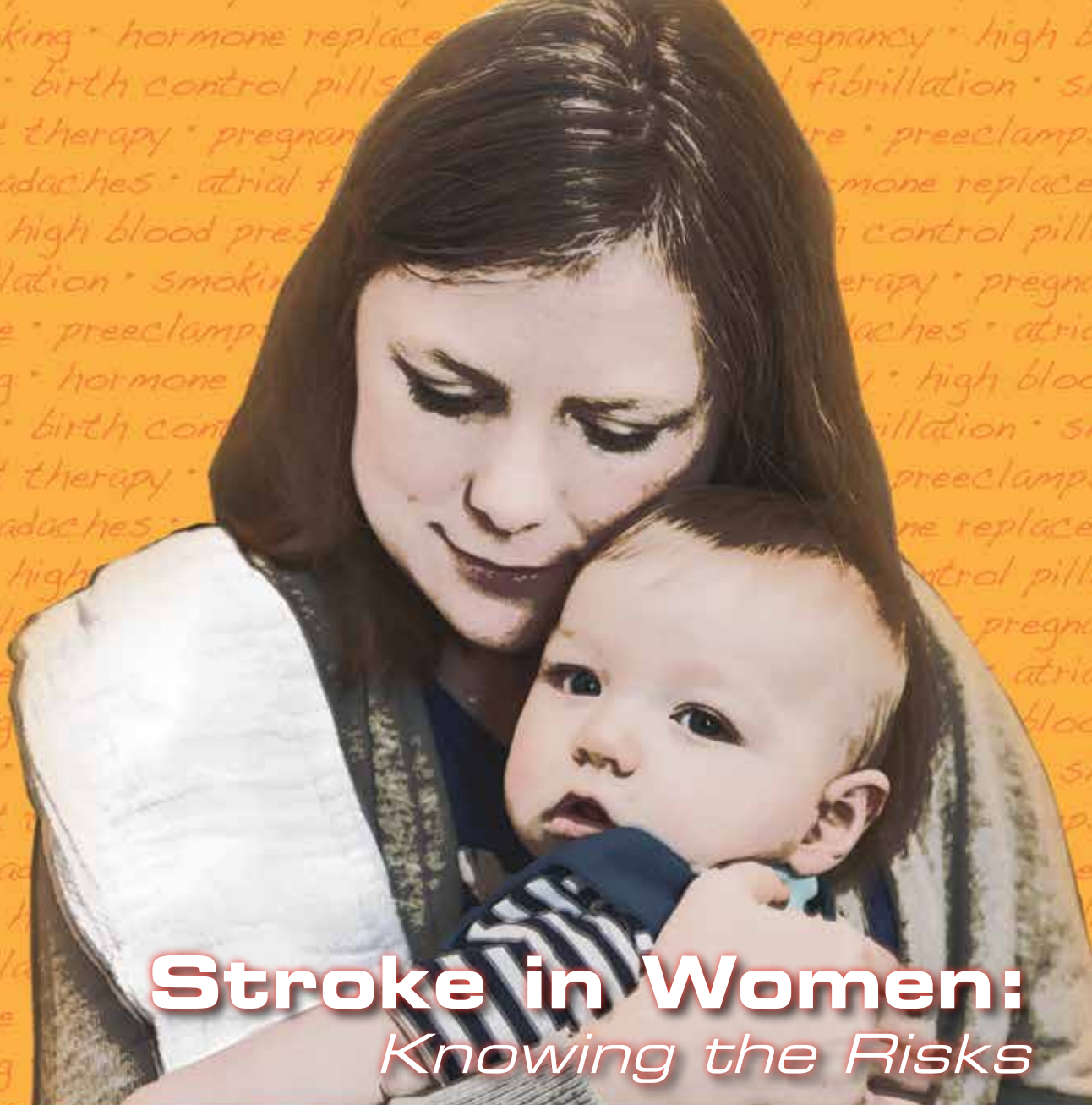


WINTER 2015

WAYS AND MEANS

METHODIST REHABILITATION CENTER



Stroke in Women: *Knowing the Risks*



Terri **KITCHENS**
Brain Injury Survivor



UMMC **AFFILIATION**
A New Era for Research



Stevelyn **ROBINSON**
Never Giving Up



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

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

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

The Challenge

It was spring of 1975 when Methodist Rehabilitation Center first began admitting patients.

And as the 40th anniversary of that historic moment approaches, I can't help but reflect on our accomplishments in the decades since and how much we have to celebrate.

In the 1980s, we became the first rehabilitation hospital in the nation to provide complex orthopedic surgical services. We also installed a clean-air surgical suite, making us the first facility in the United States and the fifth in the world to use the sophisticated filter system to help prevent patient infections.

In the 1990s, we established a dedicated department for rehabilitation research, which laid the groundwork for a nine-year designation as one of 16 Traumatic Brain Injury Model Systems in the nation.

The first decade of the 2000s saw us twice recognized as one of America's Best Hospitals by *U.S. News & World Report*. Our scientists earned international recognition for groundbreaking West Nile virus research. And we also opened Methodist Specialty Care Center, one of the few facilities in the country dedicated to skilled residential care for younger patients with severe disabilities.

All in all, it's a legacy of innovation that has paved the way for pioneering discoveries and improved patient care. And I can assure you it lives on.

On pages 47-51, you'll read about our recent affiliation with the University of Mississippi Medical Center. The partnership provides a powerful new model for neuroscience collaboration and creates a framework for expanded and specialized clinical services, stronger educational programs and more nationally competitive research.

The beneficiaries of this new alliance will be people in Mississippi and throughout the world who suffer strokes, spinal cord injuries, brain injuries and other neurological diseases and injuries.

And as you'll see from this issue of *Ways & Means*, those people are at the heart of all we do.

You'll learn how we helped a mother of two get back to her family after a postpartum stroke (pages 37-41), a brain injury victim return to work (pages 43-46) and several young spinal cord injury patients pursue college degrees (pages 24-25 and 30-35).

Of course, we know there are thousands more people who have combined their courage and hard work with our expertise to get their own lives back in order. And if you're one of our alumni, we hope you'll celebrate our 40th anniversary with us.

Stay tuned to www.methodistonline.org and www.facebook.com/methodistrehab for details. And while you're there, please share memories and photos of your MRC journey with us. 📸



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

News Briefs

Therapists first in state certified as swallowing disorder specialists

Speech-Language Pathologists Heather Wise of Madison and Kimberly Boyd of Brandon recently became the first Mississippi therapists to be named board-certified specialists in swallowing and swallowing disorders by the American Speech-Language Hearing Association. To qualify for the certification, each earned at least 75 hours of continuing education credit, completed a required number of hours in evaluation and treatment of swallowing disorders, accomplished research, administrative and educational achievements and passed a certification exam. Both work at MRC's Outpatient Neurological Rehabilitation clinic in Flowood. 📸



Speech Language Pathologists Heather Wise, left, and Kimberly Boyd.

Schroth therapy to treat scoliosis now offered at Outpatient Rehabilitation

Elizabeth Rich, a physical therapist with Methodist Outpatient Rehabilitation in Ridgeland, has been specially trained in the Schroth method of reversing and controlling abnormal postures related to scoliosis.

The therapy uses specific exercises and breathing techniques to elongate the trunk and correct imbalances in the body. Geared to each patient's specific curve pattern, the therapy can slow the progression of

scoliosis and improve posture, lung function, pain management and mobility. For more information, call 601-936-8888. 📞

Inpatients to benefit from "Primo" Environmental Control Units

Methodist Specialty Care Center has updated the environmental control units (ECUs) that it provides for resident use with the Possum Primo ECU, the system uses the infrared (IR) interface to allow users to operate almost any IR device.

At MSCC, the Primo is typically programmed to control the TV, cable box, and any resident owned consumer devices. Additionally, the Primo operates the Sero telephone. The Sero is an IR phone made by

Possum and the two devices integrate well. An added feature of the Sero is that it is a type of AAC (augmentative or alternative communication) device. The user may hit a switch to select a recorded phrase.

The Primo fleet of ECUs has been in use at MSCC for a couple of years. MRC is now preparing to provide these ECU/telephone systems for inpatient use.

Two enhanced ECU units are currently in beta testing for spinal cord injured patients on the sixth floor. The systems are used by patients in their room, and they receive training about ECU systems in the Assistive Technology Lab.

Additionally, the process is underway to roll out these devices on other patient floors. 📸

Employees of the Year



Kathleen Dobbs
Clinical Services

As a traveling physical therapist, Kathleen Dobbs flirted with jobs at plenty of sought-after locations.

The Amory native spent time in Honolulu, Hawaii; Portland, Maine; Coos Bay, Ore.; and Asheville, N.C.

But when it came time to commit to a position, Dobbs fell in love with Methodist Rehab—and vice versa. Dobbs was selected as MRC's latest Clinical Employee of the Year, and her supervisor says the hospital is "blessed to have her passion and commitment."

"Her dedication to her patients and to MRC can be felt throughout the organization, and she is always striving to do better," said Therapy Director Suzy Gonzalez. "She touches many lives and mends not only patients' mobility skills, but their hearts, too."

Dobbs had hoped as much when

she returned to Mississippi. "I always wanted to make sure I gave back to the citizens of the state," said the graduate of the University of Mississippi School of Health Related Professions.

So she's grateful MRC provides the perfect place to pursue that goal and gives her opportunities to serve as a clinical mentor for PT students and fellow therapists.

"I was fortunate to spend nine months as a contract employee here first, so I was able to see the inner workings of MRC," she said. "I could see it was a state-of-the-art facility, and it offered a teamwork approach to helping patients navigate a difficult time in their lives and reclaim their independence."

Dobbs' passion for her work comes from a personal awareness of the challenges facing people with disabilities. Her youngest brother suffered a stroke as an infant. Her mother now uses a power wheelchair. And her 10-month-old nephew has Down syndrome. "I feel like that has helped me identify with the fears and barriers patients encounter," she said.

When she began working at MRC in 2010, Dobbs gravitated toward working with brain injury patients. It's a balancing act to meet their complex needs, yet Dobbs says the rewards are worth it. "I love the break-through moments when you see the joy in patients' faces,"

she said. "It makes you smile when they've conquered a challenge or met a personal goal."

While Dobbs says her motivation mainly comes from "my passion to give the best of myself to those who need the services I provide," receiving Employee of the Year was a nice acknowledgment. "It's an inspiration to continue to pursue this path," she said. 🙌



Frank Washington
Support Services

Long before he was lauded as Support Services Employee of the Year, Frank Washington already felt appreciated.

It's why he's spent 24 years as a porter for Methodist Rehab's nutrition services department.

"That's a lot of years in one job," said the 61-year-old. "And I didn't think I was going to last this long. But everybody kept encouraging me."

Along the way, Washington had seven different bosses. And he even fielded a few job offers from other department directors who saw his work ethic and came calling.

Yet Washington said he was never tempted to leave his position as chief clean-up man for the hospital kitchen. "Out of all the guys, I'm the only one still standing," he jokes. "I was told if I put effort into what I was doing, I would be here for a while."

Washington came to MRC in 1991, after doing similar jobs at Mississippi Baptist Medical Center and the University of Mississippi Medical Center.

"I'm a hospital person," he said. But MRC seemed different from the start. "The one thing about rehab is they believe in you," he said.

Nutrition Director Steve Davis is among the many who put their trust in Washington, and he says the veteran employee is "well deserving" of Employee of the Year.

"He is courteous and respectful and seldom complains, despite having to multi-task throughout his day," Davis said. "Whether he's taking supplies or food carts to the units, washing pots and pans or doing general kitchen sanitation, he accomplishes all his tasks in a timely manner. He keeps his work area and the kitchen impeccably clean."

Washington had been up for Employee of the Year honors once before and had not won. So hearing his

name called this time was a welcome surprise.

"I was happy somebody recognized what I do," he said. "I've learned being nice and courteous will carry you a long way." 🙌



Joseph Sariah
Methodist Specialty Care Center

Ask Joseph Sariah what he likes best about his job and his answer is quick and simple—"the people," he says.

The dietary services porter says he likes to really get to know the people he serves, an opportunity that working at a long-term facility like Methodist Specialty Care Center affords him.

"I've gotten to be real close with everyone and be friends with them," Sariah said. "I get along with everybody. If you ask me, I'm a people person. I keep everybody in good spirits."

With a genuinely warm and out-

going personality, Sariah is as quick to crack a joke as he is a smile to lift someone's spirits.

"Joe interacts with the residents daily in a way that makes them feel like family," said MSCC Director Jan Robertson.

His ability to brighten the day of cafeteria visitors makes him a beloved member of the staff, and an easy choice for the center's Employee of the Year.

"Joe will always put a smile on the face of a resident, staff member or visitor," Robertson said.

Food service has been Sariah's lifelong passion.

"I've been working in dietary for a good while, before I even came to Methodist," he said.

The 53-year-old learned the ropes of food service at age 19, while working for a catering company in his hometown of Beaumont, Texas. He later moved into hospital dietary service, with a stint at Crawford Long Hospital (now Emory University Hospital Midtown) in Atlanta before joining the staff of Methodist Rehab.

Sariah has been a fixture of the long-term care facility's family since the beginning. He joined the Methodist Rehab main campus staff in 2001 and took his job at MSCC when it opened in 2003.

"When Joe is not here, the residents ask about him," Robertson said. 🙌



Now I can...

tackle tax season

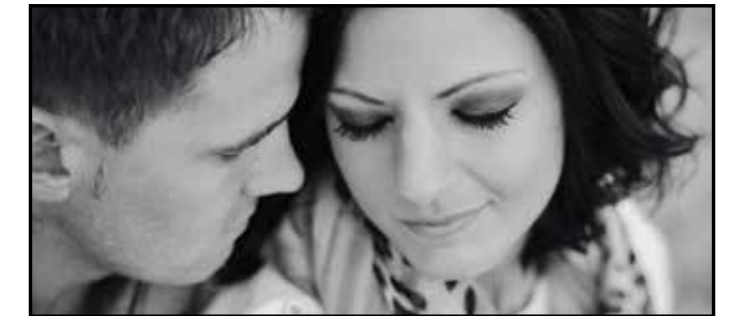
Melanie Woodrick might have been wringing her hands, if they hadn't been attached to two badly broken arms.

Tax season was in full tilt. And for the first time in 30 years, there would be no happy returns for the certified public accountant. A February parking lot fall had put her out of commission.

"I broke both elbows and my left foot," said the partner for Grantham Poole CPAs in Ridgeland.

Woodrick said she couldn't do anything for herself until Methodist Rehabilitation Center staff "asked me what I wanted to do and made a way for me to do it."

Soon, Woodrick was using customized tools to turn the pages of books and type on a keyboard. "They helped me be able to work while I got stronger. Now I sing MRC's praises everywhere."



Now I can... walk down the aisle

Think of Katie Breland as the paralyzed bride who refused a ride to the altar.

"I wanted my wedding to be how I always thought it would be and a wheelchair wasn't part of the plan," said the physical therapy assistant and personal trainer from Bogalusa, La. "I told everybody I wouldn't get married until I could walk down the aisle. So I started working on it and practicing."

The feat required braces and the kind of labor that leaves you breathless. But it was nothing next to the challenges Katie faced after a 2011 car crash left her with multiple fractures and third degree burns over 75 percent of her body.

"As an athlete, I was used to working for something," she said. But she was grateful that Methodist Rehabilitation Center staff knew how to keep her motivated.

"They were always telling me: You've got this," she said. "Whatever I thought was possible, they thought was possible. Ever since, I've been hard core rehab, doing whatever I had to do."



Now I can... be a team player

Growing up with cerebral palsy, DeJuan Surrrell spent his youth on the sidelines of sporting events.

But thanks to Methodist Rehabilitation Center's therapeutic recreation program, he can now compete in wheelchair softball, fencing, quad rugby, power soccer—and even join a dance troupe.

"Now I'm doing more sports than even my able-bodied friends," said the 32-year-old Jackson resident. "If I like it, I jump on in."

Surrrell recently won the Sportsmanship Award at the 2014 Wheelchair Softball World Series in Minneapolis, Minn. And he said he's proud and grateful to be part of a team.

"I've grown so much and learned a lot from my teammates and people I've met from out of state," he said. "It's a dream come true playing all these sports. It motivates me, and I love it. Now people can look at me and say: If he can do it, I can, too."

Team player

Dr. Philip Blount joins Pain & Spine Center staff

By Susan Christensen

Dr. Philip Blount has a special empathy for patients seeking relief from painful and disabling injuries.

During his first year at the University of Mississippi Medical School, the Jackson native suffered “major multiple trauma” in a car wreck. He spent six weeks in the hospital and had to take a leave of absence from his studies to fully recover.

“The experience I had as a patient and my period of recovery made me recognize what it means to walk that road,” he said. “When you have an injury that really takes away your independence and slows you down, it changes you. How to get back to who you were before becomes the real question and challenge.”

Helping others meet that challenge is central to Blount’s new role as a physical medicine and rehabilitation physician for Methodist Pain & Spine Center in Flowood.

Blount joined the clinic in January and has been a good addition to a staff that also includes physical medicine and rehabilitation (PM&R) physician Leon Grigoryev and pain management specialist Bruce Hirshman.

“We’ve always envisioned our Flowood campus as a comprehensive resource for patients, and Dr. Blount definitely expands our expertise,” said Methodist Rehabilitation Center CEO Mark Adams. “He’s board certified in PM&R, Sports Medicine and Electrodiagnostic Medicine.”



Dr. Philip Blount

Blount’s office is in close proximity to Methodist Rehab Outpatient Services and Methodist Orthotics & Prosthetics, and he enjoys collaborating with their staffs.

“Methodist has always had a reputation for outstanding rehab services, and I’m excited to be a part of the team,” he said.

Blount’s decision to train in PM&R—a specialty that emphasizes non-surgical solutions to musculoskeletal problems—might have seemed somewhat of an odd choice to his former colleagues in medical school. As a senior, he was awarded the Neurosurgery Merit Award at UMMC.

But his desire to be more involved with patients led Blount to pursue post-graduate training in PM&R at the Charlotte Institute of Rehabilitation in North Carolina. He also did a fellowship in musculoskeletal medicine at the Mayo Clinic

in Rochester, Minn.

A former associate professor at UMMC, Blount says his experience has taught him many valuable lessons, including the importance of education, communication and teamwork in all aspects of patient care. And he makes it a point to inform patients, their caregivers and other physicians about all that can be accomplished via PM&R practices.

“Many medical conditions and symptoms can be managed successfully with non-surgical means,” he said. “Part of it is wellness and lifestyle, part of it is medications or injections and part of it is formal therapy prescriptions or even referrals. Management is individualized and people are often not fully aware of the options available and the success rates with those.”

Blount is equally enthusiastic about incorporating sports medicine

strategies into his practice. He says the specialty takes a whole-body, return-to-play approach to care. Sports medicine considers not only accurate diagnosis and pain control, but also restoration of range of motion, strength and functional performance.

“Every person is an athlete to some degree and every person has a sport—be it normal activities of daily living or actual athletics,” he said. “Sports medicine has been a very useful training for me.”

Like the days he spent rehabbing from his accident, it’s a background that sets him apart. “It took me several months to heal and get my confidence back,” he said. “Having lived through that gives me a keen advantage.”

To learn more about Methodist Pain & Spine Center or to make an appointment with Dr. Philip Blount, call 601-936-8801.

Wild man

Love of the outdoors informs Dr. Blount’s approach to rehabilitation medicine

By Carey Miller

The outdoors is both a personal and professional passion for Dr. Philip Blount.

Blount has been involved with the Outdoor Bound program, and once worked as a park ranger. He’s also earned his Wilderness First Responder certification from the National Outdoor Leadership School (NOLS), one of the country’s foremost educators in the field of wilderness medicine.

“It’s a nice well-rounded training with a lot of car-

ryover into sports medicine and really, just basic everyday life,” Blount said. “It helps me with my medical practice in many ways.”

Wilderness medicine, Blount explained, is the application of medical care in a remote setting, which is usually defined as being greater than an hour away from definitive care.

Wilderness medicine in practice is about the assessment, improvisation and overall decision-making

to provide basic life support and stabilize things until the victim can receive definitive care.

“It’s not something crazy, like MacGyver or Rambo,” Blount said, adding that the most crucial aspect of wilderness medicine is prevention.

“It’s a lot easier to prevent an injury than deal with one when it happens,” he said.

“If you look at the risk versus benefits of engaging in outdoor activities, the benefits far, far outweigh the risk,” said Blount. “Injuries that happen outdoors are about 9 per 100,000 participants, with deaths around 2.6 per 100,000. That’s rare, like getting struck by lightning.

“Getting people out of doors and engaged in physical activities is something I highly advocate. It’s fun, it’s healthy, and it’s free.”



Dr. Philip Blount with his family, from left, wife Carrie and daughters Bailey and Kimberly, during a visit to the Great Smoky Mountains in Tennessee.



John Sewell uses Methodist Rehab's new AlterG Anti-Gravity Treadmill for a training run.



Curtis Brown undergoes therapy on the high-tech device with the guidance of MRC physical therapist assistant Wes Myers.



Rocket science rehab

Flowood clinic's AlterG Anti-Gravity Treadmill has therapy patients and athletes walking on air

By Susan Christensen

The same rocket-science technology that helps elite athletes get off the disabled list is putting people back on their feet at Methodist Rehabilitation Center Outpatient Services.

The Flowood clinic is the only facility in Mississippi to offer AlterG Anti-Gravity Treadmill training to the general public. The NASA-inspired system off-loads up to 80 percent of a person's weight and is FDA-approved for functional rehab.

"It allows people to exercise before they have the strength or endurance to support their own weight," said Joe Jacobson, director of outpa-

tient services. "They can exercise at an aerobic level, and it's not painful."

During an AlterG session, the lower body is encased in a waist-high plastic chamber filled with load-lifting, pressurized air. Treadmill controls adjust the pressure, creating a low-impact, workout zone for anyone with weight-bearing issues.

Jacobson said the system helps therapy patients recover from leg or joint surgery, and it's a good tool for anyone too weak or unsteady to walk unsupported.

It's also a boon to athletes bouncing back from injuries, and AlterG counts the Washington Wizards,

Green Bay Packers, Texas Rangers and U.S. Olympic Training Center among its customers.

Methodist Outpatient Rehab offers the treadmill as a training resource for local athletes at a rate of \$15 per 30-minute session.

"It's a way for injured runners to keep their base and continue to run without the pounding that goes with it," Jacobson said. "If you want a progressive return to weight bearing, the AlterG treadmill is the way to do it."

Free AlterG demos are available by appointment. Call 601-936-8888 to schedule a time.

Thumbs up for i-limb

Tough guy Roy Eavenson puts revolutionary new prosthetic hand to the test—and approves

By Susan Christensen

In his younger years, Roy Eavenson survived four bruising fights a night as a ham-fisted boxer known as The Ox.

In his rodeo days, he endured cracked ribs, a busted head and a broken right leg before he gave up bull riding.

But losing his left hand in an industrial accident—now, that put the tough guy in a tailspin.

"I was depressed for a long time," said the Covington County resident. "There were so many things I couldn't do."

Today, it's a different story,

thanks to the amazing capabilities of his i-limb ultra revolution prosthetic hand. Now, Eavenson can tie his shoes, button his pants and cut his own steak—activities once out of reach for the former construction worker.

Eavenson was custom-fit with the

futuristic hand at Methodist Orthotics & Prosthetics in Flowood, where he helped showcase the i-limb's features at a July educational event.

Chris Wallace, director of Methodist O&P, said the event was an opportunity for potential users to explore the latest advances in prosthetic hands and ask questions of users like Eavenson.

"Too many people wear outdated equipment because they're not aware of what's available," Wallace said. "Since many insurers offer reimbursement for new prostheses every two to five years, we like to keep patients and their doctors up-to-date on the newest options."

Disguised by a cover that matches the wrinkled knuckles, manly fingernails and freckled skin on his right hand, Eavenson's prosthesis doesn't look particularly tech-y.

But underneath the cosmetics are robotic breakthroughs that provide "unparalleled dexterity," says Scotland-based manufacturer Touch Bionics. Instead of offering only the thumb and two-finger pinch of most prosthetic hands, the ultra revolution lets Eavenson move all five fingers.

"It's leaps and bound over others he has had," said Taylor Hankins, Eavenson's prosthetist at Method-



ist O&P. "The great thing is it has a powered opposable thumb so you don't have to physically move the thumb with your other hand. It's faster and stronger, too."

Using Bluetooth enabled software on an iPod or smart phone app, Eavenson can easily access 24 pre-programmed positions or grips. There's one to facilitate typing and others for hauling heavy bags, clutching utensils or carefully cradling a paper cup.

The i-limb is a myoelectric hand, meaning it's activated by electrical

signals generated by muscle movements in the forearm—a process Eavenson had long since mastered with previous prostheses.

But given that he doesn't even own a computer, the 73-year-old needed some help to get the hang of the sophisticated electronics in his new hand.

At Methodist Rehab, he worked with Hankins and occupational therapist Suzanne Colbert, who have been specially trained on the device. He even accompanied the two to a Touch Bionics facility in Ohio.

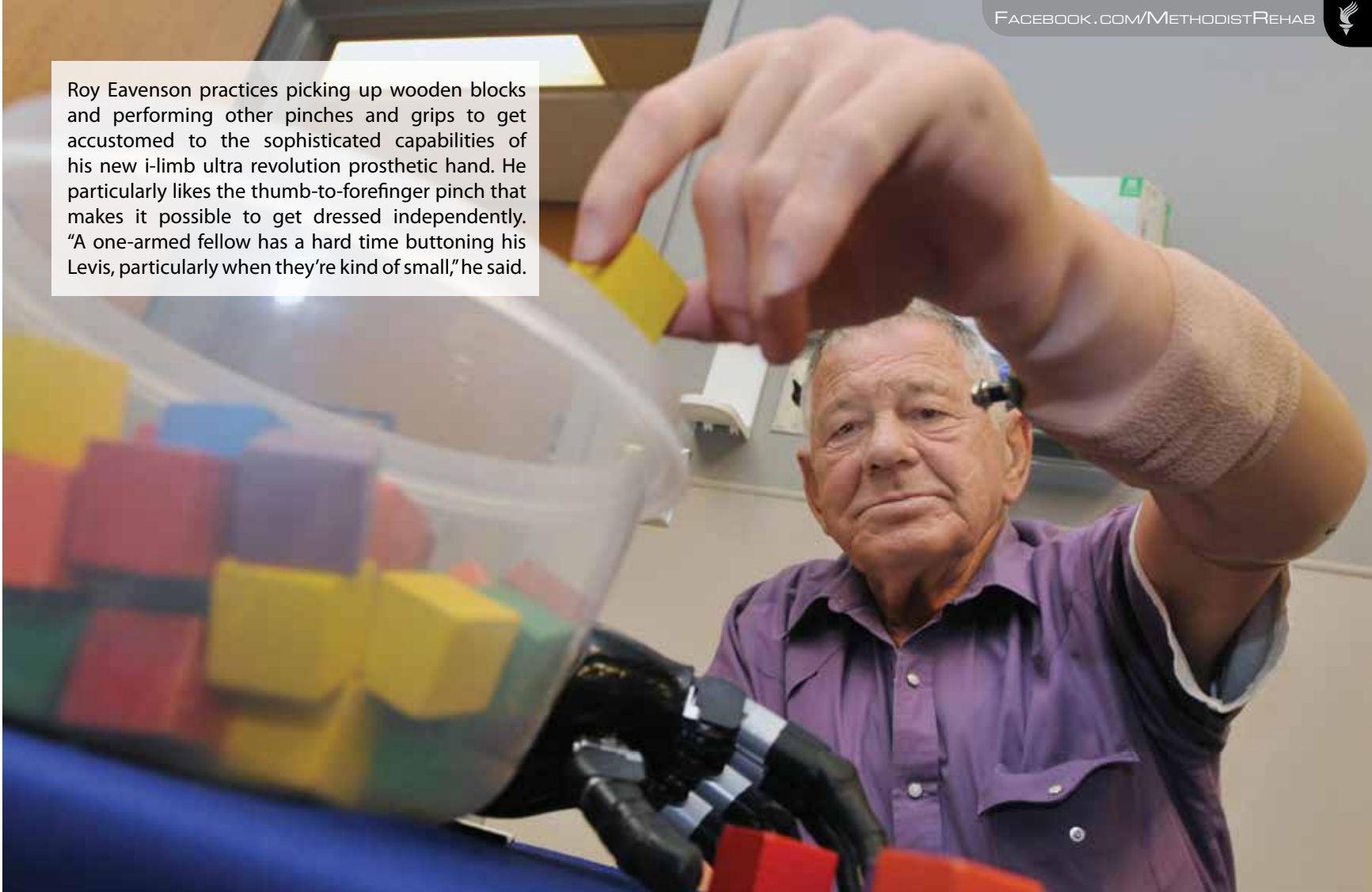
"He was a barrel of laughs at the airport," Colbert said. "It took 40 minutes to get him through the security checkpoint because he has metal in him from head to toe. But he was real patient and easygoing."

Eavenson admits he was quite the opposite when he first lost his hand. "I was real blue," he said.

The then 60-year-old had been working at a hardboard plant when his left arm got caught in a 20-ton press where wood fibers are steam-cooked and pressure-molded. "I had 360 degrees of heat on my arm for seven minutes, but I never did pass out," he said.

Doctors tried for nine weeks to save Eavenson's thumb and forefinger, but gangrene forced a mid-fore-

Roy Eavenson practices picking up wooden blocks and performing other pinches and grips to get accustomed to the sophisticated capabilities of his new i-limb ultra revolution prosthetic hand. He particularly likes the thumb-to-forefinger pinch that makes it possible to get dressed independently. "A one-armed fellow has a hard time buttoning his Levis, particularly when they're kind of small," he said.



arm amputation. Overnight, the guy who once built a 600-foot tower on the edge of a 1,100-foot cliff went from fearless to fragile.

But he says he got over his self-pity after seeing some patients facing worse predicaments.

"If you're feeling sorry for yourself, go walk through the VA," Eavenson said. "If you don't leave there with a different attitude, there's something wrong with you."

In the years since, Eavenson has found there is not much on his 30-acre spread that he can't do—from welding and fence mending to bee-

keeping and tree chopping. "It has gotten me out of dish washing," he jokes.

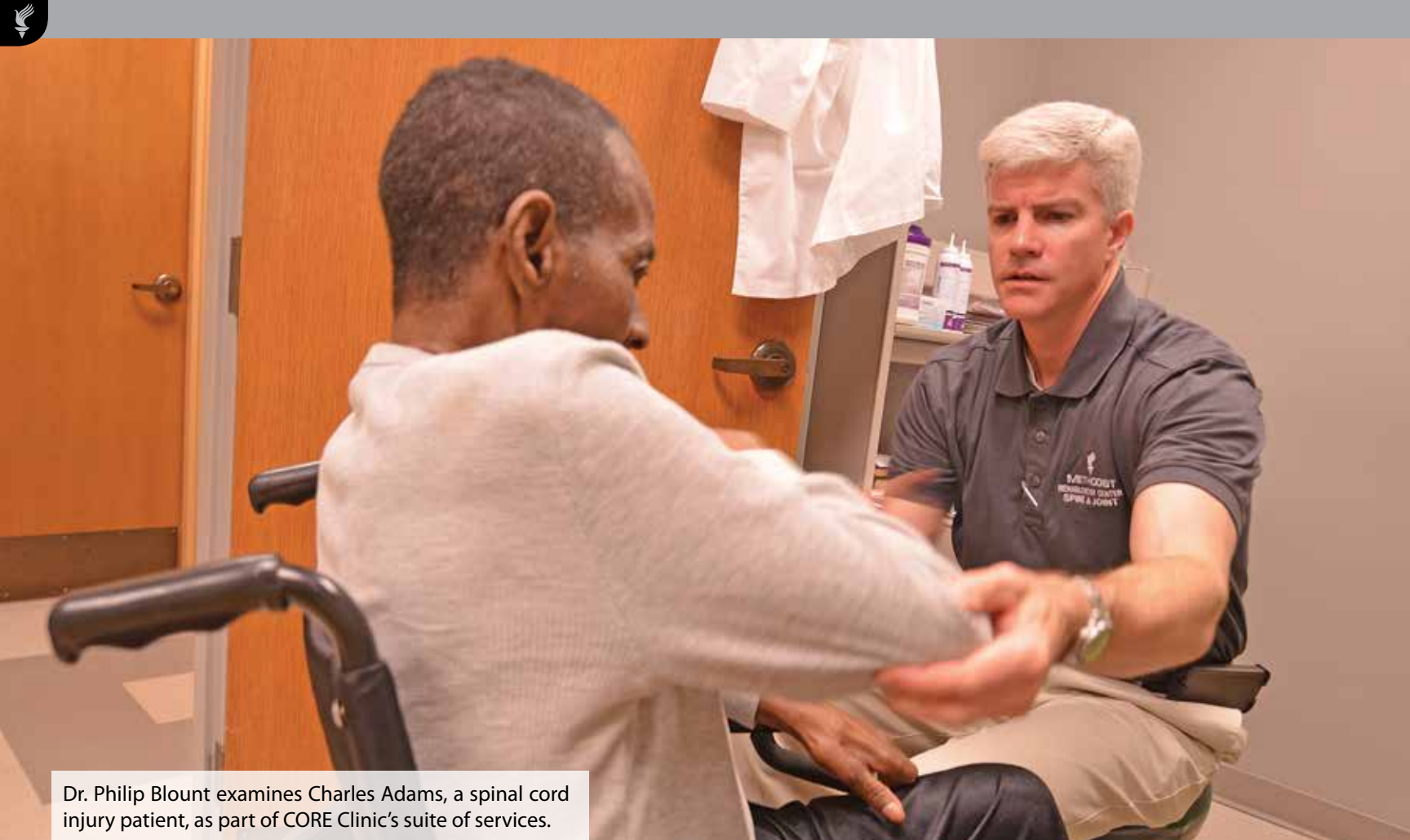
Eavenson is currently learning all his new hand can accomplish and practicing those skills during therapy with Colbert. "We do a lot of repetition, using fine motor control and dexterity to do activities of daily living like cutting a steak," she said.

Hankins put the functions Eavenson uses most often on a shortcut app. There's also the option to add up to three custom gestures, and the most appropriate might be a big thumbs-up.

Eavenson likes that the hand has helped him rediscover abilities he once took for granted. "When I first got this cotton-picking thing I was able to pick up quarters and nickels off the table," he said.

But his favorite capability comes courtesy of the delicate thumb-to-forefinger pinch that makes it possible to get dressed independently. "A one-armed fellow has a hard time buttoning his Levis, particularly when they're kind of small," he said.

For more information about the i-limb, call Methodist Orthotics & Prosthetics at 601-936-8899.



Dr. Philip Blount examines Charles Adams, a spinal cord injury patient, as part of CORE Clinic's suite of services.

Streamlined services

Methodist Rehab's new CORE clinic consolidates care for patients needing multiple appointments

By Carey Miller

For many patients who have suffered a disabling injury or illness, just getting to a doctor's appointment can be an undertaking.

And for those that need to see several clinicians for a variety of needs, having to make multiple appointments can make their lives needlessly difficult.

"There are patients with stroke, spinal cord injury and other disabili-

ties who live in the community and need to have access to a setting where they can see different skilled professional providers under one roof," said Dr. Philip Blount of Methodist Pain & Spine Center.

Enter Methodist Outpatient Services' CORE (Comprehensive Outpatient REhabilitation) Clinic, which offers the convenience of providing a variety of services all in a single appointment.

"I truly believe this provides the best case scenario for patients," said Chris Wallace, director of Methodist Orthotics & Prosthetics. "This integrated approach allows for greater interaction and dynamic dialogue among the key rehabilitation professionals involved in the patient's care."

CORE brings together staff from all the disciplines at Methodist Rehab's facility in Flowood.

The patient's overall care is overseen by Blount, a physical medicine and rehabilitation physician. Blount joined the Methodist staff in January.

"When I first came over here to work, I was quickly made aware of the broad scope of professional services available," Blount said. "When patients started coming from over an hour away requiring these multiple specialties, I communicated with the group and was able to work together with the various leaders here at outpatient to make this clinic available."

"Having a physician such as Dr. Blount who is excited and fully engaged in this process and is willing to provide dynamic leadership to the team further increases the scope and depth of the clinic's offerings," Wallace said.

Wallace leads his team of Orthotics & Prosthetics staff, who address patient concerns related to improving functional mobility through the use of prosthetic or orthotic devices.

"O&P has used this team model for many years in the amputee clinic," Wallace said. "Expanding this model to include other disciplines only increases the capabilities and services offered to patients, which improves the outcome potential."

Physical therapist Lisa Indest screens the patient's needs for physical, occupational and speech therapy services.

"I determine what types of functional impairments that they're having and look at their therapy history to decide if any of those disciplines are required," Indest said. "I also help evaluate upper and lower ex-

tremity spasticity to help Dr. Blount determine if injections in those muscles would be beneficial."

Clinical psychologist Danny Burgess, Ph.D., of Quest addresses any behavioral or emotional issues related to the patient's medical situation.

"This can range from helping them manage depression/anxiety symptoms, improve compliance with treatment recommendations, help them quit tobacco use, as well as make recommendations for psychotropic medication use," Burgess said.

"The idea is for this clinic to serve as another step on the patient's road to successful community living."

—Dr. Philip Blount,
Methodist Pain & Spine Center physician

Physical therapist Allison Fracchia of the Assistive Technology Clinic addresses whether or not the patient is having issues with their current mobility device or if they need new recommendations.

"Often these discussions lead to questions about transporting the wheelchair or transferring into and out of the device," Fracchia said. "The discussions also bring up complications such as pressure sores or poor positioning that can lead to other medical problems."

The AT Clinic's involvement is something that truly sets CORE

apart.

"There are very few physical therapists nationally who concentrate their daily practice on only seating and mobility assessments," Fracchia said. "We have three therapists who spend their time doing these types of assessments all day."

Currently, CORE clinic takes place one day a month, with plans to expand and offer more options for appointments. Blount hopes to add more services such as an on-site urologist to help patients with bowel and bladder incontinence.

"The idea is for this clinic to serve as another step on the patient's road to successful community living," Blount said.

While CORE's approach benefits the patient in numerous ways, its team members are also finding surprising ways it benefits them as clinicians.

"I am able to take a more holistic approach with my patients because I am aware of their needs in multiple areas," Burgess said.

"This collaboration builds team unity among the professions and serves to provide ongoing education for us all," Wallace said.

Above all, CORE offers a quality of care that only comes through personal interaction.

"Not only is our clinic face-to-face with the patient, it's face-to-face with my fellow providers," Blount said. "I'm always amazed at what the team presents as possible options."

For more information about how to schedule an appointment with Methodist Outpatient Services' CORE Clinic, please call 601-936-8888.



Prosthetists Jennifer Long and Taylor Hankins show off their souvenir Louisville Sluggers signed by members of the Wounded Warrior Softball Team.

Assistant Warriors

Methodist O&P prosthetists lent their expertise to the Wounded Warrior Softball Team Kids' Camp

By Carey Miller

When the Wounded Warrior Amputee Softball Team needed help with their annual Kids' Camp, they turned to Methodist Orthotics & Prosthetics.

"They needed prosthetists on site in case anything happened with either the kids' or team's devices," said Methodist O&P prosthetist Jennifer Long. "They asked us, and we said, 'Well, yeah! Absolutely.'"

Long has made it her mission to encourage Methodist patients to participate in sports, so she was excited to get to work with the country's most well-known team of athletes with amputations.

The Wounded Warrior Amputee Softball Team Kids' Camp is a week-long clinic that pairs 20 children with amputations with members of the team that serve as their mentors and coaches.

"We knew we wanted to have one if not two prosthetists available there at the kids' camp while our clinic and games were going on," said Susan Rodio, the founder and director of the camp. "They volunteered, and we were happy to have them."

Ossür, a prosthesis manufacturer Methodist O&P works closely with, had recommended Long and her fellow prosthetist Taylor Hankins for their expertise as well as their dedication to athletics.

Cooper Blair, one of the athletes Methodist O&P sponsors, had already been selected as one of the 20 kids participating in this year's camp, so it was a perfect fit.

For the past four years, Long has taken a group of aspiring athletes to the Endeavor Games, an annual event in Oklahoma City for athletes with physical disabilities. Hankins has been with her along the way assisting with

handling the prosthetic needs of Methodist O&P athletes.

Both continue to encourage all who come through Methodist's doors, regardless of whether or not they have a background in athletics, to consider pursuing sports as a way to stay active and boost confidence post-injury.

And while both Long and Hankins had a lot of experience working with athletes with amputations, the experience at the Kids' Camp was unique.

"When someone comes to us here at Methodist, we're usually building them a prosthesis from scratch," Hankins said. "But at the camp, we were like the pit crew—when something broke, we fixed it."

And both prosthetists were blown away by the Wounded Warriors' dedication to mentoring the kids and letting them know they weren't the only ones who struggled to overcome setbacks.

"Every kid like Cooper was matched up with one of the Wounded Warriors, and whatever the kids were doing they did too," Hankins said. "They even came along for all the other activities like going to the museum and water park. They were there to just hang out with the kids."

"They were amazing," Long said. "They were just phenomenal to watch."

The Wounded Warrior Amputee Softball Team is comprised of veteran and active duty servicemen who have lost limbs serving their country post-9/11. The team is also a charitable organization with a mission to raise awareness and inspire by demonstrating the wounded warriors' resiliency and strength on and off the field. And what better way to inspire and give back to the community than by showing children with amputations they too can overcome adversity?

"I had seen the way our players interacted with children with amputations, and I came up with the concept of the camp to put children with amputations together with our players," said Rodio, who founded the camp in 2012 as a volunteer. "We plan to make it an annual event. Our players love it. Some have said it's the highlight of their year."

And if Blair is any indication, the kids love it, too.

"I enjoyed the camp because it taught me that there really isn't a sport that I can't play," he said. "I know to never give up. I know there is always a way for me to play whatever sport I want."

For more information about Methodist Orthotics & Prosthetics, call 601-936-8899.



Cooper Blair, like many athletes with amputations, wears different prostheses for different situations, whether it's fielding, running or hitting.

Athlete Cooper Blair, at left, races his Wounded Warrior mentor Josh Wege, who is also a bilateral below-the-knee amputee.





Methodist Specialty Care Center resident Drew Thomas on his graduation day in May.



Volunteer Pat Powers, at left, assisted Drew Thomas as he worked to obtain his GED.



Drew Thomas now attends classes at Hinds Community College's Rankin Campus.

Back on track

Volunteer helps Specialty Care Center resident restart education stalled by paralyzing car crash

By Carey Miller

After a paralyzing car crash during his 10th-grade year, Drew Thomas of McCool left the classroom for the therapy gym.

At Methodist Rehabilitation Center in Jackson, the then 17-year-old learned to adjust to life in a wheelchair. But it wasn't until he moved to Methodist Specialty Care Center in Flowood—the hospital's long-term care facility for the severely disabled—that Thomas got his studies back on track.

With the help of center volunteer Patricia Powers of Jackson, the 21-year-old recently became a proud GED recipient.

"It was an experience I will never

forget," he said. "I felt like a million bucks."

It meant a lot to Powers, too, because she had seen her own son, Roman, sidetracked by a similar situation. He was 15 when he was paralyzed by a gunshot wound and sent to Methodist Rehab to recover.

After helping her son get a diploma, Powers knew she was the one to tutor Thomas—particularly since she would also be giving back to Methodist Rehab.

"It holds a special place in my heart," she said.

As a paraplegic, Roman was able to write and didn't need his mom to attend class with him.

Thomas, however, has only lim-

ited use of his hands, so Powers became his sidekick, accompanying him to class to assist in taking notes and tests.

"She was a big help," Thomas said. "Some days I would be a little grumpy and she would help me get through it. She pretty much was a lifesaver. She pushed me real hard."

"Drew is like my third child," Powers said, laughing. "We've gotten really close since I started volunteering in 2012. He reminds me a lot of Roman."

Powers was with Thomas every step of the way—accompanying him to classes three times a week at Rankin County's Adult Education Program, all the while maintaining

her career as a nursing assistant and a busy family schedule.

It was an above-and-beyond commitment that led her to be named Methodist Specialty Care Center's Volunteer of the Year earlier this year.

"We strive to provide support for our residents to achieve to the best of their abilities," said Jan Robertson, director of the center. "And we have our wonderful volunteers like Pat Powers to thank for much of that support."

Thomas is the first resident of MSCC to obtain a GED since it opened its doors in 2003. But he hasn't been the only one to further his education.

Adam Booker had already attended some college when he became a quadriplegic in a 2006 car crash. Since becoming a MSCC resident, he has completed a two-year degree at Hinds Community College and is currently attending Millsaps College.

He's been an inspiration to Thomas, who didn't stop with his GED. He's currently attending classes at Hinds' Rankin campus.

Math was Thomas' favorite subject during the GED program, but he hasn't decided on a career path yet.

"Maybe business, becoming a motivational speaker, or even criminal justice," Thomas said. "I want to be able to get out and see the world."

Drew attending Hinds was made possible by a scholarship from the Craig H. Neilsen Foundation, a charitable organization dedicated to improving the lives of those with spinal cord injury.

The scholarship is part of a pilot program the foundation is developing, and Hinds is one of the first colleges to be involved.

"We're just thrilled to have been chosen to work with the Neilsen Foundation," said Betty Carraway, donor relations coordinator at

Hinds. "It has been beneficial to the college in so many ways, just as it has for Drew and will be for other students with spinal cord injuries."

In addition to tuition, the scholarship is providing Thomas with a computer for his studies, which will be customized for accessibility by Methodist Rehab's assistive technology department.

The scholarship also provides for the cost of a caregiver to take Drew to his classes and assist in taking notes.

Powers wished to help Thomas continue his studies, but had started working full time and couldn't accompany him for a full class load.

So she helped him one more time by finding him a helper—her sister-in-law Sherry Williams.

"I'm also a nurse and was looking for work at the time," Williams said. "so when the need came up, she thought of me."

Volunteer Services Coordinator Shae White, at right, chats with Shamara Austin, who volunteers at Methodist Rehab's second floor reception desk.



From volunteer to career

Methodist Rehab's volunteer program to expand horizons with addition of new coordinator

By Carey Miller

Volunteering can be habit-forming—just ask Shae White.

White started her new career as volunteer services coordinator for Methodist Rehabilitation Center in August, but volunteering has been part of her life for some time.

She first got into the habit of volunteering with her high school honor society. Then, while a student at Millsaps College, she began volunteering at Methodist Specialty Care Center like many of her teammates on Millsaps' women's basket-

ball team.

"I got to know the people and made friends, and I really enjoyed it," White said. "We volunteered as a team and had lots of fun—playing games with some of the residents there, watching movies, going on outings—just hanging out."

Having majored in sociology, White hopes to one day run her own nonprofit organization to provide after school activities for inner-city teens in her hometown of Houston, Texas.

"So I wanted to start working in

the field to learn the ropes," she said.

White, a recipient of a scholarship from the Robert M. Hearin Foundation, became acquainted with foundation trustee Matt Holleman, who also serves on Methodist Rehab's board of trustees. When Holleman asked her about her career goals, he suggested she consider putting in an application with the hospital.

"Having volunteered at Methodist for two years, I knew it was a great place to work," White said, so she submitted her resumé hoping MRC had an opening that would be

a good fit.

When she got a call asking her to interview for the volunteer position, she jumped at the chance.

"This job was the perfect opportunity to learn how a nonprofit functions, while being able to reach out to the Jackson community I've come to love," White said.

White is working closely with Methodist Specialty Care Center Volunteer Services Director Robby Scucchi, who has built a popular program at the long-term care facility, with volunteers from all walks of life.

"The volunteers here are some of the most amazing volunteers around," Scucchi said. "It's an excellent opportunity for volunteers 17 years of age and up to learn, grow, serve, make new friends, exchange ideas, make a valuable contribution to the community and feel a sense of accomplishment."

White takes over the newly created position of volunteer services coordinator following the June retirement of Bettye Sullivan, Methodist Rehab's longtime volunteer services director. Sullivan cultivated a dedicated roster of volunteers, many of whom continue to donate their time at the hospital. White hopes to build on that foundation by using Scucchi's model at MSCC as a jumping off point.

"I'm a person who likes to plan things and get things organized," White said. "So the idea of making changes to the program—and knowing that they would start with me—was very appealing. I get to make it my own and hopefully help it grow."

"Having Shea on board will help greatly as we move forward with restructuring the program at MRC to be more uniform with the MSCC model," Scucchi said.

Scucchi believes volunteering is an invaluable experience for students preparing to enter the work force, and that White is a prime example.

"Volunteering in a field you are considering for a career is a good way to find out if it is the right field for you," Scucchi said.

While there is already a wide range of duties for volunteers to choose from—from working in the gift shop and helping with patient transport at the main hospital to playing games with the residents and assisting with resident outings at MSCC—both White and Scucchi hope to expand their offerings so participants can get a glimpse into the many types of jobs at each facility.

"For instance, we just added a volunteer to help with medical records," White said.

The program can be especially beneficial to students, as those who qualify can earn credits toward tuition via the Federal Work Study Community Service Program. White took part in the program while at Millsaps. Jackson State University and Tougaloo College are other local schools that participate.

While volunteering can be a great stepping stone for college students, one of its greatest benefits is universal for volunteers of any age.

"There's no greater feeling than the satisfaction of helping others," Scucchi said. "You're helping make the community a better place." ♡

Interested in volunteering?



Both Methodist Rehabilitation Center and Methodist Specialty Care Center offer a variety of duties for interested volunteers ages 17 and up.

To participate or to find out more information, contact the respective volunteer services representative.

**Methodist
Rehabilitation Center**
Shae White

Volunteer Services Coordinator
601-364-3474
swhite@mmrc rehab.org

**Methodist Specialty
Care Center**
Robby Scucchi

Volunteer Services Director
601-420-7769
rscucchi@mmrc rehab.org

[www.methodistonline.org/
about-us/volunteering](http://www.methodistonline.org/about-us/volunteering)

Painless retirement

Pain & Spine Center helps Ridgeland couple enjoy an active lifestyle in their autumn years

By Carey Miller

Dr. Ray and Judy Lyle were looking forward to an active life after retirement.

They both love to travel. Ray loves golf. And with seven children and 14 grandchildren, they hoped to spend a lot more time with family.

But struggles with pain threatened to make the Ridgeland couple's retirement a sedentary one.

"We adore our grandchildren," Judy said. "I couldn't get on the floor to play with them. Pain from my back caused so many other pains, any time I tried to exercise or do anything it hurt."

"I had a lot of aches and pains I was dealing with too," said Ray, who was a longtime Starkville pediatrician.

They both tried numerous avenues for relief, but found an answer in an unlikely place—Judy's book club.

It was there she got to know her neighbor Dr. Carmela Osborne, who was at the time a staff physician at Methodist Pain & Spine Center in Flowood. Judy agreed to come in for an evaluation in 2012, not knowing what to expect.

Today, thanks to Methodist, Judy has been free from the vise grip of her back pain for over a year.

"I just simply am a new person," Judy said. "I have no pain."

After an initial consultation, Osborne found Judy was experiencing some balance issues. Osborne referred Judy to Susan Geiger, a physical therapist who specializes in that area at Methodist Rehabilitation Center Outpatient Services, located downstairs from the Pain & Spine Center.

"Judy had experienced some falls that led to some nasty bruises and even broken bones, so I helped her work on her balance," Geiger said. "Since we're all under the same roof here we call on each other often if our particular area of expertise can benefit the patient."

Judy was then referred to Dr. Bruce Hirshman, pain management specialist at Methodist Pain & Spine, who quickly discovered the source of her pain.

"She had a long history of low back discomfort," Hirshman said. "But I felt that her low back pain was secondary to a type of treatable back pain called lumbar facet syndrome. It is a type of low back pain that comes from the joints of the low back, which are what allow us to bend and move."

"We don't really know exactly what inflames these joints—as you get older, arthritis is the more likely culprit—but we do know how to treat the pain. The only way to diagnose this type of pain is to numb

up the nerves that go to these joints. That's what we did with Judy, and she had profound relief in her discomfort."

Having pinpointed the cause of her pain, Hirshman recommended performing a radio frequency ablation, a medical procedure that burns the nerves surrounding the joints using heat generated from a high frequency energy source. It's a non-invasive procedure that often yields significant results.

"It takes about a half-hour, and you're discharged that day," Hirshman said. "Patients may have a little discomfort for a day or two after that, but then should notice profound improvement—as did Judy—in their low back pain."

Judy was also referred to Joe Jacobson, a physical therapist at Outpatient Services who helped Judy strengthen her spine.

"We almost always combine our surgical options with physical therapy," Hirshman said. "Many people with low back pain benefit. It's all part of our comprehensive approach."

Now a year after having the radiofrequency ablation procedure done, Judy is still without pain.

"It literally has changed my life," Judy said. "Now if Dr. Hirshman told me to go jump off a bridge, I would do it. So many doctors have



Judy, at left, and Ray Lyle love spending time with their 14 grandchildren, including the youngest, Elin Fowler, 2, (at left) and Darby Smith, 3.



Judy and Ray are both thankful to be able to once again sit on the floor and play with their grandkids, something pain had made very difficult.

the tools to fix you, but he has the tools and the personality. He is the most passionate, caring person."

Seeing Judy's amazing results, Ray soon visited Methodist Pain & Spine for help with his own pain issues.

"We found he had pain from his sacroiliac joint, which is the large joint connecting the bottom portion of the spine to the pelvis," Hirshman said.

Ray, like Judy, was referred to Jacobson to help stabilize and align the joint. Then, Hirshman performed a series of injections to alleviate the inflamed joint.

"His pain went from severe down to a one to two on a 10-point scale," Hirshman said. "He had profound improvement immediately."

Hirshman says that is fairly common for one of his patients to refer a friend or family member.

"There's no higher compliment than having a patient's family members or friends come see you because they think you did a good job," he said.

"They are very compassionate and interesting people and above all, patient," Ray said.

"They make you feel like you're their favorite patient," Judy added. "We've taken them cookies sometimes, so maybe we are."

Today, the Lyles are enjoying their retirement pain-free. They're planning to travel more now that nothing is holding them back.

"I can sit in a car or an airplane

for a long period of time now without excruciating pain," Judy said.

"I'm looking to get back into playing golf, and get back into swimming as well," Ray said.

They're also spending much more time with their grandchildren—ranging in age from 2 to college age—and Judy says she now exercises regularly.

"I have so much more energy now," Judy said. "It's enabled me to get healthy. It's really given me my life back."

To schedule an appointment at Methodist Pain & Spine Center, call 601-936-8801. To learn more about the center, visit www.methodistonline.org/pain-spine-center.

the Little Guy with the Lion Heart



Written by
Susan Christensen

When he ran hurdles for Kilmichael's Montgomery High School, Stevelyn Robinson never took practice jumps at a track meet.

He wanted to see the flabbergasted faces as his 5-foot frame flew over chest-high barriers and past taller opponents.

"I was always the smallest and nobody thought I could do anything," said the award-winning, three-sport athlete from Winona. "Even my mom was scared for me to play football."

"Then I watched him take down kids twice his size, and he proved he could hang with the big guys," said Sheila Robinson. "He doesn't give up on anything."

December will mark three years since Stevelyn suffered a paralyzing spinal cord injury, and the little guy with the lion heart is still unstoppable.

Today, he's defying expectations every time he pushes a walker down the hallway of Methodist Rehabilitation Center's Quest program. It's something surgeons said he'd never do after a log truck T-boned his school bus the morning of Dec. 2, 2011.

An honor roll student and natural leader, the then high school senior tried to protect his 12-year-old sister Jazalyn during the crash. He wound up under a pile of kids and broke four vertebrae in his neck.

"They told me I was paralyzed from the neck down, and it made me sad," he said. "But something told me not to give up."

Stevelyn arrived at MRC ready to embrace therapy that he knew would be as tough as two-a-day football practices.

"I was told the therapists would push him and work him hard to get where he wanted to be," Sheila said. "And they have worked wonders with my son."

Within a few weeks, Stevelyn was making amazing progress. "I came in one Monday and Stevelyn said: 'Look what I can do,'" said physical therapist Ann Howard. "He lifted one leg and our therapy changed."

The movement meant Stevelyn was an "incomplete" quadriplegic and could potentially recover muscle function below his injury site. So inpatient and outpatient staff be-

Almost three years after a school bus crash paralyzed Stevelyn Robinson from the neck down, the determined athlete continues to work on his walking ability with the help of Methodist Rehab physical therapist Patricia Oyarce.





gan brainstorming ways to build on his returning abilities.

“It was definitely a collaborative effort,” said Merry Claire Wardlaw, a physical therapist who treated Stevelyn during his year-long stint at Methodist Outpatient Neurological Rehabilitation in Flowood. “We used every tool we could think of.”

The list includes everything from the hospital’s body weight-supporting treadmill and Functional Electrical Stimulation bikes to the adaptive computer and wheelchair devices available via MRC’s assistive technology program.

Lately, Stevelyn has been walking with the aid of the Bioness L300 Plus. The wearable devices use electrical stimulation to activate weakened nerves and muscles in the upper and lower legs.

“It’s a wonderful way to take what Stevelyn has and move a step forward,” said Dr. Sam Grissom, director of MRC’s spinal cord injury program and Stevelyn’s physician. “He has made a tremendous amount of progress. It’s really something to be thankful for.”

Stevelyn now attends MRC’s outpatient Quest program, which helps spinal and brain injury patients make a successful return to work, school or community life. Determined to go to college full-time, Stevelyn is pushing hard to reclaim as much independence as possible.

Since lack of hand dexterity often plagues people with

quadriplegia, he has been working with Quest occupational therapist Allison Harris to improve his grasp. She recently created a custom splint for Stevelyn that helps him hold a pen and write.

Eager to get back on his feet, Stevelyn spends much of his therapy time doing hallway laps with Quest physical therapist Patricia Oyarce. “I think of him as an athlete, and I work with him with that in mind,” she said.

In the beginning, “I would stand in front and move his legs,” she said. “I’m being less hands-on now. He has worked really hard to build endurance.”

Indeed, Stevenlyn’s therapists say he never wants to stop.

“Even on bad days, when he didn’t feel well and his body didn’t do what he wanted it to do, he would work so hard,” said occupational therapist Suzanne Colbert. “He was always willing to find a way to get something done.”

“Whatever they want me to try, I’ll try it,” he said.

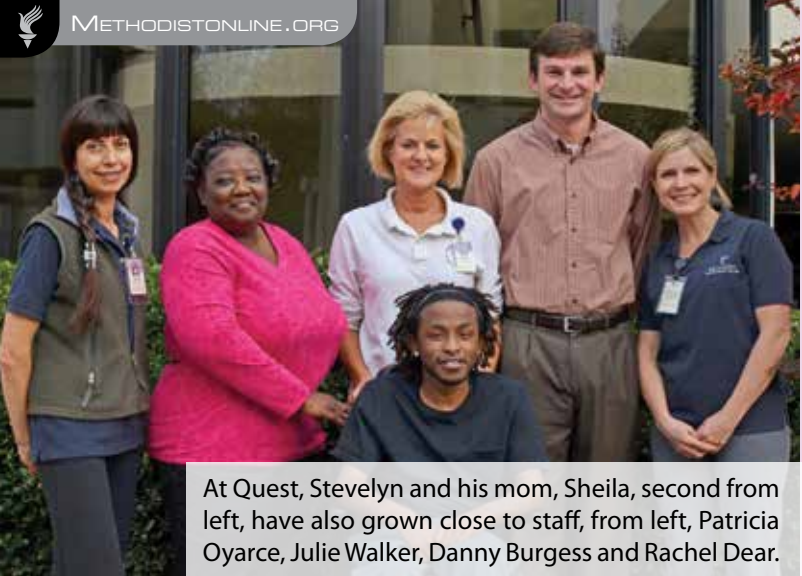
There was definitely no arm-twisting involved when it came time to consult with occupational therapist Ashlee Ricotta. She administers MRC’s Driving Rehabilitation Program, and Stevelyn couldn’t wait to receive the equipment and training to get back on the road.

“He smiled the whole time,” Ricotta said.

“I can finally tell my mom I’ll be back later,” he quipped.



Clockwise from bottom left, Stevelyn Robinson has taken great advantage of Methodist Rehab’s spinal cord injury expertise during his long recovery. Encouraged by supportive staff like, from left, physical therapist Merry Claire Wardlaw and occupational therapists Ashlee Ricotta and Suzanne Colbert, Stevelyn has benefited from weight-supported treadmill training, visuo-motor activities, quad rugby practice, upper body workouts with occupational therapist Julie Walker, driving rehabilitation sessions and an introduction to adaptive computing aids from Assistive Technology Associate George Gober.



At Quest, Stevelyn and his mom, Sheila, second from left, have also grown close to staff, from left, Patricia Oyarce, Julie Walker, Danny Burgess and Rachel Dear.



In the month after his accident, Stevelyn and his parents, Steve and Sheila, bonded with inpatient therapists, from left, Ann Howard and Candace Rayborn.



Stevelyn's care is guided by MRC Medical Director Samuel Grissom, who says Stevelyn's amount of progress has been "tremendous."

By necessity, mother and son have been almost inseparable. A former certified nursing assistant, Sheila quit her job to care for Stevelyn and to ferry him to his many therapy sessions. And their time together has made both appreciative of the other's sacrifice.

"She's my biggest supporter. She motivates me and inspires me and is another reason I work as hard as I do," Stevelyn said.

"To see him strive and his determination, there's no way I could give up," Sheila said. "If he can do it, I know I can, too."

Both say the encouragement of MRC staff has been critical to Stevelyn's recovery. "They really took us in," Sheila said. "They treat us like family."

"I think all of us want them to know they have our support," Wardlaw said. "They're so humble and grateful, you feel like you can't do enough for them."

Wardlaw even got Stevelyn tickets to a high school football game. And she'll never forget the surprise he had in store for her.

"His sister came to get me and said: Stevelyn has something to show you," Wardlaw said. "When I got to his seat, I watched him scoot to the end, grab a post and stand up."

Such a feat would ordinarily have required leg braces. But there's nothing ordinary about Stevelyn's stubborn bid to walk again. "I don't think he sees himself as limited," Wardlaw said.

"To me, he's an example of a true champion," said Oyarce. "I feel honored to be part of his rehab team."

Despite years of therapy, the 20-year-old still attacks workouts like someone who has spent a lifetime proving his worth. And he has even found a new outlet for his competitive spirit via Methodist Rehab's adaptive sports program.

Program Director Ginny Boydston persuaded Stevelyn to try quad rugby, and he's now smitten with the wheelchair sport known as Murder Ball. "Whoo, it's intense," he said. "It's like football and you get to hit people. I loved doing the drills. I haven't had a workout like that since high school."

For more information on Methodist Rehab's spinal cord injury program, call 601-364-3498 or visit www.methodistonline.org.



Sigma Nu Charity Bowl

Stevelyn Robinson flashed "a big Kool-Aid grin" when he learned he would be honored at the 2014 Sigma Nu Charity Bowl.

Then he got serious in the therapy gym.

In a wheelchair since a 2011 school bus accident, Stevelyn wanted to stand up when he was recognized at the University of Mississippi fund-raiser for people with spinal cord injuries.

And he definitely rose to the occasion.

Aided by Methodist Rehabilitation Center therapists, Stevelyn slowly and proudly got to his feet

at the March 21 event.

The touching gesture called to mind the courage of the late Ole Miss player Chuckie Mullins, whose bravery in the face of a paralyzing football injury inspired the first Charity Bowl in 1990.

In the years since, the annual spring game has raised more than \$1.4 million.

Stevelyn received \$75,000 this year, and Sigma Nu philanthropy chairman Paul DeForest said it was motivating to raise money for someone whose recovery was still in progress.

"Stevelyn's work ethic and perseverance are truly inspirational,"

he said. "We hope to be able to help him accomplish all of his goals."

Stevelyn said it meant a lot that students his own age raised the funds and the event had a sports connection. "What keeps me going is I want to get back to competing," he said.

So he was particularly excited to get some words of advice from Ole Miss quarterback Bo Wallace, who encouraged Stevelyn to confront his challenges with an athlete's mindset.

"He said: 'It's just like playing sports. You fall and you get back up.' And he told me not to give up."

Clockwise from top left, meeting University of Mississippi quarterback Bo Wallace was among the highlights for Stevelyn during the annual Sigma Nu Charity Bowl. Stevelyn received \$75,000—and plenty of respect from the Sigma Nus, the Ole Miss football team and participating sororities—during the fund-raiser for people with spinal cord injuries.



Cheri Hicks and son, Spencer, enjoy some cuddle time.

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by Susan Christensen

Oistracted by the demands of a new baby in the house, Cheri Hicks wasn't expecting the worst when a "thunderclap headache" sent her to hospital.

She'd had a C-section eight days before and suspected the pain was a side effect of spinal anesthesia.

But within 48 hours, a brain scan revealed a heartbreaking sight to her husband, Scott, a pharmacist at Walgreens in Brandon.

"There was a bleed in her right hemisphere," Scott said. "It was about the size of a lemon, just a big black spot in the middle of the CT."

A big black spot that was paralyzing Cheri's left side, leaving the mother of two as helpless as her newborn.

"She walked into the hospital on her own power and within just minutes lost all ability on her left side," Scott said. "It was that quick and that severe."

Cheri's stroke was related to a pregnancy complication called preeclampsia. The condition causes a dangerous rise in blood pressure that

can be fatal.

Throughout her pregnancy, Cheri's blood pressure had been a healthy 115/75. So when it leapt to 140/90 the day before her scheduled C-section, Cheri's obstetrician decided not to take any chances. She delivered 9-pound, 3-ounce Spencer that day.

"Everything went great," Cheri said. "The C-section was so easy. Spencer was born that Tuesday, Feb. 18 and we went home on Friday."

Happily settled in with Scott, Spencer and 2-year-old Carson, Cheri hated to leave home when her headache started on Feb. 26. But she followed her doctor's advice and went to the hospital for a CT scan.

When that first brain scan didn't reveal any problems, Cheri said

doctors "pumped me full of magnesium" and reduced her 190/110 blood pressure to a reasonable rate. And just to be safe, she stayed in the hospital overnight.

By the next day—Thursday, Feb. 27—Cheri felt better. And her doctor approved a discharge so Cheri could get back to her baby and toddler.





To compensate for her left side paralysis, Cheri Hicks learned strategies for grabbing items off a shelf during a simulated grocery shopping trip with occupational therapist Pat Baird.



While Cheri practices holding a doll, Baird uses a neuro-stimulation device to activate weakened nerves and muscles in her left arm.



Cheri now revels in normal family activities—like taking a neighborhood stroll with sons Spencer, Carson and husband, Scott.



Spencer watches from his bouncer seat as mom incorporates some therapeutic dancing into their play time.

“They told me to monitor my blood pressure, which we did,” Cheri said. “And I woke up Friday morning and everything started all over again. I had a headache, then I started slurring words, and I couldn’t think straight. My last memory was walking through the hospital doors.”

As Cheri was being examined, a nurse asked her to smile. And Scott’s heart sank as he saw his wife flash a lop-sided grin.

“The moment she had one-sided weakness, I knew our lives would be changed forever,” he said. “My only question was: What kind of stroke was it?”

The CT image suggested a hemorrhagic stroke, the worst kind in Scott’s mind. Caused by bleeding rather than clotting, such strokes are particularly deadly.

“I knew the survival rate was 25 percent for the first 48 hours after a hemorrhagic stroke,” Scott said.

It was decided that Cheri needed a hospital better equipped to deal with her brain injury—only there wasn’t a neuro-ICU bed available in Jackson. “We waited about six or seven hours for a bed—that was the worst part,” Scott said.

“I was a sitting time bomb basically,” Cheri said. “Scott said I was becoming less and less responsive and I was stuck in a hospital that couldn’t help me. I have no memory of this, which is probably good.”

After being transferred, Cheri received medications to help control swelling in her brain. But on March 1, a portion of her cranium had to be removed to prevent the bruising that can occur when the brain ex-

pands against a hard skull.

“My next memory is waking up in ICU,” she said. “My head was full of staples, and I was learning how to brush my teeth again.”

Six days after surgery, Cheri transferred to Methodist Rehabilitation Center. “I was foggy,” she said. “And I was completely flaccid on my left side, I couldn’t stand or do anything.”

But she still attacked therapy “like a job,” realizing her family’s future rested on her ability to get better.

Cheri took her first steps on March 27 and had begun to move her arm the week before she left inpatient therapy. But such accomplishments didn’t make up for missing her boys, and Cheri admits: “I cried a lot.”

Dr. Alyson Jones, who leads

MRC’s stroke program, said depression is common after stroke and even more understandable for postpartum stroke patients like Cheri.

“They often need a lot of counseling,” she said. So she involves MRC’s neuropsychology team early on.

“These moms know they need to get better, but they want to be home with their child,” Jones said. “They feel they are missing out on bonding moments.”

To help moms stay involved with their children, MRC staff encourages family visits. And even when Spencer wasn’t around, Cheri got in some baby-wrangling practice.

Her occupational and physical therapist incorporated a baby doll into therapy sessions, even adding some pounds to the stand-in infant to approximate Spencer’s hefty weight.

“She would practice putting a diaper on the doll and holding it,” said physical therapist Kathleen Dobbs.

One of Cheri’s goals was to progress to standing, but that didn’t seem likely at first. “She had no active movement in her left leg at all at admission,” Dobbs said. “But she progressed to standing and early walking.”

After leaving inpatient care, Cheri moved on to Methodist Outpatient Neurological Rehabilitation in Flowood. There, she continued to tackle one of the most frustrating side effects of her stroke, a condition called left side neglect.

“It’s when the injured side of the brain cuts off connectivity to the opposite side of the body,” explained brain injury physician Dr.

Zoraya Parrilla, Cheri’s doctor while at MRC. “Your nerves are OK and your eyes are OK, but the brain might not acknowledge sensory or visual stimuli on one side.”

“Cheri didn’t even realize her left side was there,” said Methodist Rehab physical therapist Karen Klein. “She wasn’t walking consistently and was falling to the right because of the left neglect and the paralysis.”

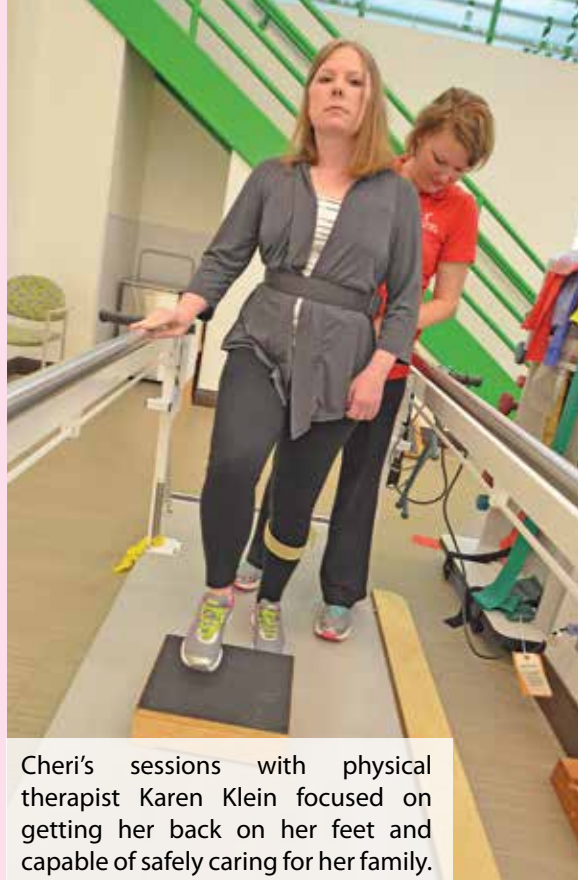
“Plus, she was so impulsive that she wasn’t safe with mobility,” said Pat Baird, an occupational therapist at MRC. “A helmet was needed and required in therapy to ensure safety.”

The helmet was necessary because Cheri’s surgeon didn’t replace the missing bone in her skull until June 10. “Then I had to go through the whole staple thing again,” she said.

The Hicks say they were for-



Cheri loves being back at home and bonding with her boys.



Cheri's sessions with physical therapist Karen Klein focused on getting her back on her feet and capable of safely caring for her family.

tunate that Cheri's mother, Judy Richardson, was able to move in with the family to help care for her grandsons. But Cheri was ready to reclaim some of her maternal duties by the time she finished therapy at Methodist Outpatient Neurological Rehabilitation.

"She was not caring for her boys at all and now she can pick up her 2-year-old and carry him," Baird said.

"And I can get on the floor and play with him, and that is huge," Cheri said. "He needs so much attention now mainly because I was gone for so long."

Because of her limited hand function, Cheri still can't change diapers or wrestle the kids into car seats. "But I can heat up bottles and feed Spencer," she said. "And if he's

in his bouncer seat, I dance in front of him. He likes that."

While many believe Cheri's stroke came at the worst possible moment for her kids, she's more pragmatic about the timing. "If it was going to happen, I'm glad it happened when they were so young," she said. "I'd rather get my recovery out of the way when they won't remember any of it."

Cheri is working toward her latest goals at Quest, an MRC outpatient program that helps brain and spinal injury patients make a successful return to work, school and community life.

Through MRC's driving rehabilitation program, she hopes to regain the skills to chauffeur her sons around safely. "Once we get to that point, regardless of whether her arm

comes back completely, that will give her a new sense of freedom," predicts Scott.

Cheri says she already feels emboldened by all she has been through. "Anything that I thought was scary before—nothing is as scary as this," she said.

These days, she's experimenting with blogging and has plans to pursue a degree in speech therapy. And those who have watched her prevail over her injuries have no doubt she'll succeed.

"She has always been pretty spirited," Scott said. "But when she was inpatient at MRC, her eagerness to fight and get home and be part of our family again was just inspiring."

For more information about Methodist Rehab's stroke recovery program, call 601-364-3436.

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It's hardly what women expect when they're expecting.

So putting stroke risk on the radar of moms-to-be has become a goal of the American Heart Association/American Stroke Association.

Their new "Guidelines for the Prevention of Stroke in Women" explains the link between pregnancy and stroke, as well as other factors that make females uniquely vulnerable to a "brain attack."

The primer came out in February, and some might say the focus is long overdue. Although stroke kills twice as many women each year as breast cancer, many are oblivious to the threat, said Dr. Alyson Jones, who leads Methodist Rehabilitation Center's stroke program.

"The American Stroke Association says about 55,000 more women than men have strokes each year and it's our third leading cause of death," she said. "Yet in a 2010 survey, seven out of 10 women weren't aware they were more likely than men to have a stroke and only 27 percent could name more than two of six primary stroke symptoms."

About 3 out of 10,000 pregnant women have a stroke, often related to a pregnancy complication known as preeclampsia. The condition is marked by an alarming elevation in blood pressure and can have a lingering impact. A history of preeclampsia doubles the risk for stroke and quadruples the risk of hypertension later in life.

Preeclampsia was the culprit in

Cheri Hick's postpartum stroke in February. And her struggles have put her husband, Scott, on a mission to make others aware of the perils of hypertension during pregnancy.

The Walgreens pharmacist has taken to telling expectant dads to "buy your wife a blood pressure machine."

Jones said several physiological changes during pregnancy contribute to stroke risks, including swelling, slow blood flow and an increased tendency toward blood clotting.

So it's important for expectant moms to talk to their physicians about stroke-prevention strategies. And women in general would be wise to get educated about gender-specific risks.

The AHA/ASA guidelines recommend that doctors adopt strategies for treating stroke risks unique to women (see box at right).

The authors of the guideline say what's ultimately warranted is "a female-specific stroke risk score" to more accurately reflect a woman's risk across her lifespan.

In the interim, Jones says women, as well as men for that matter, can help prevent stroke by leading a healthy lifestyle.

"You've got to take care of yourself," she said. "That means avoiding smoking, being physically active, getting regular check-ups maintaining a healthy weight, blood pressure and cholesterol level and recognizing and controlling diabetes."

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- Women with a history of high blood pressure before pregnancy should be considered for low-dose aspirin and/or calcium supplement therapy to lower preeclampsia risks.
- Preeclampsia should be recognized as a risk factor well after pregnancy, and other risk factors such as smoking, high cholesterol, and obesity in these women should be treated early.
- Women should be screened for high blood pressure before taking birth control pills because the combination raises stroke risks.
- Pregnant women with moderately high blood pressure (150-159/100-109) may be considered for blood pressure medication, whereas expectant mothers with severe high blood pressure (160/110 or above) should be treated.
- Women who have migraine headaches with aura should stop smoking to avoid higher stroke risks.
- Women over age 75 should be screened for atrial fibrillation risks due to its link to higher stroke risk.

Rebel Spirit

Terri Kitchens survives anoxic brain injury to return to work serving her beloved Ole Miss community

by Susan Christensen

Bill Kitchens still can't believe he heard the tiny cry that nudged him awake in the wee hours of Aug. 29, 2013.

"It was a faint little noise," he said, "and I woke up on the couch and thought: What was that?"

Thinking his wife, Terri, had left on the TV, Bill headed down the hallway of his New Albany home, never expecting to walk in on a real-life medical drama.

"Terri was sitting on the side of the bed, wobbling, barely able to support her weight," he said. "She was saying: 'I can't breathe. Call an ambulance. I'm not going to make it.'"

A clot was blocking a major artery in Terri's lungs, cutting off oxygen to her brain. The condition is called a pulmonary embolism, and sudden death is the first symptom in

one quarter of cases.

When Terri's heart quit beating, Bill began chest compressions—never mind that he had never learned CPR. "I knew she would stay dead if I didn't do something," he said. So he pumped and prayed, stopping only to call 911 and open the door for the ambulance crew.

Rescue workers revived Terri, and she was rushed to nearby Baptist Memorial Union County. After diagnosing the PE, doctors transferred Terri to North Mississippi Medical Center in Tupelo via helicopter.

Brain injuries caused by anoxia (lack of oxygen) can be particularly devastating to a person's ability to think, understand, learn and remember, and Bill said Terri's doctors "didn't offer much realistic hope."

But it wasn't long before Terri was astonishing her Methodist Rehabilitation Center neuropsychology

team.

"Terri recovered better cognitively than any anoxic brain injury survivor I've worked with," said Clea Evans, Ph.D., director of neuropsychology at MRC. "She exemplifies what's possible when you combine a patient's hard work and perseverance with the support and expertise of an experienced rehabilitation team."

In March, Terri reclaimed her job as office manager of Parking and Transportation at the University of Mississippi in Oxford. It's a recovery so remarkable, she was asked to share her success story at Methodist Rehab's annual employee recognition banquet in April.

"I'm driving and back at work doing 20 hours a week," she proudly told the audience. "I want to thank everyone that worked with me, had faith in me and knew I was going to make it. I don't think I'll ever forget

“She exemplifies what’s possible when you combine a patient’s hard work and perseverance with the support and expertise of an experienced rehabilitation team.”

—Dr. Clea Evans, Ph.D.



As she recovered from a brain-injuring pulmonary embolism, Terri Kitchens rarely was alone when she arrived for sessions with physical therapist Josie Stacy, at right. Her husband, Bill, wanted to be by her side. And at MRC, staff welcomes family involvement.



being at Methodist Rehab.”

Dr. Zoraya Parrilla, in turn, won’t forget the satisfaction of watching Terri come full circle.

“I was very involved in her medical care and therapy, and I’ve been following her since her discharge,” said the physical medicine and rehabilitation physician for Methodist Rehab’s brain injury program. “We’ve created enough of a bond that I’ve enjoyed every single step of her recovery.”

Those steps must have seemed all uphill, at first. While NMMC doctors did all they could to save Terri’s brain—including putting her in a medically induced coma and lower-

ing her body temp—the moments without oxygen had taken a toll.

Some 31 days after her embolism, Terri was a self-confessed “total zombie.” When it came time to choose a rehab facility, it was left to Bill to decide.

“I was told you need to go someplace where they have experience with brain trauma and dealing with issues caused by anoxia,” he said.

While Methodist Rehab was the obvious choice, Bill said he worried about taking Terri three hours away from friends and family.

“Then I talked to a man whose wife had been a patient at Methodist Rehab,” he said. “She was an RN

and she and he both said it was the place to be. They said it’s great if you want to spend the night, and they encourage family to be at rehab sessions. And that pretty well clinched my decision. Terri was just so vulnerable; I couldn’t see trusting anyone to take care of her.”

Methodist Rehab speech pathologist Alayna Colvin said Bill was a constant at his wife’s side, and she had to laugh when she would see him doing Terri’s swallowing exercises right along with her.

“He was very, very involved, and always cheering her on,” Colvin said. “She really made a lot of progress. Every day she was a little sharper and

faster.”

Still, Terri’s perfectionist standards made it hard for her to realize how far she had come. So Bill said she benefitted from the objective evaluations and emotional support provided by MRC’s psychology staff.

“Her high standards for success helped serve as a motivator on most days, but sometimes she became so frustrated with her challenges that she needed cheerleading,” Evans said.

During those moments, Bill proved to be “of utmost importance,” Parrilla said. “He was supportive, yet strong enough to push her to the next level.”

As Methodist Rehab staff did the testing that ultimately decided the best time for Terri to return to driving and work, it was obvious she had been spared the severe cognitive difficulties often associated with oxygen deprivation.

But she still faced serious physical challenges, including muscle spasticity and myoclonic jerking, a type of movement disorder characterized by involuntary twitching.

The right medicine quickly resolved the latter problem. But treating Terri’s spasticity took a prolonged approach. The condition had contracted her joints, clenching Terri’s arms into a double V against her

chest and turning her feet inward.

Parrilla helped ease the crippling spasticity with injections of paralyzing Botulinum toxin, and Terri’s therapists used a variety of strategies to increase her range of motion. “We did serial casting on her knees, elbows and ankles to give her a prolonged stretch,” said physical therapist Josie Stacy.

“After we got her range of motion back, we were able to work on functional use of her hands,” said occupational therapist Lori Horne. “Putting her make-up on by herself was a big day for her.”

After months cooped up in hospitals, Terri was also “over the moon”



**“I’m driving and back at work doing 20 hours a week. I want to thank everyone that worked with me, had faith in me and knew I was going to make it. I don’t think I’ll ever forget being at Methodist Rehab.”
—Terri Kitchens**

when she got to go on an outing to Target, said therapeutic recreation specialist Kelcey Davis. But Bill reacted like a parent sending a kid to school for the first time.

“He didn’t know what to do,” Davis said. “He watched her get strapped into the bus and he was a little lost—which was cute.”

Terri said another important milestone was learning to use a transfer board to transition from the bed to her wheelchair. She finally

whittled the 15-minute ordeal down to 43 seconds—a touching bit of tenacity to all who had witnessed her struggles.

“Terri is such a special person—she has been an inspiration to everyone around her,” Evans said.

After leaving Methodist Rehab, Terri continued her hard work at a therapy clinic closer to home. Today, she’s walking with a cane, a sight that got Stacy all choked up when Terri came to visit. “I couldn’t believe it,”

Stacy said. “I was almost in tears.”

Terri and Bill get emotional, too, when they consider what it took for the 53-year-old to triumph over her injuries. “I know God has answered prayers,” Terri says.

“The first miracle is how I ever heard her from two rooms away,” marvels Bill. “I believe God sent angels to wake me up.”

For more information about Methodist Rehab’s brain injury program, call 601-364-3336.

Better Together



New partnership provides powerful model for neuroscience innovation in Mississippi

On April 28, the Mississippi Institutes of Higher Learning approved a historic affiliation agreement between Methodist Rehabilitation Center and the University of Mississippi Medical Center.

In the months since, attention has mainly centered on the short-term impact of the agreement—consolidation of inpatient rehabilitation services at MRC and the transfer of patients and staff by Nov. 1.

But behind the scenes, visionaries from both organizations have been focusing on the long view as they consider big picture goals for the partnership. What they’ve imagined is a powerful new model for neuroscience research, education and clinical care in Mississippi.

“We’re working to bring our complementary strengths and capabilities together to form a neuroscience institute that will pave the way for expanded specialized services, stronger educational programs and more nationally competitive research,” said Methodist Rehab CEO Mark Adams. “Together, we have all the basic components and talent to build a noteworthy neuroscience institute that raises the bar for other similar institutes to follow. Now, we have the affiliation agreement and framework to make it happen.”

“We’ll make each other better,” predicts Dr. James E. Keeton, UMMC’s vice chancellor for health affairs and dean of the School of Medicine. “With the resources and expertise we have on both sides of this deal, a top-rank institute

“We’re working together to form a neuroscience institute that will pave the way for expanded specialized services, stronger educational programs and more nationally competitive research.”

**—Mark Adams,
Methodist Rehab CEO**



is readily achievable and will bring enormous benefits to our trainees and our patients.”

As the two entities align their expertise, many are pondering what will be possible as the affiliation progresses. And none more so than Michael Lehman, Ph.D.

Lehman has been building the framework for a neuroscience institute since he became professor and chairman of the Department of Neurobiology and Anatomical Sciences at UMMC in July 2012.

“Part of my perspective as a neuroscientist is that to understand the brain and brain disease, you need to ignore the traditional boundaries that exist,” Lehman said. “I really see my role here as being a leader and advocate for growing neuroscience and patient care and education across all boundaries.”

To that end, Lehman formed an interdepartmental working group in the spring of 2013 with representatives from nine different UMMC departments, centers and schools. Dr. Dobrivoje Stokic, MRC’s administrative director of research, is

now a member, as well.

“We wanted to fold MRC in from the very start in this change process because we knew MRC was going to be a partner for us,” said Lehman, who now chairs the group. “I was very excited because I knew MRC’s reputation.”

The affiliation allows both organizations to remain independent, with a shared goal of fostering collaboration in the areas of neuroscience research, clinical care and education. The affiliation includes plans for a UMMC Department of Physical Medicine and Rehabilitation and eventually an associated residency program.

While many elements of the affiliation will take some time to implement, Mississippi residents should be the earliest benefactors of the partnership. And that’s important in a state where the rate of stroke, brain and spinal injury are among the highest in the nation.

“A combined effort under one roof will give a much better patient experience,” said Dr. Louis Harkey, department chair and professor of

neurosurgery at UMMC.

As part of the affiliation, MRC’s physicians and nurse practitioners will join the staff of UMMC. And the new dynamic will help provide a more coordinated plan of treatment for patients transitioning from acute care to the rehab setting.

“I foresee better access to many different medical areas that would improve the care of MRC patients,” said Dr. Sam Grissom, medical director at MRC. “Specialists from areas such as cardiology, urology, neurology and gastroenterology can help us manage conditions while patients are undergoing rehabilitation, as well as be part of their preventive care.”

Harkey remembers a time when such interaction was common, and he’s eager to rekindle that relationship.

“I have two faculty members coming on board that I hope will play the kind of role I played when I was a neurosurgeon at MRC back in the 1990s,” Harkey said. “I want them to have a very hands-on, boots-on-the-ground relationship with MRC.

Likewise, I’m hoping MRC staff will be coming over here and seeing patients in the acute care setting.”

Such collaboration also interests Dr. Rebecca Sugg, director of UMMC’s Stroke Center. “What I’m most excited about is being able to provide integrated and early rehabilitation services to our patients and facilitating a transition of care that’s seamless and personalized to the patient,” she said. “I’m also excited about the crossover in therapists and treatment to enhance recovery.”

A care continuum between the hospitals will also give UMMC scientists ongoing access to MRC patients, a definite plus for neuroscience research projects.

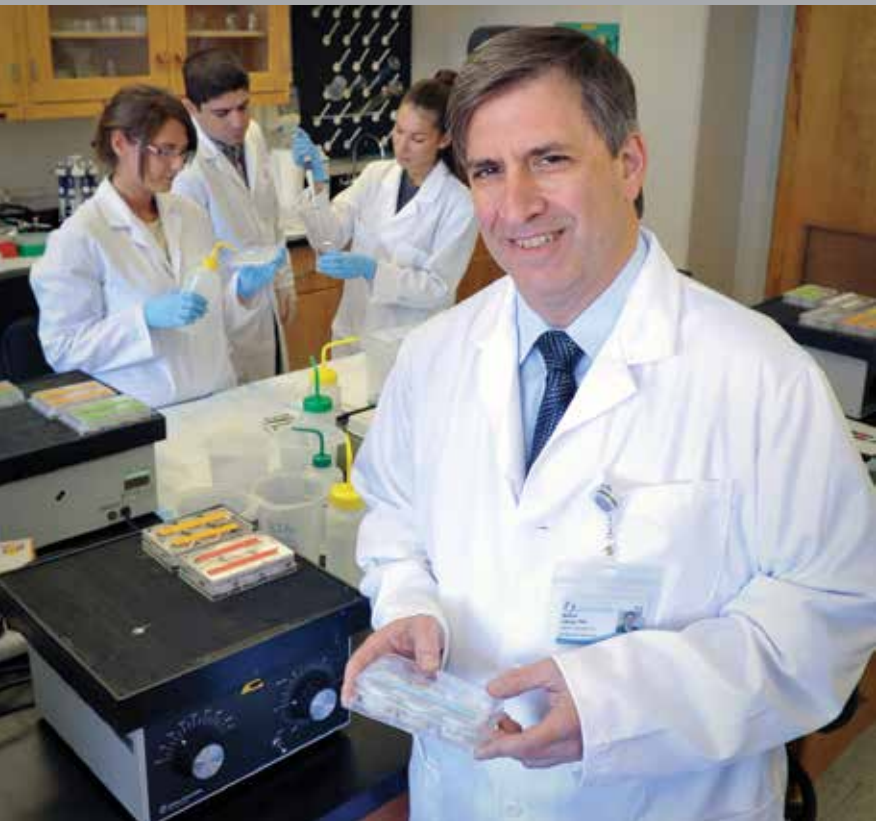
“We need the patients to give us ideas on what needs to be studied and opportunities to apply some of our innovative treatments and therapies,” Harkey said.

While UMMC and MRC researcher operations will remain independent, Stokic sees plenty of incentives to collaborate on projects.

“By sharing resources we avoid redundancies and conduct more cost-effective research,” Stokic said. “And there’s also a community benefit because adoption of innovation to clinical practice is faster where collaborative research takes place.

“Basic scientists are expected to show how their research will progress from the laboratory bench to the patient’s bedside. And we have the resources and expertise to carry out the clinical side of that research.”

Stokic calls the affiliation “a win-win situation” for both research programs, in terms of types of projects



Progressing research from the laboratory bench to the patient's bedside will be among the biggest benefits of collaborative projects between MRC and UMMC, say MRC Administrative Director of Research Dobrivoje Stokic, top, and Michael Lehman, chairman of the Department of Neurobiology and Anatomical Sciences at UMMC.

“With the resources and expertise we have on both sides of this deal, a top-rank institute is readily achievable and will bring enormous benefits to our trainees and patients.”

—Dr. James E. Keeton,
UMMC Vice Chancellor for Health Affairs



that can be pursued and the ability to attract grant funding.

“Having researchers with different backgrounds and expertise working together means we can address more complex topics,” Stokic said. “UMMC has expertise in acute care for stroke, traumatic brain injury, spinal cord injury, neuro-imaging, neuropathology and physiological modeling, while we have expertise in evaluation of motor and cognitive functions after these neurological injuries.”

Both Stokic and Lehman say the affiliation also will help attract research talent, and they point to Ray Grill, Ph.D. as Exhibit A. The up and coming neuroscientist will join UMMC’s research staff in January, a coup made possible in part by the impending alliance with MRC.

“It was absolutely crucial from my perspective,” Grill said. “This

gives me access not just to patients but also to the rehabilitation that is going to have to be a big part of any therapeutics.”

Most recently a researcher at The University of Texas Health Sciences Center in Houston, Grill is passionate about helping people with spinal cord injuries.

“My cousin was a medic in the Vietnam War, and at a young age I got to see some patients at the VA who were living with chronic spinal cord injury,” Grill said. “I saw the unfairness of it; how it robs you of so much. My goal was to find a lab to do spinal cord injury research.”

Grill is currently focused on studying the impact of acute and chronic inflammation after spinal cord injury with the hopes of identifying interventions that improve recovery.

“Despite over 100 years of re-

search, we don’t have a single FDA-approved therapy that will preserve or restore function,” Grill said. “And I decided to focus my lab’s efforts on determining why.”

It’s an ambitious goal, but Lehman said there’s no reason why it can’t happen in Mississippi.

“Whatever the possibilities of treatment are, they can be explored here as well as any other place in the world,” he said.

But like the affiliation’s success, it will depend on teamwork.

“Curing disease and improving patient outcomes depends on all of us working together,” Lehman said. “We’re all critical components and partners in that process.”

For ongoing news and updates about the affiliation, visit each hospital’s web site at www.methodistonline.org and www.umc.edu.

Key Elements of the Affiliation

Neuroscience Institute

A jointly sponsored neuroscience institute will be created and based at UMMC. Both MRC and UMMC will appoint members to internal and external advisory boards and an executive director will be hired to provide administrative leadership for the institute and ensure a shared vision is achieved.

Independent Collaborators

Both MRC and UMMC will remain independent but will collaborate to more closely align clinical, research and education programs. The resulting collaboration is expected to enhance patient care, help recruit and retain exceptional staff, expand educational opportunities and position both research departments to grow and better compete for funding.

Funding

Both MRC and UMMC will contribute to funding the operational needs of the neuroscience institute.

Inpatient Rehabilitation Services

MRC became the exclusive provider of inpatient rehabilitation services on the UMMC campus on Nov. 1. As part of the transition, staff of UMMC’s rehabilitation unit were offered similar positions at MRC.

Medical Staff

MRC physicians and nurse practitioners will have the opportunity to become part of the staff and faculty at UMMC, initially as part of a physical medicine and rehabilitation division of an existing medical school department. The eventual goal is the establishment of a physical medicine and rehabilitation department.

Facilities

MRC will renovate its third floor to modernize the space and upgrade patient rooms with the latest in patient accommodations and technology, a \$5 million project that should be finished in the fall of 2015.

WHERE are they now

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

In 2011, a school bus crash left **Kanoah Mosley** of Shaw with a severe brain injury, a fractured pelvis, a lacerated liver and a broken arm and wrist. Her mom, Janet Richard, was told that the 16-year-old belonged in a nursing home.

"The doctor said she'll never walk or talk and it would be a lot of work for me," Richard said.

Yet two years later, Mosley was back in the classroom and was all smiles as she walked across the stage to receive her diploma from Shaw High School. "I am proud of myself," said the now 20-year-old.

Both mom and daughter say Methodist Rehabilitation Center played a major role in Mosley's miraculous recovery.

Soon after arriving at MRC on a stretcher, Mosley was free of her trach and feeding tube and was able to sit up in her bed and eat. But her mom says the best day was when she started talking.

"When we got to Methodist, I hadn't heard her talk in four months," Richard said. "One morning I walked in and she said: 'Mama, I love you.' And I ran and told everybody: 'She's talking. She's talking.'"

Today, a big topic of conversation



is how much Mosley and her family appreciate the rehab staff that stood by her throughout the arduous rehab process.

"They took care of me, and they didn't let me slack," Mosley said.

"I feel like God has his hands wrapped all around the building because everyone we came in contact with seemed to care about my daughter and me," Richard said. "And when we come back to visit, they are still the same."

WHERE ARE You Now?

Next year we'll be celebrating Methodist Rehab's 40th anniversary, and we need your help. We'd love for patients and former staff to share their memories of their time at MRC, and if you have photos from your days here, all the better.

You can email comments or photos to schristens@mmrcrehab.org or mail them to: **Susan Christensen, 1350 East Woodrow Wilson Ave., Jackson, MS 39216.**

You can stay tuned to any anniversary events at www.methodistonline.org, www.facebook.com/methodistrehab or www.twitter.com/methodistrehab.

Biting back

West Nile Virus Research Network established

By Chris Blount

Eleven years ago, Methodist Rehabilitation Center researchers made a groundbreaking discovery when they were the first to link West Nile Virus to polio-like damage to the spinal cord.

MRC has since grown into an internationally recognized center for WNV research and treatment of the neurological complications of the infection, attracting patient referrals from as far away as Washington and Virginia.

Thanks to a lead gift by Jorge Leis of Houston, Texas, and three other generous donors, the Wilson Research Foundation has new commitments totaling \$615,000 for promising new research to elucidate how the virus affects the nervous system.

With these gifts, MRC has established The West Nile Virus Research Network to conduct clinical, patient-focused research, provide support services, and collaborate with scientists from the University of Mississippi Medical Center and University of Southern Mississippi for basic science research.

The USM team is investigating the virus's attack on the nervous system during the brief time the virus is alive in the human body. The UMMC team is considering the damage that can occur even after the virus is dead.

"Our recent findings are the basis for this collaborative research," said

Dr. Dobrivoje Stokic, Network Co-Director. "In nearly half of people examined soon after WNV infection, we found that a brain protein S100B was abnormally increased, not only in the spinal fluid but also in the blood stream.

"The work in experimental animals under leadership of Parminder J. Vig, Ph.D., professor of Neurol-

The Wilson Research Foundation has new commitments totaling \$615,000 for promising new research to elucidate how West Nile Virus affects the nervous system.

ogy at UMMC, spooked us," Stokic said. "They found that after the virus is no longer alive, the remaining viral pieces are also able to stimulate production of protein S100B.

"While S100B in small amounts is necessary for normal brain function, we suspect that increased levels may be harmful, particularly in the long run. After we better understand the cascade of events leading to abnormal production of S100B and how it affects the brain tissue, our hope is to find a way to interrupt that sequence and prevent damage."

"We still don't know how long S100B remains in the blood. Clinical studies are underway where we will bring people back over a three month period to repeatedly analyze their blood.

Dr. Art Leis is also serving as Network Co-Director.

"The presence of S100B in the blood is not normal and our bodies may react and produce antibodies to S100B," Leis said. "We hypothesize that these antibodies may go from blood back into the brain tissue and perhaps cause damage. The development of auto-immunity fits our observations of myasthenia gravis (muscles tiring and weakening easily) that developed several months after the WNV infection. We will test these hypotheses with the help of UMMC and USM."

Translational Research is often envisioned as moving knowledge gained from the laboratory to clinical settings, often called as 'bench to bedside' research.

"Typical bench to bedside research takes years, with often unpredictable or disappointing results," Stokic said. "We did the opposite—we began by observing our patients and those observations are driving our laboratory research. This should speed up the process to unlock the mysteries of neurological damage and to identify potential targets for useful therapies."

Taking the helm

A Q&A with Arash Sepehri of the Navigator Program, dedicated to assisting persons with SCI

Methodist Rehabilitation Center was selected as one of four nationally recognized rehab institutions to receive a Tier II Multi Year Quality of Life Initiative Grant from the Craig H. Neilsen Foundation. With these funds, Methodist has established the new Navigator Program for spinal cord injured persons to ease the transition from hospital to home. Arash Sepehri is care coordinator for the Navigator Program. Sepehri has served for the past six years on the staff of Methodist's Department of Neuropsychology. Ways & Means spoke with him about this exciting new program.

What is the Navigator Program and how did it come about?

The purpose is to facilitate the transition of persons who have sustained a traumatic spinal cord injury from inpatient rehabilitation to the home and community settings. Going home after a long hospital and rehabilitation stay can be an exciting time; however, it can also be a scary time having only yourself and family responsible for all self-care. The main goal of the Navigator Program is to make this transition as easy as possible.

This is all made possible by a generous grant by the Craig H. Neilsen Foundation, which funds programs supporting spinal cord injury research and rehabilitation.

Who does the Navigator Program help?

Our main focus is providing assistance to any person with a spinal cord injury from a trauma—such as a motor vehicle accident, fall, violence, etc.—who are currently receiving inpatient services at Methodist Rehabilitation Center. We also offer assistance to persons with a long-standing traumatic spinal cord injury who have received Methodist inpatient services in the past, or have recently been seen by one of Methodist's outpatient rehab physicians.

How are people helped through the program?

Persons with a traumatic spinal cord injury are first

approached during their inpatient stay to build rapport and determine their needs. I serve as coordinator, and I work with a team of MRC physicians, therapists, psychologists, social workers and case managers. We then follow these persons for one year following their injury with regular phone or face to face contacts to ensure that they are receiving all the available resources. They are encouraged to contact me any time there is a need or question. Also, we provide them with education on topics important to life after spinal cord injury.

What do you hope to accomplish?

The broad goal is to empower persons with spinal cord injury to take greater control over their lives, and subsequently have a higher quality of life. Through regular contacts and comprehensive education, we aim to quickly identify resource needs and thus decrease the number of secondary complications. The point is to help remove the barriers and plug in to the resources.

You mentioned quality of life, tell us more about that.

Sustaining a traumatic spinal cord injury is life changing. During the early stages of recovery, many will struggle and are not able to see their potential. By providing encouragement and peer support, we can help them understand that they have the ability to live a long and limitless life. Many people who have sustained a spinal cord injury continue to be active and accomplish some amazing things. Their lives have changed, but we want them to see that it has not been limited.

You also mentioned secondary complications, how do you help with that?

Education can be the simplest way to avoid secondary complications. By teaching correct and sanitary self-care practices, we can limit the occurrence of urinary tract infections, autonomic dysreflexia and other complications



Navigator Program care coordinator Arash Sepehri, at right, visits with Jacob Robertson, who suffered a spinal cord injury in a motorcycle accident.

common with spinal cord injury. We also facilitate the process to receive a customized wheelchair and cushion in a timely manner to help alleviate the risk for pressure sores. In addition, by teaching healthy lifestyles and promoting regular physician visits, we perhaps can help prevent the onset of cardiovascular diseases, diabetes, blood clots and other illnesses for which persons with SCI are more susceptible.

What type of resources are available for persons with spinal cord injuries?

There are many resources available, though the system is disconnected and difficult to access. That's the point of the Navigator Program, to help navigate those resources. Examples include federally funded programs like Vocational Rehabilitation and the Office of Special Disability Programs. And there are many not-for-profit organiza-

tions that can provide assistance.

Has it been rewarding, fun, frustrating?

This has definitely been a rewarding experience. Many of the people we help at the inpatient level of care are still dealing with the impact of the injury from a medical, physical and psychological point of view. If we can help take away some of that burden, then my efforts are worthwhile. These individuals live with a spinal cord injury for the rest of their lives. Whatever we can do now to increase their quality of life for many years to come is what we will do!

For more information on the Navigator Program, contact Sepehri at 601-364-3315, or visit www.methodistonline.org/navigatorprogram. For information about the Craig H. Neilsen Foundation, visit www.chnfoundation.org.

Restoring ability

How you can help

By Chris Blount

Methodist Rehab does not just restore bodies; we restore lives – one life at a time. The story of Terri Kitchens in this edition of *Ways & Means* on page 42 is a remarkable example.

One treatment that benefited Terri was botulinum toxin (Botox) injections to overcome crippling muscle spasticity. It is one of many useful therapies being investigated by Methodist's clinicians and research scientists. More research is needed to determine who is helped by Botox and other treatments and why.

To see Terri and her husband Bill today is such a blessing. She is a living testimony of why we are a research center, to discover the best ways to help patients recover as much as possible – as quickly as possible.

I love this aspect of Methodist Rehab – the fact that our researchers and clinicians have a sense of urgency to get people back to their lives. The results are impressive: About 80 percent of our patients are able to return home, much higher than the national average for rehabilitation hospitals.

What makes this research capacity possible is your support of The Wilson Research Foundation at Methodist. The foundation was created by H.F. McCarty family and named to honor Earl and Martha Wilson. Earl was the founding chairman of Meth-

odist Rehab.

Private support is critically important. To date, our donors have helped us achieve 250 peer-reviewed publications in leading medical journals. Your continued support will help us build on these discoveries and harness exciting new technologies.

Here's a summary of what our research team is working on:

- **Helping patients regain the ability to walk or to walk more normally after stroke, brain injury, or spinal cord injury.** These studies involve use of

MRC's state-of-the-art motion lab to evaluate outcomes of various clinical interventions such as Botox and Baclofen injections, surgically implanted pump delivery systems, treadmill training and other therapies.

- **Researching the process of recovery so that we can help patients recover faster,** and determine the best candidates for new therapies.

- **Better appreciating the psychological components to rehab,** such as adjustment to life, behavioral modification, and assessment of cognitive function.

- **Questioning the diagnoses of "complete" traumatic spinal cord injuries.** Our research suggests



Chris Blount.

some of these persons have residual function that is not immediately apparent. This is of tremendous importance because of promising new therapies from which these persons may benefit.

- **Helping amputees adapt and walk with a new prosthesis.** We have developed more realistic ways to

test the patients' use of prostheses. We are now exploring how people perform in daily life, evaluating limitations and benefits of various types of devices. We are also considering the balance challenges of prostheses users.

- **Researching West Nile Virus on a molecular level** as well as through clinical research, to shed new light on the disease's disabling effects. Our newly established West Nile Virus Research Network is an exciting opportunity to build on 11 years of ground-breaking discoveries to unlock the mysteries of this disease.

We need your support to sustain and build on this exciting research. Your gifts are tax deductible and will be recognized in various ways. Most of all, they will be recognized in the faces of the patients whose lives have been transformed by your support.

Contact the Wilson Research Foundation (601) 364-3598 for more information.

Methodist joins the MAYhem

The Bike Crossing of Ridgeland chose the Wilson Research Foundation as the charity beneficiary for the 2014 installment of its annual 100 Miles of MAYhem ride. The event raised over \$14,000. Methodist Rehab took part in the fun by both participating in the ride and volunteering their time at themed rest stops along the ride's 100-mile course.



Research

Publications 2013-2014

(Methodist Rehab researchers' names are in blue type)

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Wilson Research Foundation Honorarium

Our donors help our patients recover ability and hope through research at Methodist Rehab Center. 'Research Fellows' are those who have given \$1,000 or more to this life-changing work. Gifts listed below are those received since the last published list that appeared in the Winter 2014 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 us at (601) 364-3598 or email wfgift@wilsonfoundation.org. Or, make a secure online donation at www.wilsonfoundation.org.

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