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Ginger Garrett Steps Ahead in the NeuroRecovery Network

In November 2004, **Ginger Garrett** suffered a spinal bleed caused by a cavernous hemangioma lodged between her 11th and 12th thoracic vertebrae. Immediately paralyzed from the waist down, Garrett thought she would never walk again. Today, thanks to locomotor training at TIRR Memorial Hermann, she's taking steps on her own.

Garrett's journey back from paraplegia has been long and arduous. In the beginning, there were struggles with insurance. After she learned that her insurer wouldn't pay for inpatient rehabilitation, she spent two months in a skilled nursing facility. She underwent surgery to remove the tumor six months later at the Mischer Neuroscience Institute at Memorial Hermann-Texas Medical Center in Houston. "One of the nurses there taught me how to catheterize myself. Otherwise, I was pretty much on my own," she says.

About a year after her surgery, Garrett connected with DARS, the Texas Department of Assistive and Rehabilitative Services, who referred her to TIRR's outpatient rehabilitation program. Under the care of **Gerard Francisco, M.D.**, chief medical

officer at TIRR and medical director of the hospital's Spasticity Treatment and Research (STAR) Center, she was given botulinum toxin A injections to decrease spasticity in her right foot. It was during a visit to the Center that she learned about the Christopher and Dana Reeve Foundation NeuroRecovery Network (NRN).

"Several students of Dr. Francisco's

were asking me all kinds of questions, and so I vented," says Garrett, a high-school biology teacher. "I remember saying that I felt like I'd been forgotten, that I was unhappy because no one seemed to care. I was the squeaky wheel that day. The therapist in charge of questions left and came back

with **Marcie Kern, P.T.**, who told me about the NeuroRecovery Network."

As one of only seven designated NeuroRecovery Network (NRN) centers in the United States, TIRR is participating in an innovative clinical program to develop and deliver effective

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FEATURED IN THIS ISSUE

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Research Scientist, Department of PM&R, The University of Texas Medical School at Houston

MESSAGE FROM THE CEO

At TIRR Memorial Hermann, we remain focused on our mission of creating a comprehensive medical home for people with rehabilitation needs.

That means continuing to integrate research into our daily practice to support patients like Ginger Garrett, who participates in our NeuroRecovery Network program, and Jo Anna Couch, who benefits from the services we provide through our Spasticity



Carl E. Josehart, CEO

Treatment and Research Center (STAR). The patient stories in this issue demonstrate the depth of our commitment to helping people move beyond their disabilities to return to productive lives in the community and the rewards we gain by sharing

in that process. They also tell stories of motivation and courage in the face of adversity.

To our patients, change means progress toward recovering a life interrupted by disability. To our staff and affiliated physicians, change offers new opportunities to innovate, adapt and improve the care and services we provide. As healthcare evolves, our goal is to stay one step ahead by working to ensure that we have the resources we need to provide exceptional care at the bedside and through our outpatient programs. We're committed to achieving that goal, without forgetting the importance of innovation, inspiration and celebration of our patients' recoveries.

Carl E. Josehart
Chief Executive Officer
TIRR Memorial Hermann

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Join our team at *U.S. News & World Report's* No. 4 rehabilitation and research hospital. For employment opportunities visit memorialhermann.org.

Remembering Former TIRR CEO Charles Beall

Charles C. Beall Jr., former CEO of TIRR Memorial Hermann, died February 7, 2010, at the age of 74.

A two-time graduate of the University of Mississippi, Beall began his career as an officer in the United States Air Force. He next became a bank officer at Texas Commerce Bank in Houston, where he worked for 27 years. During his tenure at the bank, he was encouraged to serve on the TIRR Board of Trustees. Through this affiliation, Beall grew to



admire and develop a passion for the work performed at TIRR. He retired from Texas Commerce in 1987, and was chosen by the board to lead the organization as president and chief executive officer.

Under Beall's leadership, TIRR grew and expanded, completing construction of a six-story patient tower in 1991, and developed a strong network of outpatient rehabilitation facilities that provided more than 120,000 patient visits annually. Beall was also instrumental in forging an agreement with Baylor College of Medicine and The University of Texas Medical School at Houston, in which doctors and the academic departments at both schools provided care to TIRR patients and developed joint education, residency and research

programs. The Baylor/UT Physical Medicine and Rehabilitation Alliance is still widely cited as a model program for collaboration in academic medicine.

During Beall's tenure, TIRR became recognized as one of the best rehabilitation hospitals in the nation, as reported in the annual survey conducted by *U.S. News & World Report*. He retired as president and CEO of TIRR after 18 years of service, and in 1999, as a 29-year TIRR trustee, he was awarded the prestigious Texas Healthcare Trustees Founders' Award.

Beall served as TIRR's leader during a particularly critical time. In his memory, the Memorial Hermann Foundation has embarked on a philanthropic effort to establish a permanent endowed lecture series, which will bring distinguished speakers, including nationally recognized educators, clinical scientists and researchers, to the Campus. The series will provide learning across disciplines, bringing new rehabilitation and research perspectives and ideas to TIRR from experts throughout the country.

Memorial contributions may be mailed to the Memorial Hermann Foundation, Attn: Charles Beall Lecture Series Fund, 929 Gessner Road, Suite 2650, Houston, TX 77024. For more information, please call Thom Sloan Sr., director of development, at 713.242.4414. ♦

Rehabilitation Solutions Recap

TIRR Memorial Hermann recently sponsored Rehabilitation Solutions, an advanced case management conference featuring nationally and internationally recognized experts in the field of rehabilitation. The one-day program, held in January 2010, provided 165 case managers, social workers and nurses with up-to-date information about current rehabilitation treatment techniques and research initiatives focused on persons recovering from catastrophic illness and injury.

Topics and speakers included "The Mysterious Dance of Chaos and Hope" by Sharon K. Ostwald, Ph.D., R.N., F.G.S.A., professor and Isla Carroll Turner chair of Gerontological Nursing, Center on Aging, The University of Texas Health Science Center at Houston; "Project Victory: Reintegrating and Empowering OIF/OEF Servicemen" by **Gerard Francisco, M.D.**; "Current Concepts in Repair Following Brain and Spinal Cord Injury" by Raymond Grill, Ph.D., assistant professor in the department of Integrative Biology and Pharmacology at the UT Health Science Center; "Integrating Sexuality into Traumatic Brain Injury Rehabilitation" by **Angelle Sander, Ph.D.**; "SCI and Autonomic Dysfunction" by **Jeffrey Berliner, M.D.**; and "Life After an Amputation: What Can We Learn from the Military?" by **Danielle H. Melton, M.D.**

Platinum sponsors of the event were Dynamic Orthotics and Prosthetics, Mulienburg Prosthetics, Inc. and Touchstone Neurorecovery Center. Gold sponsors were Garden Terrace and New Life Brace and Limb. ♦

Every Day is a Good Day: Jo Anna Couch Lives a Full Life with MS

Physical medicine and rehabilitation specialist **Gerard Francisco, M.D.**, recognized **Jo Anna Couch** on her first patient visit to TIRR Memorial Hermann's outpatient clinic.

"I had returned home on a Continental flight the day before I met her," says Dr. Francisco, who is chief medical officer at TIRR and chair of the department of Physical Medicine



and Rehabilitation at The University of Texas Medical School at Houston. "I said 'I know you' and she said, 'You couldn't possibly because this is the first time I've ever seen you.' Then I remembered that I'd seen her photo on the Continental ticket jacket."

A 45-year employee of Continental Airlines, Couch has done "a little bit of everything" for the company, from modeling for ticket jackets and serving as a sales representative for Houston-area travel agencies, to her current position in E-Pass Reservations booking flights for airline employees traveling for personal business or pleasure. When she was diagnosed with secondary progressive multiple sclerosis in 1990, she didn't let the disease slow her down.

Under the treatment of Baylor College of Medicine (BCM) Professor of Neurology Victor Rivera, M.D., who is medical director of the Maxine Mesinger Multiple Sclerosis Clinic at BCM and The Methodist Hospital in Houston, Couch went into remission

with a disease-modifying agent called glatiramer. Marketed under the brand name Copazone[®], glatiramer is one of several agents that may be effective at slowing down the MS disease process or even preventing progression in some patients. Dr. Rivera referred her to Dr. Francisco for treatment of multi-focal muscle spasms secondary to MS.

Couch was given the standard screening test to determine her suitability for intrathecal baclofen (ITB) therapy, a muscle relaxant proven to be effective in reducing spasticity related to spinal cord injuries, multiple sclerosis, cerebral palsy and other neurological diseases. For all candidates, the pre-procedure baseline test consists of a complete videotaped physical and occupational therapy evaluation including functional transfers and, if the patient is ambulatory, a gait assessment.

"Once we've screened our patients, the test procedure is similar to a lumbar spinal tap," Dr. Francisco says. "Patients receive a test dose of baclofen administered intrathecally by a surgeon via a lumbar puncture and injection. Four to six hours following the injection, we reevaluate the patient for improvements against the baseline."

Couch responded well to the test dose and was implanted with a Medtronic SynchroMed[®] EL programmable infusion pump in October 2003. In December 2009, that model was replaced with the newer Medtronic SynchroMed[®] II, which precisely delivers a prescribed dose of baclofen according to instructions programmed by a clinician. The system, which includes the pump and an intrathecal catheter, is implanted in a sterile surgical procedure performed under

general, regional or local anesthesia. The pump is typically implanted in the lower abdomen just beneath the skin. One end of the catheter is inserted into the intrathecal space of the spine; the other end is tunneled under the skin and connected to the pump.

Clinical studies have demonstrated the long-term safety and efficacy of the Medtronic ITB system. Researchers have shown that long-term control can be achieved in most patients with severe spasticity of spinal origin who, like Couch, respond well to a test dose.¹ Studies have also shown long-term effectiveness (10 years) in management of spasticity of cerebral origin; the most common adverse effects, which include hypotonia and somnolence, were usually managed by dose adjustments.²

This is good news for patients like Couch, who maintains a busy schedule at Continental and in her spare time entertains children and adults as a professional clown. Known as Rollin Jo, Couch says her motto is "Every day is a good day."

"Some days are better than others, but I can honestly say I never have a bad day," she says. "I wanted to be a clown so I could show kids that being in a wheelchair doesn't limit you. I've been blessed with wonderful doctors, a rewarding career and the opportunity to do something that I love in my spare time. Life is good." ♦

¹ Penn R., Intrathecal baclofen for spasticity of spinal origin: seven years experience. *J Neurosurg* 1992; 77: 236-240.

² Albright LA, Gilmartin R, Swift D, et al. Long-term intrathecal baclofen therapy for severe spasticity of cerebral origin. *J Neurosurg* 2003; 98: 291-295.h

DBTAC Southwest ADA Center Launches Online Compliance Guide for Rehabilitation Facilities

A program of Independent Living Research Utilization (ILRU), the Southwest ADA Center is one of 10 Disability and Business Technical Assistance Centers (DBTACs) funded by the National Institute on Disability and Rehabilitation Research (NIDRR) to help ensure voluntary

compliance with the Americans with Disabilities Act. The 10 regional DBTACs provide the same three core services – technical assistance, training and distribution of educational materials – but each approaches its mission in a different way, creating unique programs for audiences with a stake in ADA compliance.

At the Southwest ADA Center, staff members recently completed an online compliance guide for

rehabilitation facilities that will also be useful for a broader audience. “We saw a need for a comprehensive resource that staff at rehabilitation hospitals could use to evaluate how their facilities measure up – in terms of signage, information technology, employment policies, public access policies and disability access requirements for CARF accreditation,” says

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therapies to individuals with spinal cord injury. Locomotor training is an intensive activity-based rehabilitation treatment using a treadmill and body-weight support system. Patients are suspended over the treadmill, while therapists provide optimal sensory cues to the body as they assist the patients to move their legs in a stepping motion in an attempt to awaken the nervous system and create new pathways for neural signals. They repeat the movements and, over time, gradually begin to bear more weight. While the activity focus is walking, the goal is to improve overall quality of life for patients who qualify by improving leg movement, trunk control and bowel and bladder function.

“When Ginger started NRN, she was ambulating with bilateral Lofstrand crutches and bilateral ankle-foot orthoses,” says Kern, NRN clinical supervisor. “She’s had lots of ups and downs throughout her therapy course due to orthopedic issues. Early on, she developed a stress fracture. Then she developed Achilles tendonitis and plantar fasciitis. She’s also had some knee pain. But despite her various injuries, she’s continued to make forward progress.”

Garrett follows the NRN protocol two hours a day, five days a week. On those days, she participates in 30 minutes of stretching activities, an hour of activity on the treadmill and body-weight support system and 30 minutes of further therapy following her work on the treadmill.

“Her time on the treadmill is a combination of standing activities with little body-weight support to work on strengthening her trunk and stepping at fast speeds with assistance from staff to help wake up her nervous system,” Kern says. “She also works on slower stepping and tries to do the movements herself without assistance from staff. Her additional activities focus on a variety of things, including strengthening her weak hip and leg muscles and working to improve her kinematics through weight shifting, sit-to-stand exercises and walking without assistive devices.”

Garrett’s first big accomplishment was weaning off the braces. Thanks to increased strength and control in her ankles, she’s now able to walk fulltime without the use of ankle braces. She’s also increased her gait speed and endurance, and two special canes have replaced the Lofstrand crutches.

“Ginger continues to make

progress,” Kern says. “She’s a hard worker and is very motivated. Her strength has increased to the point that she can step correctly with proper alignment and use the appropriate muscles, with less compensation. Her overall standing balance is improving as well. My goal for her would be for her to be able to walk at a more normal gait speed using two canes, with good upright posture and alignment.”

Garrett is pleased with her progress. “I can’t say enough good things about the people at TIRR,” she says. “They’re fun to work with, dedicated to what they do, and they really care. I’m hoping to walk out of here.” ♦

The NeuroRecovery Network at TIRR Memorial Hermann has been funded annually by the Christopher and Dana Reeve Foundation since January 1, 2006. To qualify for locomotor training, patients must have a nonprogressive spinal cord injury that is incomplete and does not involve the lower motor neurons. To refer a patient for a pre-clinic telephone screening, call 713.797.5972.

Wendy Wilkinson, J.D., director of the Southwest ADA Center. “The result is a more than 100-page resource manual and checklist that is available online. We worked closely with CARF as we developed the guide, and we’re available to take calls and walk providers through the manual to help them complete a virtual audit of their facilities.”

The DBTAC offers a broad range of programs and services related to ADA compliance. “We’re here as a resource to promote compliance by educating people about tax incentives that may be available if they remove barriers, helping them determine what their responsibilities are under the ADA related to various disabilities and keeping them informed about changes in the act, including the recently passed ADA Amendments Act of 2008,” Wilkinson says. “The audience we serve is enormous, ranging from physicians, attorneys, architects and builders to employers of people with disabilities.”

To make information accessible, the Southwest ADA Center hosts Webcasts and podcasts on ADA-related topics, including the Disability Law Lowdown Project offering the first-ever video podcast series in American Sign Language. English and Spanish versions are also available at www.disabilitylawlowdown.com.

Individuals and organizations with questions about the ADA can also call the center through a central line (1.800.949.4232) that automatically connects to the DBTAC in their region. The Houston office serves Arkansas, Oklahoma, New Mexico and Louisiana, in addition to Texas.

“All calls are completely confidential,” Wilkinson says. “We have hundreds of resources available, some specific to physicians and other medical providers. We’re here as a neutral resource. If providers have

questions or concerns, or are addressing a complaint, we can help them through the process of understanding the law as it relates to their particular situation. We can also advise them on ways to comply.”

The Southwest ADA Center staff is available to provide technical assistance and answer questions about the compliance guide. For information about how to access the guide, call 713.520.0232.

Southwest ADA Center and SEDL Complete the First in a Series of Research Studies on Disability and Employment Outcomes

Preliminary results have been tallied in a study documenting the employment experiences of people with disabilities who use the services of the Disability and Technical Assistance Center (DBTAC) Southwest ADA Center in Houston. Sponsored by TIRR Memorial Hermann’s Independent Living Research Utilization (ILRU), the study describes the employment status and experience with reasonable accommodations of people with disabilities. Findings are expected to change the way the Center delivers services to provide greater benefit to its consumers, who include employers as well as individuals with disabilities and their family members.

The study was conducted in response to a new National Institute on Disability and Rehabilitation Research (NIDRR) requirement that DBTACs invest at least 10 percent of their total budget in research. NIDRR provides funding for the nation’s 10 assistance centers.

“NIDRR’s goal is to further strengthen the nation’s assistance network by expanding its core activities beyond technical assistance and ADA compliance to include research,” says **Wendy Wilkinson, J.D.**, director of the Southwest ADA

Center. “We’re pleased to have the opportunity to gather information about our callers that will help make our programs more evidence based. We’re finding that the results of the study speak quite eloquently about people with disabilities and their employment status and what they need as accommodations on the job.”

The study compared DBTAC consumers who reported the use of vocational rehabilitation (VR) to those who had not. “We found that the nonvocational rehabilitation group was more likely to disclose their disabilities during the hiring process but proportionally more in VR were hired with a known disability because their disabilities were more obvious,” says lead researcher Kathleen Murphy, Ph.D., project director at SEDL, a private, nonprofit education research, development and dissemination corporation based in Austin, Texas. Dr. Murphy worked with co-principal investigator Vinh Nguyen, J.D., attorney and director of legal research at the Southwest ADA Center.

“The VR group was more likely to request reasonable accommodations and more likely to use the accommodation, whether it was provided by the employer or not,” she says. The most commonly reported types of reasonable accommodation related to additions or modifications of facilities and equipment. Other accommodations were changes in schedules, job duties or the use of a communication aide. The VR group reported higher use of each accommodation.

The study used mixed modes to reach 660 of the Center’s consumers – online access, mail and phone outreach – from February 2008 to March 2009. Callers to the Center’s toll-free line were also invited, yielding a final sample of 131 consumers and a

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response rate of 41.9 percent. Selection criteria included residence in federal Region VI (Texas, Louisiana, Oklahoma, New Mexico and Arkansas), adult status, self-report of a disability and participation in employment during the last five years.

Other findings include the following:

- Forty-eight of the sample of 131 reported use of vocational rehabilitation. The remaining group was labeled non-VR.
- Both the VR and non-VR groups displayed similar patterns in their work settings. The modal response was to work for large employers with 500-plus employees, in for-profit companies and in professional service.
- Both the VR and DBTAC systems could improve racial and ethnic outreach; consumer populations of both systems are disproportionately white.
- Compared to the actual population of VR consumers in the region, DBTACs serve people who have later age of disability onset and less severe and visible disabilities, and who earn more. DBTAC consumers with workforce experience worked about as many hours as the overall VR population in this region of the country but were paid more on average.
- Among the DBTAC consumers, non-VR worked at a higher rate and, considering the income distribution curve, more non-VR were making good salaries. When they had jobs, they kept them longer, and they were more likely to work full-time.

Based on the survey, Wilkinson's goals for the Southwest ADA Center are improving outreach to the region's Hispanic community and other minorities and revising technical assistance materials to more specifically target consumer needs.

"Many people are at square one when it comes to their knowledge of the ADA as it applies to employment and other areas," she says. "Sadly, not everyone eligible is a well-informed consumer of disability rights."

SEDL staff members are working with the Southwest ADA Center on two additional research studies. The first of these focuses on qualitative research analyzing the careers of people with disabilities who work in the healthcare industry. The results of the research will position the DBTAC Southwest ADA Center to

inform the public about how better to recruit, hire and retain people with disabilities in this high-growth industry. A third study is assessing knowledge of employment-related provisions of the ADA, which will be used to determine whether there is a relationship between the employment of people with disabilities and what stakeholders know about the law. ♦

For more information on the research studies, call Wendy Wilkinson at 713.520.0232.

ON THE MOVE

A Former Patient Gives Back to TIRR

Born three months premature, **Jacob Zalewski** suffered complications during birth, including broken ribs, a brain infection and air supply loss when his umbilical cord wrapped around his neck. He weighed less than 1.5 pounds, and his doctors gave him a 3 percent chance of survival.

When he was diagnosed with cerebral palsy at the age of 3, his adoptive family sought treatment around the world. By the time he was 18, he had been to numerous hospitals, specialists and physical therapists but had failed to gain his independence. After years of being told that nothing more could be done, he began to believe that his disability was permanent.

In 2003, his parents took him for an evaluation at TIRR Memorial

Hermann with Dr. Gerard Francisco, M.D. "The fire in me that had almost died began to spark again. I couldn't wait to start," Zalewski says.

In two weeks at TIRR, he improved an astonishing 20 percent. "I had not improved that much in 10 years at other hospitals," he says. "My parents and I were thrilled. I felt that I was part of something important instead of watching my therapy from the sidelines as I had done at other hospitals. It was about what we could accomplish together."

Today, as founder and CEO of the One Step Closer Foundation, a nonprofit organization dedicated to raising awareness and funds for research on cerebral palsy, Zalewski generously donates proceeds from his fundraising efforts to TIRR. His latest event, billed as the "All In for CP Second Annual Celebrity Charity: A No-Limit Texas Hold-Em Poker Tournament," was held last December at the Hard Rock Hotel & Casino in Las Vegas. Ninety-seven players registered for the tournament, including actors Mekhi Phifer, Ken Davitian and Omar Miller, actress

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Jennifer Tilly and about 40 professional poker players, including Barry Greenstein, Freddy Deed and Dennis Phillips, among others.

The idea for the tournament grew from a similar event held in 2007 by Ante Up for Africa, a nonprofit organization dedicated to raising money and awareness for Africans in need. Over dinner at the Africa event, Zalewski told the vice president of his foundation that he would like to sponsor a fundraising poker tournament of his own. "I got on the phone with a good friend named Sam Simon, who is a co-creator of *The Simpsons*," he explains. "He loved my idea, opened some doors for me and got the ball rolling for our 2008 event. We never looked back."

The first tournament drew 44 players who raised \$44,000. This year's event raised \$69,000, a portion of which Zalewski donated to TIRR through the Memorial Hermann Foundation. "We are grateful to Jacob for his continued interest in and support of TIRR and our programs," says TIRR CEO **Carl Josehart**. "TIRR was founded on the belief that people with even the most severe disabilities could attain a state of health and functional ability and return to active lives in their communities. Jacob never gave up, and through his efforts he's helping us help others find the path to more rewarding lives."

"It was wonderful to have the chief executive officer of TIRR with us in Las Vegas," Zalewski says. "TIRR has helped me get where I am. They were the first people to believe in me as a patient and to believe in us as a foundation. My goal is to continue to work with TIRR and the Memorial Hermann Foundation on bigger and better fundraising projects."

Ivanhoe and Sherer Give Congressional Testimony on Traumatic Brain Injury

Physical medicine and rehabilitation specialist **Cindy B. Ivanhoe, M.D.**, and TIRR Director of Research and Director of Neuropsychology **Mark Sherer, Ph.D.**, were among a panel of experts invited to give testimony



Mark Sherer, Ph.D. Cindy Ivanhoe, M.D.

before members of Congress on traumatic brain injury (TBI) in sports. Attending the House Judiciary Committee Forum on Head Injuries and Other Sports Injuries in Youth, High School, College and Professional Football were Representative John Conyers, Jr., (D-MI), chair of the U.S. House Judiciary Committee; Representative Sheila Jackson-Lee (D-TX); and Representative Steve Cohen (D-TN).

Convened to address incidents involving brain injuries sustained at all levels of play in football, the forum focused on the growing body of scientific evidence that heavy contact sports may be associated with long-term brain damage. Of particular interest to the attending members of Congress was the need to ensure that children and adolescents injured in school sports have access to medical attention immediately following injury.

Dr. Sherer spoke about the incidence and consequences of traumatic brain injury. "Recent high-profile sports injuries and injuries sustained by many of our returning troops have placed more emphasis on TBI than I've seen in my entire career," he

says. "This is appropriate because the consequences of TBI are significant, including impaired cognitive, motor and sensory abilities; mental health problems such as depression, anxiety and irritability; impaired ability to function in the work environment, attend school or live independently; and difficulties with family and social adjustment."

Dr. Ivanhoe addressed the difficulty of providing services for persons with brain injuries and biases against treatment on the part of some insurers and medical professionals. "With TBI, the spectrum of recovery is broad, and it's difficult to predict how individual patients will respond to treatment," she says. "There are many factors affecting outcome, including rapid access to state-of-the-art care to prevent secondary damage and access to rehabilitation services. The discussion of treatment for TBI is timely as we move into a period where we're examining how to improve the delivery of healthcare." Dr. Ivanhoe was asked to prepare a document with recommendations for improving the delivery of care to patients with TBI, which she presented to Representative Jackson-Lee in early March. It includes suggestions such as eliminating preexisting conditions from health-care access, improved continuity of care and greater access to appropriate physicians and services.

The forum is expected to lead to legislative action addressing the issue of TBI in football. Other participants included Bennett Omalu, M.D., co-director of the Brain Injury Research Institute at West Virginia University; Ron Courson, M.D., director of sports medicine for the National Collegiate Athletic Association (NCAA); Stan Herring, M.D., team physician for the Seattle Seahawks, American

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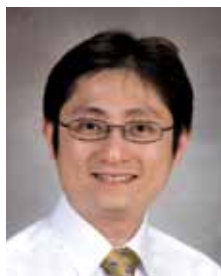
College of Sports Medicine; Howard Derman, M.D., concussion specialist for the Houston Texans and director of the Headache and Pain Center at The Methodist Hospital; Dick Benson, a high school football safety advocate from Austin, Texas; Jon Butler, vice president of the National Council of Youth Sports; and retired NFL player Trevor Cobb.

The forum was held February 1, 2010, at Prairie View A&M College of Nursing Auditorium at the Texas Medical Center in Houston.

TIRR Welcomes Dr. Chang to the Motor Recovery Laboratory

Shuo-Hsiu “James” Chang, P.T., Ph.D., has joined the staff of TIRR Memorial Hermann and The University of Texas/Baylor College of Medicine Physical Medicine and Rehabilitation Alliance as a research associate in TIRR’s Motor Recovery Laboratory.

Dr. Chang received his physical therapy degree from Kaohsiung



Shuo-Hsiu “James” Chang, P.T., Ph.D.

Medical University in Kaohsiung, Taiwan, and his master’s in science and doctorate in human movement science from the University of North Carolina at Chapel Hill. Following

graduation, he joined the Neuromuscular Research/Motor Control Laboratory under the direction of Richard K. Shields, P.T., Ph.D., at the University of Iowa.

Dr. Chang will work with **Sheng Li, M.D., Ph.D.**, a resident in the Physical Medicine and Rehabilitation/Clinical Investigator Pathway at The University of Texas Medical School at Houston,

in the study “The Respiratory-Motor Coupling.” His main research focus includes training-induced neuromuscular plasticity in individuals with neurological disorders and neuromuscular control in dynamic balance in the elderly.

Two Support Groups Focus on Enhancing Emotional Health

A new support group at TIRR Memorial Hermann is connecting patients and their families with a host of resources and with former patients who live full lives despite their disabilities. Known as DRIVE (Disability Resources for Information, Vocation and Education), the group was founded initially to provide support for patients recovering from limb loss and later expanded to address the needs of TIRR’s broader patient population.

“The group provides a protected space and neutral ground for people adjusting to lives interrupted by



Danielle H. Melton, M.D.

disability and also gives them the opportunity to learn from the experience of others,” says **Danielle H. Melton, M.D.**, who, as director of the Amputee Program

at TIRR, is the medical sponsor of the support group.

Recent topics have included how to cope with issues related to limb loss, the DASH diet, sports and hobbies for people with disabilities and meeting social challenges. The group meets monthly.

“DRIVE offers our current and former patients something that is important and very rare – an open forum to share and acknowledge the multiple challenges individuals and families encounter as they face their



Teresa Del Castillo, L.C.S.W., L.M.F.T.

disabilities,” says **Teresa Del Castillo, L.C.S.W., L.M.F.T.**, a licensed clinical social worker in the Physician Specialty Clinic at TIRR. “They find empathy, education, sharing and a great deal of empowerment as they learn they are not alone.”

TIRR also recently launched an Alcoholics Anonymous group in conjunction with the Memorial Hermann Prevention & Recovery Center (PaRC), a drug and alcohol abuse treatment center located in Houston. “The group, which meets weekly on the TIRR Campus, was formed to address a common underlying cause of many of the injuries we treat at TIRR,” Del Castillo says.

TIRR Co-Hosts Metal & Muscle Expo

The Houston Parks and Recreation Department and TIRR Memorial Hermann were co-hosts for the United States Paralympic Military Sports



Program Metal & Muscle Expo held January 15-16 at the George R. Brown Convention Center in Houston. More than 200 participants attended, including 15 athletes from the Center for the Intrepid, a state-of-the-art rehabilitation facility for wounded warriors at Brooke Army Medical Center in San Antonio, Texas.

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ACCOLADES

In October, **Kimberly Atkinson, P.T.**, was awarded the 2009 Dorn Long Outstanding Clinical Educator Award from the Texas Consortium for Physical Therapy Clinical Education.

William H. Donovan, M.D., and **R. Edward Carter, M.D.**, former director of the Spinal Cord Injury Program and former medical director at TIRR,



William H. Donovan, M.D.



R. Edward Carter, M.D.

will be honored along with five other past presidents at the 36th Annual Scientific Meeting of the American Spinal Injury Association (ASIA) to be held in May in Nashville, Tennessee.

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Tournaments included wheelchair basketball, wheelchair rugby, sitting volleyball, power soccer, challenge slalom, jui-jitsu/tai kwon do, wheelchair racing, amputee walking/running clinic, and air rifle, won by former TIRR patient Jazmin Almlie-Ryan.

Other partners for the exposition were the United States Paralympics Military Sports Program, sponsored by the Office of the Secretary of Defense; City of Houston Adaptive Recreation Department; Verne Cox Multi-Purpose Center in Pasadena, Texas; Michael E. DeBakey VA Medical Center; Paralyzed Veterans of America; and Operation Enduring Freedom and Operation Iraqi Freedom.

Dubbed “The Magnificent Seven” by ASIA, the organization’s first seven presidents were instrumental in aligning physicians and other medical professionals engaged in the treatment of spinal cord injury to exchange ideas and work together toward a model for delivering care.

Dr. Donovan completed his four-year term as president of the International Spinal Cord Society (ISCoS) in 2008 and in February 2010, as past president, attended the Executive Committee meeting of the society held at the London office of the Nature Publishing Group, which publishes the society’s journal, *Spinal Cord*. Dr. Donovan has served as an associate editor of the journal for more than 20 years.

He has been invited to present the Ludwig Guttman Memorial Lecture at the 2010 Annual Scientific Meeting of the ISCoS to be held in New Delhi, India, October 29-31.

Gerard Francisco, M.D., **Martin Grabois, M.D.**, **Cindy Ivanhoe, M.D.**, and **Danielle Melton, M.D.**, were elected by their peers among the *Best Doctors in America*. Dr. Grabois, Dr. Francisco and Dr. Ivanhoe have been on the list since 2000, 2001 and 2007, respectively.

At the 26th Annual Meeting of the American Academy of Pain Medicine held in San Antonio, Texas, in



Martin Grabois, M.D.

February, **Martin Grabois, M.D.**, was reelected to the position of vice president for scientific affairs and a member of the academy’s board of directors.

He also organized a symposium on “Functional Restoration of Patients with Pain” and presented a lecture on “Pharmacological, Physical Modalities and Exercise for Patients in Pain.”

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ON THE PODIUM

Jennifer Amonette, P.T., was invited to present a poster, entitled “Functional Mobility Improvements in a Patient with Generalized Dystonia Using Robotic-Assisted Treadmill Training,” at the Combined Sections Meeting of the American Physical Therapy Association held in San Diego February 17-20, 2010.

Lex Frieden presented the keynote address at the February conference on “The Changing World of Consumers with Neurological Disorders: Ethical Issues in Vocational Rehabilitation” sponsored by the Department of

Rehabilitation and Disability Studies, Rehabilitation Research Institute for Underrepresented Populations, Project Vocational Evaluation and Work Adjustment, and Project Rehabilitation and Ethnic Minorities at Southern University in Baton Rouge, Louisiana. He also presented “Long-Term Services and Supports” at the National Council on Disability Quarterly Meeting held in Houston in January.

Martin Grabois, M.D., recently participated on the panel of the FDA Workshop on Pediatric Analgesics Clinical Trials in Washington, D.C.

Julie Jennings, P.T., N.C.S., and **Joni McGhee, O.T./L.**, presented a two-day

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Dr. Grabois attended the Inter-Country Meeting and Rehabilitation International (RI) Executive Committee meeting in New Delhi, India, in March in his role as treasurer of RI.

Lex Frieden has been elected chairman of the board of directors of the United Spinal Association, a national organization for people with disabilities. He was also appointed by the National Academy of Sciences to a panel of experts of the United States Transportation Research Board. In March 2010, he participated in the



Lex Frieden

biannual meeting of the Continental Airlines Disability Advisory Board; that same month, he chaired the biannual meeting of the National Advisory Board on Improving Healthcare Services for Seniors and People with Disabilities.

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continuing education course on “Spasticity Management and Serial Inhibitory Casting from Theory to Practical Application” October 17-18, 2009, at Methodist Rehabilitation Center in Jackson, Mississippi.

Danielle Melton, M.D., presented “Radiofrequency Ablation for the Treatment of Amputation Neuromas” at the annual meeting of the Association of Academic Physiatrists in Bonita Springs, Florida, April 6-10, 2010. **Ahmed Khalifa, M.D., Amanda Steen, M.D., resident**, were named authors and contributors on the project.

Angelle Sander, Ph.D., will present on “Addressing Sexuality and Intimate

Sheng Li, M.D., Ph.D., has received the Best Paper Award in the resident category for the 2010 annual meeting of the Association of Academic Physiatrists (AAP). He will present “Respiratory-Motor Interaction and Its Potential Application in Spasticity Management” at the AAP meeting in Florida in April.

Danielle H. Melton, M.D., and Ashley Dennis, physical therapy resident, participated in a weeklong medical mission trip to Haiti in late February and early March 2010. Watch for an article about Dr. Melton’s experience in the summer issue of the *TIRR Memorial Hermann Journal*.

Angelle Sander, Ph.D., was named chair of the American Congress of Rehabilitation Medicine’s (ACRM) Consumer Relations Committee and appointed a member of ACRM’s Awards Committee. ♦



Angelle Sander, Ph.D.

Relationships Following Traumatic Brain Injury” at the Contemporary Forums Brain Injury Conference in San Antonio on April 29, 2010. She will also co-present a workshop on “An Interdisciplinary Team Approach to Complicated Mild Traumatic Brain Injury.” Co-presenters include **Monika Shah, D.O.**, and **Christine Wiegman, L.C.S.W.**

Mark Sherer, Ph.D., made an invited presentation to the Research Coordinators’ Forum at The University of Texas Health Science Center at Houston in February.

From January through March 2010, the **TIRR Neuromuscular Multiple Trauma (NMMT) Therapy department** presented lectures and completed functional labs for physical therapy students

IN PRINT

Bold print indicates that the person is affiliated with TIRR.

Brauer J, Coates A and Schroeder A. Addressing Sexuality for Women with An SCI. *OT Practice*, Vol. 15, Issue 2, February 8, 2010.

Ivanhoe CB and Eaddy NK. Contributors to the *Encyclopedia of Clinical Neuropsychology*. Springer Publishers. December 2009.

Walker WC, Ketchum JM, Marwitz JH, Chen T, Hammond F, **Sherer M**, Meythaler J. A Multicentre Study on the Clinical Utility of Post-Traumatic Amnesia Duration in Predicting Global Outcome After Moderate-Severe Traumatic Brain Injury. *Journal of Neurology, Neurosurgery, and Psychiatry* 2010;81:87-89.

Results of a research study sponsored by the **DBTAC Southwest ADA Center**, entitled “QIAT-PS: Quality Indicators for Assistive Technology in Post-Secondary Education,” were published in *Closing the Gap: Solutions*. ♦

from Texas Woman’s University and The University of Texas Medical Branch at Galveston.

Nuray Yozbatiran, Ph.D., Marcia K. O’Malley, Ph.D., **Corwin Boake, Ph.D.**, Steve R. Fisher, Ph.D., Timothy A. Reistetter, Ph.D., O.T.R., and **Gerard E. Francisco, M.D.**, made a Grand Rounds presentation on “Augmentation of Constraint-Induced Movement Therapy with Robotic Training for Upper-Extremity Function After Stroke” at the annual meeting of the Association of Academic Physiatrists held April 7-10 in Bonita Springs, Florida. ♦



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MESSAGE FROM THE CMO

Nearly a year ago, TIRR Memorial Hermann launched a new Rehabilitation Model of Care to improve patient-centered care processes, increase



Gerard E. Francisco, M.D., CMO

communication between inter-disciplinary teams, integrate nursing and therapy services and provide a better overall experience for our patients, families and

employees. Today, improved communication between physicians, therapists and nurses has opened the door to new opportunities to problem-solve,

and as a result, we're tracking positive results in both our Press Ganey scores and in direct feedback from our patients.

Our ultimate goal is to create unique and holistic rehabilitation experiences focused on meeting our patients' medical, emotional, psychological and spiritual needs as they face the challenge of returning to productivity after catastrophic illness or injury. Early on, many of those efforts revolve around helping our inpatients improve their interpersonal relationships. Later, they continue through the entire continuum of rehabilitation care and reintegration into the community.

We believe that the optimal recovery

of our patients is best facilitated in a safe and compassionate environment that supports our affiliated physicians and staff in providing the highest quality care in a collaborative partnership with patients and their families. In this kind of supportive environment everyone wins - our patients, families, physicians and professional staff members.

Gerard E. Francisco, M.D.
*Chief Medical Officer
TIRR Memorial Hermann
Chair, Department of Physical Medicine
and Rehabilitation
The University of Texas Medical School
at Houston*

About TIRR Memorial Hermann

TIRR Memorial Hermann is a 119 -bed nonprofit rehabilitation hospital located in the Texas Medical Center in Houston. Founded in 1959, TIRR has been named one of "America's Best Hospitals" by *U.S. News & World*

Report for 20 consecutive years. TIRR provides rehabilitation services for individuals with spinal cord injuries, brain injuries, strokes, amputations and neuromuscular disorders.

TIRR is one of 11 hospitals in the not-for-profit Memorial Hermann system. An integrated healthcare

system, Memorial Hermann is known for world-class clinical expertise, patient-centered care, leading-edge technology and innovation. The system, with its exceptional medical staff and 20,000 employees, serves southeast Texas and the greater Houston community.